Beyond Didactics: Teaching Equitable Team-Based Care for Chronic Pain via Panel Review

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By the end of this talk, attendees should be able to:

- Articulate the value of teaching an integrated, team based approach to the assessment and care of patients with chronic pain.
- List important, primary care friendly tools for the assessment and management of patients with chronic pain.
- Describe the core curricular components needed to better teach chronic pain management and the utility of using chronic pain panels to support quality improvement effort and provider education.

Disclosures

- Sadly, the presenters have no financial disclosures to share with our audience.

This presentation is brought to you courtesy of the Forum!

"If I have seen further, it is by standing on the shoulders of giants.“

Sir Isaac Newton (1675)

How we will spend our time today:

1. Overview of our setting
2. Review of the “why” behind our CPM approach
3. Overview of CPM guideline itself
4. Curriculum Components
5. Feedback on Curriculum
6. Assessment of current implementation
7. Future steps

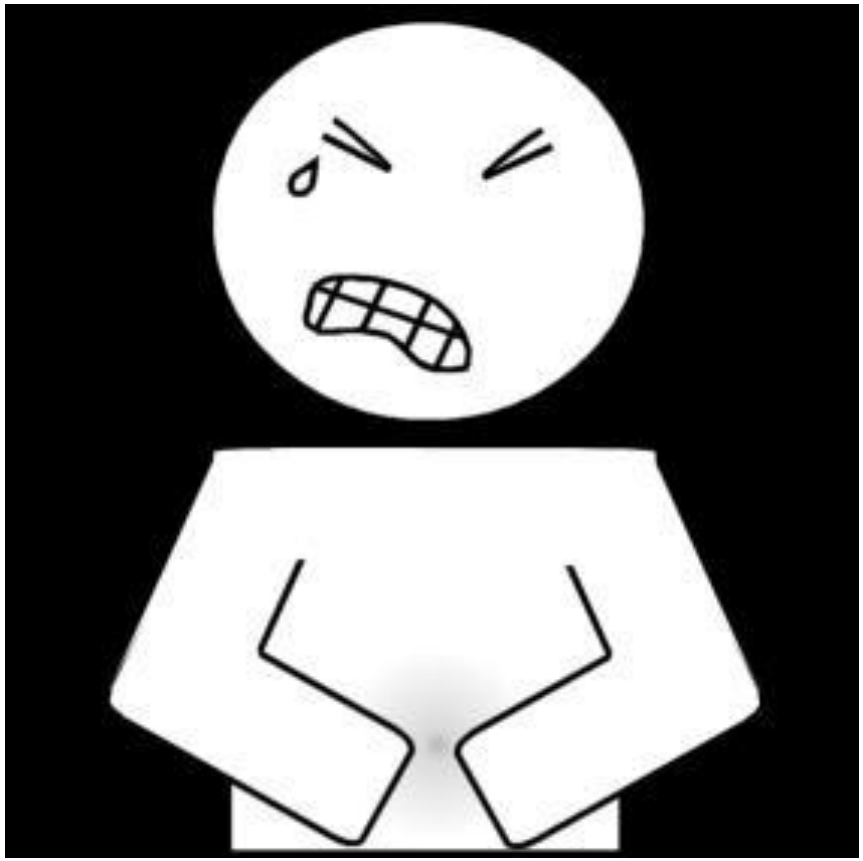
Challenges in Teaching Chronic Pain Management

- Challenging Clinical Problem
- Difference of experience between faculty and residents.
- Process is Complex
  - Lots of tools/components in assessment and care
  - Multiple team members
- High Level of Emotion
  - Patients
  - Providers
- Time/Competing Priorities


FREED
MINE
new HOME

“I hate working with pain patients.”

And yet…people still have pain.



