

ICPM IMPROVING CHRONIC PAIN MANAGEMENT



Key Aspects Report 2016

Jointly sponsored by the NYU Post-Graduate Medical School and DKBmed, LLC.

This study is supported in part by an independent medical education grant from Pfizer, Inc.



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PROGRAM OVERVIEW

PURPOSE OF PROGRAM

To assess the impact of a medical education-based program on the use of pain scales in practices of clinicians seeing patients with chronic pain.

TARGET AUDIENCE

Primary Care clinicians (Family Practice, General Practitioner, Internal Medicine, Nurse Practitioner & Physician Assistant); Rheumatologists, Neurologists, OB-GYN, and other clinicians who treat patients afflicted by chronic pain within NYU.

LOCATIONS

The Miller Practice, NYU Langone Trinity Center, NYU Columbus Medical, Ambulatory, Tisch Center for Women's Health, and Arnold and Marie Schwartz Health Care Center.

OUTCOMES MEASUREMENT

Pre-post pairwise comparison of responses in pain score use, as well as analysis based on lecture attendance. The IRB approved the use of a validated patient quality of life survey ("The Brief Pain Index") before and after the program. Self-reflection/barrier survey sent following live lectures.

RESULTS



60 clinicians at 6 facilities show marked and significant ($p < 0.001$) improvement in their usage of pain scores, knowledge, and confidence in treating chronic pain.

Clinicians increased the use of pain scores by at least 24% overall.

After attending at least one lecture, participants improved their use of pain scores by at least 28%. Although it is not significant ($p > 0.05$), a medium effect size ($d = 0.5$) suggests that attending at least one lecture improves pain score use; a larger sample may result in a statistically significant difference.

The improvement in the use of pain scores by clinicians who did not attend any lectures (13%) suggests that the effects of education influences not only the participants, but also their colleagues.

Clinicians also indicate that they will now “educate their patients on pain” and utilize pain scales more often.

31 patients are currently subscribed to the MyDailyPain Management tool.

PRACTICE CHANGE COMMENTS



- “I am now better able to classify a patient’s pain as acute or chronic pain.” (n = 4)
- “I will use pain scales more consistently.” (n = 3)
- “I have a better understanding of using the multimodal approach to treating pain.” (n = 3)
- “This has given me a better understanding of different classes of pain medication.” (n = 3)
- “Now, I am better able to plan stages in treatment and pain management.” (n = 3)
- “I am better now about being able to talk to my patients and educate them about pain.” (n = 2)

SUGGESTED FUTURE CONSIDERATIONS



- Provide the education in shorter lectures with a narrowed scope to include only *measurable educational objectives*
- Designate a Program Champion at each location responsible for encouraging attendance at live meetings
- Generate improved clinician participation by increasing competition between locations
- Actively recruit Medical Assistants and other clinical staff to participate in the education because they play a critical role in patient care
- Change the focus of the program to measure improvement of patient function and QoL