



Primary Care Pain Management in Pennsylvania:
Optimizing Treatment, Minimizing Risk

IMPROVING PROVIDER-PATIENT ENGAGEMENT BY OPTIMIZING COMMUNICATION

Webinar #4
January 29 2016

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TODAY'S AGENDA

- Introductions
- Review of Provider Survey Results
- Review of Patient Survey Results
- Essential Elements of Effective Communication
- Effective Strategies for Patient Education
- Practical In-Practice Techniques to Enhance Provider-Patient Relationships

LEARNING OBJECTIVES

- Describe 5 essential elements in effective provider-patient communication.
- Provide an example of a question and a statement that might be used with a patient to solicit information about the inappropriate use of prescription narcotics and/or the use of illegal drugs.
- Recognize the influence of personal experiences, beliefs, and self-talk on your communication style with patients experiencing chronic pain.
- List 3 sources of patient education materials that are focused on management of chronic pain.

FACULTY & DISCLOSURES

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FACULTY DISCLOSURES:

- Dr. DePalma has no financial interest to disclose.
- Dr. Gamache has no financial interests to disclose.
- Dr. Gudin is a on speaker bureaus for Purdue, Astra Zeneca, Iroko, Depomed, Xenoport, Kaleo, TEVA and he is a consultant to: Teva, Purdue, Collegium, Insys

SPONSORSHIP STATEMENT

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ACCREDITATION STATEMENT

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SUPPORTER STATEMENT

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PROVIDER AND PATIENT
SURVEY HIGHLIGHTS

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Provider Survey

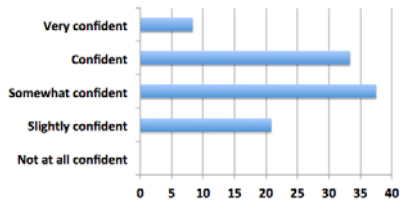
PROVIDER SURVEY RESULTS: PROVIDER CHALLENGES

- Lack of time for counseling and education 96%
- Competing priorities during the visit 83%
- Patients who have low health literacy 63%
- Getting patients to value suggestions 66%
- Patients who are unable or unwilling to adhere to their treatment plan 88%
- Patients who are not ready to make lifestyle changes 92%

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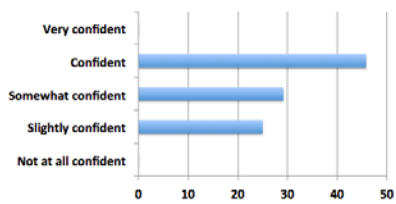
PROVIDERS' LEVELS OF CONFIDENCE

Determining which barriers are getting in the way of a patient's self-management of pain

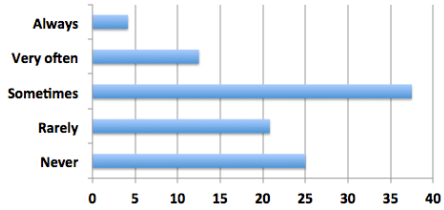


PROVIDERS' LEVELS OF CONFIDENCE

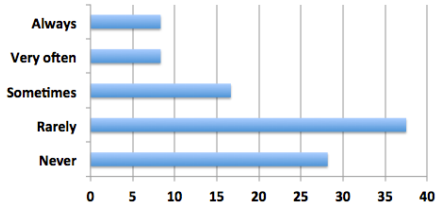
Counseling and educating my patients on a variety of pain-specific self-management strategies



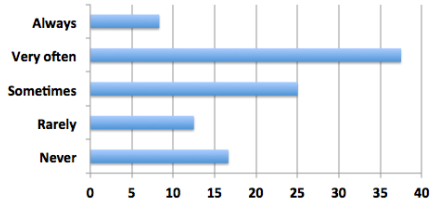
I USE PATIENT EDUCATION TOOLS WHEN I TEACH ABOUT PAIN MANAGEMENT.....



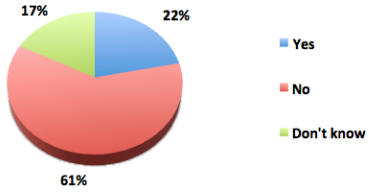
I USE PATIENT EDUCATION TOOLS (I.E. MODELS, DIAGRAMS) WHEN I TEACH PATIENTS ABOUT PAIN MANAGEMENT



I ROUTINELY GENERATE PATIENT EDUCATION MATERIALS FROM THE EHR....