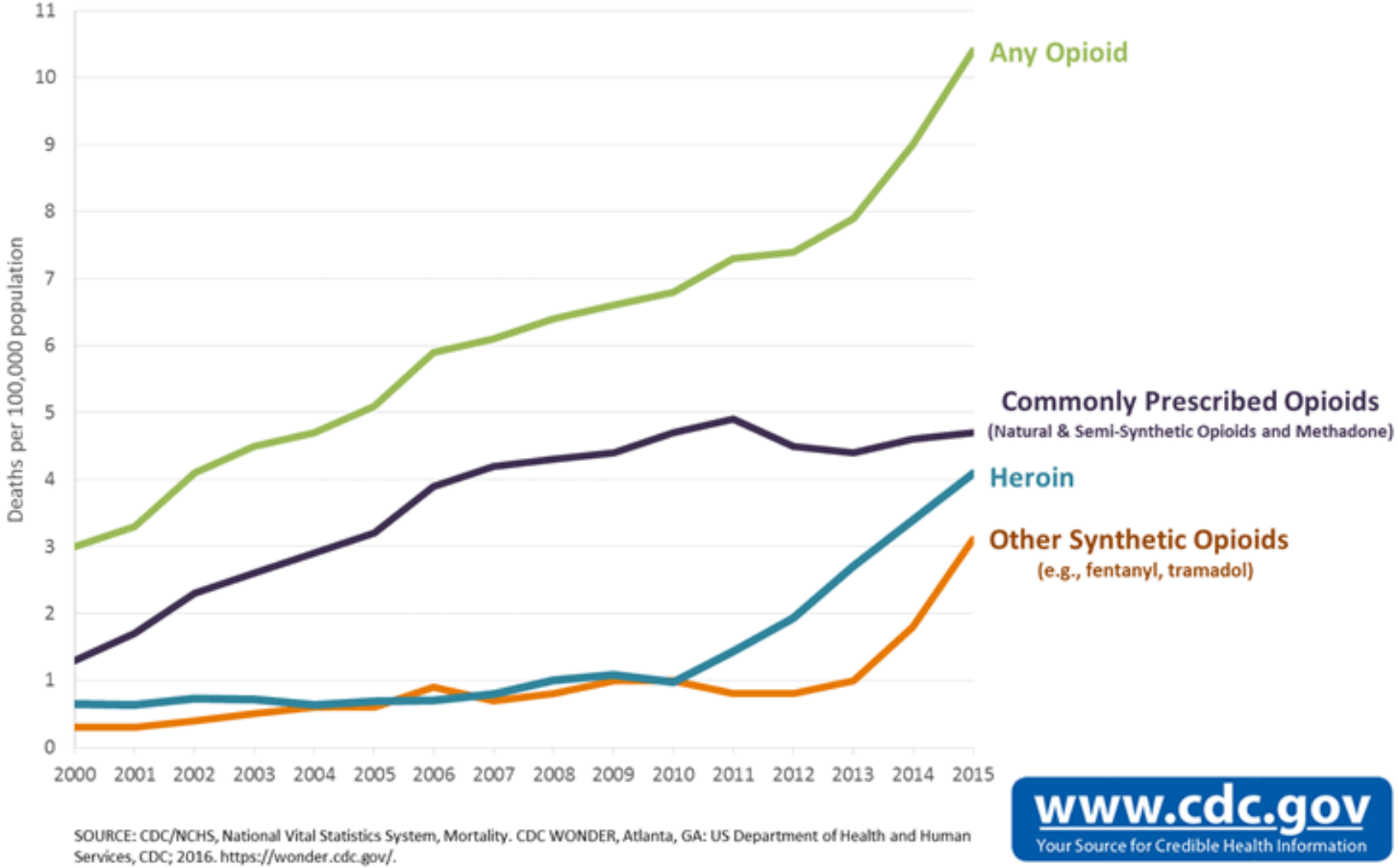
Comprehensive Assessment for All: The Question of Equity

Health Equity

- In a sample of 222 white medical students and residents about 50% endorsed false beliefs about biological differences between blacks and whites (e.g., “black people’s skin is thicker than white people’s skin”).
- Participants who endorsed these beliefs rated the black (vs. white) patient’s pain as lower and made less accurate treatment recommendations.
- Participants who did not endorse these beliefs rated the black (vs. white) patient’s pain as higher, but showed no bias in treatment recommendations.

