COLLEGE OF NURSING
Sheridan Health Services
UNIVERSITY OF COLORADO

Chronic Pain Shared Medical Visit

2013 Health Center and Public Housing Symposium
"Keys to Health Center Success"

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Chronic Pain Shared Medical Visit Objectives

* To describe the issues for helping patients from underserved communities with chronic pain
* To understand the elements of a shared visit model for patients with chronic pain
* To describe experience implementing the shared visit model
* To identify elements of a shared visit model that may be replicated at other health centers

Agenda

* General Description and Overview of Implementing Shared Medical Visits for Chronic Pain at SHS
  * 45 minutes
* Small Group Activity – How to set up Shared Medical Visits at your health center?
  * 30 minutes
* Large Group Activity – Reflection and Discussion of Shared Medical Visits for Chronic Pain Patients
  * 15 minutes

Sheridan Health Services

* Nurse-managed federally qualified community health center
* Affiliated with the College of Nursing, University of Colorado
* SBHC and Community Site
* Integrated care model and inter-disciplinary
  * Medical – Nurse practitioners, PA, MD
  * Nursing – case management, public health
  * Pharmacy
  * Behavioral Health – LCSW, MSW
  * Dental

Sheridan Community

* Area township southwest of Denver
* Population approximately 18,000, 50% Latino

Sheridan Community

Chronic Pain Patients at Sheridan

* With the opening of the doors in 2010, initially did not provide chronic pain medications routinely
* MD presence as provider – 2011
* Started seeing more patients with chronic pain
* NP/ PA not comfortable prescribing opiates chronically (not within scope of practice)
* Saw more provider shopping, poor follow-up with plan, high ER utilization, breaking "contract"
* Very frequent calls to clinic or "drop-in" for refills

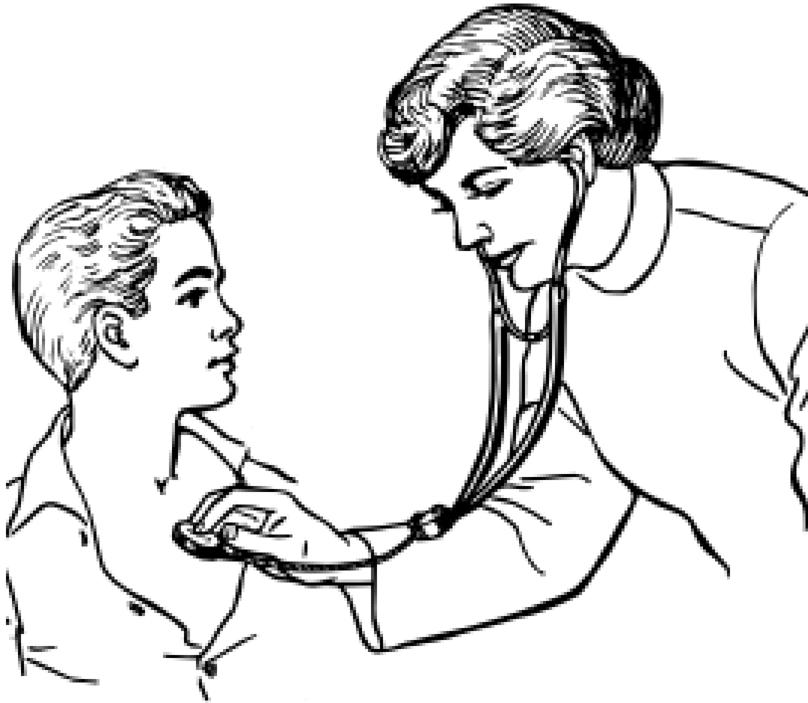
Caring for Chronic Pain Patients in Underserved Communities

* Chaotic lives
* Co-morbidities – anxiety, depression, obesity
* High risk for substance abuse
* Poor or limited resources
* “Crisis” visits
* Higher reliance on medications for management

Sheridan's Chronic Pain Management

* Narcotic Contract
* No narcotics on first visit for new patients with chronic pain
* Random UTOX
* PDMP (Prescription Drug Monitoring Program) review
* See MD only for chronic pain and narcotics
* Extensive Chronic Pain intake completed with Pharmacy team
* Shared Medical Visits

Shared Medical Visit for Pain



* AKA Shared Medical Appointments (SMA)
* Group of patients seen over time regarding a particular chronic health condition
* Seen by single provider or group of providers

Models of Chronic Pain SMA

* Monthly SMA (Clinica – Colorado FQHC)
  * 60 minutes
  * Group Discussion with moderator (RN, SW)
  * Three-in-one – process group, medical visit, psycho-education/self-management
  * Behavioral Health Providers use a general curriculum as a guide and tailor it to meet the needs of each specific group
  * curriculum based on *Manage your pain: Practical and positive ways of adapting to chronic pain* (Nicholas, Molloy, Tonkin, & Beeston, 2000)
  * Takes 6 months to go through the curriculum

