

Managing the Chronic Pain Patient: Strategies to Improve Quality of Life and Reduce Excessive Healthcare Utilization

ANNOUNCER: Hello. Welcome to HealthSounds, conversations with healthcare innovators. Brought to you by the Healthcare Intelligence Network.

LAURA GREENE: This is Laura Greene for the Healthcare Intelligence Network. Today I am speaking with Marilee Donovan, regional pain management coordinator for Kaiser Permanente. Marilee is presenting at HIN's webinar "Managing the Chronic Pain Patient: Strategies to Improve Quality of Life and Reduce Excessive Healthcare Utilization." Welcome and thanks for joining me today Marilee.

MARILEE DONOVAN, REGIONAL PAIN MANAGEMENT COORDINATOR FOR KAISER PERMANENTE: Thank you Laura.

LAURA GREENE: To begin with, what measures do you rely on to assess pain in your patients?

MARILEE DONOVAN: We have a totally integrated medical record, which is a wonderful tool because it means that we can review anything that anyone else who's seen the patient has actually done so we have ready access to the history and physical by the primary care doctor, or other specialists. We can look at consults from such a diverse group of people as from GI to addiction medicine or orthopedics to psychiatry. In addition, we have patients complete a questionnaire for us, which is quite brief compared to many pain centers. And it's based on the

Wisconsin Brief Pain Inventory that looks at severity of pain and function and the PHQ, which is a screening tool for depression. And then we ask them to answer a number of other questions and to complete a medication list so we can verify what they're actually taking as opposed to what they've been prescribed. And then they see one of our providers and also have a history and physical that's very focused on their pain.

LAURA GREENE: Thanks Marilee. Improving the quality of life is one goal of pain management. How do caregivers meet this goal for their patients?

MARILEE DONOVAN: Regardless of what therapy we're providing for our patient what service they're accessing we try and focus on self-management as much as possible. We tell the patients that they're the only ones that are with themselves 24 hours a day 365 days a year. So what we need to help them do is develop a toolbox that's full of lots of different strategies and that for most patients with chronic pain they need to use six to 20 different strategies every day. So we have a variety of strategies and approaches to try and help them develop that toolbox.

LAURA GREENE: I see. And finally, the Kaiser Permanente Chronic Pain Management Program is a multidisciplinary effort. Can you describe the types of treatment approaches included and the roles of the various care teams in this approach?

MARILEE DONOVAN: We have basically five separate services. They interact and they overlap tremendously and patients may use one or all five of them at some point in time and may include consultation for advice to the primary care only. And about 15

percent of our patients we see, we just give advice back to the primary care provider and we don't proceed with any treatment implemented in primary care. And then about 25 percent get medication management where we do a consult and we may change medications and keep them until they're stabilized; usually three to six visits and then they're back to primary care. Or they may have a procedure and in the procedure area it can be everything from trigger points all the way through implantation of a pump or a spinal cord stimulator and that's about 25 percent of the patients. And then at least 25 percent of the patients take part in our multidisciplinary group visits. And then about 10 percent also have some form of complementary or integrated medicine; acupuncture, naturopathic, ayurvedic medicine, and other energy approaches to pain management. And both patients, probably half the patients have one service and the other half have multiple services that they access.

What's the team composed of? The team consists of our specialty pain management physicians, which come from the disciplines of anesthesiology, podiatry and internal medicine, clinical nurse specialists, psychiatric nurse practitioner, medical social workers who are counselors, registered nurses to physical therapists, pharmacists who specialize in pain management pharmacy support staff, and we collaborate very closely with addiction medicine specialists and the psychiatry department. And because of the integrated medical record we have real time conversations with the primary care physicians about the patients on a regular basis.

LAURA GREENE: Okay thanks Marilee. Those are all the questions I have for you today. Thanks for being with us and we're looking forward to hearing from you during the webinar.

MARILEE DONOVAN: Thank you.

LAURA GREENE: This is Laura Greene for the Healthcare Intelligence Network.

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