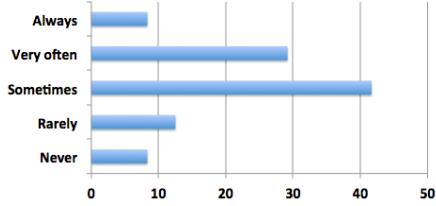


THE PATIENT EDUCATION MATERIALS IN THE EHR ARE ADEQUATE...



Remember to work with IT and add new patient education tools from this project to your EHR.

I CHECK MY PATIENTS UNDERSTANDING ABOUT THE PAIN MANAGEMENT INFORMATION I PROVIDE



Patient Survey

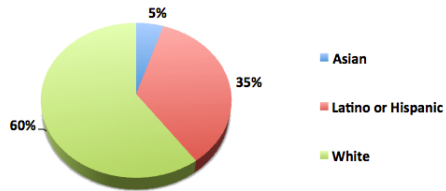
PATIENT DEMOGRAPHICS

Number of Patients Surveyed: 19 (representing 5 practices)
Patient Gender



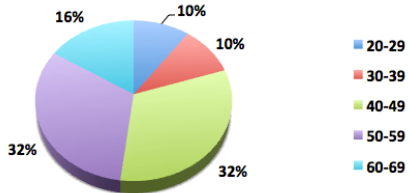
PATIENT DEMOGRAPHICS

Race/Ethnicity



PATIENT DEMOGRAPHICS

Age



The majority of patients are between 40 – 59 years old.

PATIENTS' EXPERIENCES WITH PAIN

- How long have you been experiencing pain?
 - 28% of patients have had pain for less than five (5) years
 - 72% of patients have had pain for five (5) years or more
- How many office visits have you had in the past year?
 - Patients reported **having 5 to 12 visits**
 - Three (3) patients had four (4) or fewer visits
 - Six (6) of fifteen (15) patients had 10 or more visits

PATIENTS' EXPERIENCES WITH PROVIDERS

- 84% "completely trust" or "trust" their providers
- 95% rate their experience with providers as "excellent" or "good"
- 89% would "strongly recommend" or "recommend" providers' services to family or friends
- 74% were "very satisfied" or "satisfied" with their pain management
- 42% of patients felt they "very much" or "much" reached their pain management treatment goals

PATIENTS' EXPERIENCES WITH PROVIDERS

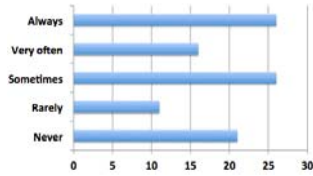
- Spend enough time with you? *Very Adequate or Adequate* 89%
- Listen to your explanations and questions carefully? *Yes* 80%
- Answer your questions to your satisfaction? *Yes* 84%
- Talk clearly and in ways you can understand? *Yes* 84%
- Ask you to explain your understanding of your pain management plan and goals "in your own words"? *Always or Very Often* 79%
- Discuss self-management techniques that you can do for yourself to improve your pain? *Yes* 79%

DOES YOUR PROVIDER _____?

- Encourage my questions during the visit? **Yes 78%**
- Set goals together with you? **Yes 79%**
- Ask for your input in making treatment decisions? **Yes 79%**
- Give adequate information on taking opiate medications and the signs of abuse and addiction? **Always or Very Often 73%**

PATIENTS' VIEWS ON PATIENT EDUCATION

- My provider takes enough time to explain information about my pain management plan **Always or Very Often 74%**
- When I leave the office, all my questions about my pain management plan have been answered. **Always or Very Often 78%**
- I have been given materials about pain management to take home and read



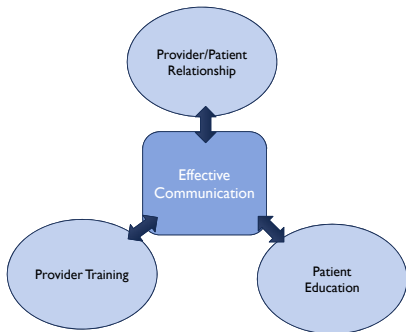
ESSENTIAL ELEMENTS IN EFFECTIVE PROVIDER-PATIENT COMMUNICATION

David J. DePalma, PhD
Sr. Creative Change Consultant
Integrated Learning Partners

Effective communication is 20% what you know and 80% how you feel about what you know.

