Laguna Beach Community Clinic
"Pain to Gain" Program
Creating Innovations in Community-Based Treatment for Patients With Chronic Pain

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1. Abstract

The purposes were to increase focus, improve efficiency, and expand effectiveness of chronic pain treatment in our practice by implementing consistent diagnostic practices, broadening treatment tools and renewing provider enthusiasm toward the best care of chronic pain patients.

We identified 65 patients who were severely impacted by pain. Of those patients 19 were assessed as probable for experiencing Tension Myositis Syndrome (TMS) and formed the cohort for project interventions, in addition to regular care. Preliminary data for these patients has been reviewed to date. The project reached 30 medical professionals; 13 were surveyed for knowledge and confidence impact.

Project methodology included review of best practices, adaptation of treatment plans, implementing small tests of change, assessment, and presentation of results. The Team was interdisciplinary and interprofessional, guided by a Project Champion Co-Leaders.

Patient cohort results for reducing reliance on medication were positive: 75% of patients reported a change in their use of medications. Patient intervention results for pain perception were positive: 100% of patients reported a change in their sense of health and well-being, and a change in the relationship between their pain and emotional stress.

The provider cohort demonstrated significantly increased confidence in almost all clinical and procedural aspects of care and substantial improvement in stress and attitude towards chronic pain patients.

Results show that our MA/RN/Operations support colleagues continue to have low confidence in several aspects of the care for chronic pain patients. Positive results were noted in the second part of the survey which demonstrated improvement of knowledge.

Key Words: chronic pain; opioid overuse; TMS; Tension Myositis Syndrome; Tension Myoneural Syndrome.

2. Purpose

The project goal was increased focus, improved efficiency and expanded the effectiveness of chronic pain treatment at Laguna Beach Community Clinic (LBCC). Key objectives guided the project:

- ***Recruit, Engage, and Educate a Comprehensive Team***: Team Co-Leaders identified and recruited skilled and motivated members of our clinic staff and community to join together, recognize the impact of chronic pain, and commit to working collaboratively to achieve our stated goals. Effective collaboration was a significant contributor and outcome to the project.

- ***Identify the Burden of Suffering***: The Team establish a procedure to quantify and register the number of patients in the practice experiencing chronic pain and implemented protocols to identify the incidence, prevalence, cause, and previous treatment for patients entering the registry thereafter. The EPIC Electronic Medical Records system was a critical tool. Patient enrollment in the pain registry will be ongoing after the project.
- ***Challenge our Current Care***: The Team compared existing diagnostic and treatment protocols used at LBCC to current and emerging evidence-based guidelines and recommendations.
- ***Innovate our Care***: The Team completed the design of clinic-specific and patient-specific team-based treatment plans which implemented new protocols based on treatment of patients diagnosed with TMS. A subset of 62 chronic pain patients formed the intervention cohort.
- ***Evaluate the Impact***: Impact was evaluated across three cohorts: patients; providers; and RN, Medical Assistant and Operation Support Staff. Patient impact was measured utilizing a survey that included both quantitative and qualitative questions. Provider and RN, Medical Assistant and Operations Support Staff surveys were conducted at the start and the end of the project to evaluate changes in knowledge and confidence.
- ***Continuing Medical Education/ Continuing Professional Development Activities***: The California Academy of Family Physicians (CAFP) has accepted LBCC to present Pain to Gain: Building the Care Model Team at the April 2017 CAFP Annual Clinical Forum in San Francisco. The expected reach is 100-200 physicians in attendance. Team Co-Leaders will coordinate with community resources for public outreach educating local residents about the treatment of chronic pain.

3. Scope

As a primary care facility providing direct care to approximately 4,500 patients per year, a large cohort of patients at LBCC suffer from chronic pain as a result of varied primary diagnoses. Prior to this project, we believed that these patients were under-identified and inadequately treated for their chronic pain. Their burden of suffering included insufficient pain control, inefficient use of opioids, overuse of medical facilities—especially hospital emergency departments—and provider frustration and dissatisfaction.

We embarked on this project with the belief that patient at our clinic with chronic pain needed reliable identification of their pain and excellent care in treatment of their pain; and that our staff providers needed renewed confidence and improved tools in treating chronic care patients.

In the article “Primary Care Providers Concern about Management of Chronic Pain Patients in Community Clinic Populations” (Upshur CC, Luckmann RS, Savageau JA, Journal of General Internal Medicine Volume 21, Issue 6, pages 652-655, June 2006) the authors state: “Primary care providers in our study reported that over one-third of adult appointments in a typical week

involved a patient with chronic pain. While this finding is not a true prevalence estimate, it does indicate that providers in community clinic settings encounter a large number of patients with chronic pain symptoms."

