

# Innovations in Complex Chronic Pain Care: An Interdisciplinary Model in Primary Care

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# Disclosures

- No financial conflicts of interest to disclose
- The opinions expressed in this presentation do not represent the official position of the US Department of Veterans Affairs



# Pain In Primary Care

- Chronic pain affects 100 million Americans <sup>1</sup>
- Pain is the number one cause of disability in the US <sup>2</sup>
- Patients with chronic pain report impact on enjoyment of life, feeling depressed, difficulty concentrating, impact on energy and inability to sleep <sup>3</sup>
- About half of opioid prescriptions come from primary care <sup>4</sup>
- Opioid related deaths have increased over past 2 decades. Opioid addiction, and use of heroin, has also been on the rise and has gained national attention <sup>5</sup>
- National guidelines (VA/DoD, CDC) recommend biopsychosocial, multimodal, and interdisciplinary pain care <sup>6, 7</sup>

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# Integrated Pain Team (IPT)

**Description:** IPT is an interprofessional team of medical providers (MDs/NPs), pain psychologists, and pain pharmacists working in concert with primary care teams to provide multimodal pain management. IPT also coordinates services with other specialty services to optimize individualized pain management plans.

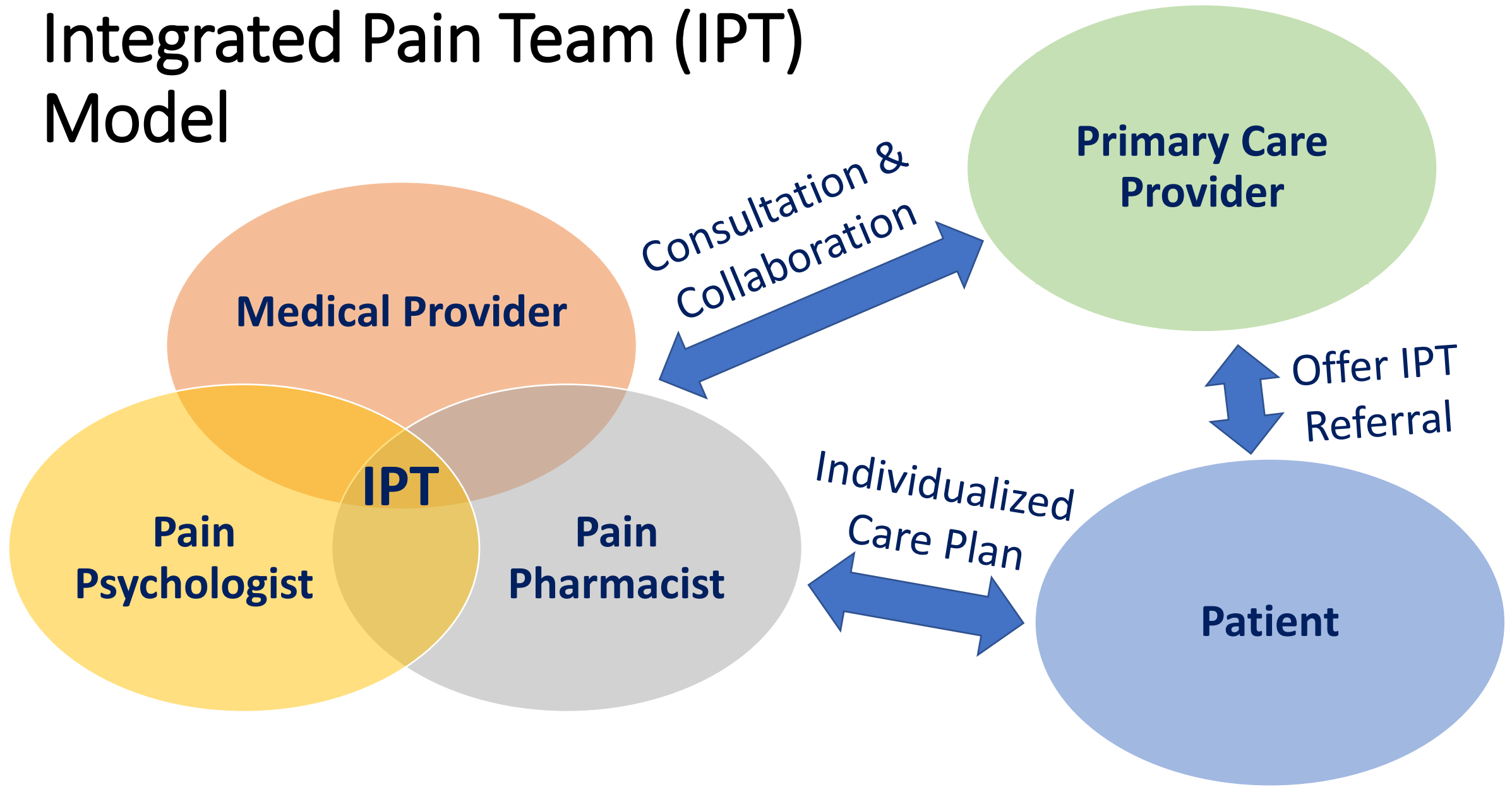
**Target Patients:** Complex chronic pain patients, especially those with problematic prescription opioid use or safety concerns.