~ Jim Rohn

PURPOSE OF EFFECTIVE COMMUNICATION



ACGME COMMUNICATIONS SKILLS CORE COMPETENCIES

Accreditation Council for Graduate Medical Education (ACGME) suggest physicians demonstrate communication skill competency in the following areas:

1. listening effectively;
2. eliciting information using effective questioning skills;
3. providing information using effective explanatory skills;
4. counseling and educating patients; and
5. making informed decisions based on patient information and preference.

Duffy EB, Gordon GH, Whelan G, Cole-Kelly K, Finkler R, Buffone N, et al. Assessing competence in communication and interpersonal skills: the Kalamazoo II report. Acad Med. 2004;79(6):495

HOW TO BUILD AND SUSTAIN EFFECTIVE PROVIDER-PATIENT COMMUNICATION

- Recognize the effects of your own experiences, beliefs, and self-talk on your communication
- Remember that communication involves more than an exchange of clear, accurate information
- Be warm and welcoming
- Sit down, talk openly and honestly
- Express caring in verbal and non-verbal ways
- Reflect that you heard what the patient said
- Focus on shared decision making

HOW TO BUILD AND SUSTAIN EFFECTIVE PROVIDER-PATIENT COMMUNICATION

- Understand the patient's pain experience
 - How does pain affect the patient's ability to function?
 - In what ways is the patient suffering? Feeling hopeless?
 - What is the impact on activities of daily living?
 - What aspects of life are primarily affected by the patient's chronic pain?
- Discover patient's areas of potential interest in self-care activities

PATIENTS' PAIN MANAGEMENT ACTIVITIES

■ Medication management	90%	Pain diary or record	21%
■ Physical therapy and reconditioning	63%	Guided imagery	21%
■ Exercise and fitness	58%	Family or couples counseling	16%
■ Relaxation techniques: breathing	37%	Spouse or significant other	
■ Relaxation training	37%	involved in office visits etc.	16%
■ Meditation	26%	Other supports	16%
■ Diet and nutrition	21%	Group support	11%

PATIENTS ARE REQUESTING INFORMATION ON:

- Tips for living with chronic pain 84%
- Natural pain relief 53%
- Stress relief for pain 47%
- Chronic pain and lifestyle changes 42%
- Signs and symptoms of the side-effects of pain medication and information about abuse and addiction 16%
- Other 5%

EFFECTIVE STRATEGIES FOR PATIENT EDUCATION

- Assess patients' needs
- Ask patients for their preferences in format and delivery
- Support patients' expressed preferences
- Reinforce patient engagement in self-care and pain management
- Train interested staff in specific patient education content areas
- Learn about the resources of your local health system network and wellness programs
- Use your clinical experience and skills to guide patients through the massive amount of information available as they attempt to make educated choices

*Deep listening is miraculous for both listener and speaker.
When someone receives us with open-hearted, non-judging,
intensely interested listening, our spirits expand.*

~ Sue Patton Thoele

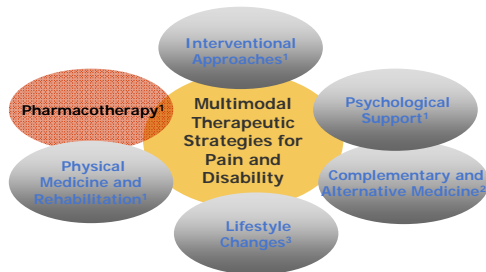


EFFICACY, SAFETY AND COMMUNICATION

Jeff Gudin, MD

Director, Pain Management & Palliative Care; Englewood Hospital, NJ
Clinical Instructor, Anesthesiology; Icahn School of Medicine at Mt. Sinai

Opioids are one small portion of Rx, which is one small portion of TX



1. Khouzam HR. *South Med J*. 2000;93(10):946-952. 2. Passik SD et al. *CNS Drugs*. 2004;18(1):13-25.
3. Turk DC et al. *J Consult Clin Psychol*. 2002;70(3):678-690.

