

Providing individualized pain care during COVID in West Virginia

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West Virginia has suffered greatly during the nation's opioid-related overdose epidemic, but one pain-management clinic in the state is working to reverse that by embracing a "whole person" approach to help ensure patients receive optimal, individualized care.

"While pain care is often fragmented for the patient due to numerous barriers and inconsistent care protocols, we strive to achieve best practices and treat the whole person," said Rick Vaglienti, MD, director of the West Virginia University (WVU) Medicine Center for Integrative Pain Management and director of pain medicine at WVU Hospital in Morgantown.

"We are fortunate to have a team of many health care professionals that work together under one roof to treat pain of all types," Dr. Vaglienti added. "We have physicians, nurse practitioners and physician assistants, chiropractors, massage therapists, dietitians and exercise physiologists as well as psychologists, social workers and an addiction psychiatrist."

Now treatment can be provided remotely as the COVID-19 pandemic led the Center to expand its telemedicine capabilities. This has also allowed patients outside of the Morgantown area to access its services.



“We are hopeful that some of the waivers allowing direct patient-to-provider communication will remain in place for the long haul,” Dr. Vaglienti said. “We’ve found that telemedicine is very helpful for behavioral health and for follow-up after we perform an injection. It also has helped with some new patient visits. We have also used telemedicine for some patients receiving opioid therapy, but that is not common.

“We see a lot of chronic pain, and we use our psychologists and social workers for counseling and coping strategies, because individuals with chronic pain often become depressed or anxious,” he added. “If you don’t treat the whole person, you have little chance at success. So we take this holistic approach to pain treatment—rather than just injections or medications.”

Overcoming barriers to care

The comprehensive integrative approach, however, sometimes runs into barriers, with insurance coverage and “hostile” utilization review for some interventions among the greatest of these.

“Sometimes our patients need massage therapy or dietary counseling, but some insurance companies won’t cover that even when our staff spends a lot of time trying to explain a patient’s individual case,” Dr. Vaglienti said.

Despite the barriers, the Center is committed to continuing its pain-stewardship approach that minimizes the use of opioid medications while maximizing the integration of all evidence-based treatment options that were previously not combined during clinical care.

“We know it’s not easy for all patients to access comprehensive care due to cost, travel, childcare and other realities of life,” Dr. Vaglienti said. “That’s why we’re trying to do this under one roof—patients

with pain don't need more barriers to care.”

Dr. Vaglienti's patients generally fall into one of three categories:

- | Patients taking opioids already but needing maintenance or weaning.
- | Patients whose physicians have stopped prescribing opioids either voluntarily or involuntarily.
- | Patients with pain who could respond to not-yet-utilized methods of treatment in hopes of avoiding or minimizing the use of opioids.

As part of the state's efforts to reduce opioid-related harms, WVU Medicine, one of the state's largest primary health care providers, placed renewed emphasis several years ago on tailoring pain care treatment to individual patient needs.

“We use opioid therapy if called for, but we don't use it as first-line therapy,” Dr. Vaglienti explained.

“The whole purpose here is to improve the quality of life for as many people as possible.

“Opioids are interesting because, if you happen to be anxious or depressed, they can make you feel better,” he added. “So some patients think it is treating their problem when, in fact, it may be masking other concerns.”

Moving quickly to solve state's problem

The concept of integrated whole person care was introduced to WVU Medicine's leadership in February 2016. Additional guidance was received from the U.S. Defense & Veterans Center for Integrative Pain Management, and then the WVU program was ready for launch in May 2017.

“That is how fast the medical school and the health system operated to get this done because it was a priority for West Virginia to help with this opioid crisis,” Dr. Vaglienti said. “It took 14 months to go from concept to open—which is incredible for us.

“Patients appreciate that our staff listens to them and actually tries to figure out what is going on because, sometimes, physicians are seeing too many patients in too little time. So we try and take those few extra minutes to figure out what is actually happening here and then create an individual treatment plan for every patient.”

Learn more about what the AMA is doing to end the opioid epidemic.