

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

ANNOUNCER: 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 Cheryl Pacella, performance advisor at Masspro, a performance improvement organization. Cheryl is presenting at HINs webinar "Managing the Chronic Pain Patient: Strategies to Improve Quality of Life and Reduce Excessive Healthcare Utilization." Welcome and thanks for joining me today Cheryl.

CHERYL PACELLA, PERFORMANCE ADVISOR AT MASSPRO: Thank you Laura. It's my pleasure.

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

CHERYL PACELLA: When I first think about answering this question I think of it in reference to the two settings with which I am most familiar. The first is home care and the second is in hospitals. In both of those arenas we all rely on the patients self report as the primary way to assess pain in patients. According to a famous nursing guru Margo McCaffrey, "pain is whatever the experiencing person says it is occurring whenever the experiencing person says it does." When completing a pain assessment you always need to dig deeper in order to complete a

thorough assessment. It goes much further than asking, "Tell me where it hurts." Many hospitals and home care agencies and I'm sure skilled nursing facilities probably have elements of a pain assessment built into their documentation system. You need to determine is it chronic, or more correct these days, persistent pain or acute pain. Is it possible to eliminate the source? Will the pain go away? For example, a toothache or a splinter, as opposed to pain that is associated with neuropathy or arthritis.

There are a number of scales out there that are used to standardized assessment. And these can be very valuable tools. How do you know that an intervention has been effective? Using a tool will help you to determine that answer. Most of the people today are familiar with the Wong-Baker scale of faces. Originally, these were designed for use by children, but now they have been universally accepted. The tool is a helpful way of getting patients to accurately describe their pain. The important thing to keep in mind is that you need to use a consistent tool and be consistent in terms of using numbers for example, either 0-5 or 0-10. You don't want people in the same organization using different scales. There are tools out there for children, there are tools out there for patients who have dementia and another key way of assessing pain is just by observation. You need to also ask patients detailed questions. How do you describe your pain? Is it sharp? Stabbing? Shooting? What makes it better? What makes it worse? Also, ask the patient what his or her goal is for pain relief. Keep in mind it may not be possible to completely eradicate the pain. One of the tools that I found most recently I really like, its quality of life scale and it can be found on the American Chronic Pain Association Web site [www.theacpa.org](http://www.theacpa.org) Web site. And

this tool can be used to help patients determine how is the pain impacting their life. The questions are very simple. There are a couple of items that say what level is the pain. For example, 0 if the patient stays in bed all the time and feels hopeless and it goes up to 10 where the patient is normal quality of life, is able to go to work, or complete their daily activities. So as I said, there are a number of tools out there, but the key thing is to remain consistent in terms of how you assess patients and their pain.

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

CHERYL PACELLA: Well the last item that I mentioned is actually a good segue into this topic. When you are working with patients who are dealing with pain whether it is an acute type of pain or a persistent type of pain, it's important to set mutual goals with the patient. It's not necessarily the role of the healthcare provider to set goals for the patient. Again it's important to keep in mind that it might not be possible to completely eliminate the pain. So in working with the patient, you can ask what level of pain is acceptable? If it's not acceptable and none of us would think that it would be to have a level of 10, is a level 3 acceptable? Research has shown that pain that is greater than a level of 4 on a scale of 0-10 does impact quality of life. We have to keep in mind that some people can be stoic by their nature. They feel that they need to tolerate a certain amount of pain. We need to let them know that they do not need to suffer in pain. There are a number of new treatment options out there both pharmaceutical and non-pharmaceutical. And when we talk about pain management and

quality of life I think you also need to address the side effects of the medications. We know how debilitating it is to deal with the constipation that goes along with narcotics. And you need to address that when you're making recommendations for pain. It often takes a combination of medications or treatment modalities to help relieve the pain in addition to using some of the pharmaceutical approaches. You might want to consider some of the alternative or complimentary therapies that are out there and keep in mind, what is the patient's goal, and what is he or she realistically capable of achieving? Something that is often overlooked is depression. A lot of times patients who live with persistent pain are depressed. And you have to ask which came first was it the depression or was it the pain? And keep in mind that when you treat one or the other it might impact one or the other. And I think it's a role of responsible caregivers to advocate for their patients in terms of helping them to improve their quality of life while helping them to achieve their pain management.

LAURA GREENE: I see. Thanks Cheryl. And finally what is the biggest barrier to adequate pain control?

CHERYL PACELLA: When thinking about this the first thing that jumps to my mind right away is lack of knowledge. Lack of knowledge about the medications, and lack of knowledge about the different treatment modalities that are out there. A lot of times people are very quick to jump to taking a pill to help alleviate or eliminate the pain, but there are some other treatment modalities as well that could be effective. I'm talking about things, such as acupuncture, massage therapy, aroma therapy; all of these types of things can be very helpful. I had recently even read an article about the benefit of massage

on patients who had had surgery. Some of the other issues that are challenging relate to the money and insurance issues. I know that there are a lot of misconceptions surrounding the use of opioids and many times people in the public are afraid to take those medications and physicians are sometimes reluctant to prescribe certain narcotics because they know that their prescribing patterns are being monitored. So that is also a concern and I think we can't overlook the real fear that people have of addiction. We need to do what we can to dispel the fears that people have. We need to help them overcome some of these hurdles. And in this day and age there really is no reason why anyone should be suffering with debilitating pain.

LAURA GREENE: Thank you Cheryl. 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.

CHERYL PACELLA: Thank you.

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

ANNOUNCER: You have been listening to HealthSounds. To register or get more information about this topic, please call the Healthcare Intelligence Network toll free at 1-888-446-3530 or visit us at [www.hin.com](http://www.hin.com).