Hoffman, K (2015)

Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. https://wonder.cdc.gov/.

www.cdc.gov
Your Source for Credible Health Information

There’s no bad weather, only unsuitable clothing.

In other words, be prepared!

Goals for CPM?

- Equitable, evidence-based assessment and treatment for the patient with chronic pain.
- Increased safety in the management of patients receiving opioid therapy for their pain.
- Improved function!
- Decreased isolation and frustration for providers involved in the care of the patient with chronic pain.

You need a team!

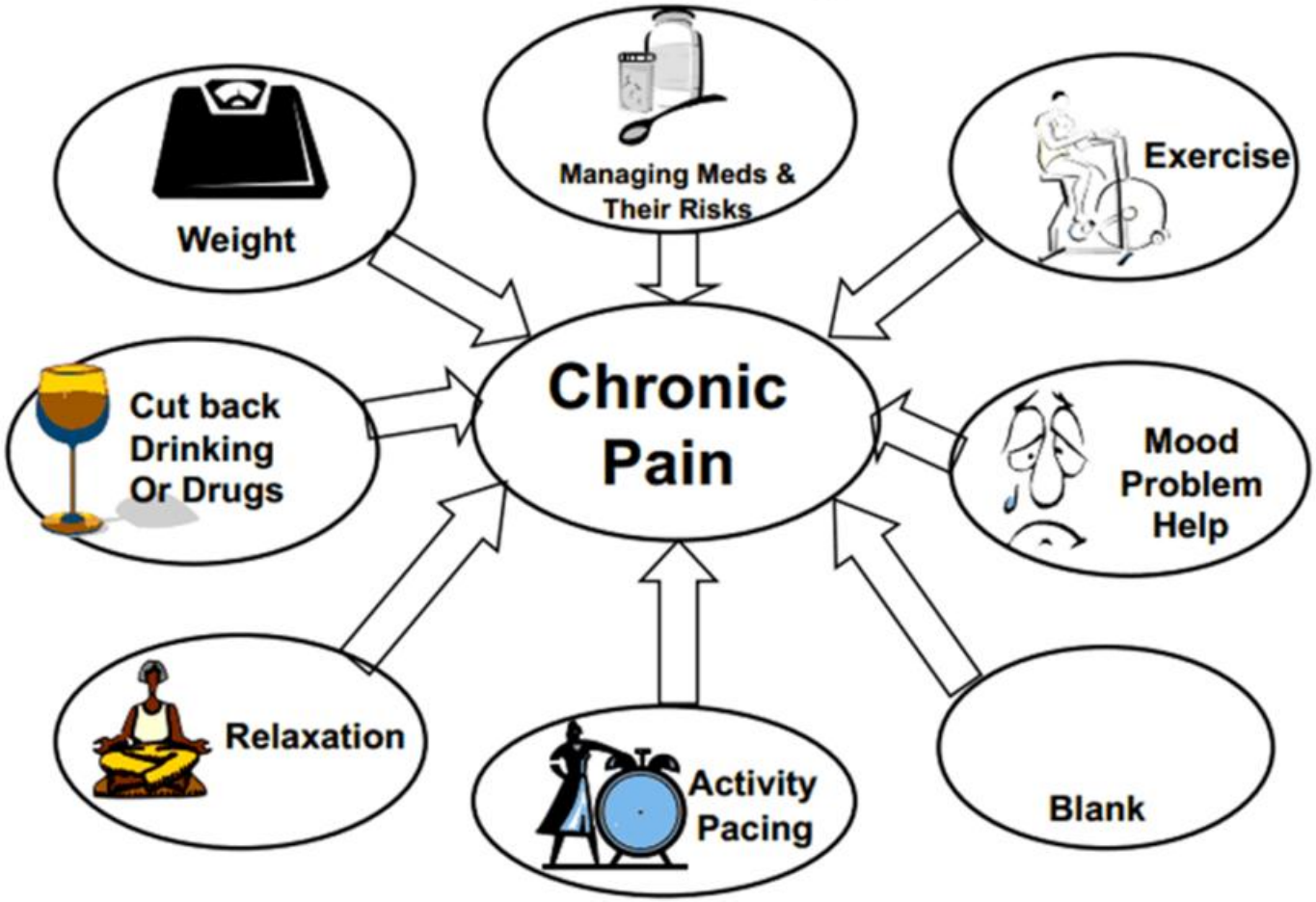
Our CPM Team Includes:

