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## Tri-County Pain Consultants, PC

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By Patricia Cornett, Ph.D.

Pain is a medical condition as old as Hippocrates and as new as the latest advertised remedy on television or the Internet. However, the treatment of chronic pain for long-term pain sufferers is a relatively recent innovation on the medical scene.

At the forefront of this revolution is Tri-County Pain Consultants, a comprehensive pain management clinic that offers a multidisciplinary approach for the treatment and relief of chronic pain. Chronic pain, as distinct from acute pain, is pain that lasts for several months or more and can last as long as five years before being treated successfully. At Tri-County Pain Consultants, pain is considered a chronic disease along the same lines as diabetes, asthma or congestive heart failure.

With 40 years of combined experience in interventional pain management techniques, Tri-County Pain Consultants has a specially trained clinical staff of 45 health care providers and support personnel. Its three locations in Livonia, Novi and Warren serve approximately 5,000 active patients. At the core of the practice are three full-time anesthesiologists. Dr. Dennis Dobritt, the senior member of the staff, started Tri-County Pain Consultants in 2001. Dr. Timothy Wright joined the practice in 2002 and Dr. Siva Sripada in 2006. All three are board-certified

and fellowship-trained pain specialists. “We have over 40 years of experience, and within the practice, we have all the services a patient will need. Philosophically, we believe that pain management should be a community-based resource,” says Dr. Dobritt.

A pain medicine specialist since 1986, Dr. Dobritt trained as an anesthesiologist and pain specialist at Providence Hospital in Southfield, which had the first multidisciplinary pain management fellowship program. Providence was also the first hospital in Michigan to have a dedicated multidisciplinary pain management clinic.

In the early 1980s when Dr. Dobritt was training to become an anesthesiologist, pain management was in its infancy. “Nobody had yet developed models on how to take care of patients with chronic pain.” Soon he became the first Fellow trained in pain management by a Michigan graduate medical training program. While at Providence, at first, he found he was spending 60% of his time as a pain specialist. By the early 1990s, Dr. Dobritt was dedicating all of his professional time to pain management. In the mid 1990s, he became director of Providence’s pain management clinic, after serving as the medical director at a Providence satellite facility.

## TCPC Clinic at Providence Park Hospital





What spurred Dr. Dobritt to leave Providence in 2001 and start his own pain clinic was his realization that treating chronic pain in a hospital wasn't working as a model. "If a pain clinic is hospital based, it is provided by the anesthesiology group, and it is a secondary business. Doctors are assigned on a rotation through the pain clinic. That was the prevalent model in the late 1990s. Because of that, I decided it wasn't the best way. It was better to have a practice that was solely dedicated to management of pain, as a community-based resource, not through the hospital."

"In 2001, I left the anesthesia group and started the pain management practice in Framington Hills. I brought in a psychologist, nursing personnel, physician assistants and physical therapists. We were able to do all the treatments in the office. I moved the practice out of the hospital, and it was run like a true medical practice where the patients have their own doctors."

Dr. Wright and Dr. Sripada are the other two full-time anesthesiologists and pain management specialists at Tri-County Pain Consultants. Dr. Wright has a fellowship in pain management from Northwestern Memorial Hospital at Northwestern University in Chicago. Before joining Tri-County Pain Consultants in 2002, he was at St. Mary Mercy Hospital in Livonia, where he started a pain center run by the anesthesiology group for six years. Dr. Sripada was recruited from Texas Tech Health Science Center in Lubbock, TX, where he completed a pain fellowship in 2002.

Only about 2,500 to 3,000 physicians in the United States are dedicated full time to pain management like Dr. Dobritt and his colleagues. Approximately three times as many are pain specialists, while other physicians practice pain management on a part-time basis within an anesthesiology or a physical medicine group.