## **Goals of the IPT:**

- (1) To optimize multimodal pain care plans focused on functional goals
- (2) To reduce prescription opioid misuse and facilitate addiction treatment
- (3) To support and facilitate primary care teams' caring for complex chronic pain patients

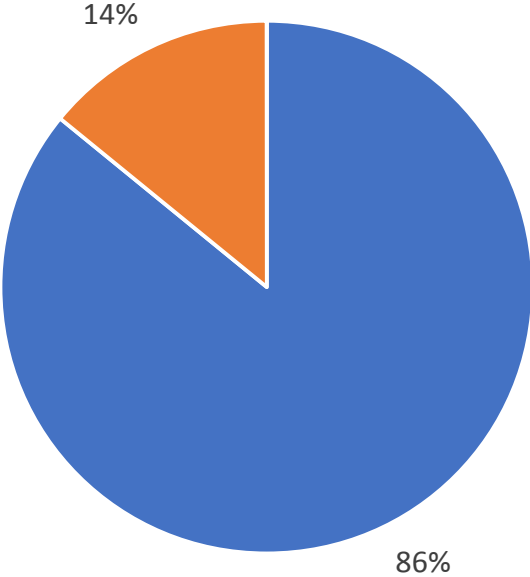


# Integrated Pain Team (IPT) Model



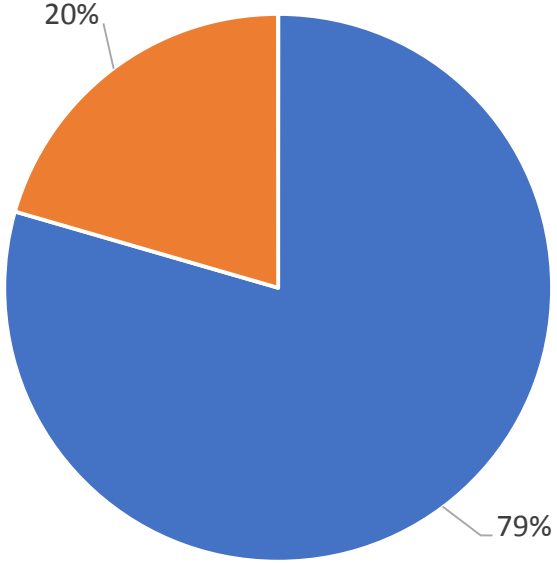
# Integrated Pain Team: Patient Demographics