- Front Desk Staff
- Lab Staff
- Patient Care Staff
- Physician
- Behavioral Health Clinician
- Pharmacist
- RN
- Panel Manager/Care Coordinator
    - *And let's not forget: The Patient!*

Comprehensive Assessment

- Assessment for new patients typically requires 2 MD visits and one BHP visit.
- Primary tools
  - DIRE
  - ORT
  - FAQ5
  - Lifestyle Risk Screener
  - Urine Drug Screen
  - Prescription Monitoring Database

Chronic Pain Management



Sharone Abramowitz, MD www.pcbehavioralhealth.com

Patient Centered Plan

- Patient's functional goals
- Patient education regarding influence of lifestyle variables and thinking on pain experience
- Multiple modalities of pain management
- Often started at BH consult, but can be completed by physician.
- Ideal: A living document that is updated and revised at each CPM visit.

Policies around Opioid Therapy

- Dosing guidelines
- Naloxone prescribing guidelines.
- Opioid Treatment Agreement (formally a “pain contract”)
- Urine Drug Screens at each visit.
- Prescription Monitoring Database at each visit
- Clear documentation in EPIC
- Referrals to CPM Supervisory Committee

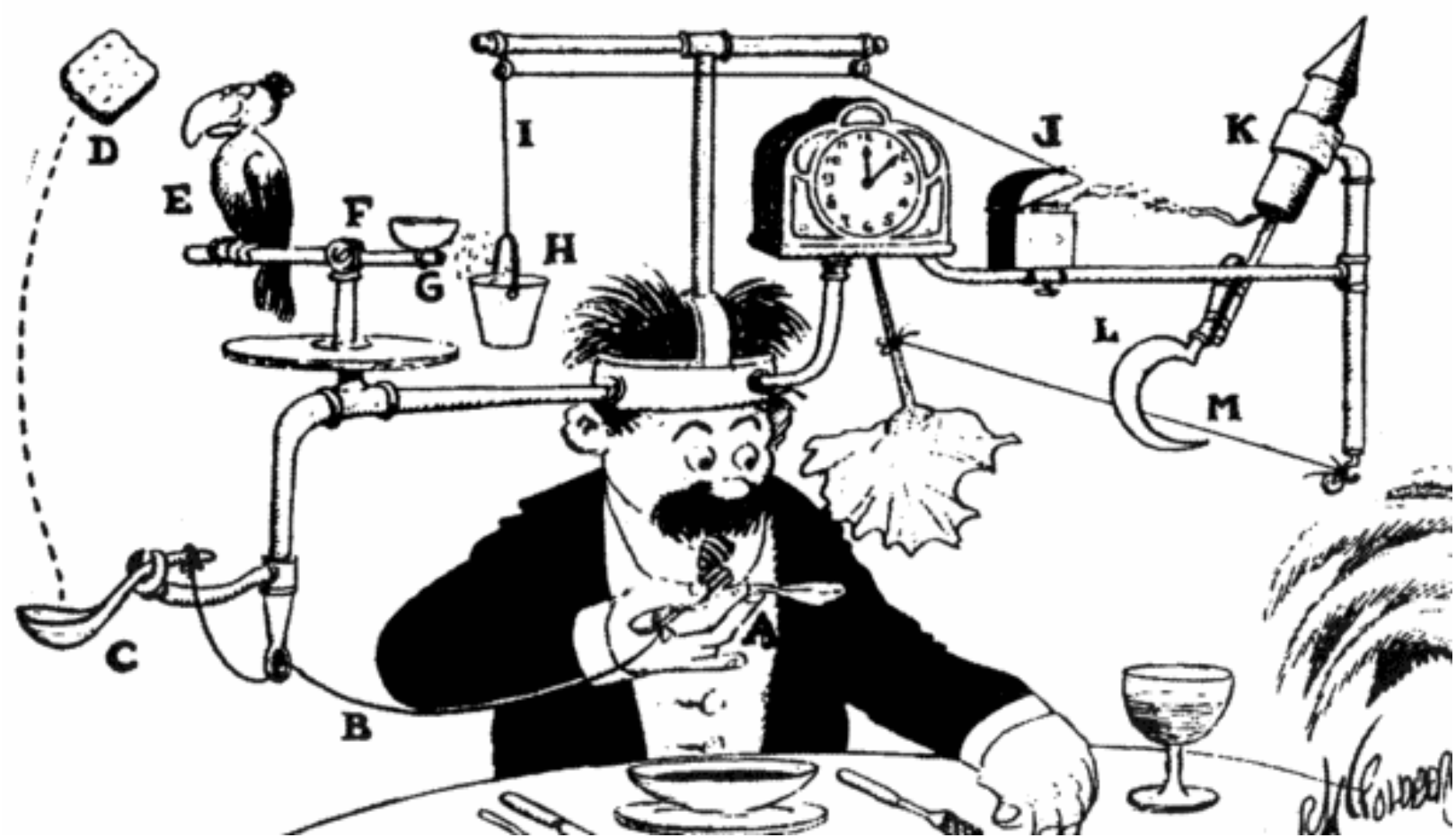
Chronic Pain Syndrome on Problem List

- Chronic pain diagnosis: ***
- DIRE: initial date ***, most recent update ***
- ORT: initial date ***, most recent update ***
- FAQ: baseline score ***/100, date ***, most recent update ***
- Behavioral Health Consultation: date ***, provider, ***
- Personal Care Plan for Chronic Pain: initial date ***, most recent update ***
