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As a progressive pain clinic, Commonwealth Pain & Spine is taking a multimodal, team-based approach and altering the public's misconceptions regarding traditional pain medicine

BY DONNA ISON

LOUISVILLE In recent days, everyone seems to have developed a strong response to the words “pain management.” The topic is being discussed on the nightly news, in congress, at the dinner table, and throughout the medical community. Misconceptions abound. But, with its unique approach, Commonwealth Pain & Spine (CP&S) is serving as an example of what a successful pain management clinic can accomplish and leading efforts to improve the lives of the patients they serve.

Founded in 2013 by Kyle Young, MD, and Jason Lewis, MD, CP&S has already assembled an impressive roster of nine “best-in-class” physicians located throughout Kentucky and Indiana. The founding partners represent a new breed of young physician entering the field of medicine. After graduating with a BS in microbiology from the University of Georgia, Young obtained his MD from the Medical College of Georgia and completed a residency in anesthesiology and fellowship in pain management at the University of Louisville (U of L). Lewis earned his Doctor of Medicine, completed a general surgery internship, anesthesia residency, and pain medicine fellowship at U of L, as well as a sports medicine fellowship at the University of Vermont.

In describing CP&S, Lewis says, “We are a comprehensive pain management clinic. We don’t just write prescriptions. We don’t just give injections. We do everything, and it is specifically tailored to each patient and their history and problem.”

James Jackson, MD, a partner with CP&S elaborates, “We provide a comprehensive pain clinic that focuses on patient-centered

therapies. A lot of times patients go to pain clinics and they’re treated poorly, either because they require narcotic pain medication, or they’re labeled before they come in the door. That is what sets us apart from everybody. Every patient is treated as if they’re a human being.” Jackson shares a common background with Lewis, Young, and others on the staff. He earned his medical degree, completed his residency and fellowship training, and served as an assistant professor in the Department of Anesthesiology at U of L.

Nicolaus Winters, MD, who is also a partner in the practice, goes on to add, “We don’t form generalized plans that fit every patient. We try to come up with a plan that’s individual.” Winters received his medical degree and completed his residency in anesthesiology at U of L as well, and went on to a pain management fellowship at the University of Alabama-Birmingham. He primarily practices in Evansville, Indiana and Owensboro, Kentucky.

Each of these four like-minded physicians had similar reasons for being drawn to the field of anesthesiology, primarily because it is procedure-oriented and requires strong core medical competencies. Like the four mentioned here, all of Commonwealth’s physicians are fellowship trained and accredited in both anesthesiology and pain management. Many hold both Kentucky and Indiana licenses, including those featured in this article.

Their respective reasons for entering pain management all converge with one common



In 2013, Kyle Young, MD, and Jason Lewis, MD, founded Commonwealth Pain & Spine, which takes a progressive, multimodal approach to pain management.

goal—improving the lives of individuals by reducing their pain. Jackson states, “I’m going to make this very simple. Taking away pain. Because sometimes these people are at their last resort. They’ve had surgery and they’ve had this and that therapy and nothing is working. So, to be able to make a difference when there is almost no hope is probably the most rewarding thing that I do.”

Offering Alternatives to Narcotics

As a comprehensive pain management clinic, CP&S deals with a broad spectrum of chronic pain conditions encompassing everything from arthritis to complex regional pain syndrome (CRPS), but 90% of people they manage come in with a chief complaint of head, neck, or back pain. “Chronic pain management in the United States is primarily low back pain and neck pain,” states Young.

In order to meet the diverse needs of their patient population, CP&S offers a wide range of treatments, including several traditional pain therapies such as occipital and intercostal nerve blocks and epidural steroid injections, to more cutting edge and complex options like Botox for chronic migraine relief, lumbar discography, and vertebroplasty. One of the newest offerings is regenerative medicine, which Young describes as “taking a patient’s own stem cells through a bone marrow biopsy

“In the past, physicians were known for ramping up opioids and throwing narcotics at the pain instead of taking a comprehensive approach. We’re comprehensive, so we do everything from medication management to implantable devices.” — Nicolaus Winters, MD

or harvest and injecting them into degenerating structures, usually joints, but also discs in their spine.” In 2017, Lewis and Young started the region’s first institute committed to the advancement of regenerative therapies, PRIMed, headquartered in Louisville. Clinical trials for alpha-2-macroglobulin (A2M) injections, amniotic fluid injections and stem cell therapy have been producing exceptional results and are exciting new options for pain sufferers.

