

Improving Chronic Pain in Primary Care (ICPC)

**Original Project Name:
Managing Pain: Opioids as Part of the Solution, Not the
Problem**

Pfizer Final Report

Submitted by:

University of Cincinnati

Center for Continuous Professional Development

Jill M. Boone, PharmD, Nancy Elder, MD

Principal Investigators

October 1, 2015

Aim and Goals

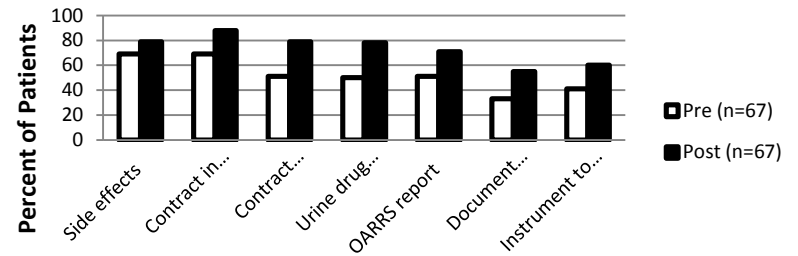
- Improve quality of care for primary care patients with CNMP in the UCHealth Primary Care Network (PCN) via the implementation of practice and system-wide changes
- Goals:
 - Compare the impact of an intensive QI intervention versus minimal QI intervention to improve the management of chronic non-malignant pain (CNMP), specifically for the following outcomes:
 - Improve the documentation of assessment of all components of pain (pain, function, psychiatric) and appropriate use and monitoring of opioid therapy
 - Improve the prescribing of analgesic and adjuvant medications, especially opioids
 - Improve the appropriate use of and communication with interprofessional pain consultants
 - Better understand facilitators and barriers to referrals and communication between providers who care for patients with CNMP, including primary care physicians, pain specialists, physical therapists, integrative medicine providers and behavioral health providers

Outcomes

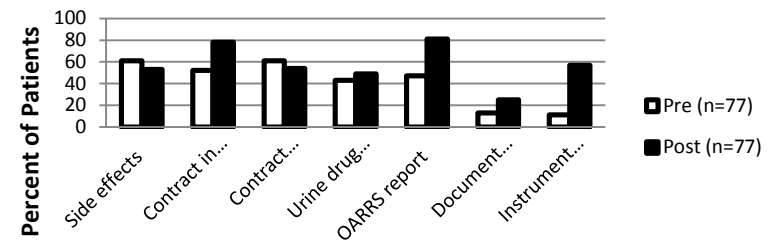
- Documentation of all components of evidenced based pain assessment (10 parameters measured) improved in both groups
- A greater improvement in provider self efficacy/confidence in overall pain management as well as appropriate use and monitoring opioids was observed in intensive vs. minimal intervention group
- Both groups demonstrated better documentation and use of appropriate tools in managing patients on opioids (Graph 1)
- Heightened understanding of potential contributions and communication needs of interprofessional pain experts collaborating with primary care

Graph 1

Intensive Intervention Opioid Monitoring

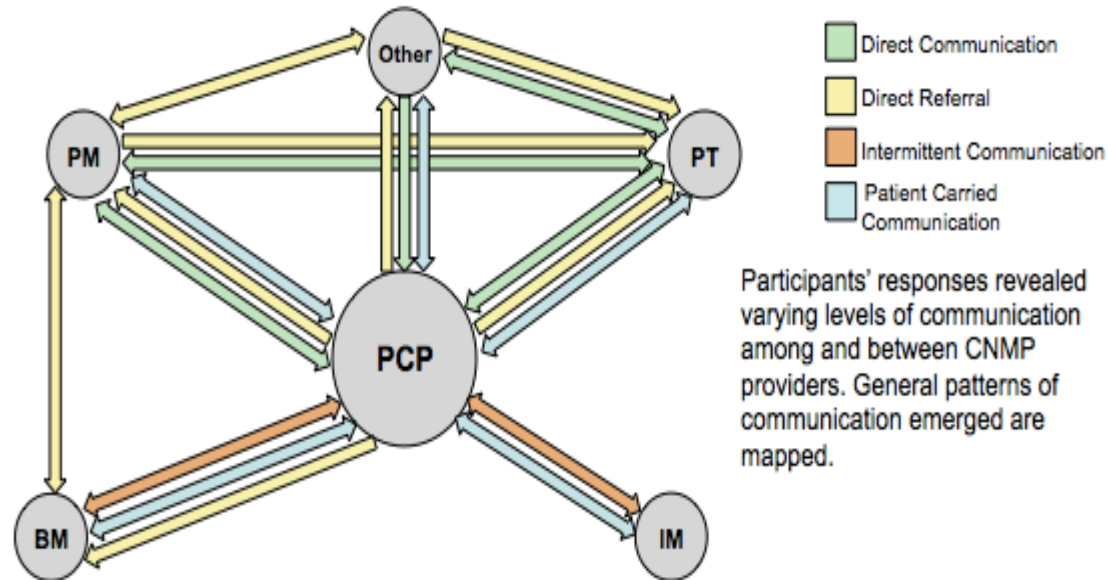


Minimal Intervention Opioid Monitoring



Qualitative Outcomes

Model of myriad communication patterns described by participants



- The qualitative analysis of the relationship between primary care providers and selected interprofessional pain experts was particularly revealing and may explain minimal changes in referrals
- Interviews of PCP, behavioral health, PT, integrative health and pain specials unveiled fragmented expectations and communication patterns in both directions between PCP and the referee
- Further, there was a gap in role expectations and expertise offerings between the PCP and the various pain consultants
- Misperceptions of shared interprofessional vision and goals may prevent or discourage patient referral
- Better understanding of this dynamic has provided a foundation for future efforts to align interprofessional vision and goals for managing patients with chronic pain and implementing solutions

Conclusions

- **A multi-prong approach including, education, longitudinal quality improvement, and system-wide changes in the EMR for pain assessment and monitoring is effective for improving management of pain.**
- **Enhanced role definition and communication is needed to improve referrals to interprofessional experts.**