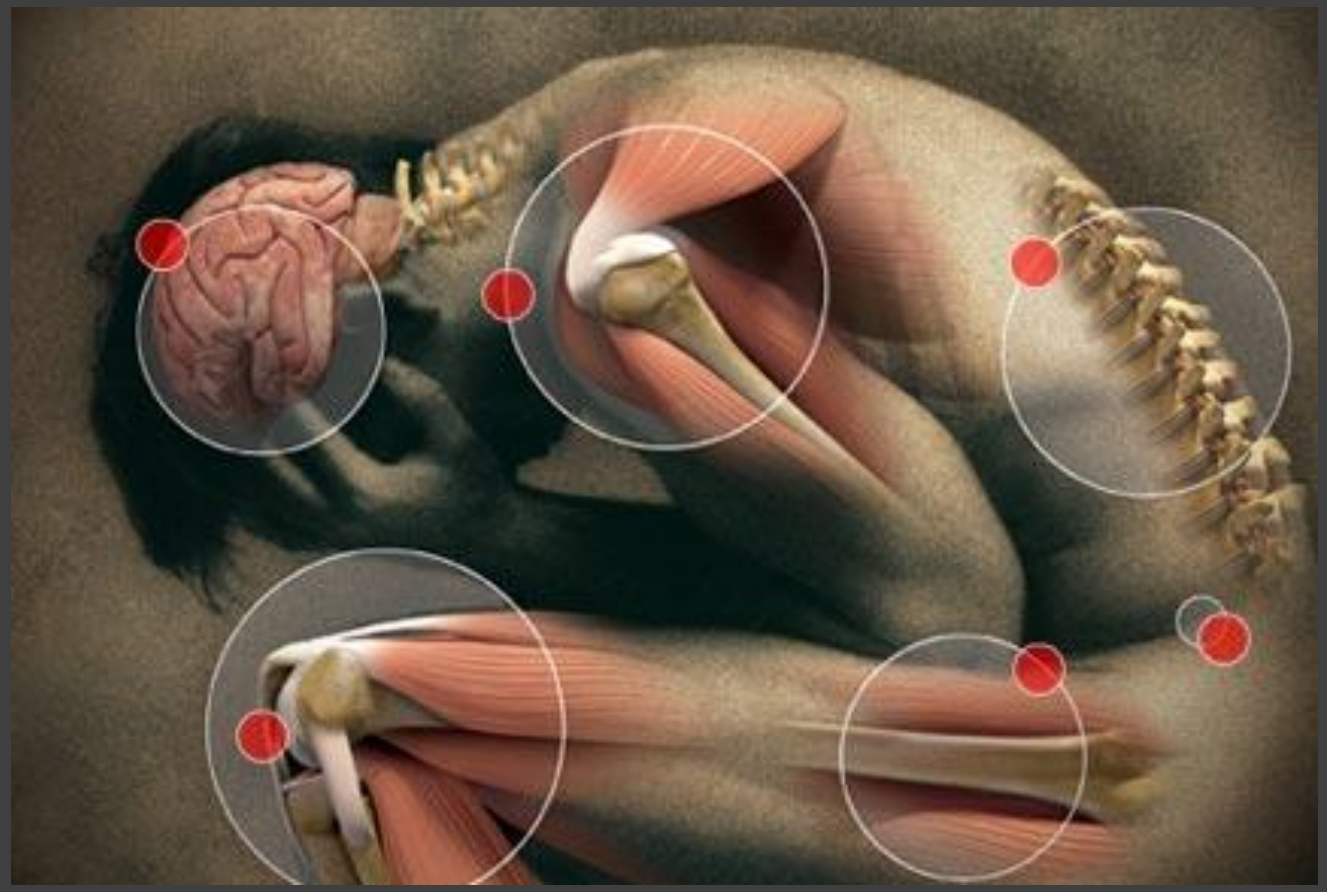
The Educational Mission in Interprofessional Pain Care



John Sellinger, PhD

Sara Edmond, PhD

Ellen Edens, MD

VA Connecticut Healthcare System

Yale University School of Medicine

Disclosures

- Ellen Edens, MD is advisory board member for two companies providing addiction treatment and consultation respectively, Aspire-365, 100-proof Living
- Sara Edmond, PhD - none
- John Sellinger, PhD - none

Objectives

1. Recognize the VA and legislative requirements for interprofessional treatment of pain and opioid use disorders and recent educational requirements from the Accreditation Council for Graduate Medical Education (ACGME).
2. Describe 2 interprofessonal pain clinics' educational training programs
3. Appreciate the urgent need to develop effective training programs in the management of pain and substance use.

Chronic Pain

- Institute of Medicine (2011). *Relieving pain in America: A blueprint for transforming prevention, care, education, and research.*
  - 116 million American adults experience chronic pain
    - More prevalent than heart disease, diabetes, and cancer combined! (Jensen & Turk, 2014)
  - Cost to the U.S. Economy - $560-630 billion/year
    - $261-300 billion in healthcare costs (14% of Medicare costs in 2008)
    - $297-336 billion due to lost productivity (Gatchel, et al., 2014)
    - Data excludes military and VA
- In VA, chronic pain estimates are as high as 50% for male and 78% for female Veterans

Training in Pain Management

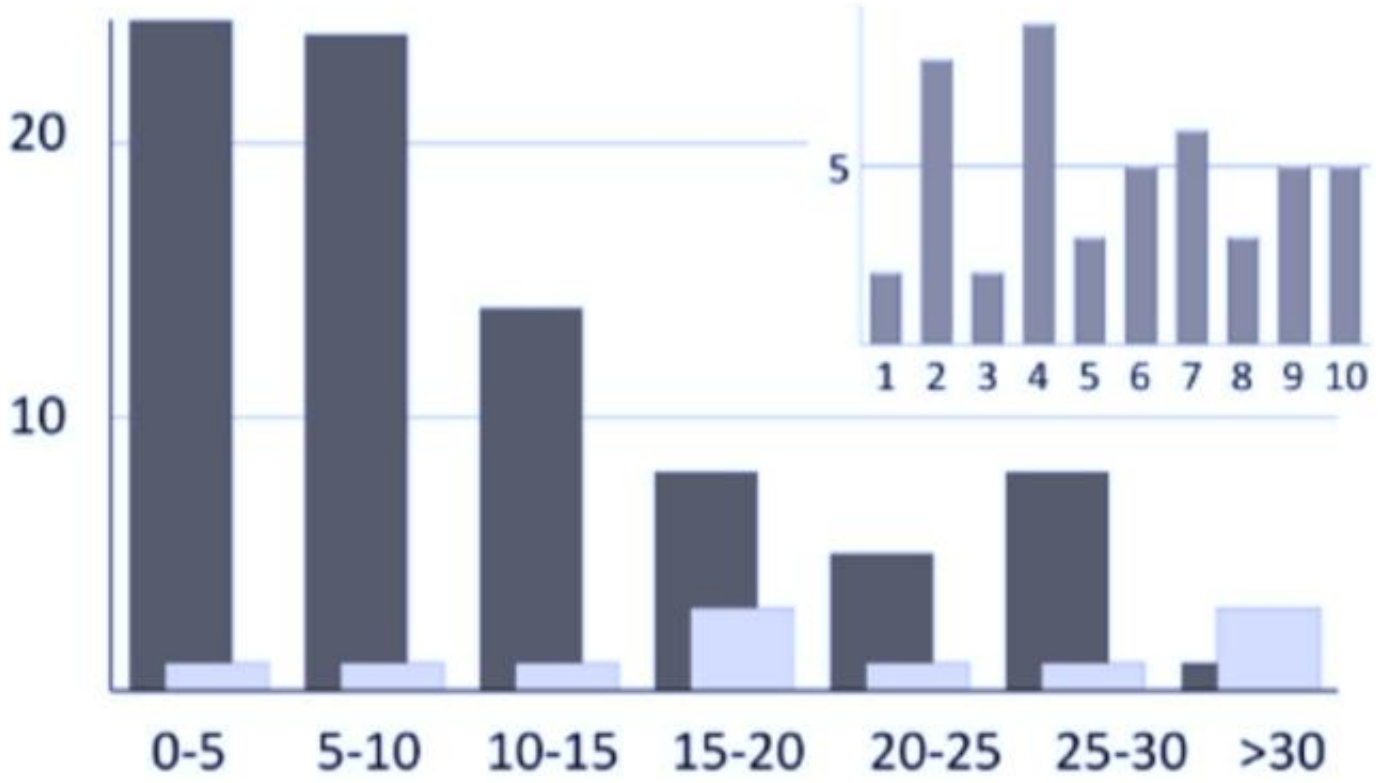


Figure 1. Frequency histogram, pain teaching hours by school. Main figure shows schools teaching 0 to 5 hours, 5 to 10 hours and so on. U.S. medical schools are shown as dark gray bars, Canadian schools as light gray. Inset shows expanded x-axis for 0 to 10 hours, U.S. schools only.