Models of Chronic Pain SMA

* CareOregon Pain Management Multidisciplinary Group Visits
* Started in 1996, Kaiser Permanente
* Designed by chronic pain experts and clinicians in Northwest region including 25 experts in pain management and input from over 200 patients with chronic pain
* Series of group visits each with specific topics discussed
* Primary Care providers refer their patients to attend the sessions

CareOregon Chronic Pain Group Visits

* What is taught?
  * Why chronic pain becomes a chronic problem
  * Barriers for people to get relief
  * Non-drug related therapies that reduce pain
  * Turning down the intensity of the pain message
  * Restoring the body's ability to block the pain message
  * Identifying and eliminating pain triggers
  * Appropriate use of medications
  * Being an effective partner in the care with the PCP
  * Developing an individualized pain management plan

CareOregon Chronic Pain Group Visits

* How?
  * Series of 6 weekly, group sessions, 1 individual session
  * 2 hour sessions
  * Multidisciplinary facilitation of each group session
  * Promotion of participant interaction and group support
  * Information presented by:
    * Physical Therapists
    * Pharmacists,
    * Physicians,
    * Nurses
    * Alternative Medicine
    * Social Workers

Sheridan’s Model

* Decided to do a hybrid
* All chronic pain patients must complete the group visit “course” for a series of 6 sessions, 1 individual using the CareOregon (obtained approval to use)
* Would be a SMA – provider present at each visit and treated as a medical visit
* Meet every 2 weeks to complete the “course” and then transition to maintenance phase with monthly group visits

Planning Phase for Sheridan

* Decided on who would be present for SMAs (Interdisciplinary)
  * Behavioral Health (Lead)
  * RN (Holistic approach and training – Meditation, Yoga and Healing Touch)
  * Pharmacy
  * MD
  * ARTS (Addiction Research Treatment Services)

Planning Phase

* Identify Space for large group
* Identify time that worked for majority of providers
  * Better late morning 10-noon on Mondays
* Met together approximately 5 times before start of group visits
* Identified list of patients to recruit from (24)
* Recruited 6 clients
* Planning phase January-mid-March, 2013

Implementation Phase

* Began SMA in mid-March
* Initial attendance: 5 participants (2 were late)
* One made up the initial session and joined at 2nd session
* First session – discussed general rules for the group
  * Respect
  * Confidentiality "what is said in the room, stays in the room"
  * Lateness
  * Participation (during the visit)

Curriculum

* Introduction, Chronic Pain & Combination Therapy
* Turning Down the Intensity of the Pain Message (Physical Therapy)
* Being an Effective Partner in your Care (MD)
* Use of Medications (Pharmacist)
* Identifying and Eliminating Triggers (Alternative Medicine)
* Restoring/Increasing the Body's Ability to Block Pain Messages
* Developing a Personal Plan (Individual sessions)

Curriculum

* Baseline patient questionnaire
* Weekly Homework assignments for patients
* Tips on managing chronic pain
* Pain logs
* Example of curriculum (see handout)
* Stretching and meditation breaks throughout
* Condensed into 90 minutes, 30 minutes for individuals one-on-one
* Finished group visits last week of May, now starting to set-up individual sessions

Preliminary Outcomes

* Increased knowledge about the definition of chronic pain
* Better understanding of different modalities
* Practice using deep breathing, healing touch and acupressure during group visits
* Increase interest in physical therapy for pain management

Preliminary Outcomes

* In one patient – decreased interest in narcotics. Had considered starting and after sessions decided never to start.
* In 2 pts using short-acting narcotic – now more interest in using long-acting narcotic .
* Significant increase in non-narcotic pharmaceutical increase (all 6).
* Two clients went to ER once during the 2 ½ month period for management of Acute on chronic pain
* One client decided to discontinue Oxycontin and start methadone and rehab
* Another began individual plan to wean off narcotic and transition to alternative therapies

Preliminary Outcomes

* Three of Six clients missed 2 or more sessions
* Two clients required more one-on-one sessions during a group visit and missed the last group visit
* Significant degree of lateness to visit – frequently half the group would come 15-20 minutes late

Staff Reflection

* Improved communication for integrated care of chronic pain patients
* Now will do integrated visits more frequently (BH and MD see patient together)
* Need to hone the ground rules for future group visits
* Care and Feeding for patients
* Remember Provider Wellness

Small Group Activity

* Ask the Questions in your Group:
  * Are you Ready to Start SMA for Chronic Pain?
  * Do you already have SMA for Chronic Pain at your health center? Please discuss within your group
  * What is the interest at your HCin starting SMA for Chronic Pain?
  * What would the team look like? Interdisciplinary? Guest speakers?
  * What would be the barriers to do SMA for chronic pain? How can you address these?
  * What kind of model would work for your HC?

Large Group Discussion

* There is no right or wrong way
* National issue
* Marijuana Legalization? Is this the answer?
* Other approaches to chronic pain management