One of the most promising treatments they offer is neuromodulation. “Neuromodulation is the generic term for stimulating strategic targets in the nervous system to control or change the way a patient feels pain,” Young explains. There are two primary applications of neuromodulation, both of which deliver electrical currents to interrupt pain signals. They include spinal cord stimulation and deep root ganglion stimulation (DRGS), which have the unique capability of focusing in on more specific parts of the body.

DRGS is proving especially effective in treating CRPS, which is one of the most challenging presentations encountered in pain management. According to the Mayo Clinic’s website, complex regional pain syndrome is an uncommon form of chronic pain that typically develops after an injury, surgery, stroke, or heart attack and causes pain that is far out of proportion to the severity of the initial injury. On the use of neuromodulation in addressing CRPS, Winters states, “It’s one of the few things that is revolutionary in pain management. This is one of those types of procedures that can give somebody significant quality of life improvement, besides just giving them good pain relief.” He has also found it to be highly effective in treating diabetic neuropathy.

The physicians at CP&S are well aware of the misconceptions around and stigmas attached to pain medicine. When prescribing opioids, the entire healthcare system has had to reassess the need and reformulate their

approach. “Fifteen years ago, the thought was that opioids are safe. That opioids are effective, and can continually be increased with no consequences. That recently has been shown to not be the correct thought. But no research was done until the last ten years,” Winters says.

Winters goes on to state, “In the past, physicians were known for ramping up opioids and throwing narcotics at the pain instead of taking a comprehensive approach. We’re comprehensive, so we do everything from traditional medication management to implantable devices. But, I think we’ve always been ahead of the trend with opioid management and doing it responsibly. A lot of practitioners are still prescribing high dose opioids and that has shown to be very bad and very high risk for patients.”

Jackson elaborates, “From the general public’s perspective, you mention pain management and the first thing they think of is a pill mill with a pill-pushing physician, and that is the biggest misconception.”

Luckily, recent investigation and legislation has led to positive change. “Legitimate physicians who have done the training and done the fellowships and taken the tests ... at the end of the day, they are the ones left standing and doing the right thing for the community,” says Lewis. “In the grand scheme of things, we are conservative about what we do. We are comprehensive and multimodal. We use other options than just writing prescriptions.”

Education and Communication are Key

When it comes to altering these attitudes, all agree education and communication are key. Young acknowledges, “It’s a little ironic, but physicians don’t always communicate well with other physicians. So, we go out of our way to forge relationships with the primary care physicians and surgeons in the community.” Each member of the practice stresses the importance of establishing and maintaining



As a partner with CP&S who holds medical licenses in both Kentucky and Indiana, Nicolaus Winters, MD, practice includes both Evansville, Indiana and Owensboro, Kentucky.



Partner James Jackson, MD, describes CP&S as “a comprehensive pain clinic that focuses on patient-centered therapies.”

relationships with other providers, so they keep the lines of communication open by having face to face meetings and exchanging cell phone numbers.

Ultimately, it is about the patient. “It’s good for everybody involved, especially the patients. The patients love it when you can say, ‘Hold on just a second. Let me call your surgeon and ask him a question.’ I think it makes them feel reassured that the ball is not being dropped and that all of their physicians are on the same page when it comes to their treatment,” Young says.

Winters states, “What makes our clinic



The staff at CP&S is dedicated to patient respect, collaboration, and accessibility. (l-r) Rita Tonini, MSN, FNP-BC, CGRN, April Nodine, PA-C, Johnna Shown, APRN, Barbara Lemmons, APRN.

different is that the people we hire, from the front desk to the doctors, have a compassionate attitude and want to see the patients do well." The entire staff at CP&S is dedicated to making every aspect of the patient's experience positive, from their initial phone call to their first encounter with a CP&S physician. Earlier this year, CP&S began posting a guarantee in their waiting rooms for patients to see. They call this "Our Pledge to the Patients

We Serve" and it includes a vow to respect each patient's personal struggle with chronic pain, a promise to collaborate with the patient to help them get the best outcomes, and guaranteed accessibility.

These efforts are paying off. According to Young, "We are helping to change the paradigm of chronic pain management. We're starting to change attitudes within the communities where we practice." Lewis concludes with, "Respect, trust, and communication are our core values. If you stick close to those things, genuinely try to help people, and do the right thing, everything else will fall into place." **MDU**

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