



R. Corey Waller, MD, MS, FACEP, DFASAM, Principal

Dr. Corey Waller is a board-certified and actively practicing addiction and emergency medicine specialist with extensive experience working at the local, state, and national levels.

He works with the American Society of Addiction Medicine (ASAM) and related organizations to advance the evidence-based practice of treatment and recovery for individuals affected by substance use disorder (SUD). A nationally recognized expert in SUD, he is the editor-in-chief of The ASAM Criteria.

As a principal with the Health Management Associates (HMA) Institute on Addiction, he is directly responsible for consultation regarding addiction treatment system development for hospitals, primary care practices, justice-involved populations, and addiction treatment providers. He oversees the HMAedu.com learning management system and continues to develop educational resources covering addiction, pain management, behavioral health, and administrative support for these systems.

In his prior role as senior medical director for education and policy at the National Center for Complex Health and Social Needs (National Center), Dr. Waller was responsible for developing and maintaining all training and in-person technical assistance delivered by the National Center. This work included developing addiction, pain, and behavioral health treatment systems, correctional medicine, payment model implementation, and healthcare policy. He worked directly with peer support professionals and community health workers in Camden, NJ, to learn and ensure that the work was adequately scoped and evaluated.

Before joining the National Center, he worked for the Spectrum Health System in Grand Rapids, Michigan, a fully integrated health system with 14 hospitals and more than 1,000 employed physicians. Dr. Waller served as medical staff chief of pain medicine to the Spectrum Health Hospital System and medical director of the Spectrum Health Medical Group Center for Integrative Medicine, where he was responsible for treating patients with addiction, including management of pregnant mothers with SUD. Additionally, he oversaw the development of core competencies for addiction treatment in the labor and delivery unit and the treatment algorithm for neonatal abstinence syndrome for the Level 1 neonatal intensive care unit.

Dr. Waller earned his master's degree in biology with a neuro-molecular focus at Southwest Texas State University and his medical degree at the University of Texas Medical School in San Antonio. He completed his emergency medicine residency at Thomas Jefferson University in Philadelphia and is board-certified in emergency medicine and addiction medicine.

The Realities of Treating Pain in a Post CDC Guidelines World

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Disclosures

- NO Disclosures

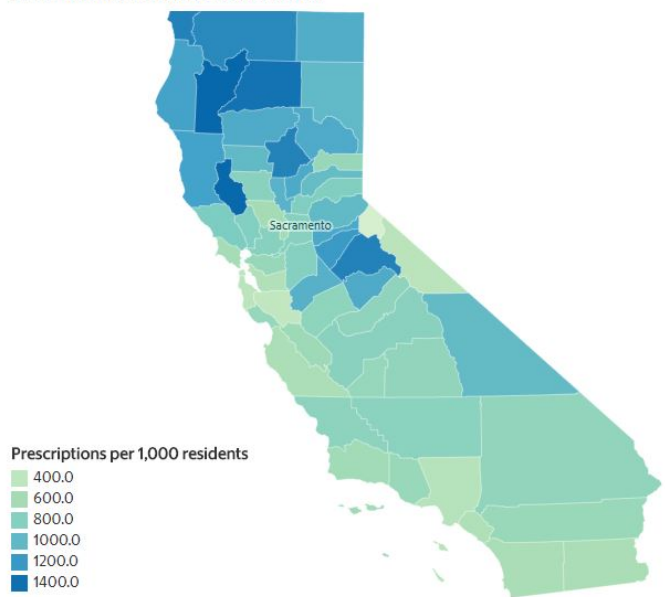
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The Current Optimal State