ROLE OF COMMUNICATION

- Focus on shared decision-making
- Understanding patient's pain experience
- Effect on ability to function, impact on life
- Effective two-way communication
- **Clinical tools may include questionnaires or patient-specific goals**

TIPS TO BUILD BETTER PROVIDER-PATIENT RELATIONSHIPS

- Schedule 45-60 minutes for initial visit (usually takes 60!)
- Emphasize that provider helps “reduce” impact, not cure pain
- Make life better, more “livable”
- Offer tools besides medication to improve your ongoing “life with pain”
- Stress that treatment is a team effort—with the patient doing the most work
- Begin treatment process with realistic goal setting
 - Family
 - Work
 - Social
 - ADLs

GOAL SETTING AND TREATMENT EXPECTATIONS

- Ask about the patient’s beliefs or meaning about their pain
- Set goals and treatment expectations
- What can’t you do because of pain:
 - must haves, “wanna” haves
- Realistic goal setting
- Pacing, experimenting with activities and prn analgesics
- Proper timing of analgesic dosing and non-pharmacologic modalities

IS THE PATIENT READY FOR CHANGE?

- Shift away from biomedical model to one based on partnering and engaging the patient
- Provider needs to encourage patient to change and adapt
- Understand patient’s perspective
- Educate and correct irrational and uneducated assumptions
- Shift patients as the “true” change agent
- Incorporate therapies that help to alter or reverse their dysfunctional response to pain

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DIFFICULT OR AWKWARD TOPICS

- Chemical coping
- Sleep (what they do to be able to sleep)
- Finances, employment
- Social activities, sexual dysfunction
- Family dysfunction

HOW TO ASSESS RISK FOR INAPPROPRIATE OPIOID USE?

- It may be difficult to determine beforehand [who could become] problematic users of prescription medications
 - Assessment must include all patients
- Risk assessment considerations
 - Medical evaluation
 - Social evaluation
 - Psychiatric evaluation
 - Presence of aberrant behaviors
 - Personal and family history of substance abuse/use

Gourlay DL, et al. *Pain Med*. 2005;6(2):107-112
Brennan MJ, Stancos S. *PM R*. 2010; Jun 2(6):544-58

EXPLICIT EXAMPLE OF THINGS TO SAY

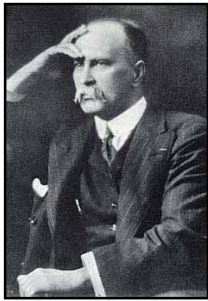
- What might you say to a patient to solicit information about the inappropriate use of prescription narcotics and/or the use of illegal drugs.
- Examples:
 - "How are you taking your pain medications (i.e. sleep, stress, etc.)?"
 - Be direct. Provide evidence-based information (or "the facts") regarding the risks about combining drugs or illegal drug use.

RESTORING PSYCHOLOGICAL FUNCTION

Self-Regulatory Approaches	Behavioral Approaches	CBT	ACT
<ul style="list-style-type: none"> Utilize interaction between biological and psychological factors to increase individuals' sense of control over pain Include biofeedback, relaxation training, hypnosis, and mindfulness 	<ul style="list-style-type: none"> Target pain behaviors Include operant behavioral therapy and treatment of fear avoidance 	<ul style="list-style-type: none"> Addresses pain maladaptive emotions/ behaviors/ cognitions through a goal-oriented, systematic procedure Main components are understanding the treatment rationale, learning coping skills/training, and applying/maintaining coping skills 	<ul style="list-style-type: none"> Acceptance- and mindfulness-based intervention Emphasizes recognition and acceptance of emotions and cognitions, rather than recognition and change (i.e., CBT)

ACT=acceptance and commitment therapy; CBT=cognitive behavioral therapy.
Kerns RD, et al. *Annu Rev Clin Psychol*. 2011.

Patient Centered Approach



"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has."