Gender



■ Men ■ Women

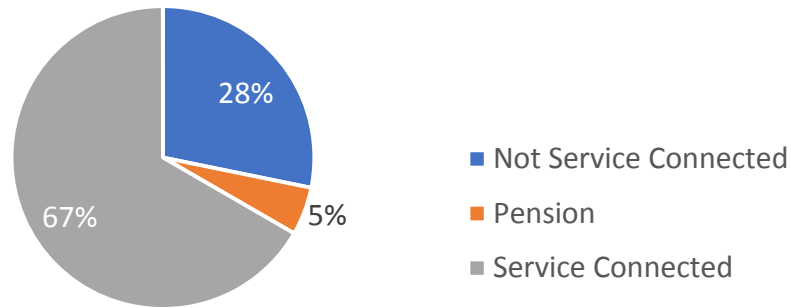
Using Opioids



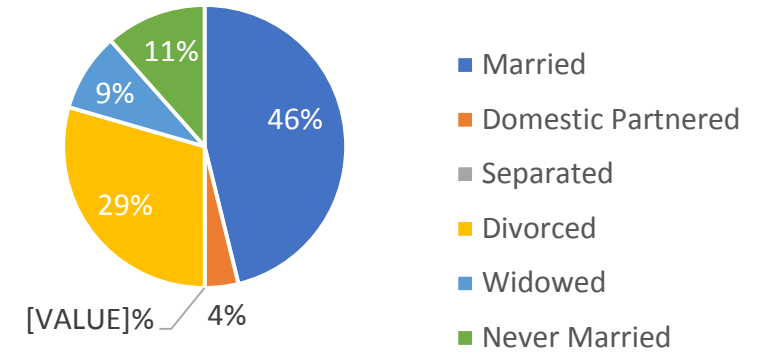
■ Yes ■ No

# Integrated Pain Team: Patient Demographics

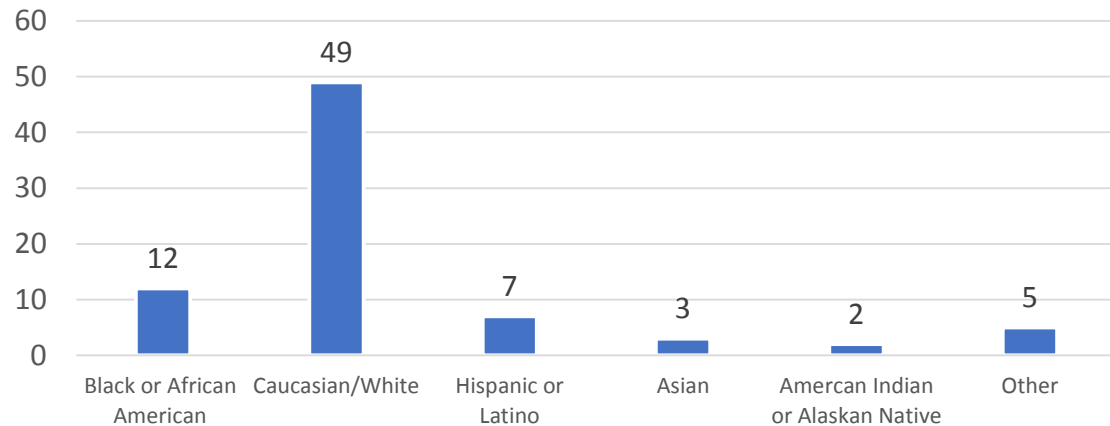
### VA Service Connection



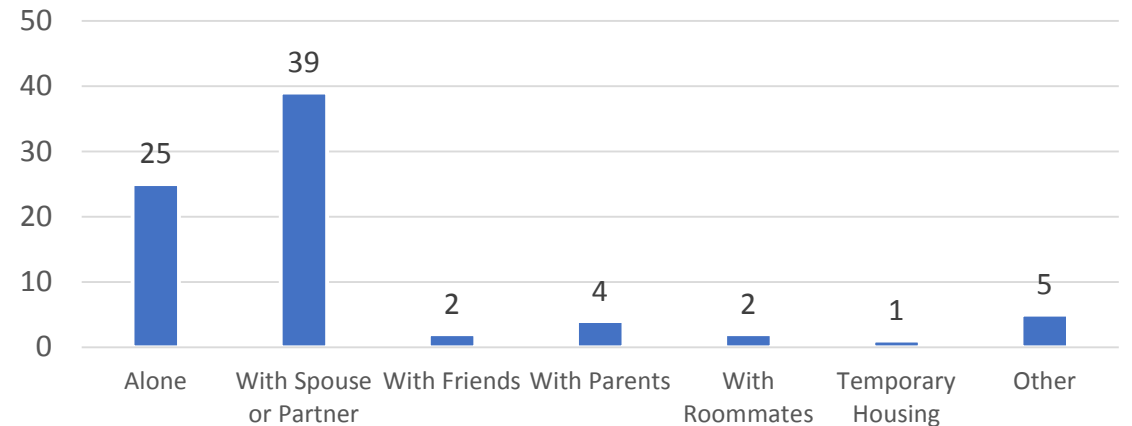
### Marital Status



### Race and Ethnicity

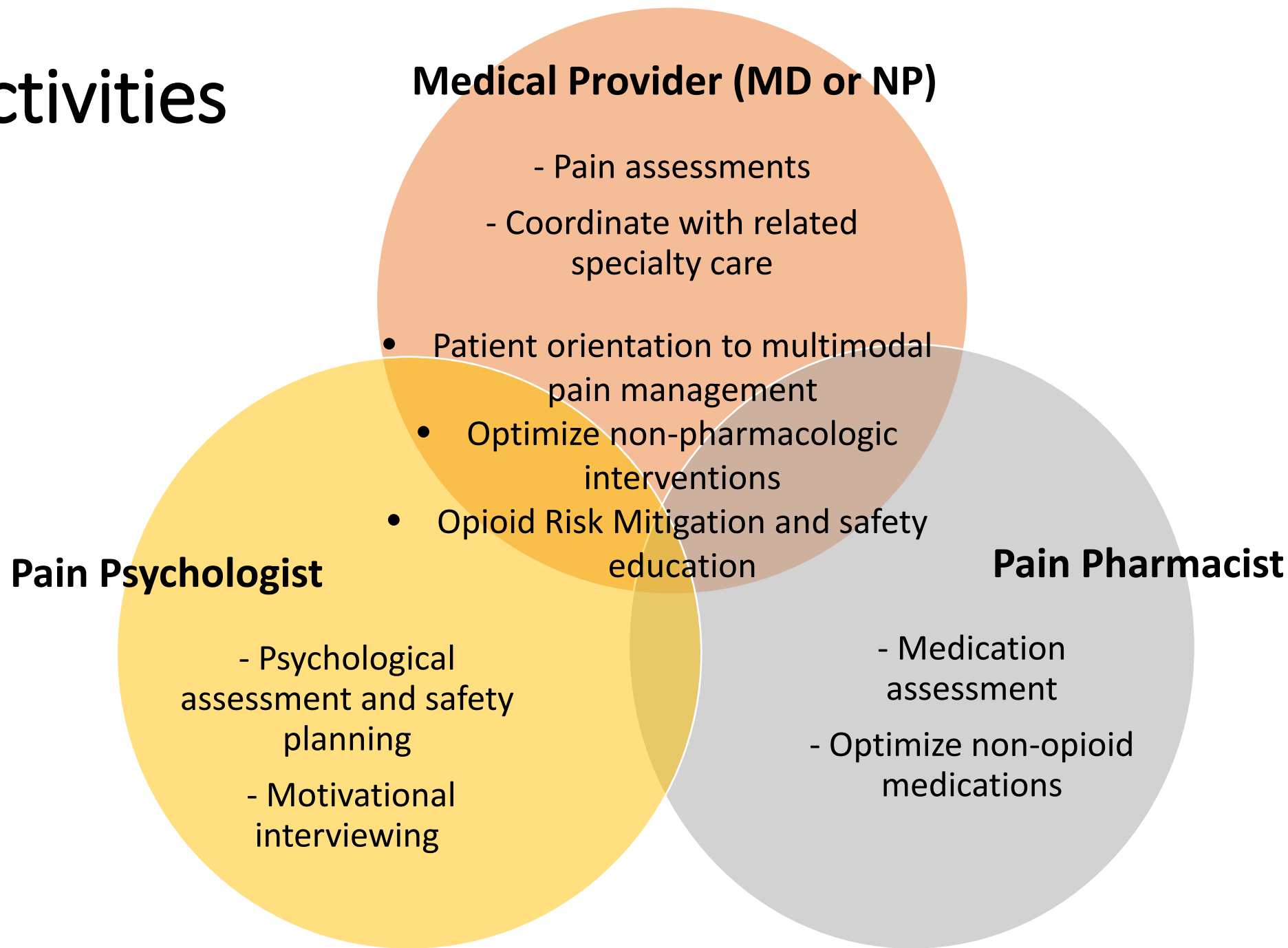


### Living Situation





# IPT Core Activities







# IPT Data (QUERI results)

# Improved Patient Experience with Pain

- Significant improvement in Pain Interference Overall
- Significant improvement in Pain Interference related to Mood, Relationships, and Sleep

- Pain Catastrophizing

I keep thinking about how much it hurts. (Rumination)

I become afraid the pain will get worse. (Magnification)

I feel I can't stand it anymore. (Helplessness)