2011

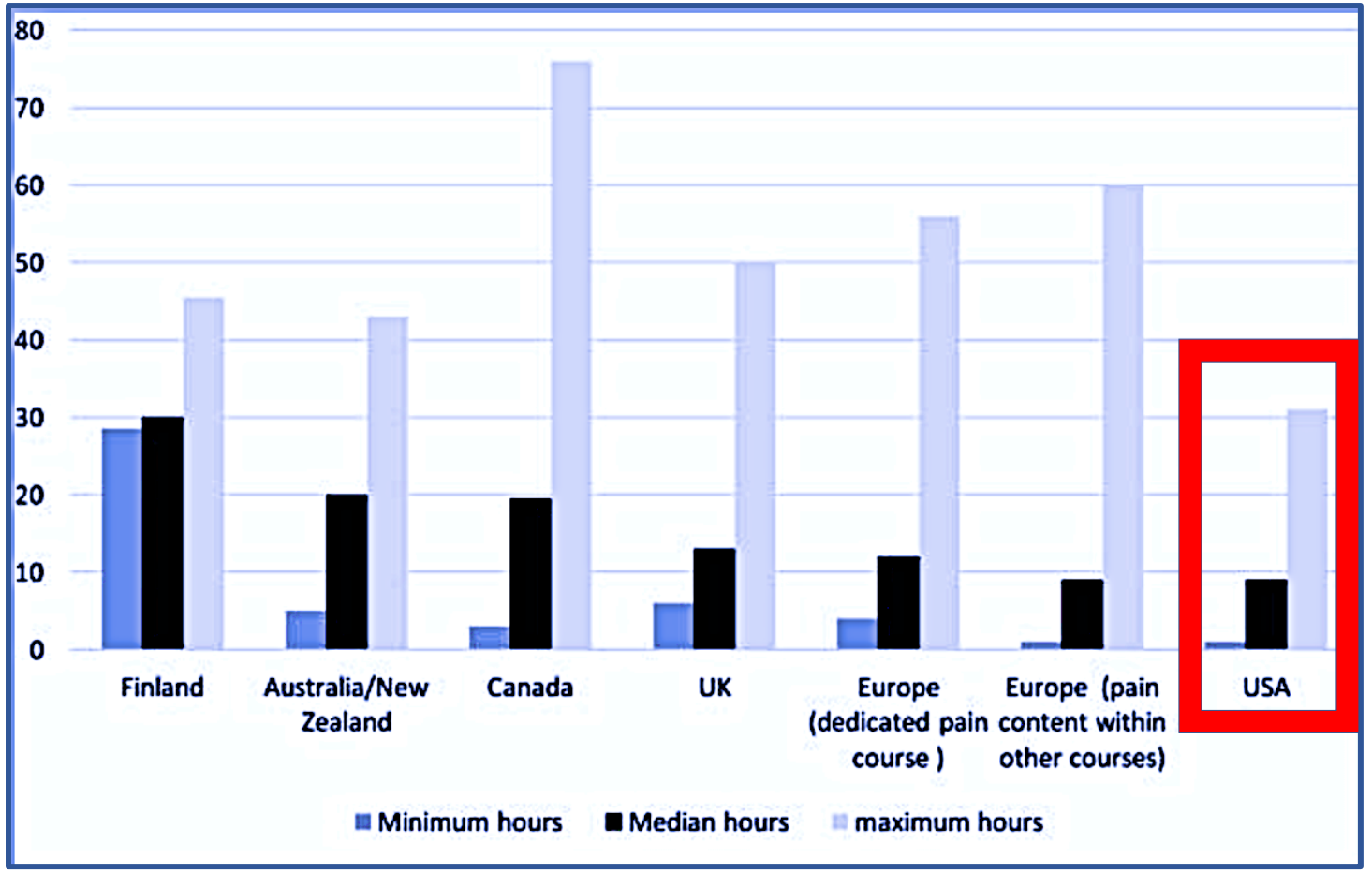
50% of US Medical Schools < 10 curricular hours devoted to pain

Mezei, et al. Journal of Pain, 2011

Training in Pain Management

2018

Despite US prescription opioid crisis, USA lags behind in pain education



Total number of hours allocated to pain medicine education

Shipton et al. Pain Ther., 2018

VA and Legislative Initiatives

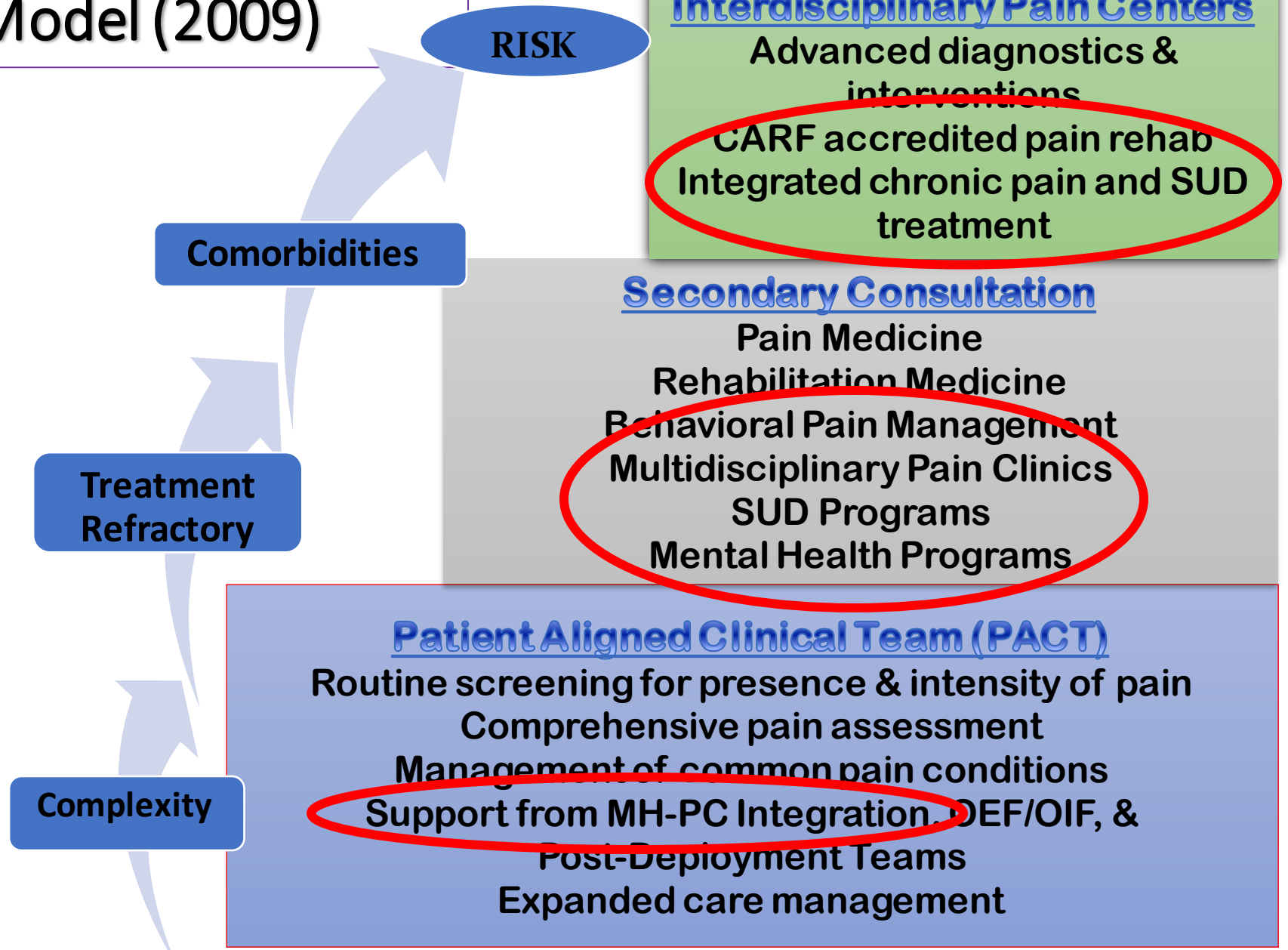
2009
- Stepped Care Model of Chronic Pain

