Pain Management Oversight Committee Development

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Scope of the problem

- Managing patients with chronic non-terminal pain is challenging and many clinicians are seeking advice in addressing and managing the complex issues involved

- Our clinic data validates the challenge as patients with chronic pain have on average 3.7 more visits per year to their PCP
  - These patients are accessing care more than patients with CHF, DM, and COPD

Program Development

- Participated in Managing Pain Safely Forum facilitated by PHP
- Got buy-in from providers and leadership team that chronic pain management is challenging and needs additional support to provide safe and effective care
- Developed clinical practice guidelines for managing pain safely at our organization an documentation standards
- Planned a retreat with our Care Redesign Team and described the need to make managing pain safely an organizational priority within our strategic plan
- Developed a work plan to support the strategic goal that “The right patient, receives the right care, from the right person, at the right time”

Work Plan

- 5 Tactics
  - Develop specific standardized guidelines for detoxing patients from opiates
    - Birth of the Pain Management Oversight Committee Project
- Project Aim Statement:
  - Clinic Ole will provide high quality, safe care to patients with chronic non-terminal pain by reducing the number of patients on >120mg MED, by 50%, by September 30, 2015
- Scope:
  - Currently have 1202 patients receiving opiate prescriptions (735 with dx of chronic pain syndrome) - 3-5% of clinic population

Objectives

- Our project will support our clinicians in caring for patients with chronic pain by providing evidence-based advice on managing pain safely
  - a multidisciplinary view of the patient's care
  - suggesting adjunctive therapies
  - encouraging referrals to interventional pain specialists, if appropriate
  - offering recommendations on how to modify medication regimens
  - promoting safe and healthy lifestyles for our patients suffering from chronic non-terminal pain.

Committee Overview

- Committee is comprised of:
  - Medical Providers
  - Behavioral Health Provider
  - Pharmacist and students
- Committee reviews patients at highest risk or as requested by PCP:
  - >120mg MED
  - Methadone
  - Opiates and Benzodiazepines concurrently
  - Known or presumed mood disorder/ personality disorder
  - Challenging behavior, non-adherent to treatment plan
- Committee meets weekly for 1 hour and typically reviews 1 patient each meeting

OPIOD OVERSIGHT COMMITTEE ROUNDS:

DATE OF EVAL: **PT ACCOUNT:**

Checklist of standard of care:	
Appropriate dx and work up:	
Chronic pain syndrome dx documented?	
Med Use Agreement /CURES report	
Visit frequency in last year? (# OV in last 12 mo)	
PHARM:	
Current Regimen	
TDD morphine equivalent	
-non opioid meds	
-tried/failed meds	
-side effect meds	
Polypharmacy (opioids, benzodiazepines, stimulants 2/3)	
ADJUNCTIVE TREATMENTS:	
-BH	
-PT	
-Acupuncture	
-Referrals	
MEDICAL RISK ASSESSMENT:	
EKG	
Sleep apnea / Sleep study	
Endocrine	
ABUSE/ DIVERSION:	
Early refills	
Lost/stolen meds	
Escalating dose requests	
H/o substance abuse / addiction	
ER visits	
Aberrant Utox	
Multiple prescribers on CURES	
PSYCHOLOGICAL AFFECTS:	
Depression	
Relationship issues	
Cognitive decline	
FUNCTIONAL AFFECTS:	
Disability	
Falls	
MVA	
Inability to manage comorbidities	

Communication with PCP

- Committee provides feedback to PCP via secure email including:
  - Attachment of oversight committee flow sheet
  - Clinical summary of patient's diagnosis and treatment plan to date
  - Concerns regarding current care plan
  - Recommendations for altering regimen including taper, if necessary

Other Infrastructure

- Community Health Clinic Ole promotes safe and healthy lifestyles for patients with chronic pain by offering:
  - Chronic Opioid Therapy Orientation Group
    - Co-administered by provider and behavioral health specialist
  - Chronic Pain Management Support Groups
    - Administered by our behavioral health specialist, a registered addiction specialist with special training in chronic pain management
  - Individual Appointments
    - Administered by our behavioral health specialist, for those who may not benefit from group encounters

How will we know we are effective and successful?

- Outcomes Measure
  - Patients taking >120mg MED will decrease overtime
- Process Measures
  - Patients being treated for chronic pain syndrome have up to date "Universal Precautions" bundle:
    - Medication Use Agreement
    - CURES report
    - Urine toxicology
- Balancing measures
  - PHQ9 scores
  - PCP satisfaction with managing patients with chronic pain
  - # visits made to PCP

Barriers

- Getting data to support our argument and identify patients
- Stratifying patients was done with a manual calculation
- Chart review is a slow process

Pain Management Oversight Committee

- Questions?