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Chronic Pain: Improving Patient Awareness of Management Options

Lauren Haggerty, MSIII
University of Vermont College of Medicine
Family Medicine, January 2017
Northern Tier Center for Health (NOTCH)
Mentor: Max Bayard, MD
Problem Identification: The United States

• Chronic pain, or pain that persists for more than three months, affects 100 million Americans and places a significant burden on patients and their families.¹

• It affects people’s activities of daily living, is associated with depression and anxiety, and causes disability.²

• Opioids are frequently used to manage chronic pain, and their potential for misuse, addiction, and adverse effects are of growing national concern.³

• Increasing patient awareness of non-opioid pain management options could decrease patient suffering and mitigate the opioid epidemic.
Problem Identification: Franklin County

- Northwestern Medical Center (NMC) identified chronic back pain and mental health/substance abuse, including opioid addiction, as community needs for 2016.⁴

- NMC’s Comprehensive Pain Management Clinic was established to address the community’s need for a multidisciplinary approach to treating pain and addiction. ⁴

- Champlain Valley AHEC reports that the community is concerned about opioid use. ⁵

- In 2013, the Vermont State Legislature passed Act 75, An Act Relating to Strengthening Vermont’s Response to Opioid Addiction and Methamphetamine Abuse. Part of Act 75 calls for the promotion of non-opioid management of chronic pain. ⁶
## Public Health Cost

<table>
<thead>
<tr>
<th>Economic Burden:</th>
<th>Individual Burden:</th>
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| Cumulative cost of chronic pain in the US: **$560-$635 billion** in 2010. These costs include the cost to patients and their caretakers, the health care system, and the economy. | • People with moderate or severe chronic pain miss an average of 8 days of work every 6 months. ¹  
• Chronic pain is the leading cause of disability in the US. ² |

<table>
<thead>
<tr>
<th>Health Care Utilization:</th>
<th>In Vermont:</th>
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<tbody>
<tr>
<td>Patients who suffer from pain consume almost twice as many health care resources as the general population. ¹</td>
<td>The Unified Pain Management System Advisory Council, created by the Vermont Department of Health, identifies the emotional and economic costs of chronic pain as an issue. ⁶</td>
</tr>
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</table>
Community Perspective

Ellen Williams, LCSW, St. Albans Health Center

- Estimates that 60-70% of her patients have chronic pain, of which 30% are prescribed opioids for pain management
- Regularly refers patients to local gyms, chiropractors, acupuncturists, hypnotherapists, yoga classes, and CBT style courses for chronic pain when appropriate

<table>
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<tr>
<th>Barriers to non-opioid management of chronic pain</th>
<th>Facilitators of non-opioid management of chronic pain</th>
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<tbody>
<tr>
<td>• Patients often don’t see the connection between exercise and better pain control</td>
<td>• Patients who stay physically active have more success with pain control</td>
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<td>• If a specific treatment (i.e. NSAIDs, PT) have not helped for previous injuries, patients assume it will be unhelpful for other injuries</td>
<td>• Patients with responsibilities such as jobs and caring for family members are less likely to get stuck in a cycle of isolation and depression that makes the pain worse</td>
</tr>
<tr>
<td>• Some treatment options such as supplements and visits with chiropractors are expensive and not covered by insurance</td>
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</table>
Community Perspective

Amy Roberts, MD, Fairfield Street Health Center

- Takes a step-wise approach to treating pain. She starts with conservative treatments and eventually progresses to using narcotics to manage pain. She often refers patients to NMC’s Comprehensive Pain Management Clinic.

- Dr. Roberts aims to improve function and activities of daily living, as trying to help patients become completely pain free is often unrealistic.

- The population is aging, and many patients have CKD or are at risk of GI hemorrhage. In these patients, opioids may in fact be a better choice than NSAIDs for pain management.

NOTCH patient with chronic and severe osteoarthritis pain

- Vermonters are tough. Many people in Franklin county spent their lives doing physically demanding jobs, and as they age, patients feel chronic pain from past work injuries or osteoarthritis.

- Some doctors in the community seem to understand patients’ pain, while others seem to dismiss the toll pain takes on daily life.

- Patients want providers to offer several pain management options.
Intervention and Methodology

- Literature review
- Created educational pamphlet for patients defining chronic pain, treatment options, and pain management resources in the St. Albans community
- Pamphlet to be used by NOTCH providers to help educate patients on their chronic pain
Results/Response

• **Providers** at NOTCH responded positively. Many of their patients suffer from chronic pain, and managing chronic pain and preventing opioid addiction are daily challenges. The time a provider can spend with a patient is limited, and the pamphlet helps improve the quality of patient education.

• **Patients** with chronic pain gave positive responses as well. They understand that managing pain can be complex, and that different people need different treatment combinations for success. The handout can help them connect to local resources or try a new approach.
Evaluation of Effectiveness and Limitations

• Effectiveness can be measured with NOTCH’s EMR. Patient’s response to handout can be noted at the time it is given, along with whether or not patient is open to choosing a different treatment modality later on.

• NOTCH is a Federally Qualified Health Center, and many patients struggle to cover health care costs, particularly treatments that aren’t covered by Medicare or Medicaid.

• Educating patients on complex topics such as pain cannot be done with one pamphlet at one visit. Empowering patients to understand and try multiple methods for controlling pain requires continuity of care and trust between patients and providers.
Recommendations for Future Interventions and Projects

• A questionnaire could be administered to patients to better understand their perspectives of different pain management options, including the barriers to and facilitators of controlling pain without the use of opioids.

• NMC’s Comprehensive Pain Management Clinic treats many patients in St. Albans. Future projects could work with this clinic to address the needs of patients who use high doses of narcotics to manage chronic pain.

• Many patients with chronic pain also have psychosocial issues. Future projects could work with NOTCH’s social workers to make community resources more accessible.
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References


