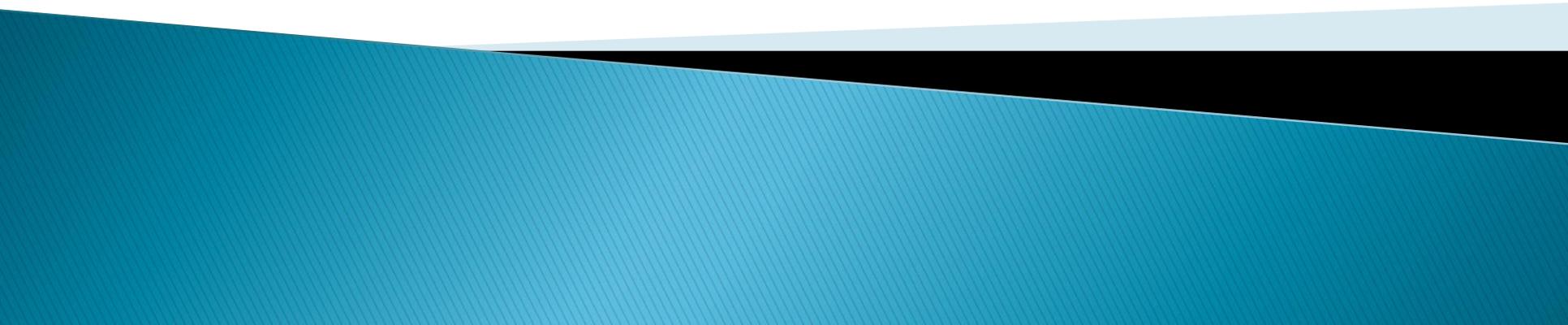


Chronic Pain Management in an Ambulatory Setting

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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 $\frac{1}{4}$ 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
 - ≥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%)
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The Role of Primary Care

- ▶ 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
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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
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Key Policy Points

- ▶ Chronic pain is defined as any pain persisting ≥ 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
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Committee Standards

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

Policy Applicability

- ▶ 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 to 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.”



Acknowledgements

- ▶ GE–NMF PCLP Scholarship
 - ▶ Central Mississippi Health Services, Inc.
 - ▶ UMDNJ PA Program
 - ▶ Dr. Robert Smith
 - ▶ Dr. Frank McCune
 - ▶ Dr. Bob Philpot
 - ▶ Matt McQuillan
 - ▶ Claire O’Connell
 - ▶ And all the staff at NMF, CMHS, and UMDNJ
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