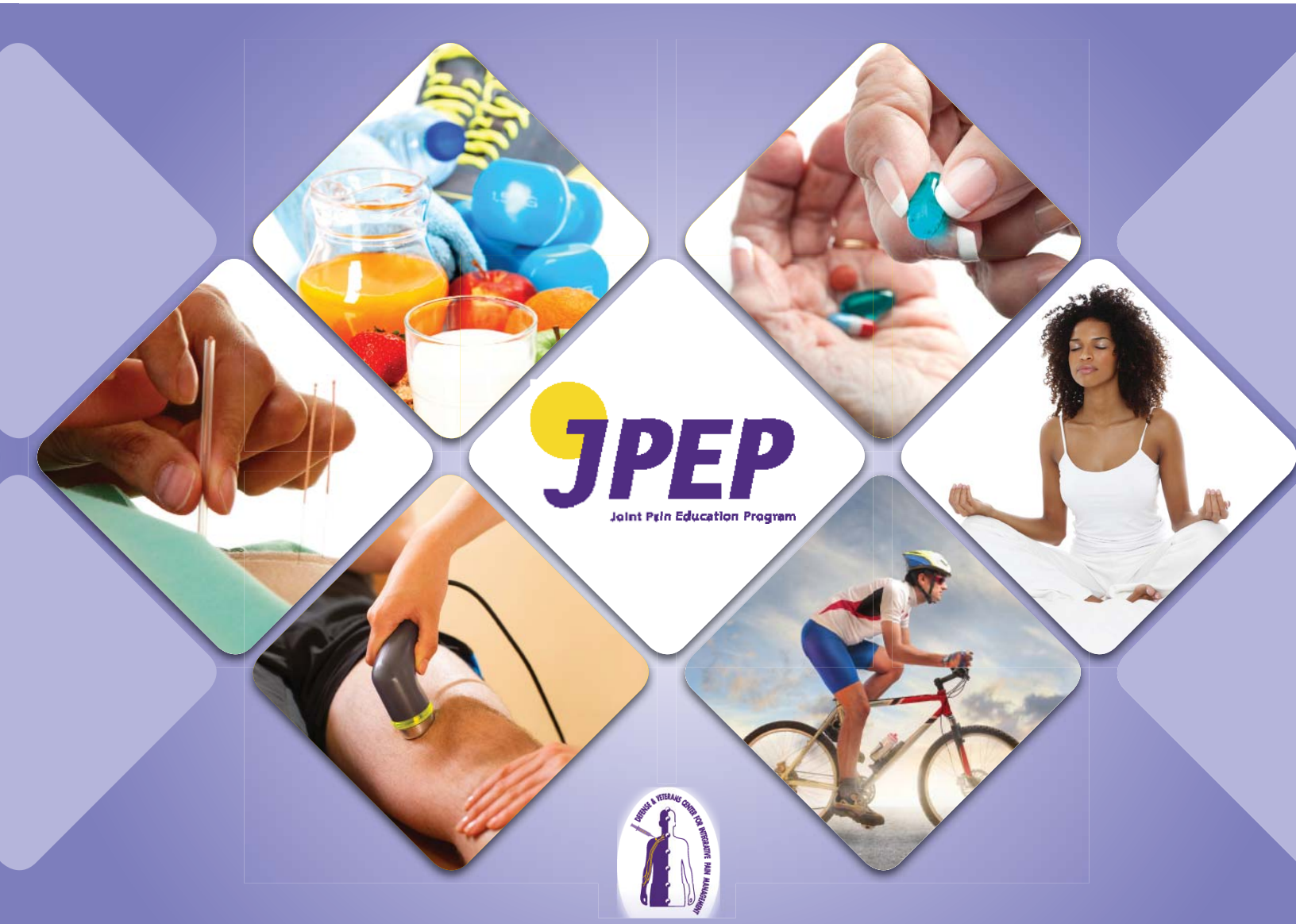
Pain Management for Primary Care

DoD/VHA
JOINT INCENTIVE FUND (JIF)
PROJECT



Series: Two
Introduction to Pain Care

Module 2-3
DoD/VHA Stepped Care Model
for Pain Care Delivery

Module 2-3

DoD/VHA Stepped Care Model for Pain Care Delivery

By the end of the module, you will be able to:

- Discuss the cultural transformation from a biomedical model to a whole person, biopsychosocial model of pain care
- Understand the importance of team-based care for primary and specialty pain care
- Identify the core elements of interprofessional, expanded pain care teams based on the DoD/VHA stepped care model
- Know how to build and maintain interprofessional, expanded pain care team members

We will review:

Topic One: Changing from a Biomedical to Biopsychosocial Care Model

Topic Two: DoD and VHA Pain Care Delivery System: Stepped Care Model

Topic Three: Inter-professional, Expanded Pain Care Team

Topic Four: Primary Care Pain Teams

Topic Five: Specialty Pain Care Teams

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Topic One

From a Biomedical to a Biopsychosocial Care Model

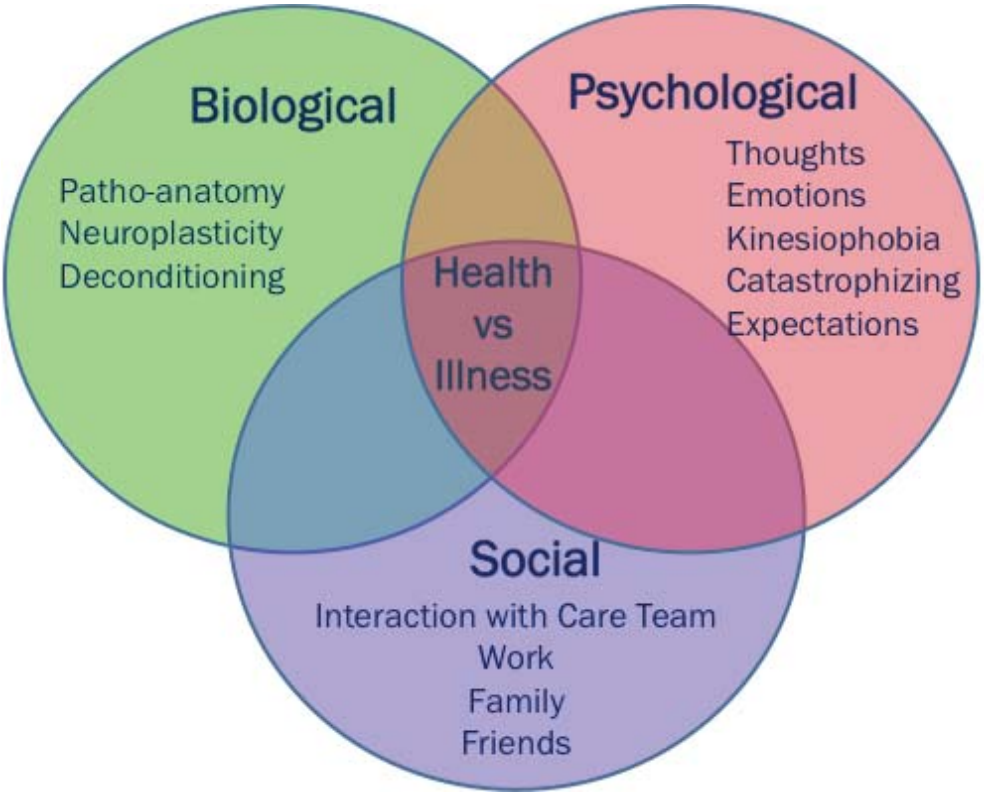
This image shows how to demedicalize back pain using a holistic biopsychosocial approach.

Pain is a complex experience that causes:

Notes

In chronic pain look for all conditions mentioned in the image.

We must understand the "whole person with pain."



Notes

The biopsychosocial model best describes the chronic pain experience. Complex interaction among various biological, psychological, and social factors

Biological:

- Patho-anatomic factors (inflammatory, myofascial pain)
- Neuroplastic factors (peripheral and central sensitization)
- Deconditioning (weak and tight muscles can contribute to primary or secondary biological factors perpetuating chronic pain)

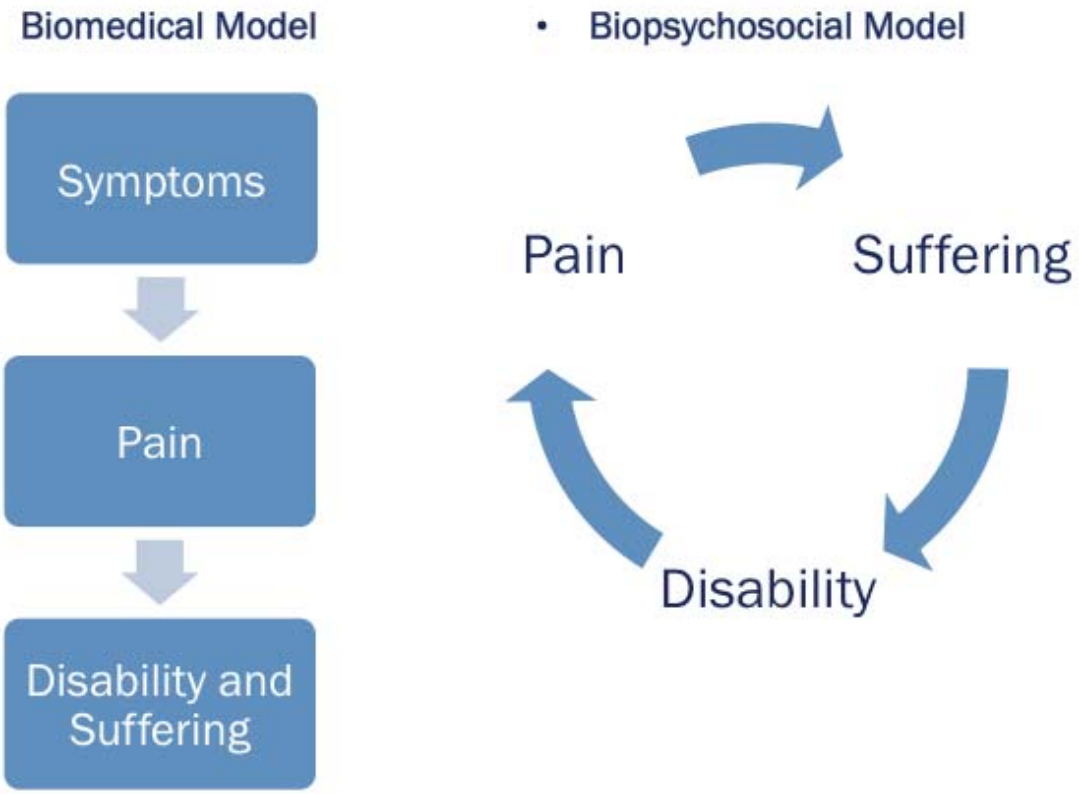
Psychological:

- Disabling pain beliefs (hurt = harm, my condition is degenerative, my pain can only be treated with medical solutions)
- Distressing emotions (anxiety, sadness, anger, overwhelmed)
- Catastrophizing (amplification, rumination, helplessness)

Social

- Interaction with Care Team (dysfunctional interaction with medical system based on biomedical model leads to frustration and mutual rejection; change patient's experience of pain by changing interaction with care team – whole person, biopsychosocial model)
- Dysfunctional relationships with work, family, friends

The biopsychosocial model is better than the biomedical model to understand chronic pain.



Notes

This image shows that you can not artificially separate between pain, suffering and disability. Patients describe pain suffering and disability using the same terms.

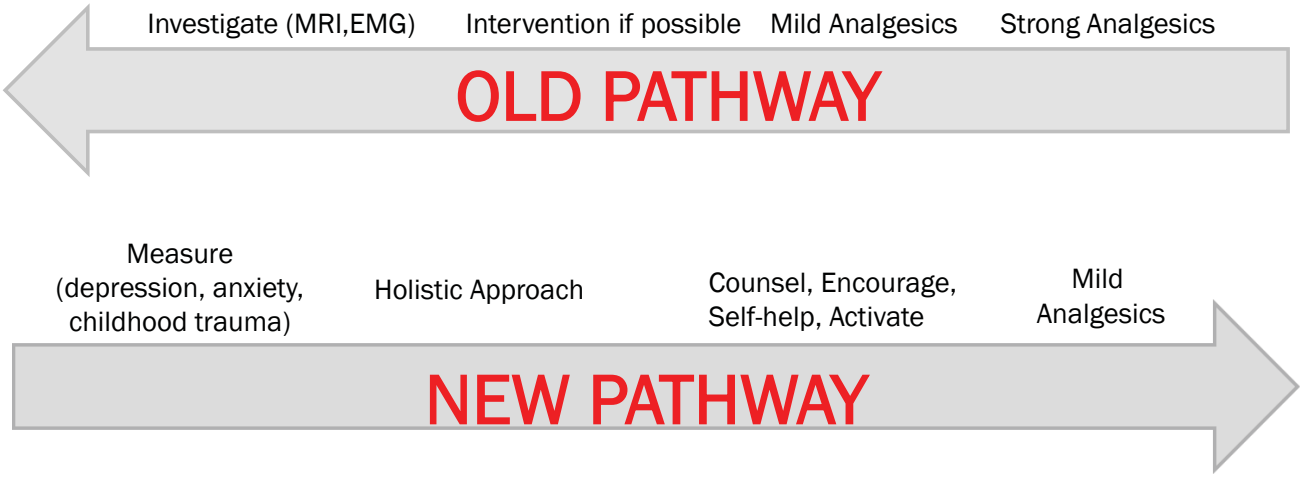
The goal in chronic pain is to live better, not to be pain-free.

	Biomedical Model	**Biopsychosocial Model**
Mind and body relationship	Separate	Holisitic – "Total Person"
Pain defined as	Symptom	Complex problem
Assessment goal	Identify cause	Identify effects
Diagnostic strategy	High technology	Comprehensive psychosocial
Treatment goal	Cure	Restoring function
Time span	Short term – pain relief	Long term – reactivation
Treatment modalities	Analgesics/procedures	Collaborative/ self-management
Provider role	Expert	Teach/coach
Patient role	Passive/helpless	Active/responsible

Notes

This table emphasizes the importance of self-management and patient activation.

Patient presents with back pain



Knowledge Check

The most appropriate care model to use when treating patients with chronic pain is _____.

a. Essentials to Good Chronic Pain Care
b. Biomedical Model
c. Chronification of Pain Cycle
d. Biopsychosocial Model

Knowledge Check – Answer

The most appropriate care model to use when treating patients with chronic pain is _____.

a. Essentials to Good Chronic Pain Care
b. Biomedical Model
c. Chronification of Pain Cycle
d. Biopsychosocial Model

Notes

Read question aloud

Topic Two

Stepped Care Model for Pain Management

Patient centered care requires a stepped, holistic team approach that:

- Empowers patients through reassurance, encouragement and education
- Promotes regular exercise and advocates for a healthy and active lifestyle
- Judiciously uses analgesics and adjuvant medications
- Develops adaptive strategies when pain and disability persist