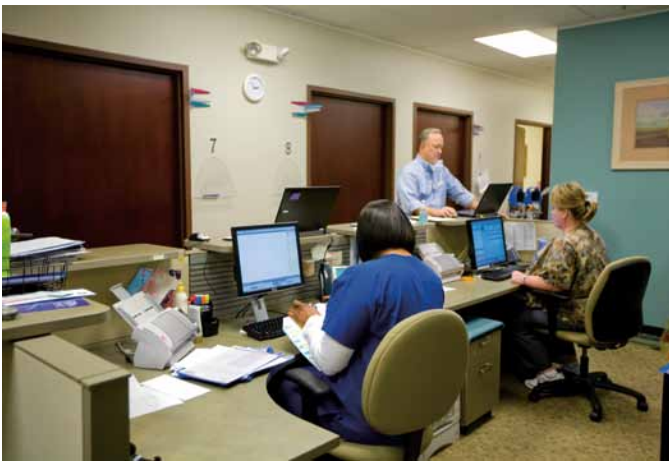
What makes Tri-County Pain Consultants different,

Dr. Wright points out, is the management approach. "The concept of interventional pain management is that we treat chronic pain conditions over a long period of time. Our first goal is to cure the pain, but there are many chronic conditions that can't be cured. Then our goal is to manage the pain to keep it under control at a tolerable level."

He adds, "For many years, pain was treated as something that had to be cured much the way we would treat acute pain. The problem with that kind of treatment is that when you have chronic conditions, you end up jumping from one treatment to another without any long-term continuity."

Tri-County Pain Consultants is also a leader in the field because of its multi-modality approach to pain management. As Dr. Wright describes it, "When pain clinics first started, they were mostly one-option centers where the patient saw an anesthesiologist for pain injections, then went to a physical therapist,





**Dr. Dobritt checks patient files**



**Front desk**

and then went somewhere else for medication. What we do at Tri-County Pain Consultants is to incorporate all treatments under one umbrella so we can coordinate the patient's care in a logical and effective manner. It's a more successful approach for the patient."

Pain management is a growing specialty. More and more primary care physicians, as well as patients, are recognizing that there is a "one-stop shop" that can help them manage all their pain complaints through injection therapy and medication. There is more awareness that something can be done for the pain. Dr. Sripada says, "I can't tell you how many times I have a patient who says, 'I never knew that a pain clinic existed. If I had known this 10 years ago, I wouldn't have suffered the way I have.'"

Patients have a wide range of treatment options at Tri-County Pain Consultants. Interventional pain management techniques include injections, nerve blocks, steroid injections or anti-inflammatory injections into the spinal canal

under X-ray guidance. Adjunctive therapies with a physical therapist or psychologist might include transcutaneous electrical nerve stimulation, massage or biofeedback in specific cases. In the most refractory cases, advanced therapies including spinal cord stimulation and intrathecal pump therapy are available.

"It's very helpful for patients to know that they have a wide range of therapeutic options to help them manage their pain, especially for patients who have traditionally been written off as 'difficult-to-treat,'" Dr. Sripada says.

The most common types of pain treated at Tri-County Pain Consultants are spinal pain of the back and neck, non-vascular headaches, sciatica and nerve-related pain such as shingles. A combination of diagnostic tools are used to determine the source or, in some cases, the multiple sources of the patient's pain. A thorough physical examination and a complete patient history are essential first steps. Diagnostic tests may include an MRI, CT scan or electromyogram.

**Dr. Dobritt updates patient files**



Often, interventional pain management techniques can be both diagnostic and therapeutic. Dr. Sripada explains, “If you suspect that the pain may be coming from a particular area, say the back, and you use a treatment that blocks that area, and the pain goes away, then that treatment is both diagnostic because it tells us where the pain originates from and therapeutic because the patient gets relief.”

Although back and neck pain are the most common chronic pain conditions — 85% of the population gets back pain at some point in their lives — there may be many different causes. That’s one reason back pain is so difficult to diagnose and treat. Even if one source of the pain can be identified and treated effectively, there may still be another or multiple causes for the pain. In those cases, it may take a combination of two or three different kinds of treatment for the patient to find relief.

Tri-County Pain Consultants also specializes in medication management, unlike many other pain clinics. “We have expertise in medication management,” Dr. Dobritt says. “Most other pain practices offer limited services such as injection therapy. There are not that many comprehensive pain clinics in the Detroit area like ours.”

Attitudes toward using drugs, especially narcotics, to treat patients with chronic pain have changed in the last 30 or 40 years. In the 1970s and 1980s, the first approach for chronic pain treatment was an anti-drug approach. The idea was that patients were not to receive drugs for pain. Nerve block therapy was the primary treatment. “If that didn’t work,” Dr. Dobritt says, “the patient went to the physical therapist and then to the psychiatrist.”

