# Implementation of a Chronic Pain Functional Assessment in Primary Care Practice

Jude E. Stevens, BA, RN[1]; Amy O'Meara, DrNP, APRN[1]; Deborah Wachtel, DNP, MPH,APRN[1,2]; Ellen Watson, MS, APRN[1,2]
[1]University of Vermont College of Nursing and Health Sciences, [2]Appletree Bay Primary Care

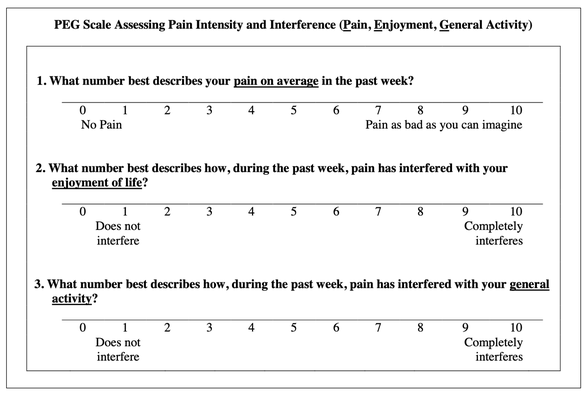
## Introduction

**Background**

An estimated 20% of patients with non-cancer pain symptoms or pain-related diagnoses receive an opioid prescription[1] and more than 50% of Americans who report chronic pain receive care for it in the primary care setting [2]. Current guidelines advocate use of a functional assessment as a strategy to improve the efficacy and safety of chronic pain management using opioid therapy. Evidence supports the reliability, validity, and responsiveness of the Pain, Enjoyment of Life, and General Activity (PEG) 3-item functional assessment scale (Figure 1) to evaluate baseline and longitudinal functionality and treatment response in primary care and ambulatory settings[3].

**Aims**

1. Integrate functional assessments into patient care visits for chronic pain
2. Optimize safe and effective prescribing



**PEG Scale Assessing Pain Intensity and Interference (Pain, Enjoyment, General Activity)**

**1. What number best describes your pain on average in the past week?**

0 1 2 3 4 5 6 7 8 9 10
No Pain — Pain as bad as you can imagine

**2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?**

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

**3. What number best describes how, during the past week, pain has interfered with your general activity?**

0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

**Figure 1.** PEG scale implemented during visits.

## Methods and Materials

This quality improvement project was conducted at a patient-centered medical home and primary care clinic in Burlington, VT. Baseline data on current functional assessment utilization and barriers amongst providers were collected. The PEG scale was administered from November 2018 through February 2019 during routine chronic pain visits with a selection of patients who receive primary care from a nurse practitioner (NP) identified as having a large proportion of chronic pain patients. Post-visit descriptive statistics were computed using post-visit survey data provided by the NP. A summative exit interview detailing impressions and next steps was completed with the NP following PEG administration (Figure 2).

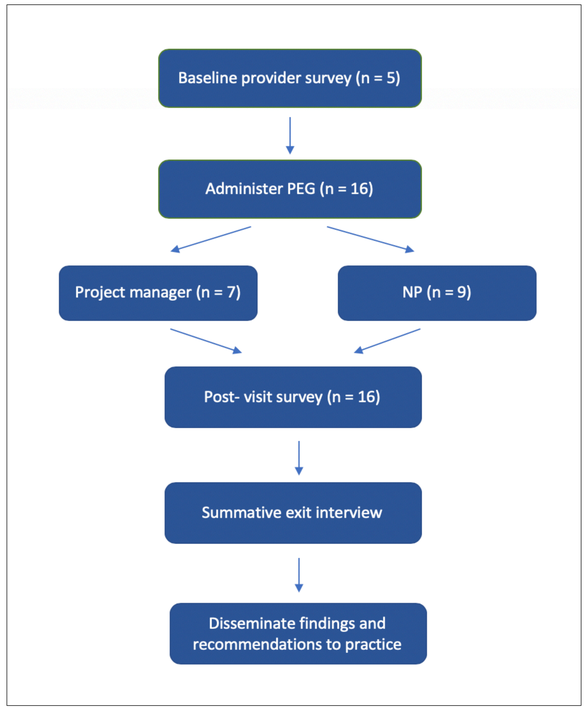



**Figure 2.** Methodology flowchart.

## Results

Baseline data from clinic providers (n = 5) (Figures 3,4):

- 80% reported functional assessments have value in managing chronic pain
- 20% used them regularly

Following use of the PEG (n = 16 patient encounters), the NP demonstrated:

- Consistent documentation of PEG scores in the medical record (94%)
- Increased conversations regarding chronic pain (56%)
- Better use of safe and effective prescribing strategies (44%)
- Improved understanding of patient pain/function (38%)
- Scores informed the plan of care (13%)

The NP reported that the PEG was:

- Quick
- Easy to use
- Helpful in initiating conversations about goals of care and treatment
- Should be included role in future care

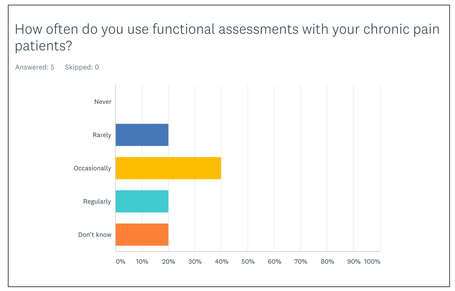



**Figure 3.** Baseline provider survey results.

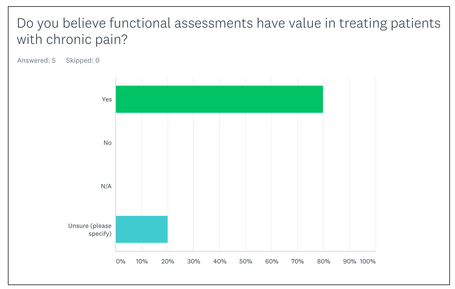



**Figure 4.** Baseline provider survey results.

## Discussion

**Findings**

- Dissonance between perceived value and utilization of the PEG tool
- Provider intent to continue using PEG in future visits
- Opportunity for practice-wide implementation

**Lessons**

- The PEG demonstrated promise as a user-friendly and practical tool which facilitates
  - Provider compliance with prescribing rules and guidelines
  - Reaffirmation of provider-patient commitment to improved function and analgesia
  - Collection of measurable and comparable data in a short period of time

**Limitations**

- Small sample size
- Use of a single patient panel
- Uncertain sustainability

## Conclusions

While the PEG exhibited limited impact on the plan of care, it provided measurable data and may be valuable as a vehicle for broader discussions on chronic pain management and other components of evidence-based prescribing practices for non-cancer, non-palliative pain.

## Contact

Jude Stevens, BA, RN
College of Nursing and Health Sciences
University of Vermont
Email: jude.stevens@uvm.edu
Phone: (774) 279-8436

## References

1. Centers for Disease Control. (2016). Centers for Disease Control. (2016). *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*. Retrieved from https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.
2. Anderson, D., Wang, S., & Zlateva, I. (2012). Comprehensive assessment of chronic pain management in primary care: a first phase of a quality improvement initiative at a multisite Community Health Center. *Quality in Primary Care, 20*(6), 421-433.
3. Krebs, E. E., Lorenz, K. A., Bair, M. J., Damush, T. M., Wu, J., Sutherland, J. M., . . . Kroenke, K. (2009). Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. *Journal of General Internal Medicine, 24*(6), 733-738. doi:10.1007/s11606-009-0981-1