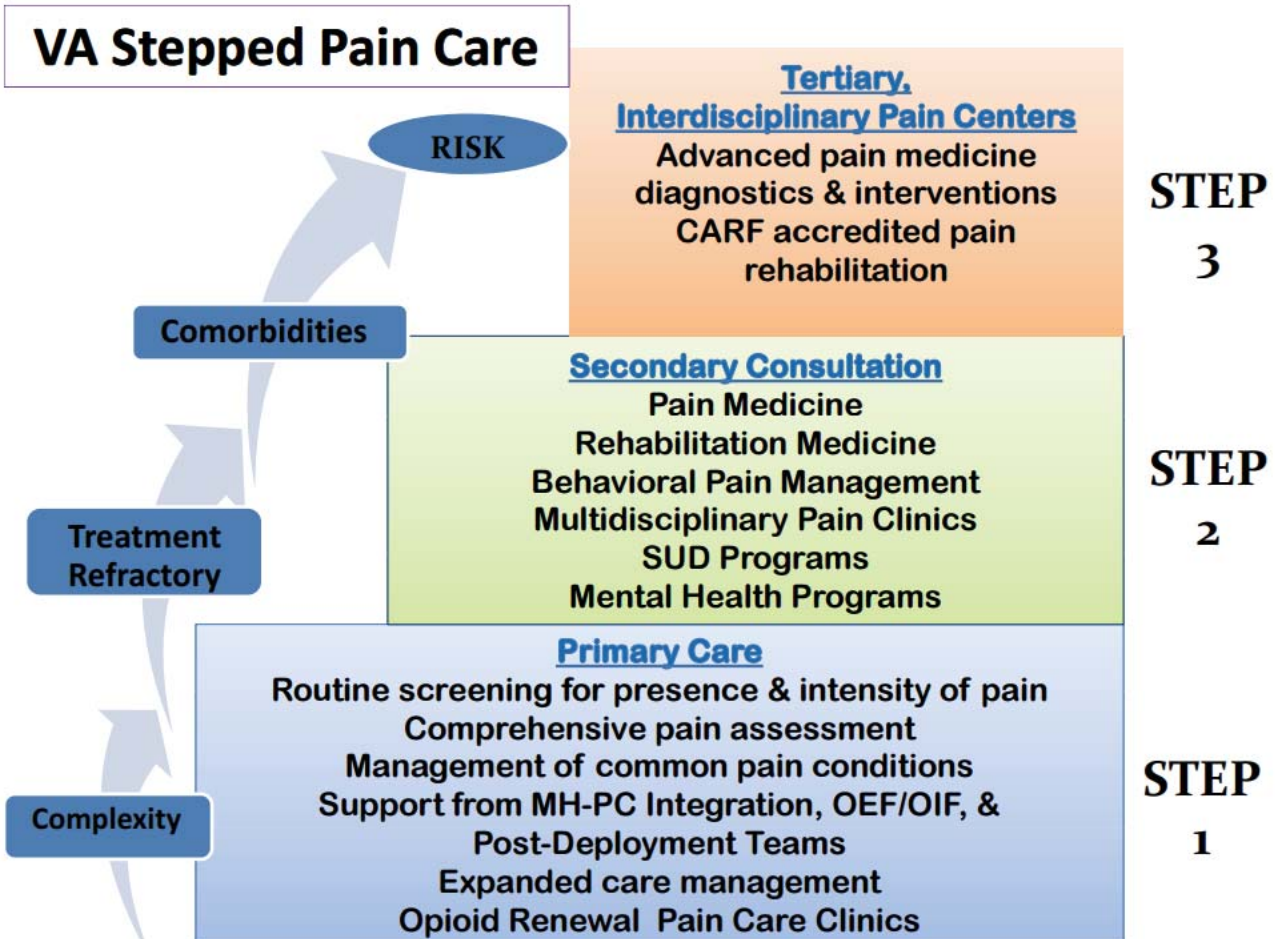
Notes

Emphasize that this advice is difficult for patients to follow. It requires from you persistence and determination.

Self-management is the foundation for an improved outcome in chronic pain.