If we apply these estimates to our patient volumes, as reported in our Annual Utilization Report of Primary Care Clinic submitted to the California Office of Statewide Health Planning and Development (OSHPD), we would estimate that 1,230 patients in our practice suffer from chronic pain. ***By not diagnosing their pain specifically and identifying these patients in a distinct registry, a gap in our clinic's continuum of care is created, leading to various barriers to effective pain treatment for patients and effective tools for providers.***

The primary audiences for this project included chronic pain patients, internal care providers (LBCC staff) and external care providers. Ninety percent (90%) of LBCC patients are living below 200% Federal Poverty Level, with approximately 62% living in severe poverty, based on the 2015 Annual Utilization Report to OSHPD. Thirty-eight percent (38%) of patients are Hispanic, many are Spanish speaking only. These cultural and income demographics create potential barriers to treatment of their chronic pain which parallel disparities these groups experience when accessing and utilizing of healthcare in general. Internal care providers directly benefitted from this project as they gained increased satisfaction through improved knowledge and confidence in their ability to care for chronic pain patients. External care providers will benefit as results from this project are disseminated.

4. Methods

This project impacted 4,500 patients during the project through screenings utilizing our Electronic Medical Records software (EPIC), the Controlled Substance Utilization Review and Evaluation System (CURES), and discussion during office visits. After investigating a number of pain scales, the team opted to remain with the 1-10 pain scale most commonly used in clinical settings. Of these patients, 65 were identified as severely impacted by pain; 19 were assessed to be probably TMS patients, while the remainder were non-TMS patients.

While not part of the primary intervention, the non-TMS patients were still part of the project. They were re-evaluated and in some cases had additional diagnostic studies to better understand the source of their pain. These patients were also evaluated for the appropriateness of other modalities, in addition to regular care. These modalities included:

- Physical therapy
- Psychological therapy
- Consultation with pain management specialists
- Trigger point injections
- Exercise prescriptions

The 19 TMS patients formed the cohort for the project. The primary intervention was a treatment approach which actively involved the provider team as well as the patient as

motivated partners in their treatment and care. The team attended special seminar by Dr. David Schechter, author of "Think Away Your Pain" and "The Mind-Body Workbook: A Thirty Day Program of Insight and Awareness for Back Pain and Other Disorders," Tension Myositis Syndrome (TMS), which is psychologically induced physical pain, and his non-pharmacological approach to successfully treating many TMS patients. ***Based on that presentation, the team decided to incorporate assessment for TMS into the evaluation of pain patients and to monitor and evaluate the TMS treatment approach—forming the basis for the intervention.***

Intervention Design Points:

- Holistic, humanistic approach to improved service for chronic pain patients
- Incorporates best practices from medicine, nursing, psychology, physical therapy, pharmacology, education, information technology and community clinic management
- Attends to special needs of Clinic's many of low income pain patients
- Improves identification and diagnosis of patients with pain
- Reduces reliance on opioids in pain management wherever appropriate
- Explores and tests alternative, or adjunct, non-medical approaches to managing pain
- Develops guiding principles from the body of peer-reviewed research both in pain management and Mindfulness Training and Mindfulness Based Stress Reduction:
    - Clear difference between pain and suffering
    - Experiencing sensory physical pain can become more tolerable
    - Suffering ensues when a patient adds a negative narrative interpretation about the meaning and significance of the pain and the necessity for severely limiting activity
    - Negative mental narratives, not physical pain, generate much of the anxiety, depression, and withdrawal from active functioning; creates a bleak vision of the future
    - Our interventions teach patients techniques for productively managing the psychological aspects of pain
    - Neuropsychological research shows such mental techniques, when consistently practiced, actually cause neurological brain changes that foster a greater sense of well-being may even reduce the actual experience of physical pain
    - Strong encouragement is given to return to as much physical activity as treatment team considers medically feasible

Additional interventions are currently in process, and are scheduled to continue after the end of this project; these interventions can be used by any chronic pain patient, not just those in the TMS cohort. We are nearly done with the Patient Portal, a secure online resource for patient self-learning techniques through educational videos, as well as patient stories and experiences. Mindfulness and Meditation Training for patients is an additional intervention which will be added to The MindBody Workbook; the Team has participated in a Mindfulness and Meditation workshop. Finally, the Team is developing group-based support sessions for chronic pain patients.