This situation began to change in the 1980s as pain treatment methods became more unified with a team approach. Doctors were also being criticized for not using narcotic drugs to provide enough relief for patients suffering from chronic pain or terminal cancer.

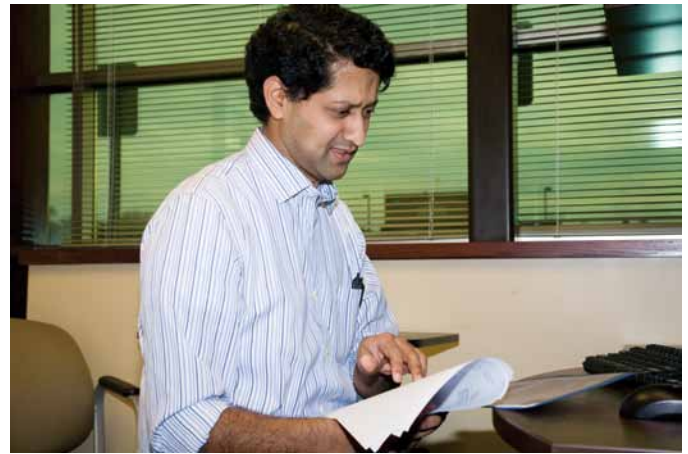
By the early 1990s, physicians were beginning to use controlled substances to manage patients with non-malignant pain. As a result, in the past 10 years, primary care physicians and pain specialists have been encouraged to prescribe pain medications for chronic pain.

#### Dr. Wright



Physician assistants Tim Petrosky and Jim Gilson

The real fear among physicians has been administrative sanctions. There are all kinds of barriers as to why patients don’t get enough pain medication, Dr. Dobritt points out. “There is an expectation of a certain amount of pain if the patient has terminal cancer. Doctors are also afraid that the patient might



Dr. Sripada

become addicted. In actuality, it is unfounded that many physicians are prescribing inappropriately. Patients might not tell the doctor how much pain they are experiencing. Some patients have drug problems to begin with. Then when they are treated for chronic pain, they develop a problem with narcotics. Most pain clinics will not take these types of patients. They are not interested in medically managing the patient.”

At Tri-County Pain Consultants, however, medication management is an important part of the treatment protocol for certain patients whose pain cannot be controlled effectively in other ways. Dr. Wright explains how this program works.

“These patients may see one of our doctors or physicians’ assistants initially at least once a week, then once a month. As part of our program, if the patient is on long-term narcotic drugs, they see a psychologist. We do baseline kidney and liver function tests and urine drug screens.

“We control for patients who may be substance abusers. We have a very tight system. They sign a contract with us that they will only get their medications from us and that they’ll



**Administering injectible pain medication**

submit to periodic urine testing. We use regular reports from the Michigan Automated Prescription Service to review what meds and prescriptions the patient has been getting from other doctors before coming to us or if they're getting drugs from other doctors. They bring their pills every time, and we count them every time."

"Patients who really need these medications are more than happy to follow these protocols because it protects them too. If someone questions them about their drug use, they can refer that person to us to verify that they are part of a program at Tri-County Pain Consultants that provides the drugs they need in a controlled setting. If someone just wants to get narcotic drugs from us to abuse them or sell them, we'll catch that. We monitor

**Dr. Sripada confers with Dr. Dobritt**



our patients very closely to see if they're taking any illegal drugs or if they're actually taking the drugs we've prescribed for them. We've built in safeguards to protect them and us."

Completing the staff at Tri-County Pain Consultants are two physicians' assistants — Jim Gilson, PA-C, and Tim Petrosky, PA-C. They are a vital part of the clinical team, as are the specially trained physical therapists, nurses, a psychologist and other health care personnel. Together, they offer a comprehensive, multidisciplinary approach to pain management not found at most other pain clinics in the Detroit metropolitan area. In Dr. Dobritt's words, "The whole idea is to make Tri-County Pain Consultants a community-based pain center where we bring pain management techniques, standards and protocols into the fabric of the community like other specialties." ■

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