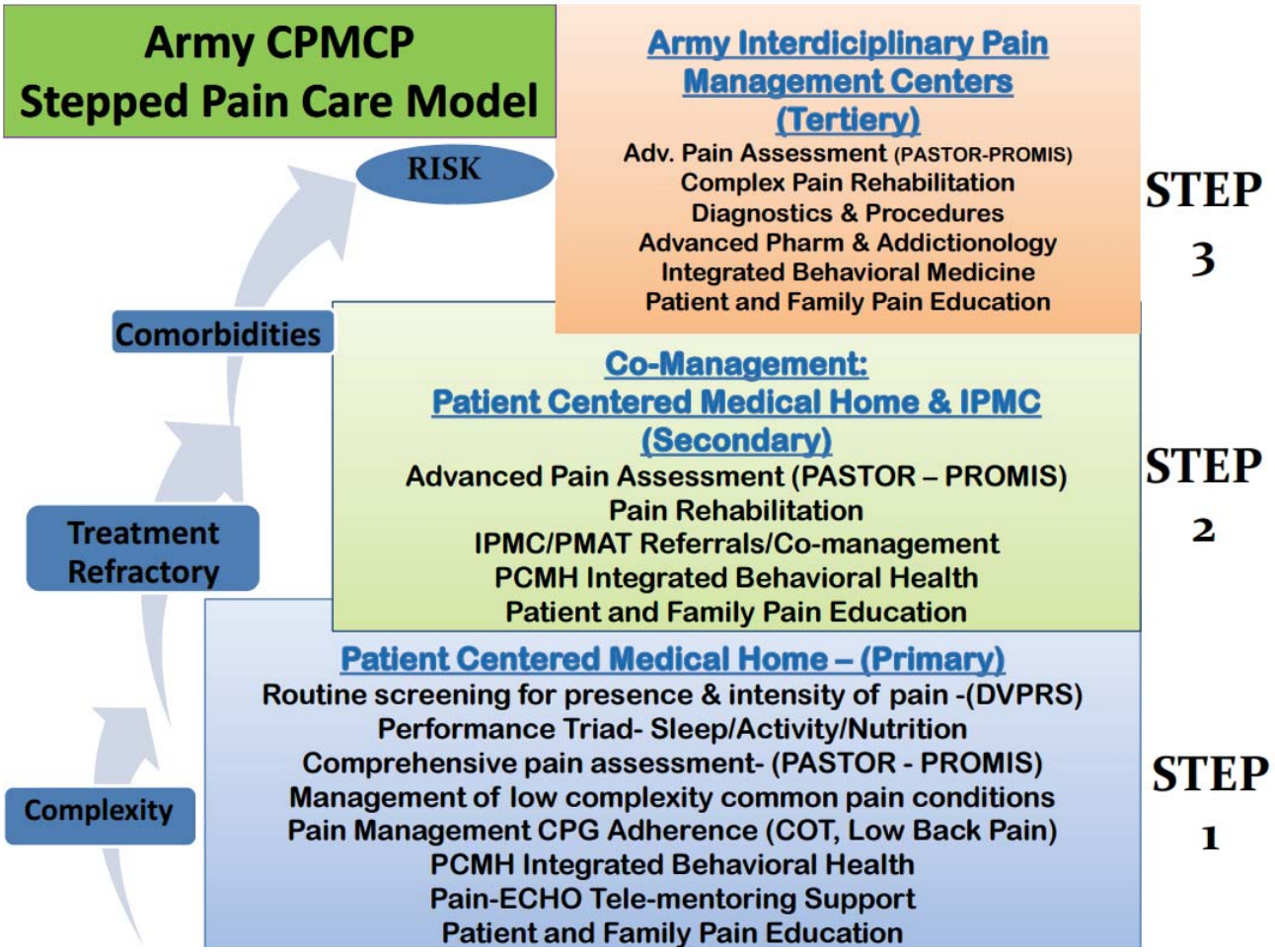
Notes

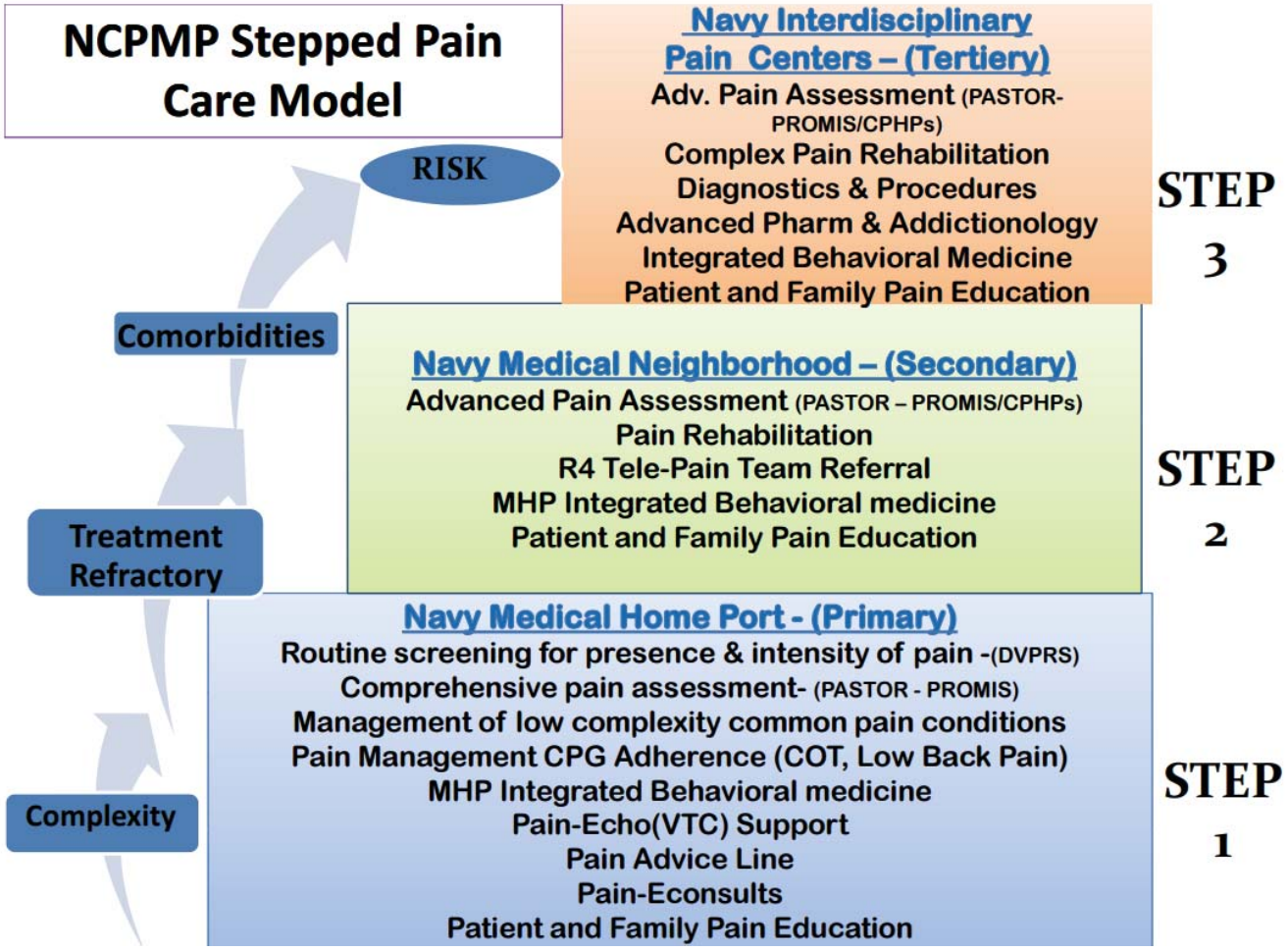
THIS THE KEY MESSAGE OF THE PRESENTATION. The Stepped Care Model which will be discussed in the next side is designed to enable self-care.