2013
- Opioid Safety Initiative

2016
- Comprehensive Addiction and Recovery Act (CARA)

2017
- Provision of Complementary and Integrative Health (CIH)

VA Stepped Pain Care Model (2009)



Opioid Safety Initiative (2013)

- Designed to implement closer monitoring of the safe and effective prescribing of opioid medications
- Provided tools to the field to monitor VISN- and facility-level data
  - Overall opioid prescribing
  - Opioid-benzodiazepine co-prescribing
  - Completed urine toxicology screens
  - Completed *Consents for Long-Term Opioid Therapy*
- Assist front-line providers with identifying alternative, non-opioid treatment strategies

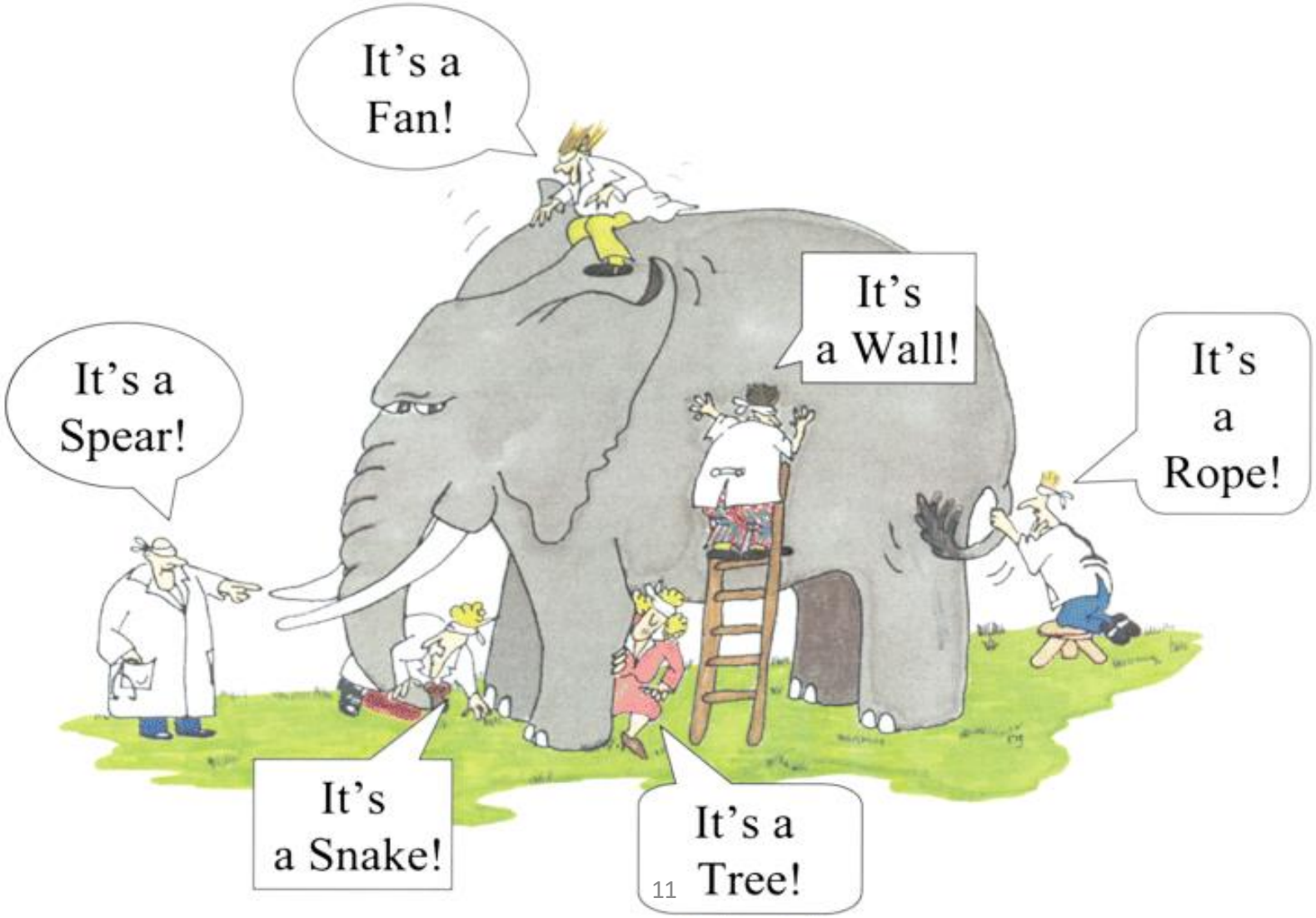
CARA Legislation (2016)

- Full implementation of the Stepped Care Model and development of *Pain Management Teams* at VA medical centers

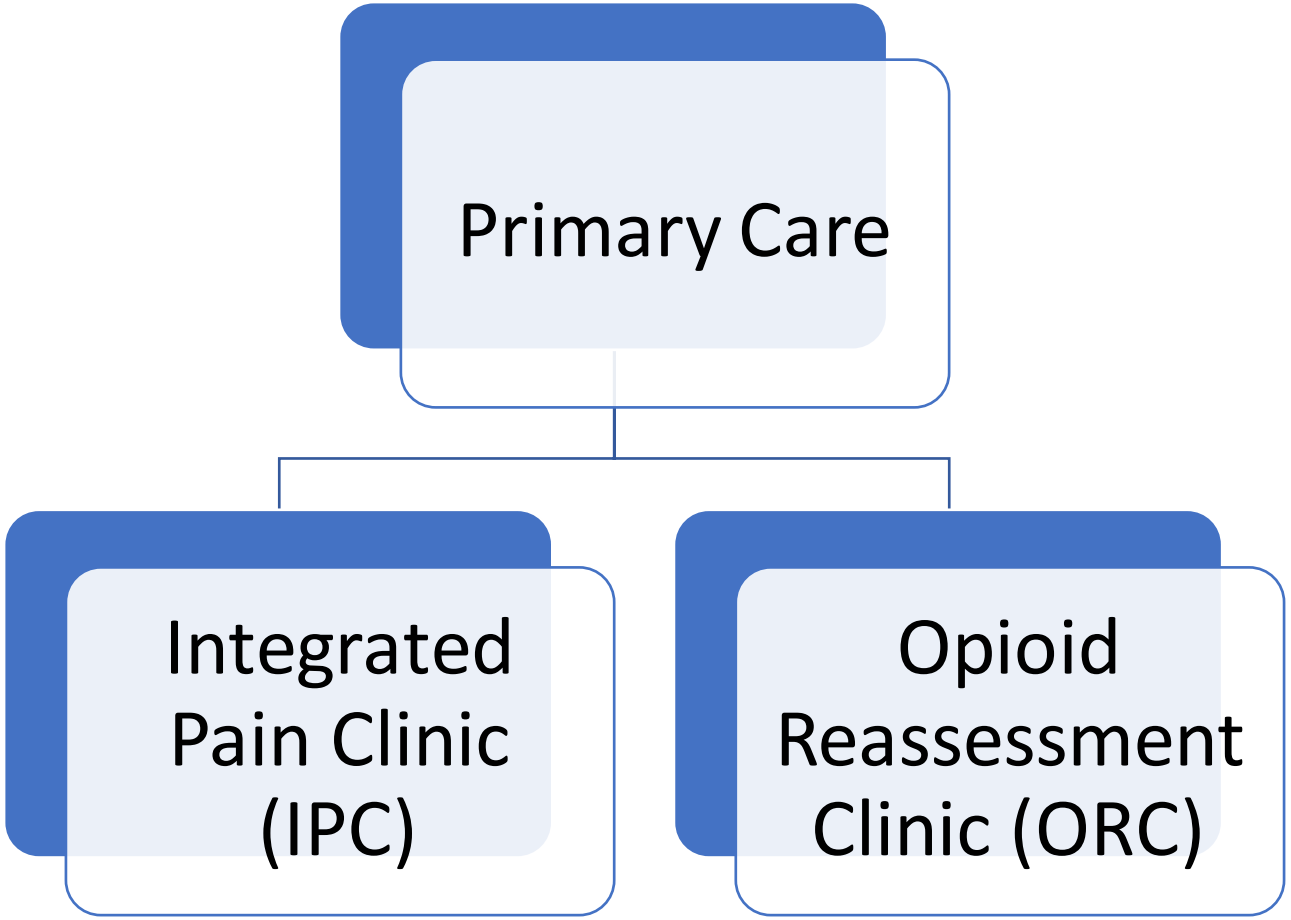
- Pain Management Team (PMTs) must include:
  - Medical provider with pain expertise
  - Behavioral Medicine
  - Addiction Medicine
  - Rehabilitation Medicine

