Laguna Beach Community Clinic's Pain to Gain Program Creating Innovations in Community-Based Treatment for Patients with Chronic Pain

Team Building

Voluntary participation by Laguna Beach Community Clinic medical, nursing and administration staff Recruitment of interdisciplinary community experts in medical management of pain, Family Medicine, clinical psychology, physical therapy, and pharmacology

Liaisons created with local hospitals and a neurology practice 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 interprofessional knowledge

Key Features of the Model

Emphasizes 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 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: Differentiating between pain and suffering

- Experiencing sensory physical pain on a more tolerable level
- 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, withdrawal from active functioning, and 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. Patients are strongly encouraged to return to as much physical activity as treatment team considers medically feasible.

Interventions & Innovations

Recognition that many patients seen for other medical conditions are also coping with undiagnosed, stress-producing, ongoing pain

Implementaton of the EPIC Electronical Medical Record allows Clinic to use a diagnosis of "chronic pain" and establish a patient registry Team Training

- Basics of understanding pathophysiology of chronic pain and approaching patients
- Medications in Management: Pearls and Pitfalls
- Recurrent ER visits by chronic pain patients
- The Psychology of Pain
- Integrative Pain Treatment: A New Paradigm (presented by David Schechter, MD)
- AAFP Opioid Guidelines
- Utilization of CURES 2.0
- Opioids as Antidepressants
- Mindfulness-Based Stress Reduction/Mindfulness and Meditation

Survey chronic pain patients for Tension Myoneural/Myositis Syndrome (TMS) and utilize the approach developed by Dr. Schechter

Patient Education and Training

Educating patients to understand that playing an active part in their own pain management can greatly improve the 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



Building an enthusiastic, highly-skilled interdisciplinary team of volunteers

Developing a holistic, humanistic approach to improved care for chronic pain patients

Utilizing adjunctive pain management modalities (Mindfulness and Meditation)

Promoting patient understanding of the difference between "pain" and "suffering"

Website portal featuring skills training for the self-management of chronic pain

Assessing the TMS (Tension Myositis Syndrome) diagnosis and treatment of unexplained chronic pain pilot program

Reducing use of opioids for pain as appropriate

Training Clinic staff to encourage and reinforce positive patient pain management efforts

Dissemination of the model to other health-care facilities

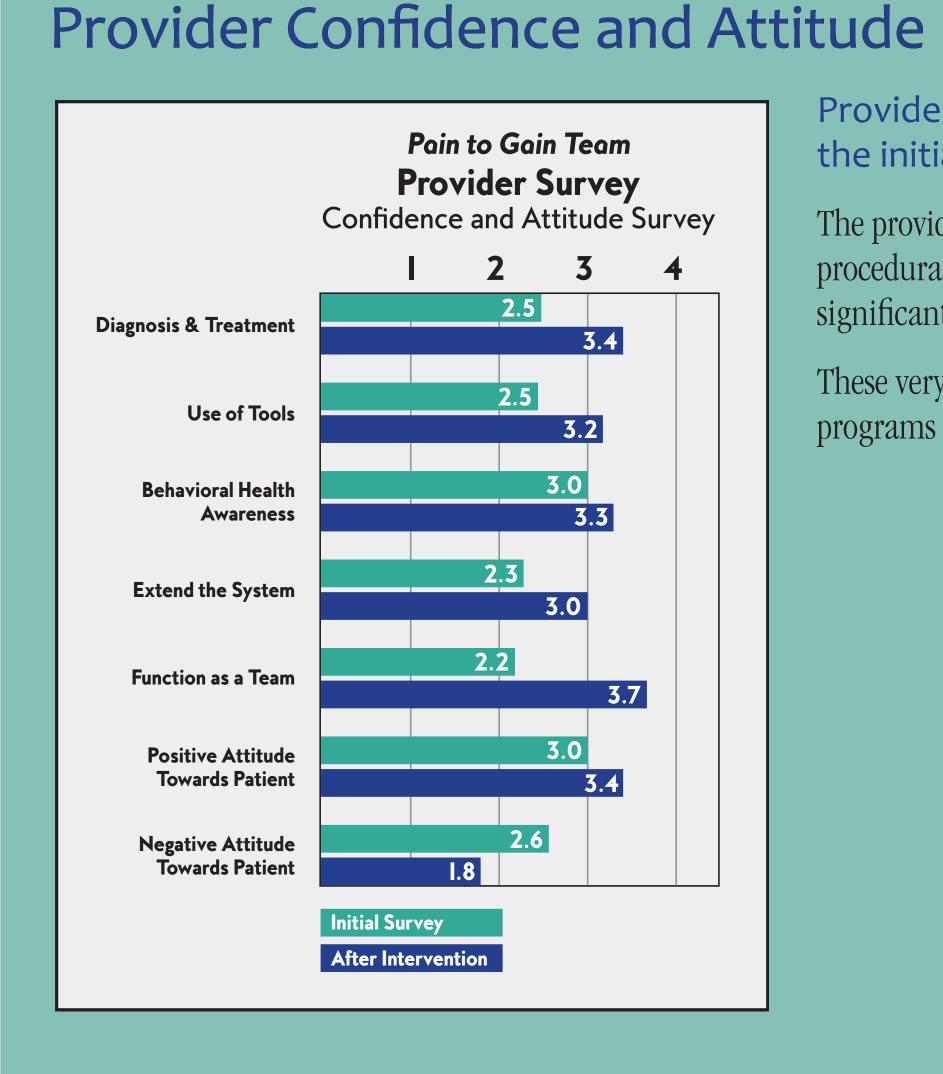
Successes & Lessons Learned

Team Building

How well do we function as a team?—*"Very well, collaboration is key"* How have we come together?—"Common goal of concern for our chronic pain patients and an interest in providing better care and improving our patients' lives."