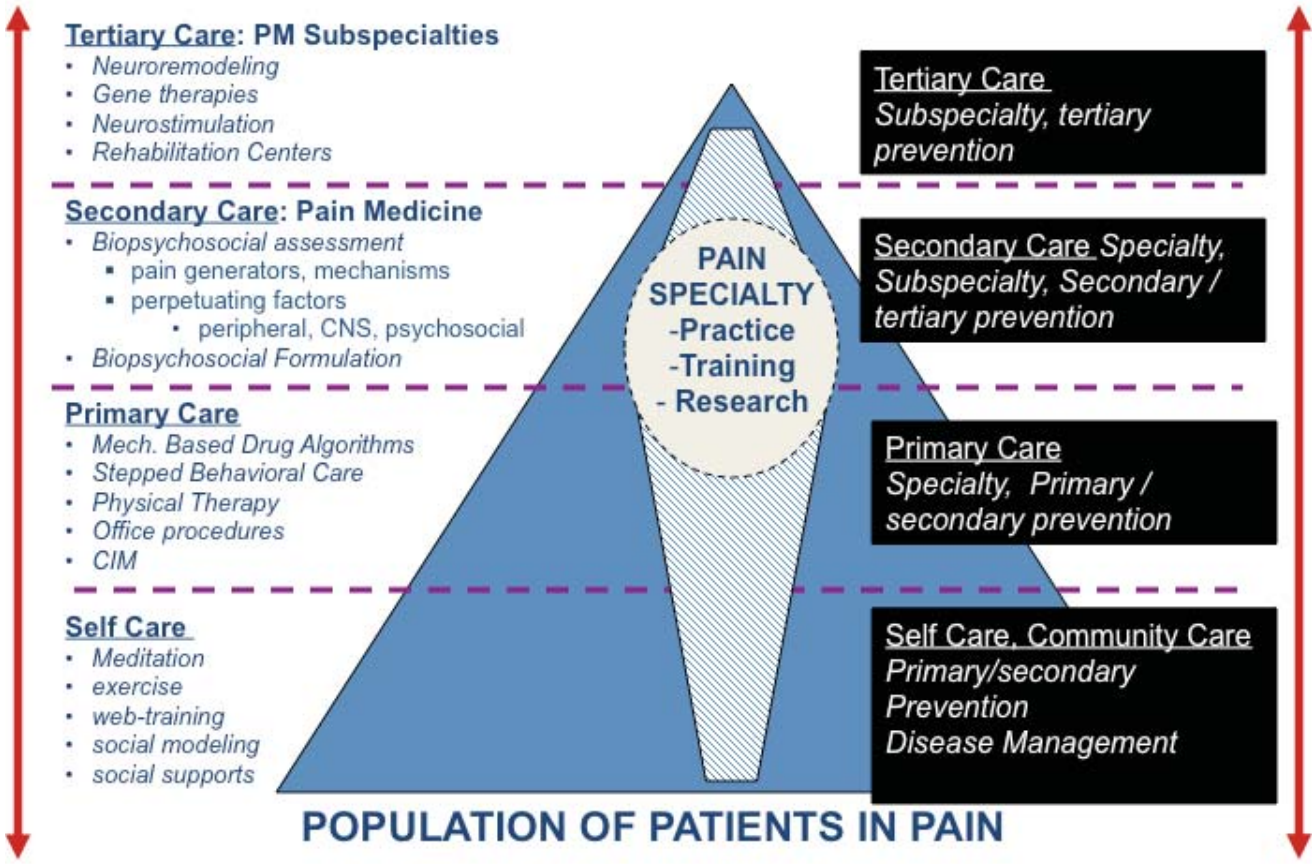
Notes

The DoD/VHA Stepped Model for Pain Care is based on collaborative self-management and use of progressively more intensive Biopsychosocial team-based care to match the degree of patient complexity, risk, and treatment refractoriness.