- PMT function:
  - Evaluation and follow-up for patients with complex pain conditions
  - Pain consultation for medication management
  - Review and management of patients with high-risk opioid prescriptions

Chronic Pain Assessment and Treatment



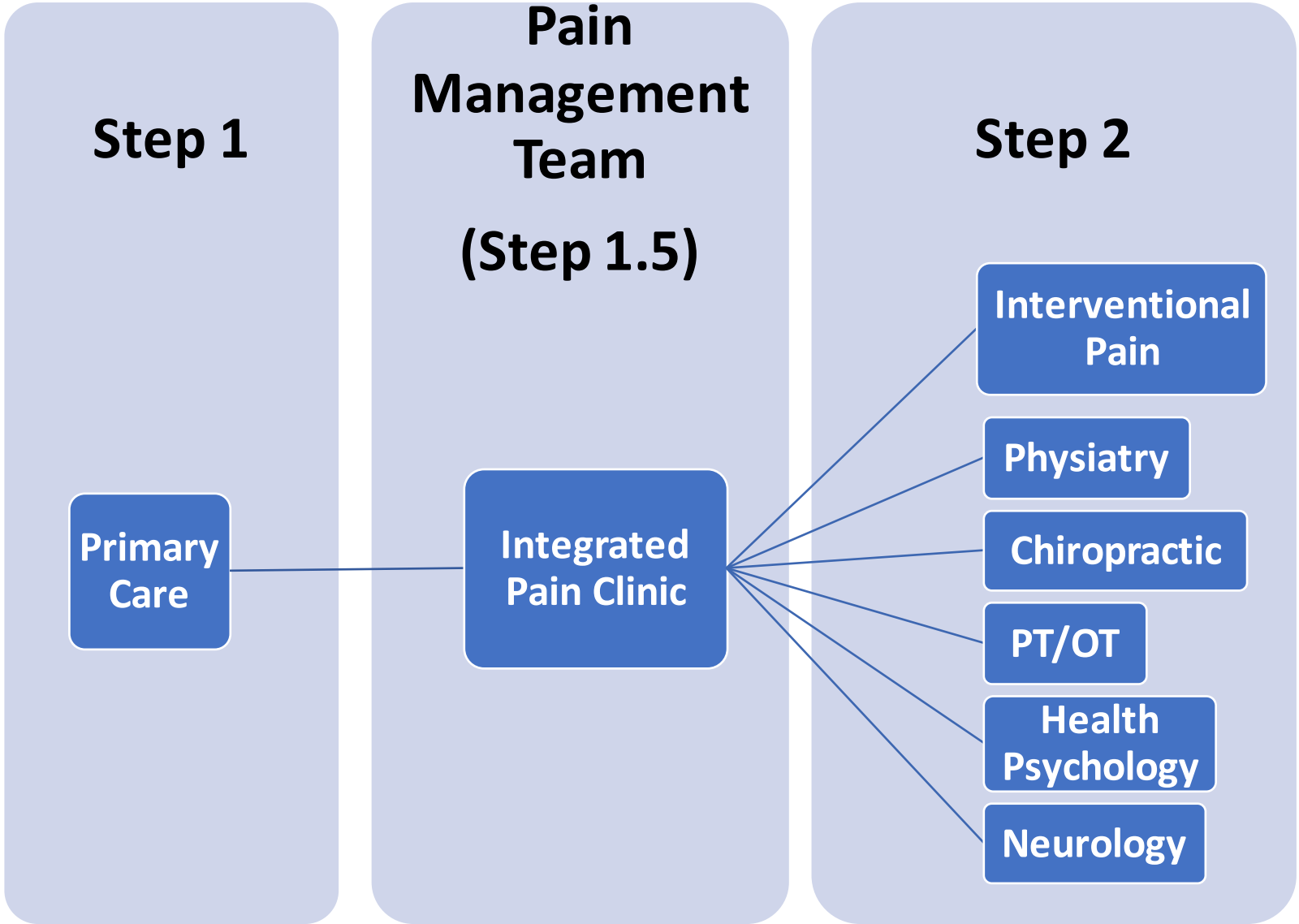
Local Implementation of Pain Directives



Integrated Pain Clinic

- **Mission:** To assist Primary Care with connecting Veterans to safe and effective multimodal pain care through implementation of an interdisciplinary pain assessment within the biopsychosocial framework.
- **Function:** IPC team members (Physiatry, Physical Therapy, Health Psychology, Nurse Care Manager) assess Veterans with complex pain presentations to identify a multimodal care plan involving specialists at Step 2. Plan implementation is aided by the support of the Nurse Care Manager.