➤ Significant improvement in Pain Rumination and Helplessness



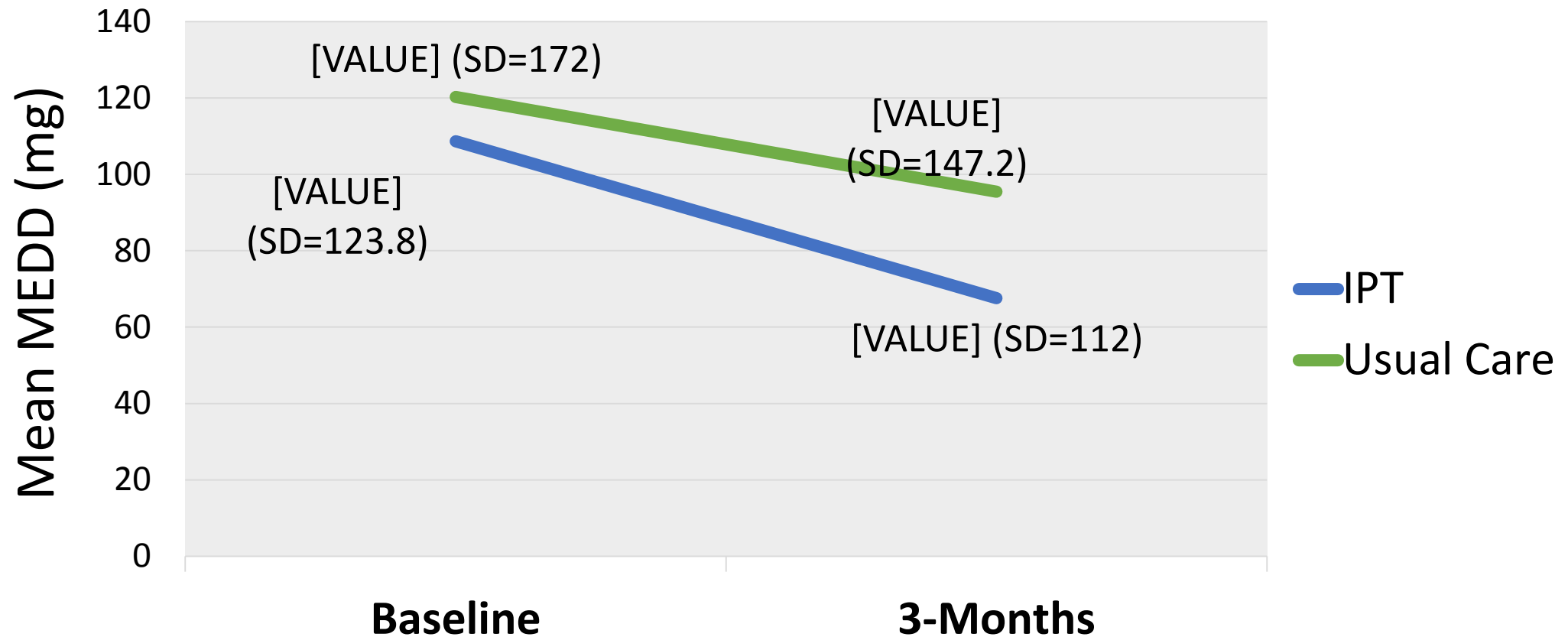
# Improved Patient Experience with Opioids

- Significant improvement in Current Opioid Misuse Measure



- In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications?
- In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?
- Working with IPT significantly reduces self-reported opioid misuse

