

"MORTAR & PENCIL" CONCORDIA UNIVERSITY WISCONSIN SCHOOL OF PHARMACY STUDENT WRITING CLUB:

Business Member Spotlight: Ascension Wisconsin Center for Pain Management - Jordan Wulz, PharmD, MPH, BC-ADM

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The Ascension Wisconsin Center for Pain Management is based in Milwaukee and has outpatient clinics throughout the metropolitan area, which make up parts of Ascension Wisconsin's Pain Management Clinic. In the middle of an opioid crisis during which providers are reluctant to prescribe opioids, these clinics provide chronic-pain patients with holistic, evidence-based medicine. The Center for Pain Management provides team-based care, which includes an anesthesiologist, a physical medicine and rehabilitation physician, a physician assistant, a clinical pharmacist, and a pain psychologist. Within the various outpatient clinics, treatment with medications and injections is common, and is often paired with physical or behavioral therapy, emphasizing a four-pronged approach to pain management.

As the pharmacist on the team, Dr. Jordan Wulz, PharmD, MPH, works with a wide variety of medical professionals. Dr. Wulz practices at mainly at the clinic located at Ascension Columbia St. Mary's Ozaukee Campus 2 days per week, in close proximity to and communication with a physical medicine and rehabilitation physician. He meets with nearly every patient that enters the clinic. He begins by collecting a medication history to ensure that he has the most up-to-date information. Dr. Wulz then assesses patient progress toward functional treatment goals. If Dr. Wulz determines that a patient's treatment needs to be adjusted, he communicates therapeutic recommendations to both the physician and the patient. This process allows the physician to focus more on diagnosis and interventional treatment,

such as intraarticular injections or nerve blocks. Additionally, since the pharmacist and the physician work in the same office, therapeutic medication adjustments can be made in real time.

Comprehensive Care

The clinic employs a unique approach to pain management. In addition to the multidisciplinary focus on treating pain, there is an understanding that mental health can have a major impact on pain levels and functional impairment. Mental health is treated both passively and actively at the clinic. Dr. Wulz consults on the use of some psychiatric medications, such as serotonin-norepinephrine reuptake inhibitors (SNRIs) and tricyclic antidepressants (TCAs), which can be used to treat both pain and accompanying mood disorders. Prescribing medications, however, is only one part of mental health treatment. The clinic often involves behavioral therapy in a person's treatment, led by a pain psychologist. This focus on physical and mental health is essential for optimizing chronic-pain treatment and is evidence-based. Chronic pain is often interconnected and comorbid with mood disorders such as major depressive disorder, anxiety, and bipolar disorder.

The clinic also offers unique educational experiences for learners. Dr. Wulz has developed an advanced pharmacy practice experience (APPE) for students interested in pain management and public health. During this rotation, students spend two days in clinic, two days at a local health department, and one day in the Milwaukee Drug Treatment Court. Primary and secondary prevention of substance use/abuse, including opioids, is the focus of the public health portion of this

rotation, providing student pharmacists a comprehensive view of the opioid crisis and how pharmacists can have a positive impact in this area.

Adjusting Expectations through Education

The current opioid crisis in the United States has brought about many challenges for both patients and pain management providers. One of the biggest challenges within the pain management clinic is unrealistic or inappropriate patient expectations. In the recent past, many patients were prescribed chronic opioids for chronic non-cancer pain. Because of this, there is often a baseline expectation from patients that pain management is equivalent to prescribing opioids. While prescription opioids can be a useful tool in the treatment of acute and chronic pain, they should not be the mainstay of treatment. Dr. Wulz and his colleagues work to adjust these expectations through patient education and cognitive behavioral therapy.

Patient education at the clinic is meant to maximize a person's treatment while reducing medication side effects. This is done by first explaining to the patient the best way to take the medication. With opioids, and in the context of chronic pain, this often means using these medications on an as needed basis to avoid the development of tolerance and physical dependence. Dr. Wulz also likes to counsel patients' caregivers and family members on the side effects of these medications. It is important to educate those people around the patient about both common and serious side effects, including respiratory depression, so they can recognize the signs



Above: Columbia St. Mary's campus in Ozaukee, WI. **Right:** Jordan Wulz, PharmD, MPH, BC-ADM



of an opioid overdose should one occur. Knowing when to call 911 or administer naloxone can be the difference between life and death for patients using opioid therapy.

At the pain management clinics, patients are encouraged to become active in their pain management treatment. Getting people to be active in their treatment can be a difficult task. There continues to be a transactional expectation, of medications for pain-management complaints, likely as a result of previous pain management practices. Anecdotally, the healthcare team often sees greater improvement in patients' pain and function when they become active in their treatment. Often, this entails involvement in physical or behavioral therapy, but appropriate exercises can also be quite beneficial.

Moving Forward

Pain management is a healthcare specialty that has growing demand as a result of the ongoing opioid crisis. The need for healthcare providers with specialized training in pain management has been heightened by historically limited or inappropriate pain management education in medical and pharmacy schools. As healthcare providers work to tackle the complexities and challenges of chronic pain management, it will be important to optimize pharmacist involvement in the comprehensive treatment of chronic pain.

Chronic pain cannot always be explained by a physical abnormality or disorder. In some cases, physical pain

can be a manifestation of a psychologic disorder. In other cases, physical pain can be exacerbated by psychologic disturbances. In both scenarios, the perceived pain is real and should be treated accordingly. Often, this means medication should not be the only course of treatment. Because of this, cognitive behavioral therapy can be an especially helpful tool for individuals who suffer from chronic pain.

Current pharmacy education generally provides information on various prescription and non-prescription pain medications; however, it typically doesn't provide information about possible non-pharmacologic remedies or non-therapies.

Clinical and ambulatory care pharmacy are relatively young concepts in healthcare that are continuously evolving. Ambulatory care pharmacists with a specialty in chronic pain management can be especially valuable in the primary care setting, where patients often present first. This focus on pain in the primary care setting would allow providers to spend more time managing other chronic disease states such as diabetes, hypertension, or dyslipidemia.

In addition to placing pharmacists in primary care offices, increasing pharmacists' legal abilities will help to advance care in this area. One specific change Dr. Wulz would like to see is the ability for pharmacists to receive a DEA number. This would allow pain management pharmacists to prescribe pain medications for their patients. Dr. Wulz would also like to get rid of the special training required for

prescribing naloxone/buprenorphine. This, in combination with obtaining a DEA number, would allow pain management pharmacists to provide the best care possible for their patients.

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