Integrated Pain Clinic



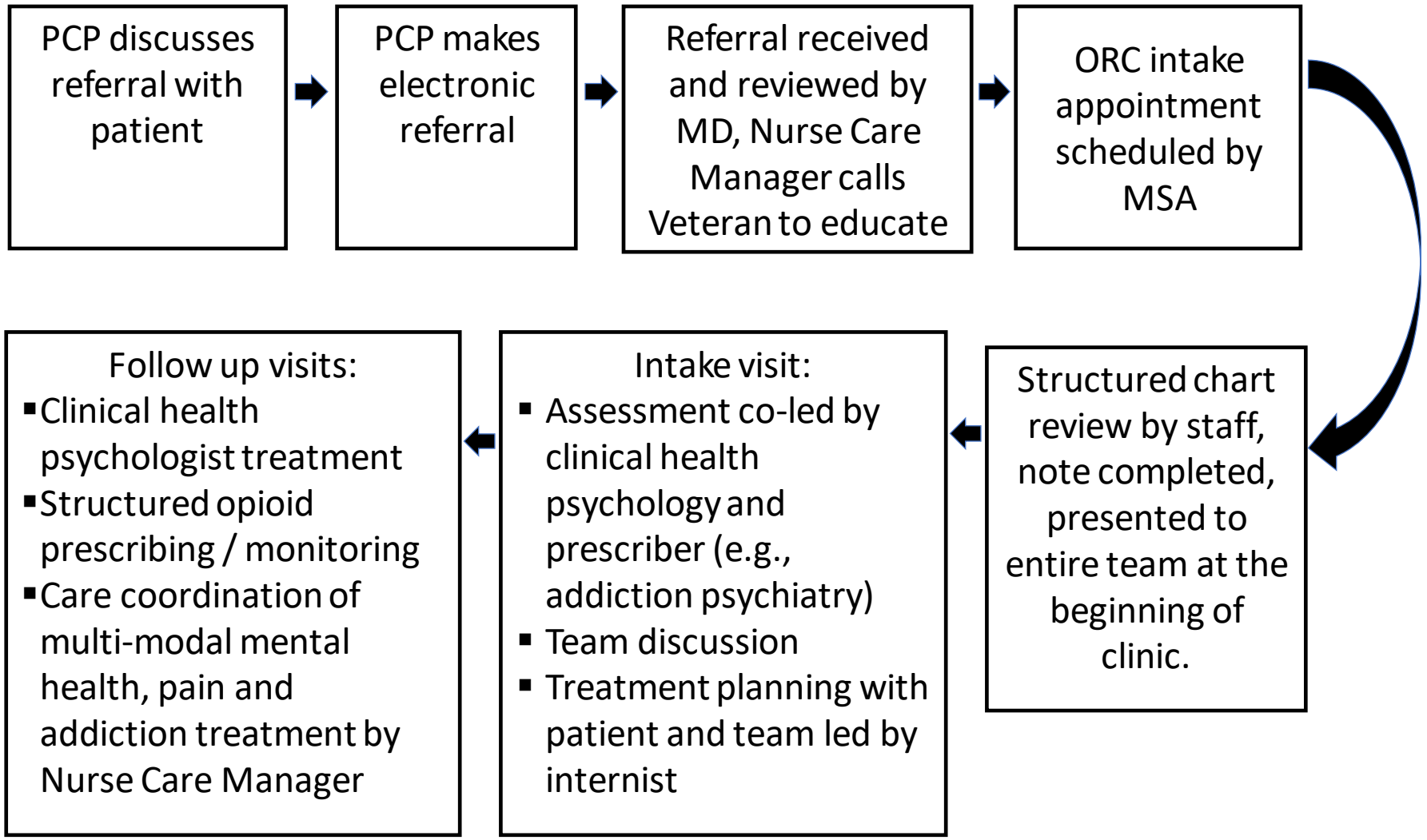
Goals of Integrated Pain Clinic

- Simplify pain referral process for primary care
- Increase early access to interdisciplinary consultation, assessment and intervention
- Promote early access to rehabilitative and self-management approaches
- Facilitate multimodal treatment approaches
- Enhance coordination of care
- Educate Clinical Health Psychology Residents!

Opioid Reassessment Clinic

- **Mission Statement:** To provide consultation and limited follow up to assist primary care in assessment, management and treatment planning for patients with chronic pain on opioids who have indication(s) for reassessment of their opioid regimen. Indications for reassessment of the opioid regimen may include (sometimes recurrent) problems related to efficacy, safety or misuse.
- **Function**: provide, on a time-limited basis, enhanced assessment, structured oversite, and brief monitoring of pain treatment adherence and outcomes and facilitate referral(s) to the appropriate support services for follow-up care (e.g., physical therapy, mental health, substance abuse)

Opioid Reassessment Clinic



Academic Affiliates

AMERICAN PSYCHOLOGICAL ASSOCIATION

UCONN SCHOOL OF PHARMACY

YALE SCHOOL OF NURSING

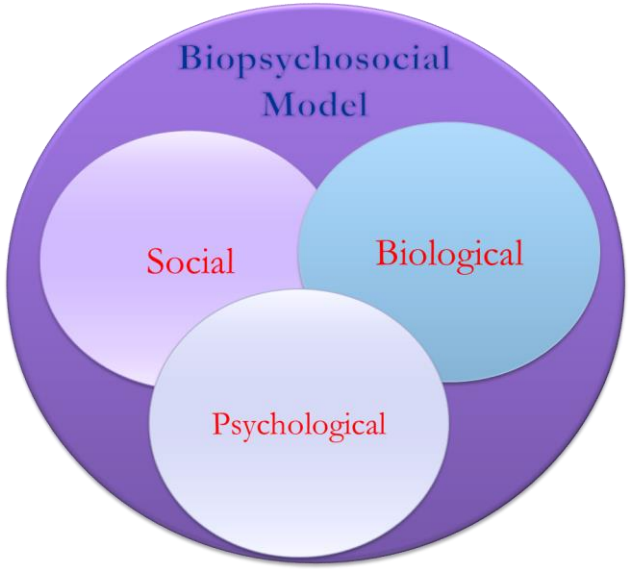
Yale University School of Medicine

Integrated Pain Clinic – Training Mission

- Interdisciplinary training = training across disciplines
  - Clinical Health Psychology Predoctoral Interns (direct clinical care)
    - Major Rotation (8 months)
  - Clinical Health Psychology Postdoctoral Residents (clinical supervision)
  - Physical Therapy doctoral students
  - Pain Anesthesia Fellows
  - Addiction Fellows
  - Chiropractic Residents
  - Primary Care Residents
  - Nurse Practitioner Residents
- Training of other PMTs within VISN 1

Integrated Pain Clinic – Training Mission

- Gate Control Theory of pain - focus on the biopsychosocial approach to chronic pain



  - Understanding the person with pain (holistic approach)
  - Team members function as teachers and learners
  - Collaborative assessment serves clinical needs of Veterans and educational needs of learners/team members

- Cross-discipline training – appreciate perspective of all disciplines

Opioid Reassessment Clinic – Training Mission

- Clinical health psychology residents
- Addiction Psychiatry Fellows
- Addiction Medicine Fellows
- Nurse Practitioner students/residents
- Pharmacy Residents
- Physician Assistant students
- Medical Students (during psychiatry/primary care clerkship)

Enhancing Education in the ORC

- Gathered stakeholder input (fellow-led project in 2019-2020)
- Used plan-do-study-act approach to enhance clinical flow and educational experience for patients and trainees in the Opioid Reassessment Clinic
- Recommendations implemented by fellow in 2020, sustained after her departure largely due to her work at engaging stakeholders and clinic leadership during the initial project period
- Three primary educational initiatives: learning bursts, using a developmental approach to intakes, and motivational interviewing coaching

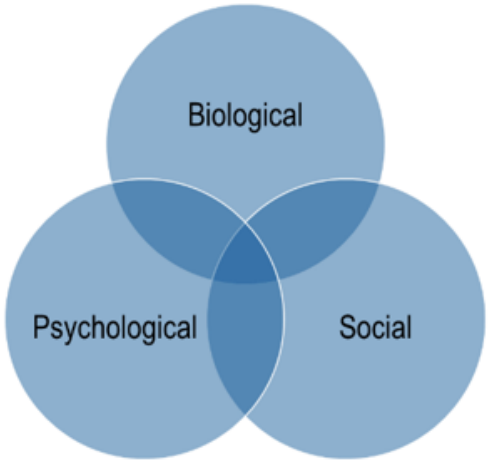
Learning Bursts

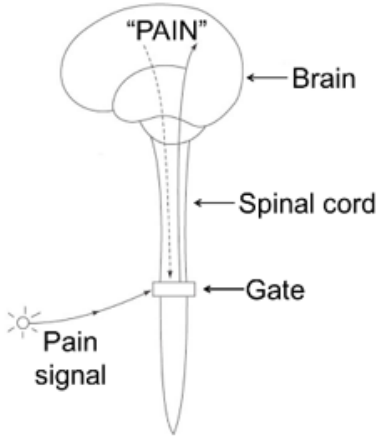
- Cover topics such as motivational interviewing, trauma informed care, describing gate control theory to patients, working with special populations
- Usually delivered by psychologist, sometimes by another team member
- Usually involve a one-page handout and a 5-minute presentation
- Ideally discussion-based
- Done weekly during morning team huddle prior to seeing patients

Biological Factors:
- Severity of injury/damage
- Presence of source of nociception

Psychological Factors:
- Mood
- Anxiety
- Stress
- Cognitions/attention

Social Factors:
- Activity
- Social interactions





Analogies/Descriptions for Patients:
- Gate Control Theory & a Garden Gate
- Caveman and the tiger
- Injured Athlete/Performer and Phantom limb pain
- Overly sensitive alarm system
- "So you're saying it's all in my head?" "So you think I'm crazy?"
  - The pain is real, AND the pain is in your head
  - If the pain signal didn't reach your brain, you wouldn't know you were in pain!
- Consider how many pain medications work: in the brain
- Benign sensations we don't typically notice:
- Watch on wrist, hat on head, glasses on face