Essential to the effort of this project was teamwork across medical and other health care disciplines. Improving the identification and care of chronic pain patients necessitates sharing current best practices from all relevant fields, along with encouraging creative exploration of new approaches. With this in mind, the enthusiastic and engaging Project Champion, Dr. Thomas Bent, identified, and successfully recruited motivated members from both staff and clinic volunteers, as well as the community at large. Some members initially did not know each other, nor was the exact nature of this complex project all that clear during the recruitment phase.

From the first meetings, as the purpose of the project became clearer, members were encouraged to be innovative, self-examining of current operations, open to new approaches, and clear about the importance of finding alternatives to over reliance on the use of opioids for treating pain patients.

Our initial thrust was to bring each other up-to-speed by sharing our collective professional knowledge through a series of presentations. The first was given by Dr. Monica Mehren, an internist and palliative care specialist. Dr. Mehren discussed the epidemiology, contributing factors and personal/societal aspects of chronic pain, explained the standard pain scale and how to interpret a rating, explained the four different categories of pain, and stressed that correct treatment involves more than medication.

Dr. Marion Jacobs, a clinical psychologist, discussed the psychological factors that impact responses to pain and reviewed some of the research literature on the effectiveness of Cognitive Behavior Therapy, Acceptance and Commitment Therapy, and other approaches such as Mindfulness and meditation in the treatment of pain.

Other presentations were about the overuse of emergency room visits by small numbers of patients making huge numbers of repeated visits by Kenna Stone, an RN and staff member at Mission Hospital-Laguna Beach, who serves as the team's liaison to the hospital. The role of Physical Therapy in working chronic pain was discussed by PT Mary Kate Saunders. A review of a couple of newer measurement instruments currently in use in assessing pain was described Sally De Castro Tilsen, PA, who works in private practice as a Headache and Chronic Pain Specialist and is certified in administration of Buprenorphine (Suboxone) therapy. As mentioned previously, the seminar by Dr. David Schechter was instrumental to the project.

Initially some of the Clinic front office and nursing staff in attendance sat on the periphery of the conference table at the meetings. Over time, with encouragement they joined the others at the table, and became more vocal in sharing their ideas and experiences. A free buffet lunch at each meeting adds to the informality and relaxed atmosphere.

Team Building Design Points:

- Voluntary participation by Laguna Beach Community Clinic medical, nursing and administration staff

- Recruitment of interdisciplinary community experts in medical management of pain, family practice of medicine, clinical psychology, physical therapy, and pharmacology
- Liaisons created with local hospitals and neurology practices specializing in pain management
- Professional knowledge shared through lively group discussions and formal presentations
- Team generates a common body of knowledge along with genuine enthusiasm for the project
- Team members do further research in their areas of expertise on current best practices
- Team decides on focus for *Pain to Gain* program based on pooled interdisciplinary and inter-professional knowledge

Team Training:

- Recognition that many patients seen for other medical conditions are also coping with undiagnosed, stress-producing ongoing pain
- Implementation of the EPIC Electronic Medical Record allows Clinic to use a diagnosis of "chronic pain" and establish a patient registry
- Training topics
    - Understanding pathophysiology of chronic pain
    - Approaching Patients
    - Medications in Management: Pearls and Pitfalls
    - Recurrent ER Visits by Chronic Pain Patients
    - The Psychology of Pain
    - Priority Setting and Proposed interventions
    - Integrative Pain Treatment: A New Paradigm (presented by Dr David Schechter)
    - AAFP Opioid Guidelines
    - Utilization of CURES 2.0
    - Opioids as Antidepressants
    - Mindfulness Based Stress Reduction
    - Mindfulness and Meditation
- Survey chronic pain patients for Tension Myositis Syndrome (TMS) and utilize the approach developed by David Schechter, MD
- Patient Education and Training
    - Educating patients to understand that playing an active part in their own pain management can greatly improve their quality of life
    - Training patients to effectively use specific non-medical skills such as Mindfulness and Meditation
    - Promoting social support and positive reinforcement by staff, friends and family for 1) continuing practice of the skills and 2) active participation in everyday life

Measures: The patient survey consisted of nine quantitative yes/no questions, with eight qualitative open-ended questions, and a five-point scale question. The survey was sent to 19 patients; currently, we only have preliminary data based on surveys returned to date.