How well do we use each other's experience and talents?—*''I think all team members respect each other and are eager to learn from others.'* Why do you continue to participate in *Pain to Gain?—"I learn something new at each meeting."*

How has your practice/personal experience changed as a result of your participation?—"*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."

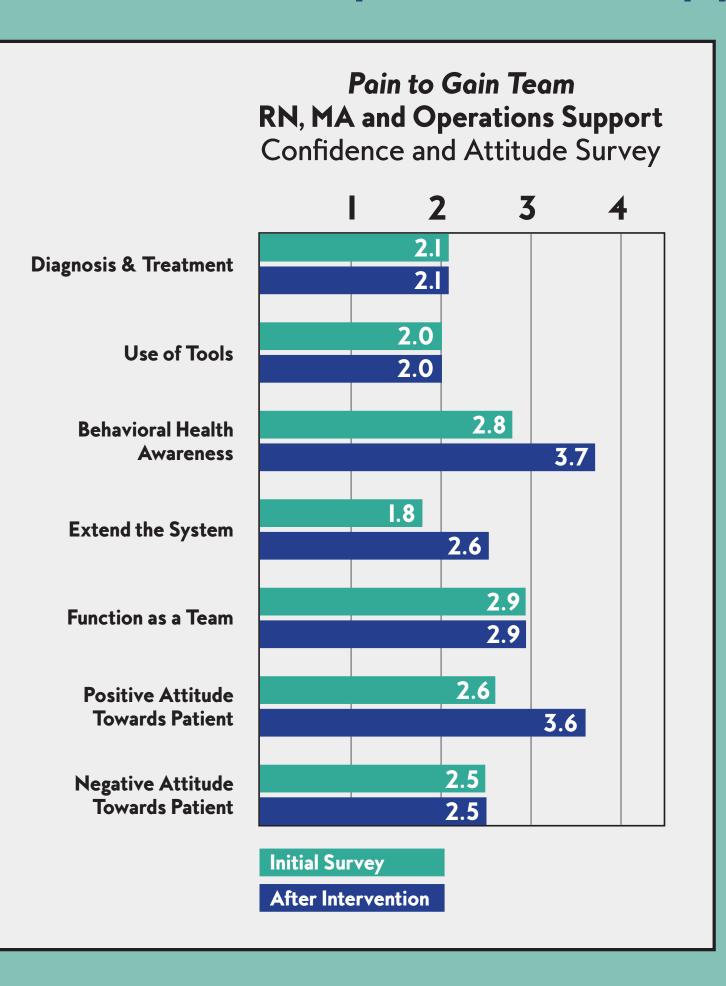


Providers were surveyed at the start of Pain to Gain and at the end of the initial educational series The provider cohort demonstrated significantly increased confidence in almost all clinical and procedural aspects of care for patients suffering from chronic pain. This cohort also showed significant 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, MA and Operations Support Confidence and Attitude



Patient Outcomes—Initial Data

Since working with your provider and the pain program, have you noticed a change in the relationship between your pain and your emotional stress? YES 100% If so, how has that relationship changed? "As my stress increases, so does my pain." "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."

Has your sense of health and well-being changed? YES 100% How? "Better understanding of my pain." "I am actively working on having a more positive mindset regarding my condition." "I feel like there is hope for a life with less pain."

Do you spend a fair amount of time thinking and worrying about your pain? YES 60%

Has this changed since starting the program? YES 75% How? "I feel more empowered and have more tools to deal with my pain."

Has your use of medications changed? YES 75% "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."*

How can we better help you manage and live with your pain?

In Process

Patient website with educational videos developed by the team as well as patient stories and experiences Mindfulness and Meditation training for patients Clinic-based group support sessions

Sustainability & Spread

Continuation of the patient-centered care model at Laguna Beach Community Clinic Shared ideas, tools and innovations in the practice settings of Team members outside our Clinic Website expanded to include patient portal with videos on Mindfulness Training and tools for self-management of chronic conditions Presentation of model and tools at continuing professional development activities at local hospital and in specialty society meetings Funding opportunities for sustainability – grant submitted for website maintenance and expansion – local hospital Community Benefit Program has expressed interest in grant funding to continue Pain to Gain program

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Many thanks to Pfizer Independent Grants for Learning & Change, and the Consortium for Education & Research in Chronic Pain

RN, Medical Assistants and Operation Support Staff were surveyed at the start of Pain to Gain and at the end of the initial educational series.

The results of this survey show that our MA/RN/Operations support 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.

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 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 is 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.

Moving forward, these data will guide our choices in further Continuing Professional Development activities for the team.

How helpful has the Clinic's Pain to Gain program been for you? VERY HELPFUL 100%

"Continue to work with me and listen to my changes in condition and address accordingly." "Just keep doing what you are doing."

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