Developmental Approach to Intakes

- Standardized intake
- Provided sample language in a detailed intake interview guide for learners
- Developed stepped approach:
  - Step 0: observation only
  - Step 1: conduct pain medication history and medical history assessment
  - Step 2: conduct above plus pain assessment
  - Step 3: conduct the majority of the clinical interview with support from health psychology and attendings

Content	Sample Language
Pain	
Overview Purpose, format, timing	First, we'd like to know: what is your understanding about why Dr. XXX referred you to our clinic? *OVERVIEW:* We'd like to start by spending about 10-15 minutes to better understand your pain experience. We will do th asking you a few very specific questions about your pain.
Generator -location(s) -brief description -onset -pain behaviors observed	*LOCATION*: Where is your pain located? *DESCRIPTION/ONSET:* Now I'd like to ask some questions about each specific pain site. • When did pain in your XXX first start? • Pain can be experienced in many different ways- burning, tingling, throbbing, stabbing, etc.- What does the pain in y XXX feel like? Does it radiate or move to other parts of your body?
Influencing Factors: -Exacerbating factors: -Alleviating factors: *Prompt for impact of mood, as indicated*	*INFLUENCING FACTORS:* Now I'd like to get a sense for things that make your pain better or worse. • What tends to make your pain worse? • What tends to make it better?
Interference: -Physical activity/exercise: -Social activity/relationships -Daily function/ADLs/IADLs: -Mood -Quality of Life	*INTEREFENCE:* I'd like to ask you some questions about how pain might be impacting different parts of your life. I have sev different areas to ask about. • First, can you tell me, what is a typical day like for you? • *PA*: How is your pain impacting your physical activity? Are you able to get around like you would like to? Exercise? • *Social Activity/Relationship*: What about your ability to spend time with others? Your relationships? • *Function:* Any impact on your daily function, such as your ability to shower, dress, get around, take care of the thing need to? • *Mood:* For lots of folks, chronic pain can have a big impact on their mood, or how they feel. How does pain impact y mood? • *Quality of Life:* Finally, how does pain impact your overall quality of life, or your ability to live the life you want to be living?
Goals -Tolerable Level -Funx Goals	GOALS: • Functional goals (If your pain were better managed, what would you be doing that you are not doing now?) • What would be a tolerable level of pain?

Motivational Interviewing Coaching

- Offered by health psychology to all trainees in the ORC
- Health psychology and trainee touch base to discuss goals of coaching, discuss strengths and growth areas
- Co-visits or shared medical appointments with trainee for at least one visit
- Meet following co-visit for feedback

OARs Rating Item		Frequency
Questions	Open-ended	
	Closed	
Affirmation of Strengths & Self-efficacy		
Reflective Statements	Simple	
	Complex	
Summarizations		

Integrated Pain Clinic – Professional Competency Development

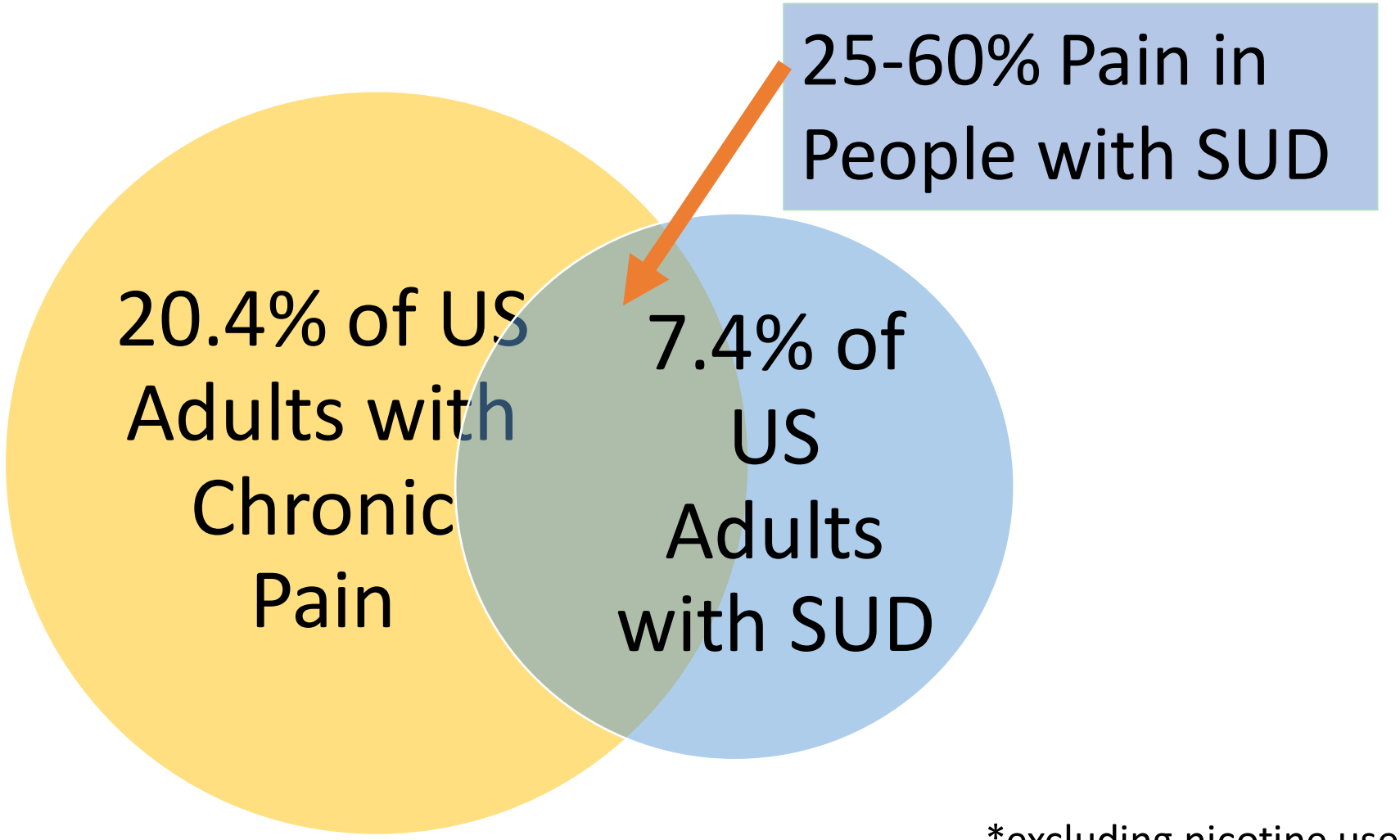
- APA-accredited internship and postdoctoral training programs
- Competencies proposed by the Council of Clinical Health Psychology Training Programs include*:
  - **Assessment** (biological, psychological, social-environmental)
  - **Intervention** (pathophysiology of disease and treatments, biopsychosocial treatment)
  - **Consultation** (intradisciplinary and interdisciplinary consultation in the health care setting)
  - **Supervision/Training** (understanding role of other health care professionals, understand inherent conflicts between training and service)
  - **Management/Administration Competencies** (legal, economic, logistical, and practice aspects of day-to-day functioning; integrate talents and skills of other professionals into development of health psychologists) *Masters, France & Thorn (2009)

ACGME 2019 Common Program Requirements

Effective July 1, 2019, the ACGME requires that all programs "provide instruction and experience in pain management if applicable for the specialty including recognition of the signs of addiction." (Common Program Requirement IV.C.2.)

Prevent	Prevent addiction while effectively treating pain
Recognize	Recognize addiction in earliest stages
Function	Function effectively in systems of care for pain relief and addiction
Use	Use non-pharmacologic means whenever possible
Participate in	Participate in clinical trials of new non-opioid pain relief

Overlap of Chronic Pain and SUD



*excluding nicotine use disorder

Treating Patients with SUD who have pain

- Excluded from most pain studies
- Pain education has been limited in psychiatry/psychology training

1. When Pain specialists are not trained in addiction assessment and management, patients with SUD are excluded.
2. When Addiction specialists are not trained in pain management, they decline patients who present with a primary pain complaint.