~ Sir William Osler

COMMUNICATION TRAPS TO AVOID

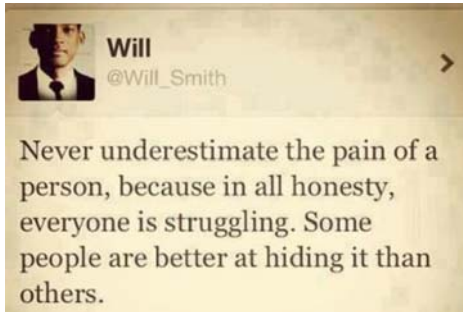
- Using highly technical language or medical jargon
- Not showing appropriate concern for problems voiced by the patient
- Not pausing to listen to the patient
- Not verifying that the patient has understood the information presented
- Using an impersonal approach or displaying any degree of apathy in communications
- Not becoming sufficiently available to the patient

Travline J M et al. *J Am Osteopath Assoc* 2005;105:13-18

PATIENT SURVEY RESPONSES: SUGGESTIONS FOR PROVIDER ENGAGEMENT

- Patients were asked:
 - What have you found to be the most helpful aspect of your primary care provider's pain management treatment and care?
 - What should your provider KEEP DOING?
- Patient responses:
 - Always having the **time** to spend with me exploring options and plans for better results
 - We keep trying different things, sometimes they work for a little, sometimes they don't, but we keep going together, keep **listening**
 - Her care and **concern** for me is proven at all times.
 - Talking with me
 - His concerns and efforts to try to reduce my pain so that it's not always chronic so that I can live with less pain
 - **Listen** to me and keep me happy
 - Being **sympathetic** to my chronic pain and understanding my difficulties in doing everyday activities

PAIN IS INEVITABLE... SUFFERING IS OPTIONAL



QUESTIONS

How would you respond to a patient who is resistant to try physical therapy because "I did it before (i.e. 1 year or more ago) and it didn't help me at all." And "Yes, I did all the exercises they showed me to do at home for 20 minutes a day." - MW





NEXT STEPS... PATIENT EDUCATION MATERIALS

Sherlyn B. Celone
Chief Learning Officer
Integrated Learning Partners

EDUCATIONAL MATERIALS FOR PROVIDERS

- Training webinar
 - Communication techniques
 - Mutual Goal Setting
 - Education for patients in chronic pain
- Toolkit for Providers:
 - Selection of patient assessment tools and patient education materials
 - Links to CME activities
 - Professional articles
 - Patient education toolkit materials



EDUCATIONAL MATERIALS FOR PATIENTS

- Patient Education Toolkit – Pain Management and self-management resources (PDFs and links to online resources)



Sources: ADA, Joslin Diabetes Center, MyPlate.gov, etc.

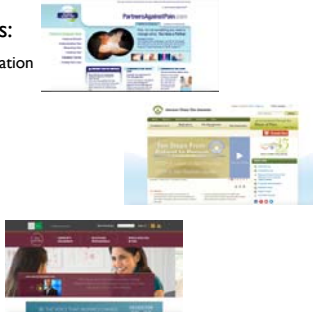
PROVIDER EDUCATION RESOURCES

- **Articles:**
 - American Academy of Family Physicians. FP Essentials #432, May 2015. Chronic Pain Management.
 - Chronic Pain Initiative Toolkit: Primary Care Providers (2012)
 - Institute for Clinical Systems Improvement. Health Care Guideline: Assessment and Management of Chronic Pain. Updated 2013.
- **Web Resources:**
 - American Academy of Pain Medicine
 - American Chronic Pain Association
 - American Pain Society
 - American Society of Addiction Medicine
 - Institute for Chronic Pain

PDF with URL links will be emailed 1-2 weeks after the webinar.

PATIENT EDUCATION RESOURCES

- **Recommended Websites:**
 - American Chronic Pain Association
 - PainEDU
 - PainMatters.com
 - Partners Against Pain
 - PainACTION
 - FDA.gov
 - CDC.gov



NEXT STEPS & QUESTIONS

- Learners complete webinar posttest
- ILP send practices/patients education materials
- ~~Group visits~~
- ILP/PAFP finalize outcomes report and send to practice teams
- Practice teams completed and return final program and PDSA evaluations
- Project close