Pain and Primary Care

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Management

Stepped Care Model

1. Primary Care

- 1. Routine assessment and management
- 2. Triaging to specialty care (e.g., substance use disorder treatment)
- 3. Behavioral health integration
- 4. Post-Deployment Clinics
- 5. System support
 - 1. Opioid Renewal Clinics
 - 2. Opioid Decision Support System
- 6. Patient education program

Secondary consultation

- 1. Pain medicine, medical/surgical specialists, rehabilitation medicine, behavioral health, psychiatry/substance use disorder programs
- 2. Long term co-management, in some cases
- 3. Coordinated VISN level plan
- 4. Telehealth

Tertiary, Interdisciplinary Pain Care Centers

- At least one site per VISN
- 2. CARF accreditation in five years
- 3. Services
 - 1. Comprehensive medical/psychological evaluations of veterans with complex conditions
 - 2. Evidence-based pharmacological, rehabilitation, and psychological interventions
 - 3. Coordinated interdisciplinary rehabilitation/recovery program
 - 4. Case management
 - 5. Focus on family/caregiver involvement

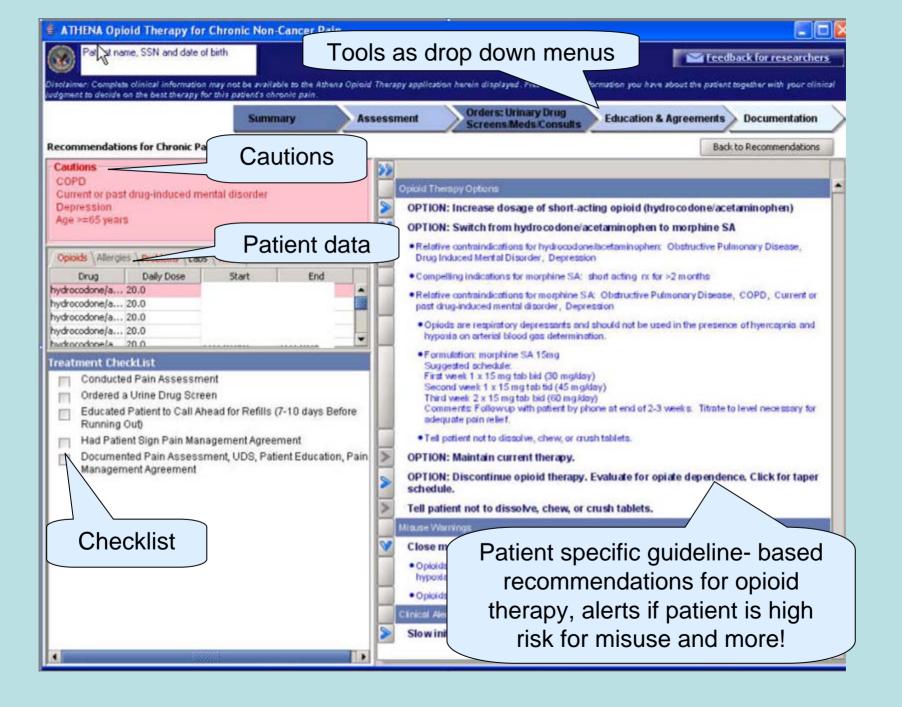
Primary Care

1. Routine screening, assessment, management, reassessment

Reminder Resolution: TEST PAIN SCREEN
PAIN MANAGEMENT MAIN MENU
CLINICIANS
Complete a CLINICIAN COMPREHENSIVE PAIN ASSESSMENT/PAIN HISTORY
Complete a CLINICIAN PAIN REASSESSMENT 4 PAIN CARE PLAN
Complete a COGNITIVELY IMPAIRED ASSESSMENT/REASSESSMENT & PAIN PLAN OF CARE
Complete a CLINICIAN POST-OPERATIVE PAIN ASSESSMENT/REASSESSMENT
☐ Monitor OPIOID THERAPY
NURSING
Complete a NURSING (RN) PAIN ASSESSMENT & PAIN CARE PLAN
Complete a NURSING (RN) PAIN REASSESSMENT & PAIN CARE PLAN
Complete a NURSING (RN) COGNITIVELY IMPAIRED ASSESSMENT/REASSESSMENT
Complete a NURSING (LPN/NA) PAIN OBSERVATION/REOBSERVATION
APPLICABLE TO ALL
Record a NUMERIC PAIN SCORE
Complete PATIENT PAIN EDUCATION
LINK to Pain Clinical Pratice Guidelines
LINK to VA Pain Management Website

Primary Care Competencies

- 1. Conduct of comprehensive pain assessment
- 2. Negotiating behaviorally specific and feasible goals
- 3. Knowledge/use of common metrics for measuring function
- 4. Optimal patient communication
 - 1. How to provide reassurance
 - 2. How to foster pain self-management
- 5. Conduct of routine physical/neurological examinations
- 6. Judicious use of diagnostic tests/procedures and secondary consultation
- 7. Assessment of psychiatric/behavioral comorbidities
- 8. Knowledge of accepted clinical practice guidelines
- 9. Rational, algorithmic based polypharmacy
- 10. Opioid management



Mental/Behavioral Health Integration

- 1. Behavioral health specialists to conduct and document comprehensive pain assessments
- 2. Delivery of education and efforts to promote pain self-management (evidence-based psychotherapies; e.g., cognitive-behavior therapy/self-regulatory treatments)
- 3. Triaging role related to accessing psychiatric and substance use disorder treatment
- 4. Collaborative care and case management

Primary Care Provider Education

1. Existing resources

- 1. www.va.gov/pain management
- VA Pain List Serve
- 3. High Alert Medication Share Point site
 - http://vaww.national.cmop.va.gov/HighAlertMedications/default.aspx
- 4. PBM resources
- 5. On line training (general, opioid therapy, polytrauma)
- 6. Monthly teleconferences (1st Tuesday, 11 am eastern time; 30287#)
- 7. Cyberseminars

Planned conferences

- 1. February 24-26, 2009 (Ft. Lauderdale)
- April 7-9, 2009 (Reno, NV)

Next steps

- 1. Statement of primary care provider competencies
- 2. Criteria/thresholds for referrals (i.e., standardized service agreements)
- 3. Case management model
- 4. Additional tools/resources
- 5. Education and training initiatives