2014 Focus Groups- Addiction Psychiatry Fellowship Directors

5 geographically varied programs

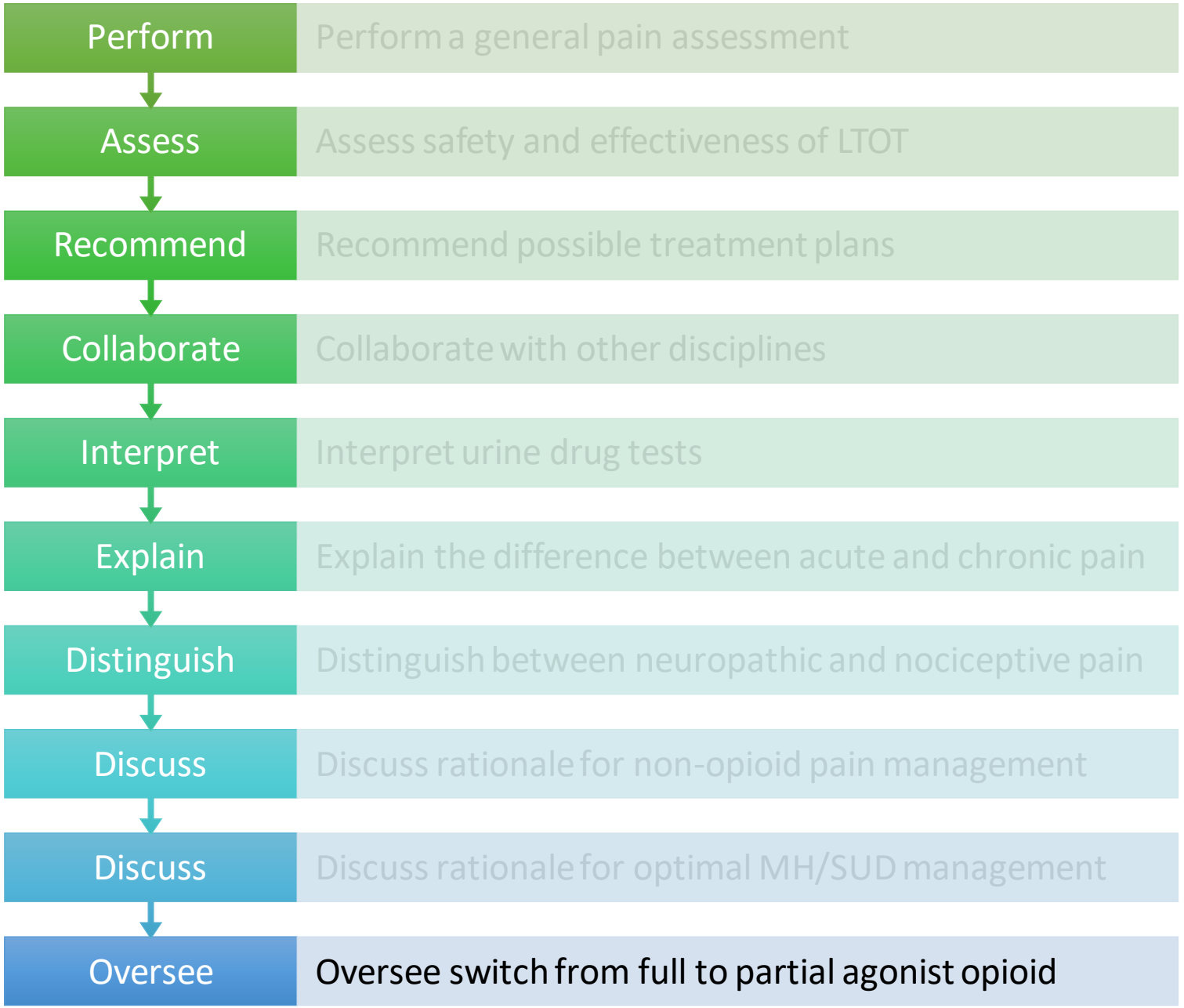
Consensus that curriculum is needed

3 major barriers identified:

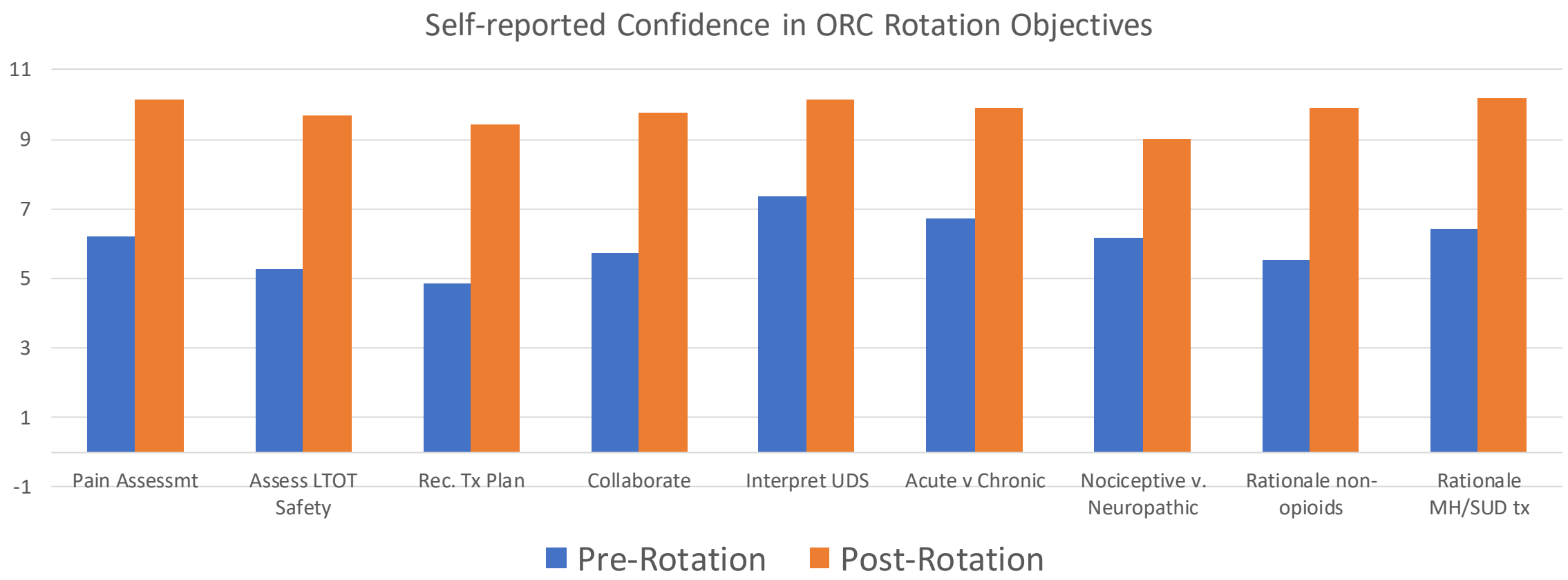
1. **Lack of clearly defined goals/objectives**
2. Attitudinal barriers (negative past experiences, might dilute mission, “too medical”)
3. Resource barriers (limited clinical settings, teaching faculty, didactic curriculum)