Army CPMCP
Stepped Pain Care Model
RISK
Comorbidities
Treatment Refractory
Complexity
Army Interdiciplinary Pain Management Centers (Tertiery)
Adv. Pain Assessment (PASTOR-PROMIS)
Complex Pain Rehabilitation
Diagnostics & Procedures
Advanced Pharm & Addictionology
Integrated Behavioral Medicine
Patient and Family Pain Education
STEP 3
Co-Management:
Patient Centered Medical Home & IPMC (Secondary)
Advanced Pain Assessment (PASTOR – PROMIS)
Pain Rehabilitation
IPMC/PMAT Referrals/Co-management
PCMH Integrated Behavioral Health
Patient and Family Pain Education
STEP 2
Patient Centered Medical Home – (Primary)
Routine screening for presence & intensity of pain -(DVPRS)
Performance Triad- Sleep/Activity/Nutrition
Comprehensive pain assessment- (PASTOR - PROMIS)
Management of low complexity common pain conditions
Pain Management CPG Adherence (COT, Low Back Pain)
PCMH Integrated Behavioral Health
Pain-ECHO Tele-mentoring Support
Patient and Family Pain Education
STEP 1


NCPMP Stepped Pain Care Model
RISK
Comorbidities
Treatment Refractory
Complexity
Navy Interdisciplinary Pain Centers – (Tertiery)
Adv. Pain Assessment (PASTOR-PROMIS/CPHPs)
Complex Pain Rehabilitation
Diagnostics & Procedures
Advanced Pharm & Addictionology
Integrated Behavioral Medicine
Patient and Family Pain Education
STEP 3
Navy Medical Neighborhood – (Secondary)
Advanced Pain Assessment (PASTOR – PROMIS/CPHPs)
Pain Rehabilitation
R4 Tele-Pain Team Referral
MHP Integrated Behavioral medicine
Patient and Family Pain Education
STEP 2
Navy Medical Home Port - (Primary)
Routine screening for presence & intensity of pain -(DVPRS)
Comprehensive pain assessment- (PASTOR - PROMIS)
Management of low complexity common pain conditions
Pain Management CPG Adherence (COT, Low Back Pain)
MHP Integrated Behavioral medicine
Pain-Echo(VTC) Support
Pain Advice Line
Pain-Econsults
Patient and Family Pain Education
STEP 1

Most care is self, community and primary care… not specialty or subspecialty care.



Notes

The key message of this diagram is that must care is either self-care, community care, and primary care. It is not as what as most people think, specialty or subspecialty care.