- **This patient has completed CPM assessment and has been deemed a poor candidate for opiate therapy at this time. No opiates should be prescribed for this patient.**

  OR

- Monthly medication(s): ***, dose, # provided
- MME = ***
- Medication agreement: initial date ***, provider, ***, date of most recent update ***

That's a lot of moving parts!



How do we teach CPM?

- Didactics
- Review of CPM panels at Interdisciplinary Team Meetings
- Review of CPM cases at CPM Supervisory Committee
- SmartSets and Smartphrases in EPIC
- CPM Resource Binder in precepting area

Didactics

- Annual Block Education (4 hours)
  - Overview of guideline
  - Non-pharmacological approaches to pain management
  - Pharmacological approaches to pain management
  - Risk assessment and mitigation with opioid therapy
- Grand Rounds
  - “Difficult Conversations with Patients in Pain”

Skills for Tough Conversations

Challenges in teaching CPM: "I don't have any CPM patients."

- Patients receiving chronic opioid therapy at our clinic = 74
- Providers with at least one patient on the CPM panel at our clinic = 17 (50% of all providers)
  - Only 33% of residents had at least one CPM pt
    - Residents with a CPM pts on the panel typically had only 1-2 CPM pts
    - At least one resident per class (G1, G2, G3) had a CPM patient.

CPM Panels

- PCP receives quarterly data with all patients who have received an opioid prescription on at least 3 occasions in the past year.
- Interdisciplinary Team Meeting (ITM):
  - review cases from panel
  - provide education on CPM model
  - review quality elements that have yet to be completed and make plan for this.