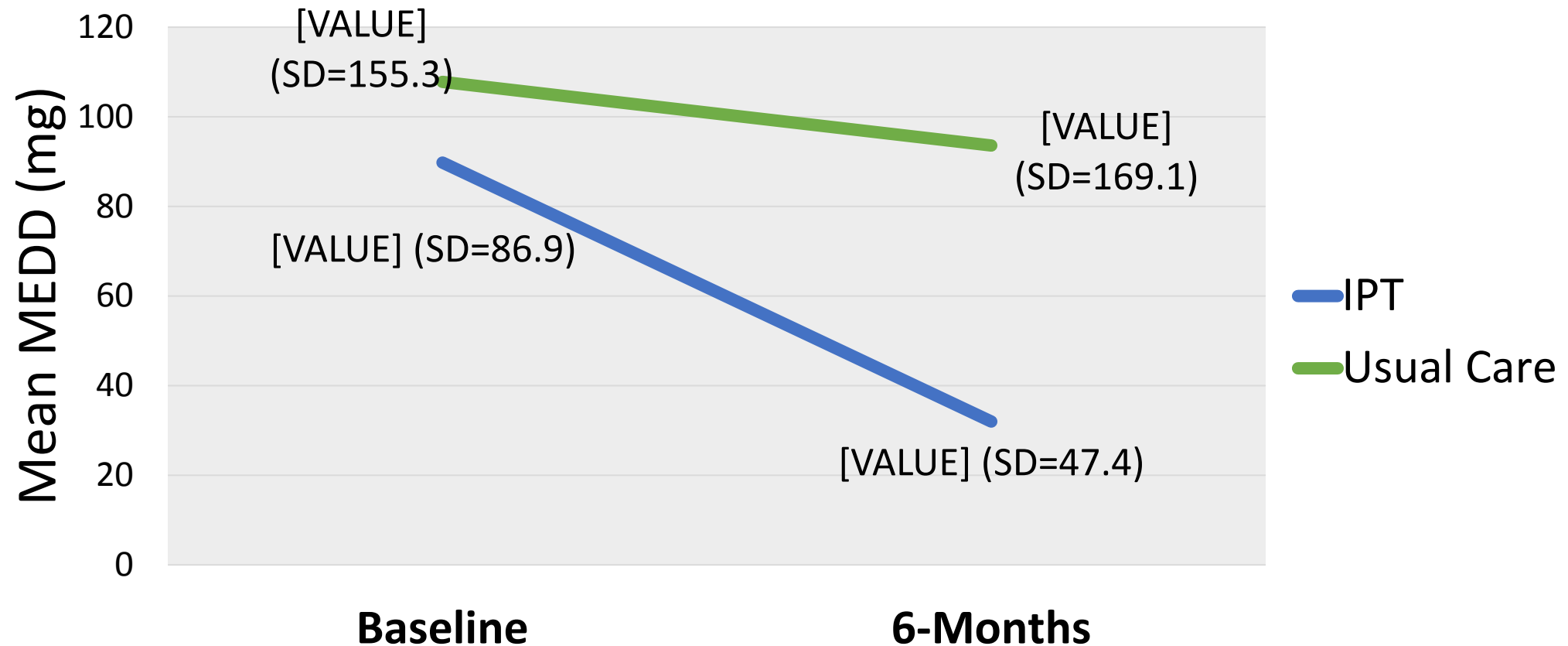
# 3-Month Reduction in Mean MEDD (n=162)



- **61%** greater MEDD reduction in IPT compared to usual care ( $p=0.006$ )\*
- **2.6-fold** higher odds of achieving  $\geq 50\%$  reduction in opioid dose in IPT group ( $p=0.004$ )\*

\*adjusted for baseline age, gender, and baseline MEDD

# 6-Month Reduction in Mean MEDD (n=82)



- **103%** greater MEDD reduction in IPT compared to usual care (p=0.015)\*
- **3.6-fold** higher odds of achieving  $\geq 50\%$  reduction in opioid dose in IPT group (p=0.005)\*

\*adjusted for baseline age, gender, and baseline MEDD

# Provider Experience with IPT

- Providers & stakeholders generally agreed that **IPT has a positive impact on providers' experience:**
  - IPT relieves some of the burden of having difficult conversations about opioids with patients.
  - IPT allows providers to spend time focusing on medical concerns other than chronic pain.
  - IPT reassures providers that the patient is receiving competent, expert care.
  - IPT reinforces providers' efforts at patient-education & limit-setting (esp. re opioids).
  - IPT educates providers about pain care resources and approaches.



# *“How does the Integrated Pain Team (IPT) impact chronic pain care at SFVAHCS?”*

Providers feel IPT improves chronic pain care by:

- providing patients w/ comprehensive, high-quality pain treatment
- educating patients about pain management
- ensuring that patients are aware of treatment options
- communicating the risks associated with opioid usage

PCPs used phrases like “**vital service**” and “**excellent care**” to describe the work that IPT does.

# *“How does the Integrated Pain Team (IPT) impact chronic pain care at SFVAHCS?”*

**Patient aligned care team staff felt IPT was particularly effective in:**

- Helping some patients to reduce their use of pain medications.
- Increasing patient knowledge/understanding of pain & treatment options.
- Creating greater patient openness to engaging with mental health and trying non-pharmacological treatment options.
- Providing greater continuity of care for chronic pain patients, esp. in rural CBOC clinics with high provider turnover.







