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 interdisciplinary
  * 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
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
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
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
* 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
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
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
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 2½ 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 HC in 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