Chronic Pain Management in an Ambulatory Setting

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The Problem

- Chronic pain currently affects 100 million adults in the United States
- Accounts for $560–635 billion annually due to direct medical costs and lost productivity
- Medicare bears ¼ of U.S. medical expenditures for pain
  - 14 percent of all Medicare costs
  - $65.3 billion in 2008
- In 2008, federal and state programs paid out $99 billion in medical expenditures attributable to chronic pain
- Low back pain (28.1%), knee pain (19.5%), and migraines (16.1%) are among the most common complaints of chronic pain
Who’s at Risk?

- Risk Factors
  - Female gender
  - Minority race or ethnicity
  - Increased age
  - Obesity, low fitness
  - Low education, SES
  - History of abuse
  - Job dissatisfaction
  - Lack of social support
The Clinic

- Central Mississippi Health Services, Inc. (CMHS)
- Federally-qualified health center (FQHC)
- Located in Jackson, Mississippi
- Patient Demographics
  - \( \geq 65 \) years of age (56.3%)
  - African-American (96.2%)
  - Below the federal poverty line (75.2%)
  - Uninsured or on Medicare and/or Medicaid (55.5%)
Primary care includes:

- Health promotion
- Patient education
- Diagnosis and treatment of acute and chronic illnesses

PCPs were found to be involved in the treatment of 52% of chronic pain patients in the U.S.

Despite nearly 40% of adult appointments in CHCs involving patients with complaints of chronic pain, providers rated the adequacy of their training for pain management as a 0.5 on a scale from 0 to 4
Purpose

To develop a Chronic Pain Policy by which CMHS would use as a guide in the management of chronic pain
To establish guidelines for the management of chronic pain patients and referral of patients to the Chronic Pain Committee
To improve the quality of life of all patients with chronic pain by using evidence-based medicine to control pain, minimize the use of narcotics, and minimize staffing time and resources
Methods

- Research on current best practice and national guidelines for the management of chronic pain was conducted prior to meeting with the committee.
- A meeting was arranged to present current best practice, available resources for pain management, and expectations of the committee.
- A Chronic Pain Policy was drafted and reviewed by all members of the committee.
- Input from committee members was used to revise the policy and a final copy of the policy was submitted to the committee members and CEOs for approval.
- An implementation date of July 31, 2012 was agreed upon.
Chronic pain is defined as any pain persisting \( \geq 3 \) months. Any provider who feels unable to effectively manage a patient’s pain may refer them to the Chronic Pain Committee for evaluation. Prior to review by the committee, a patient will complete screening questionnaires as determined by the committee. A committee meeting will be scheduled during which patient records and available pain management options will be reviewed and discussed with the patient. A Chronic Pain Management Contract will be agreed upon. Any patient who does not adhere to the contract may be considered for dismissal by the committee, with the right to one appeal.
The committee will:

- Meet with all referred patients within two weeks of referral
  - Any delay must be documented in the patient’s chart and in committee records with an explanation of the reason for delay
- Meet quarterly to perform random peer chart reviews of chronic pain patients under the care of CMHS
- Conduct an annual review of the Chronic Pain Policy, update the policy accordingly, and provide staff with a copy of the most current policy
- Provide staff training opportunities on chronic pain and chronic pain management to employees of CMHS
This policy will apply to the Chronic Pain Committee and all providers involved in chronic pain management at CMHS.

Management of cancer pain, pain at end of life, acute pain, postsurgical pain, labor pain, or chronic non-cancer pain in children and adolescents is beyond the scope of this committee:

- Such cases should be managed by a specialist and/or referred to a pain management clinic.
Discussion

- Institute of Medicine Recommendations
  - Healthcare providers should promote and enable self-management of pain and perform consistent and complete pain assessments of those presenting for treatment
    - Full history and physical with focus on risk factors
    - Screening questionnaires
    - Treatment contracts
  - Develop opportunities for continuing education regarding chronic pain management in healthcare providers involved in primary care
  - Support collaboration between primary care providers and pain specialists, including referral as appropriate
Conclusion

- Significant cost savings may arise through strategies used to reduce the prevalence and burden of chronic pain including:
  - Better management of acute pain, in order to avoid progression
  - Preventing and effectively managing health problems and social issues associated with chronic pain
  - Patient and provider education on chronic pain management
  - Monitoring the progress of patients on opioids and performing regular assessments of behavior that may indicate abuse
  - Use of other forms of treatment to supplement medication use
“The unreasonable failure to treat pain is viewed worldwide as poor medicine, unethical practice, and an abrogation of a fundamental human right.”
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