The Provider Survey was administered pre-intervention and post-intervention, measuring changes in confidence and attitude. This survey was initially given to physician, physical therapist, nurse practitioner and psychologist team members prior to the beginning of the Educational Series. The time frame for data collection was late February to early March, 2015. The survey was again administered in September 2016. The first 12 questions asked responses from 1 to 4, representing "How confident are you that you can do the following", 1 being "not confident at all" and 4 being "extremely confident". Team members answered only the questions relevant to their practice or scope of work.

A similar survey was given to Medical Assistants, Operations Support and RN team members at the beginning of the Educational Series. The time frame for data collection was late February to early March, administered again in September 2016. The survey was recommended by colleagues in the IGLC collaborative and slightly modified to be appropriate to California. The first 11 questions asked responses from 1 to 4, representing "How confident are you that you can do the following", 1 being "not confident at all" and 4 being "extremely confident". Team members answered only the questions relevant to their practice or scope of work.

In April 2016, team members were asked to complete a Team Self-Assessment questionnaire about their experiences with the Pain to Gain team. Responses came from nurses, physicians, a psychologist, a physician assistant, a physical therapist, front office staff and a technical communication support person.

Limitations: One type of limitation related to participants more than procedure. Some patients were reluctant or not interested in reducing their narcotic pain medication. Some providers and staff were slow to adopt new techniques of pain methodology, though their commitment to participation in the study remained strong. With continued education and following the project through to the results phase, the providers see the benefits of new pain treatments. However, the issue of patients who are reluctant or disinterested will persist as patients new to the clinic or to the chronic pain registry have likely not been exposed to alternative or non-pharmacologic methods for treating pain. Another limitation to this project was low patient response rate to the survey. The key reason was a delay in sending out the TMS survey to patients, a result of the early 2016 resignation of one of the former project Co-Leaders, Dr. Monica Mehren. Marion Jacobs, PhD assumed the role of Co-Leader, and was instrumental in seeing the project to completion along with Dr. Bent.

5. Results

Patient Results: Initial patient data is based on surveys returned to date. Significant and positive impact was demonstrated regarding pain medication:

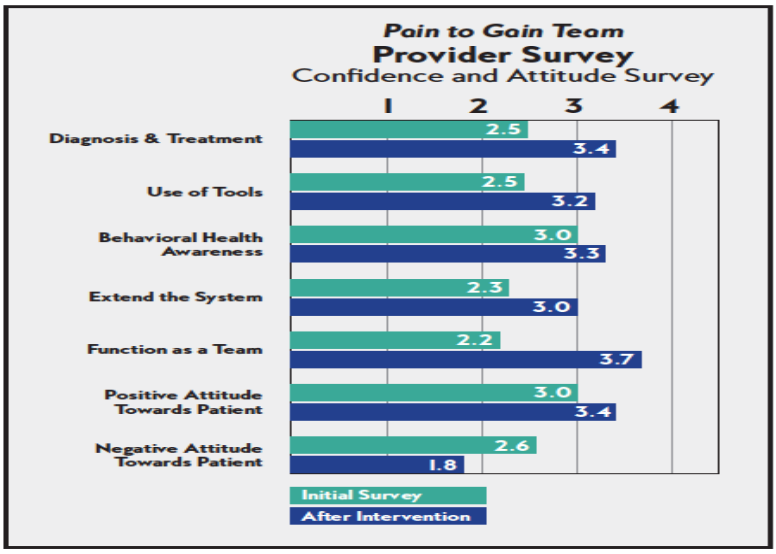
- 75% reported a change in medication use since starting the program.

- "I am on less pain medication and am working towards continuing to move in that direction."
- "I am off all pain medicine and have never been better."

Positive impact was evident in patients' perception of their pain:

- 100% reported a change in the relationship between their pain and emotional stress since working with their provider and the project intervention.
- 100% reported a change in their sense of health and well-being.
- 100% reported that the pain program was "very helpful."
- 60% reported that they spent a fair amount of time worrying about their pain, however 75% reported that this has changed since starting the program.
- "I am aware that my stress levels and how I choose to handle hard situations has a direct relationship to how often I experience my pain."
- "I am actively working on a having a more positive mindset regarding my condition."
- "I feel like there is hope for a life with less pain."