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CPM Supervisory Committee

- Meets monthly
- Includes two faculty physicians (one of whom is medical director), resident(s), behavioral health, pharmacy, RN, and care coordinator.
- Review all cases with the following:
  - ORT > 7
  - DIRE < 14
  - Unanticipated labs
  - Complex question posed by PCP

Feedback on the CPM Curriculum: What was most useful?

Faculty

1. Didactic on having difficult conversations with patients
2. Didactics on non-pharmacological treatment of CPM patient
3. Didactics on departmental CPM guideline

Residents

1. Didactic on assessment of chronic pain.
2. Didactics on pharmacological treatment of chronic pain.
3. Didactics on departmental CPM guideline

Feedback on the CPM Curriculum: What is most essential?

Faculty

1. ***SmartSets and smartphrases*** to remind providers of key elements in assessment and care planning.
2. Didactics/Meetings regarding the departmental CPM guidelines (standard work, key elements of care, clinic processes, etc.)

Residents

1. Didactics regarding assessment of the patient with chronic pain.
2. ***SmartSets and smartphrases*** to remind providers of key elements in assessment and care planning.

Assessment of Implementation

- 74 total patients at time of audit (4/1/17),
- 88% (n=15 of 17) patients on >50MME or also on benzodiazepine prescribed naloxone. (Goal 50%)
- 81% (n=60) had UDS at last appt. (Goal 60%)
- 51% (n= 38) have Care Plan for Chronic Pain. (Goal 10%)

Provider Satisfaction

- 97% (N = 30/31) Somewhat or Strongly Agreed that they were satisfied with our current approach to chronic pain management in the clinic
- Up from 75% on 2015 survey (no faculty participation in earlier survey)

A Summary from the Resident Perspective

- httdrive.google.com/file/d/0B9SCTBMgdjjyVXZKdVB0NmhpMFE/viewps://
- https://drive.google.com/file/d/0B9SCTBMgdjjyMzctcm03VS1lS1E/view

Future Steps

- Suboxone training for faculty and residents.
- More tools to help interpret unanticipated UAs.
- Explore sharing CPM patients between providers (e.g. faculty and junior resident) so that more learning can occur.
- Assess competency with CPM patients via PCOFs specific to CPM visits.
- Assess outcomes:
  - Improved function?
  - Improved patient satisfaction?
  - Decrease adverse outcomes?

Resources

- University of Minnesota Chronic Pain Resources

Questions?

References/Resources

- American Chronic Pain Association (ACPA) Resource Guide To Chronic Pain Treatment An Integrated Guide to Physical, Behavioral and Pharmacologic Therapy https://www.theacpa.org/uploads/documents/ACPA_Resource_Guide_2016.pdf
- Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). Number and Age-Adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin: United States, 2000–2014. Atlanta, GA: Center for Disease Control and Prevention. Available at http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf.
- Pain-Free Living for Drug-Free People: A guide for pain management in recovery (2005) M. Seppala, D. Martin & J. Moriarity, Hazelden: Center City, MN
- Treatment of Chronic Medical Conditions: Cognitive-Behavioral Strategies and Integrative Treatment Protocols (2009) L. Sperry, American Psychological Association: Washington, DC

References/Resources

- Minimizing the Misuse of Prescription Opioids in Patients with Chronic Nonmalignant Pain: Supporting Documents. Medical School and Residency Program Curriculum Resources on Drug Abuse and Addiction (2012) J. Baxter, University of Massachusetts Medical School
- Hoffman, K (2015) Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites, vol. 113 no. 16, 4296–4301, doi: 0.1073/pnas.1516047113
- Volkow, N.D. & McLellan, T (2016) Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies, N Engl J Med: 374:1253-1263, March 31, 2016, DOI: 10.1056/NEJMra1507771

Handouts

- DIRE
- ORT
- FAQ5
- Lifestyle Risk Screener
- Opioid Treatment Agreement
- Sample Panel
- Sample Care Plan for Chronic Pain
- List of EPIC smartphrases for CPM