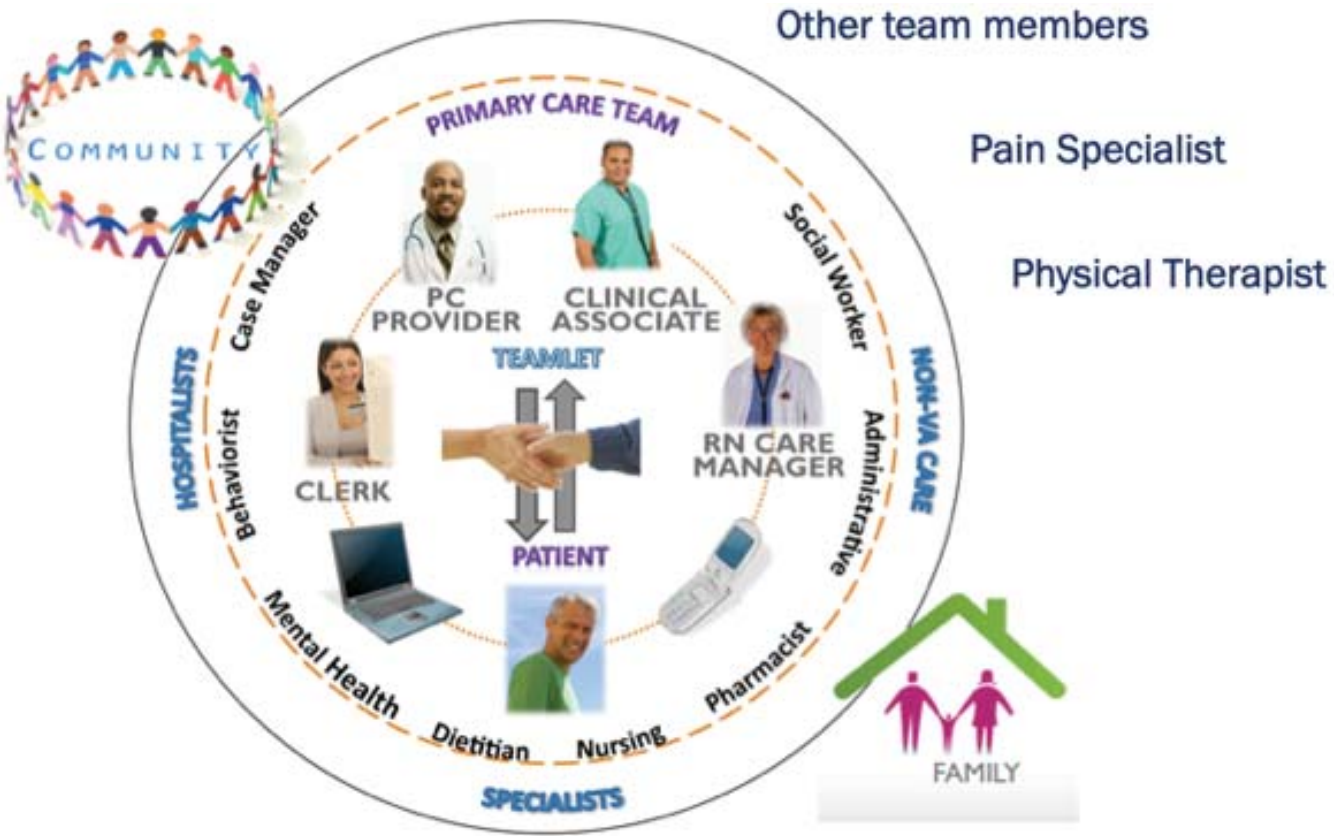
Topic Three

Interprofessional Expanded Pain Care Teams

Multidisciplinary, interdisciplinary, and interprofessional are not synonymous.

- Multidisciplinary – multiple diverse specialties involved in a patient's care may use different care models. Communication between specialties is minimal
- Interdisciplinary – multiple diverse specialties involved in patient's care, work towards similar goals. However, may have varying degrees of consistency in communication and messaging amongst the disciplines
- Interprofessional – multiple diverse specialties with high degree of respect and familiarity with other discipline approaches, working towards a clearly articulated goal. This is a consistent care model with a high degree of communication amongst disciplines

Whole person pain care requires a prepared, engaged, proactive interprofessional team.



Notes

Treating chronic pain always involves a team effort.

Topic Four

Primary Care Pain Teams

The medical home is an interprofessional team that provides an excellent setting to treat chronic pain patients.

TEAM MEMBER	ROLE
Patient	Active participant at center of team
PCP/Pain/Champions	Directs care; assists patient in setting care plan; manages medications and referrals. Supports biopsychosocial approach
Behavioral Health Specialist	Teaches coping strategies; facilitates acceptance of pain and action towards patient's values
PhysicalTherapist/Kinesiotherapist	Facilitates gradual physical reactivation; reinforces behavioral plan
Clinical Pharmacist	Provide education about medication options and assist with opioid tapers; reinforces biopsychosocial approach
Registered Nurse	Reinforces overall plan; teaches self-management skills including sleep hygiene, relaxation techniques, problem solving, assists with monitoring

Notes

This table emphasizes the patient is part of the team and not a passive member.

Whole person pain care starts with the primary care provider.

- Rule out red flag conditions (cancer, injury, infection) treat other comorbidities (depression, sleep apnea, obesity)
- Try to de-medicalize by not referring to multiple repeated tests or specialist consultations
- Educate and reassure the patient that chronic pain is disabling but not harmful
- Teach and promote self-management and life-style changes
- Consider (but de-emphasize) the use of non-opioid analgesics and if you start opioids, follow the clinical practice guidelines (CPG) closely

When is referring to a specialist a good idea?

- As part of a biomedical work-up to rule out an ongoing disease that you suspect is causing pain
- To assist with the diagnosis and treatment of a complex psychiatric comorbidity or a substance use disorder
- When you have concerns about opioid misuse
- When pain is intractable and you are considering an intervention that may provide temporary relief, as a means of encouraging the patient's participation in active self-management or lifestyle modifications (bridging therapy)

Notes

Note: It is portent to refer a patient to a specialist if you feel the patient exceeds your (or your teams) level of expertise or experience (i.e. neurologist, rheumatologist, surgeon, pain specialist).

Topic Five

Specialty Care Pain Teams

Interprofessional care promotes communication, coordination and consistent messaging to the patient.

- Core members of the pain care team include:
  - An engaged and empowered patient
  - A provider with a holistic, biopsychosocial approach to pain
  - A behavior health professional familiar with psychological approaches to chronic pain
  - A nursing and care coordinator
- Expanded members may include professionals in:
  - Addiction medicine, psychiatry, interventional pain, clinical pharmacist, nurse care manager, medical acupuncturist, physical, recreational, occupational therapist, vocational rehabilitation counselor, social worker, professionals with expertise in integrative medicine

Notes

We realize that team members vary based on location and resources.

Creating and maintaining pain care teams

Knowledge Check

Which one of statements below is TRUE?

a. Chronic pain is a complex bio-psycho-social experience that always requires expert help.

b. With modern technology we can nowadays almost always identify the cause of pain and eliminate it.

c. The medical home is an excellent setting to provide competent, coordinated, proactive care for chronic pain

d. Chronic pain always requires analgesics and procedures to promote self management.

Knowledge Check – Answer

Which one of statements below is TRUE?

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b. With modern technology we can nowadays almost always identify the cause of pain and eliminate it.

c. The medical home is an excellent setting to provide competent, coordinated, proactive care for chronic pain

d. Chronic pain always requires analgesics and procedures to promote self management.

Notes

Read question aloud

Summary

The biopsychosocial care model for chronic pain supports whole person,comprehensive pain care.

The DoD/VHA Stepped Model for pain care is based on a collaborative self and community management approach. Team-based care matches the degree of patient complexity, risk, and response to best treatments.

Interprofessional teams represent the ideal delivery system for biopsychosocial pain care in both primary and specialty care settings.

JPEP

Joint Pain Education Program