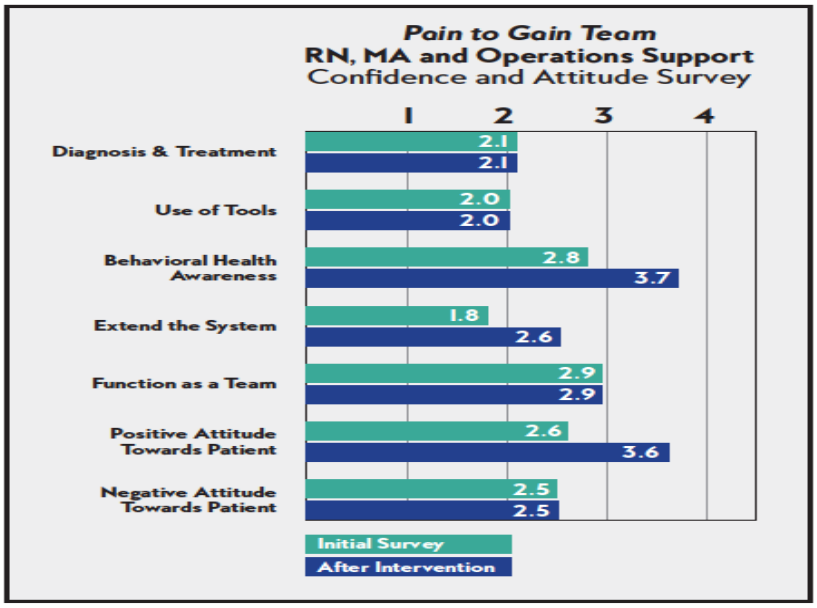
Provider Results: Providers were surveyed at the start and at the end of the project educational series to measure changes in Confidence and Attitude. The provider cohort demonstrated significantly increased confidence in almost all clinical and procedural aspects of care for patients suffering from chronic pain. This cohort also showed significant improvement in provider stress and attitude towards chronic pain patients. These very positive outcomes reinforce our plan to share our experience and our educational programs beyond the *Pain to Gain* Team.



RN, Medical Assistant, and Operations Support Staff Results: RN, Medical Assistants and Operation Support Staff were surveyed at the start and at the end of the project educational series to measure changes in Confidence and Attitude. The results of this survey show that our RN, Medical Assistant, and Operations Support Staff colleagues continue to have low confidence in several aspects of the care for chronic pain patients. Understanding the legal aspects of chronic opioid use had the lowest confidence level. Reflecting the challenges of serving a medically underserved population, difficulty in accessing specialty care was noted, but showed improvement from previously, probably due to a larger percentage of patients now having MediCal insurance.

However, positive results were noted in the second part of the survey. The cohort strongly agrees (3.7) that chronic pain management is in the scope of primary care and that these patients can be managed by primary care physicians providers (3.5). In addition, the cohort strongly agrees (3.7) that chronic pain patients frequently have depression or another mental illness. We believe this in a reflection of including a Psychologist on the team, and the presentations she has given. The cohort also strongly agreed (3.4) that patients considered them an important part of the health care team. This is an improvement from a pre-intervention score of 2.5.

These data will guide the clinic's choices in further Continuing Professional Development activities after the end of the project.



Team Building Conclusions: People felt that the team functions well and that they learned new things that reshape how they think both about chronic pain patients, and about the best ways to approach treatment of this population. Particularly appreciated is how team members educated each other and generated creative strategies to educate pain patients and get them more involved in their own self-care.

Team Building comprised a key success factor in this project with providers commenting on the collaborative nature of the team:

- "Very well, collaboration is key" in response to the question of team function, and how the team came together "Common goal of concern for our chronic pain patients and an interest in providing better care and improving our patient's lives."
- "I think all team members respect each other and are eager to learn from others."

Providers also demonstrated an appreciation for the expanded knowledge they gained by participating in the project:

- "I learn something new at each meeting."
- "I think I have a different view of patients with pain. There is a great deal more behind the complaint of pain that adds to the pain or makes it continue."

6. List of Publications and Products

The final phase of this project encompasses spreading the results for scalability and portability to other providers. To date, he California Academy of Family Physicians (CAFP) has accepted LBCC to present Pain to Gain: Building the Care Model Team at the April 2017 CAFP Annual Clinical Forum in San Francisco. The expected reach is 100-200 physicians in attendance.

Future plans include developing and delivering CME/CPD programs for professionals external to LBCC. We plan to provide educational outreach to general audiences in collaboration with community groups or hospitals. Presentations will be delivered to Orange County Academy of Family Physicians, medical staff meetings, and other events. This project may possibly contribute toward a Performance in Practice Module on Chronic Pain for Family Medicine Maintenance of Certification (MD-FP) Part IV, introducing family physicians to individual QI techniques during satisfaction of MC-FP requirements.