



Chronic Pain Policies: Providing Quality Care in the Community Health Clinic Setting

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Introduction

- Chronic Pain is a common chief complaint in the Family Medicine setting
- In 2011 it was estimated that 100 million Americans suffered from Chronic Pain
- Often it can be an overwhelming complaint because of the vague origin of pain and numerous medications available to treat pain



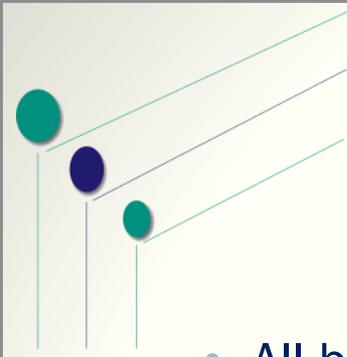
Background

- Central Mississippi Health Services had no chronic pain policies in place until 2012
- A PCLP scholar (Kristy Goodman) created a binder with guidelines, recommendations and assessment tools to screen for mental health issues and determine if opioids could be safely used in a specific patient
- With the clinic's busy schedule the binder and information was never put to use



Methodology

- I reviewed the binder created by PCLP scholar Kristy Goodman and then worked with Dr. Frank McCune who treated a majority of the Chronic Pain patients
- I would conduct patient visits (whether they be initial or follow-up) and use the guidelines and assessments tools to complete patient care to assess what was helpful from the binder and what needed to be revised to fit with the clinic
- It was chosen by the clinic to use 3 assessment tools: The Depression and Anxiety Screenings and the COMM or Chronic Opioid Misuse Measure which assess if the patient is at risk for opioid abuse and needs more monitoring while being prescribed opioids.
- I also created a template within the Electronic Medical Record that included proper HPI questions for chronic pain patients and the 3 assessment tools from above so all the information could be gathered in the computer and be accessible in one place.



Results

- All but one patient who completed the Depression/Anxiety screenings had depression and anxiety
- Of all patients who had Chronic Pain with Depression and Anxiety only one patient was currently being prescribed medication for their mental health
- 75% of patients who completed the COMM were at risk for opioid misuse
- Those patients who filled out the COMM had been prescribed recently or were prescribed opioids at that particular patient visit
- Not one patient had signed a Chronic Pain Opioid Contract



Discussion

- It was found that most patients had not tried many treatments to help their pain prior to being placed on opioids
- Almost all patients were not getting any form of exercise
- Providers were knowledgeable of chronic pain guidelines but the busy schedule and limited resources prevented them from executing all the recommendations
- The template created to help properly assess Chronic Pain and manage goals was greatly accepted and appreciated by staff



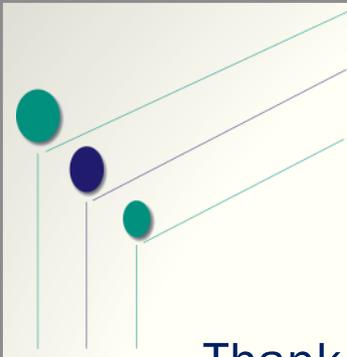
Recommendations

- Follow up by another PCLP scholar could include the following potential projects:
 - Performing a chart review to see if the template is being used to assess chronic pain
 - An ‘opioid audit’: how many patients on opioids have signed a contract with the clinic, how many of those have been documented in the patient chart, how many patients receive opioids before the 30 day requirement. Then assess what needs the clinic has to make changes to these results and revise the chronic pain program
 - How many patients have done the Depression and Anxiety Assessments and how many have subsequently had their mental illness treated, help make revisions to make mental treatment easier



Conclusion

- Chronic pain is a difficult condition to treat with limited resource and short visit times
- With guidelines, templates and tools in place to help keep visits efficient and consistent chronic pain can be manageable
- Patients must want and be ready to ‘meet you halfway’ and work with you to help their condition improve



Acknowledgements

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