# IPT In Action: Workflow and Team Based Patient Care

# Biopsychosocial & Multimodal Pain Care





# Clinic Workflow

- Team pre-rounds
- Psychologist brings patient back to room
- Start visit by asking patient's goals and values
- Organized team assessment
- Collaborative treatment planning with patient
- Collaborate with and support primary care providers
- Structured weekly meetings



# Patient Folder

- Welcome to the Integrated Pain Team Brochure
- After Visit Summary
- Limits of Confidentiality
- Opioid Safety Brochure and Taking Opioids Safely Packet
- Biopsychosocial and Multimodal Pain Management Infographic
- Educational Resources list
- Pain Group Flyer
- Know Pain, Know Gain Class Flyer
- My Personal Health Inventory Packet
- Anti-inflammatory Diet Brochure



# After Visit Summary

- Places focused on individualized pain care planning
- Reinforces multimodal management

## Integrated Pain Team (IPT) After-Visit Summary

Date of Visit: \_\_\_\_\_

MY PAIN CARE PLAN			
✓ _____ ✓ _____ ✓ _____ ✓ _____	Physical	Behavioral	✓ _____ ✓ _____ ✓ _____ ✓ _____
✓ _____ ✓ _____ ✓ _____ ✓ _____	Manual	Medication	✓ _____ ✓ _____ ✓ _____ ✓ _____

**TO DO AFTER THIS VISIT**

Go to the lab    Pharmacy    Prosthetics

Go to radiology    EKG    Other: \_\_\_\_\_

**NEXT INTEGRATED PAIN TEAM APPOINTMENT**

Clinic/Tele/VTEL Appt: \_\_\_\_\_

You will receive a call to schedule

Bring all of your pain medication bottles with you to your next visit

**IMPORTANT NAMES**

Dr. Karen Seal (Physician, Director)

NPs Caitlin Garvey and Wilson Fong (Nurse Practitioners)

Drs. Christina Tat and Beth Son (Pharmacists)

Drs. Erin Watson and Payal Mapara (Psychologists)

Dr. David Villasenor (Eureka Psychiatrist)

Jenny Tighe (Quality Improvement/Research)

**SCHEDULING**

For medication refill requests and/or non-urgent messages: CALL Medical Practice or your local CBOC.

San Francisco:	415-750-2129
Eureka Clinic:	707-269-7500
Ukiah Clinic:	707-468-7700
Clearlake Clinic:	707-995-7200

(Turn page over for more information)



# Lessons Learned: Difficult Conversations



# Conversations with patients: The Basics

- Keep it simple
- Avoid language that invokes fear or fosters disability
- Introduce and destigmatize opioid use disorder
  - “Some people have trouble coming off opioids when they want to”
  - “Even people with real pain can develop dependence on these medications”
  - “Sometimes people find themselves relying on these medications even when the medications are actually interfering with their goals”



# Conversations with patients: Beyond the Basics

- Lean on guidelines and data
- Treat the individual
  - Emphasize patient's unique risk factors (medical comorbidities, MEDD, medication interactions)
  - Incorporate patient's own goals and values
- Using analogies (e.g. tobacco and a car speeding at 100mph)
- Set boundaries on inappropriate behaviors





# PEARLS: Relationship Building Skills

<b>Partnership</b>	<i>“We will figure out how to get through this together.” “We are here to help you reach your goals.”</i>
<b>Empathy/Emotion</b>	<i>“Sounds like that was very frustrating for you.”</i>
<b>Appreciation/Apology</b>	<i>“We appreciate the work you are doing to manage your pain better.” “I’m sorry that you have been having a difficult time.”</i>
<b>Respect</b>	<i>“I give you a lot of credit for hanging in there.”</i>
<b>Legitimization</b>	<i>“Many people in your position would feel that way.” “We are talking to all of our patients prescribed opioids about safety.”</i>
<b>Support</b>	<i>“What can I do to support you?”</i>



# Ask, Respond, Tell

<b>Ask</b>	<i>“How is pain impacting your life?” “What do you know about opioid safety?” “What are your goals?”</i>
<b>Respond</b>	<i>“I am hearing that the pain is keeping you from activities that are important to you.” “It sounds like you would like to learn more about your options.”</i>
<b>Tell</b>	<i>“Healthcare providers are learning more about how to manage pain better...” “Taking this combination of medications is dangerous and I am worried about your safety...”</i>



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- Christina Tat, PharmD, BCPS, CPE
- David Villasenor, MD
- Erin Watson, PsyD

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