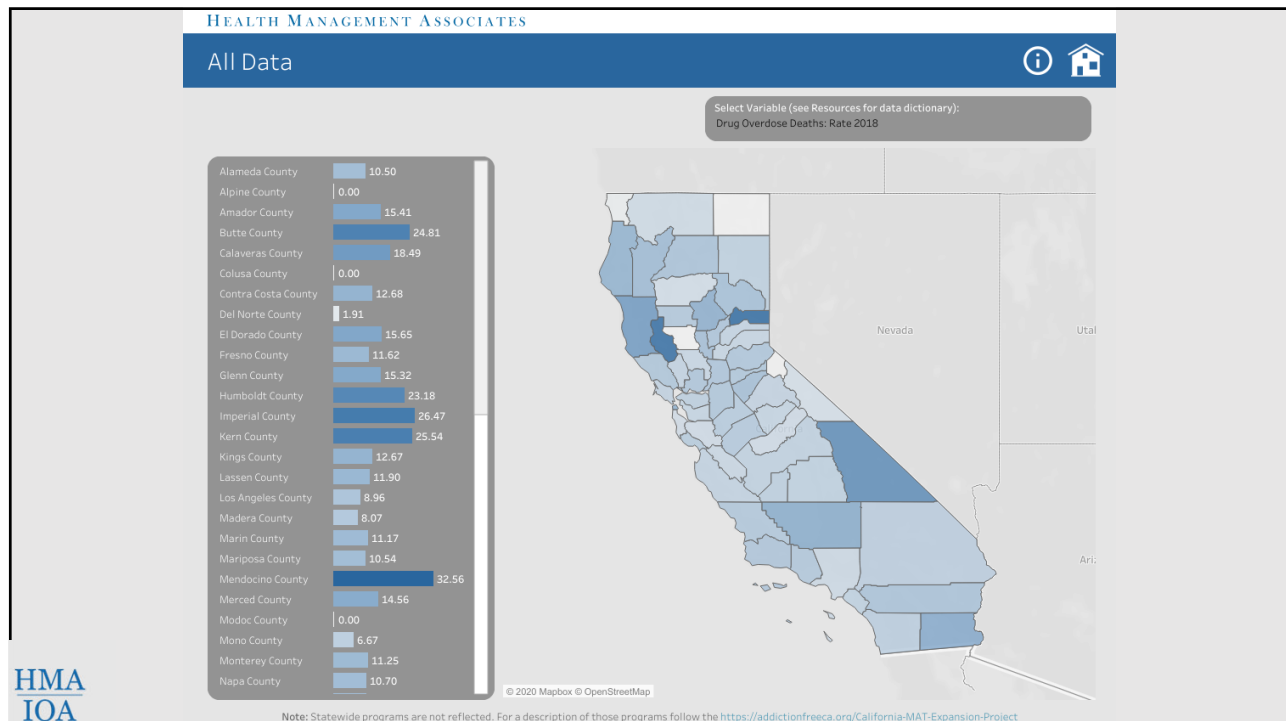
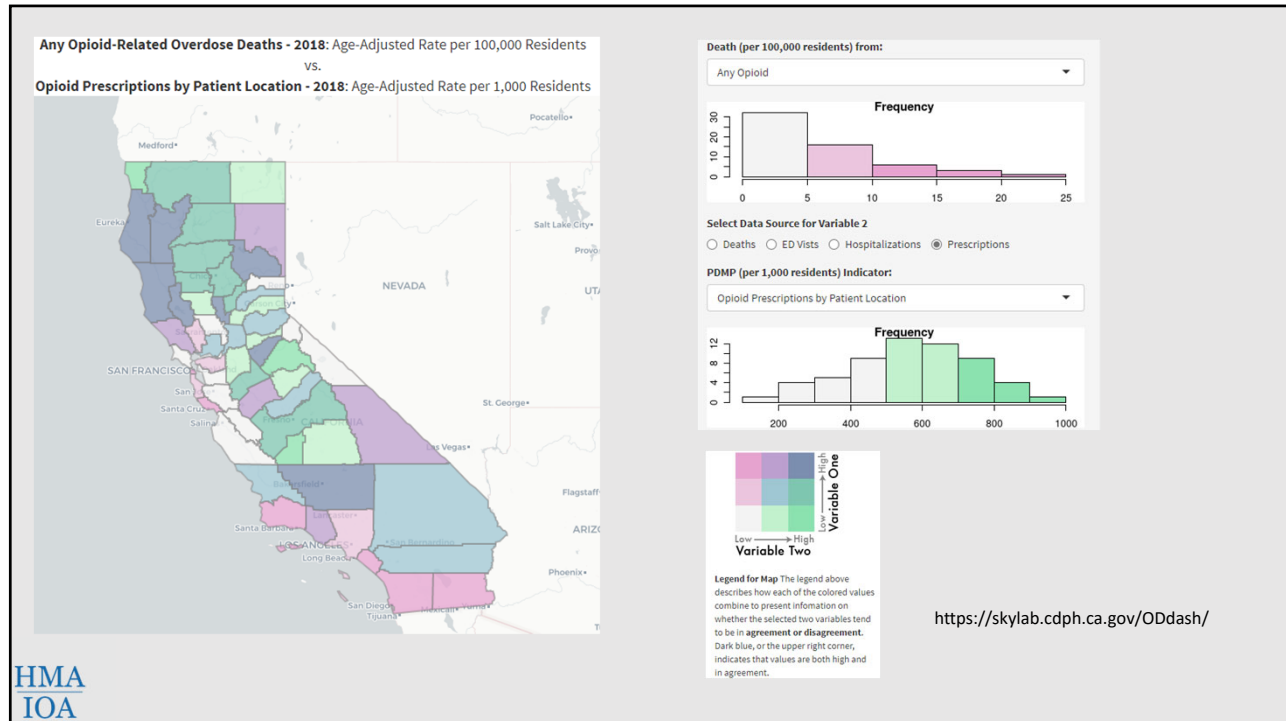
- Opioids show little to no long-term efficacy for the treatment of chronic pain
- Multimodal approaches to pain are far superior to medications alone
- We are not treating chronic pain any better now than we did in the 90s
- Opioid overdose is still the number one cause of death for people under 50.

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OPIOID PRESCRIPTIONS BY COUNTY IN 2016



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The Reality

- Multimodal pain treatment systems do not exist
- 3 major versions of high opioid prescribing physicians
 - A. Those that over prescribe for money (1%)
 - B. Those that took over a practice with a large number of patients on opioids
 - C. Those that are trying their best to help patients, but have limited treatments and knowledge of how to do it without opioids and have difficulty setting boundaries with patients

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The Fix

- For Type A (money) prescribers:
 - Removal of license
 - If deaths have occurred, then criminal charges
- For Type B (inherited) prescribers
 - Access to expertise to review their panel
 - Help with development of new policies and procedures
 - Training on assessment and treatment of addiction
 - Training on multimodal pain treatment and motivational interviewing
- For Type C (boundary issues) prescribers
 - All Type B recommendations
 - Enhanced training on boundary and expectation setting

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Conclusions

- There is no one size fits all approach
- Most providers want to do the right thing
- Helping them only improves the medical care in the state of California