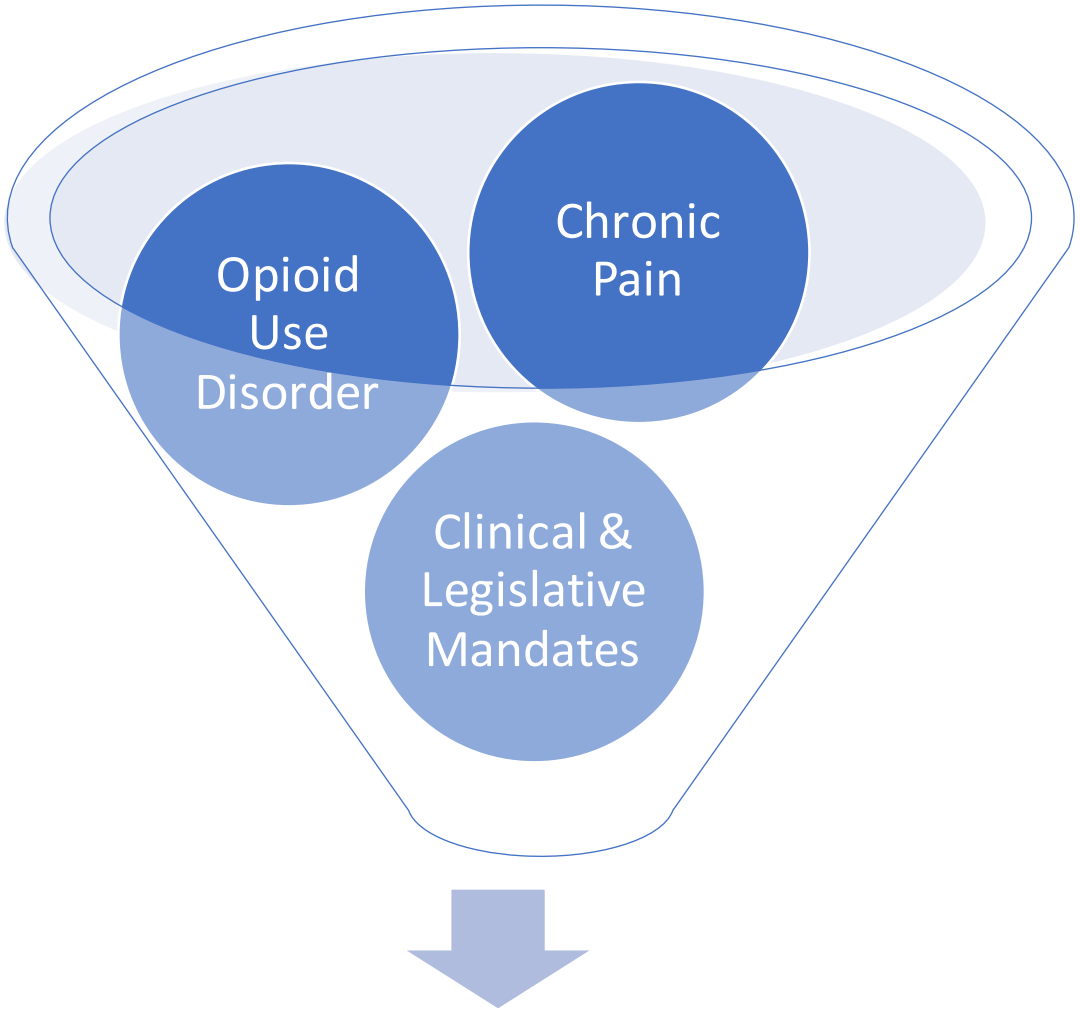
Edens et al., Acad Psychiatry, 2016

Objectives for ORC learning



Training outcomes from Opioid Reassessment Clinic





Clinical *and* Training Opportunities

Preparing the Workforce

- Meeting the mission of the VA – Stepped Care Model of Chronic Pain
  - Multimodal treatment approach
- Serving on interprofessional Pain Management Teams (PMTs)
- Bridging the gap between treatments for chronic pain and Opioid Use Disorder
- Maintain focus on the biopsychosocial approach to assessment and treatment

Emergence of Other Opportunities for Training

VA Connecticut Pain Mini Residency

- Three-day training offered to all Primary Care Providers at VA Connecticut
- Interdisciplinary faculty included members of facility Pain Management Team
- Topic areas:
  - Pain management in PACT
  - Complex pain conditions
  - Analgesic pain meds and addiction
  - Non-pharmacologic pain treatments
  - Hands-on joint injection simulations
  - Motivational interviewing
  - Biopsychosocial pain assessment
- **Goal:** Improve provider focus on multimodal, non-pharmacologic treatment of chronic pain

Medical School Pain Curriculum

Overhaul to include more case-based discussions

MS1 Introductory Pain workshop:

- 45minute didactic
- 90-minute practice including 2 cases:
  - Acute Pain
  - Chronic Pain

MS2 Advanced Pain workshop:

- 45 minute didactic
- 90-minute practice including 2 cases:
  - Acute Pain
  - Same patient now with Chronic Pain prescribed long-term opioids

Staff Development: Addiction Mini-Residency

Based on successes of VACHS Pain Mini-Residency

Interprofessional Committee convened March 2018

Pilot workshop September 2018

Interactive, Stigma, Motivational Interviewing, Veteran panels

3 Simulations created using a patient with chronic pain

- Simulation 1: Assess pain, diagnose OUD
- Simulation 2: Consent and prescribe buprenorphine
- Simulation 3: 1-week follow-up, medication management, relapse prevention

Virtual in June 2020

VHA SimLEARN

Outcomes

12th training is next week

>200 people trained

Results from 8 trainings:

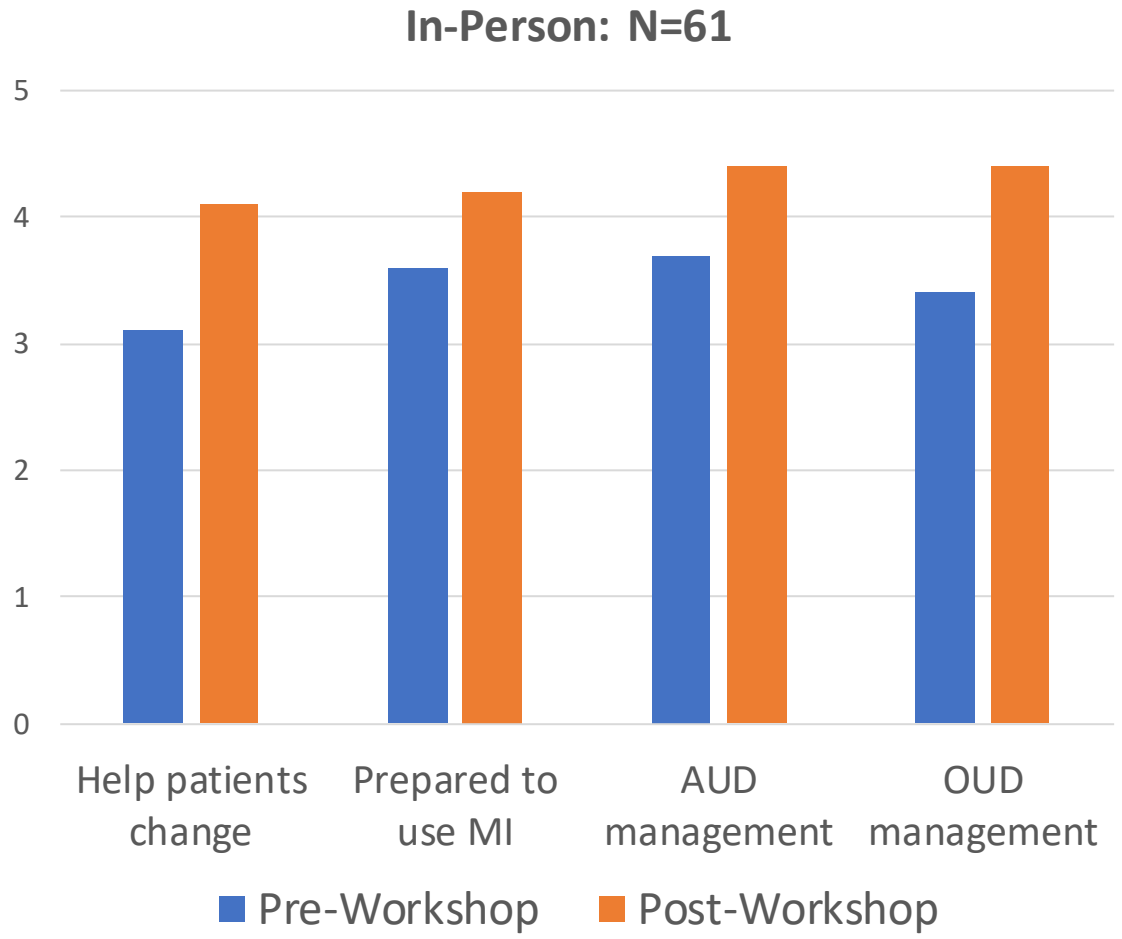
- High retention over 2 days (96% of attendees)

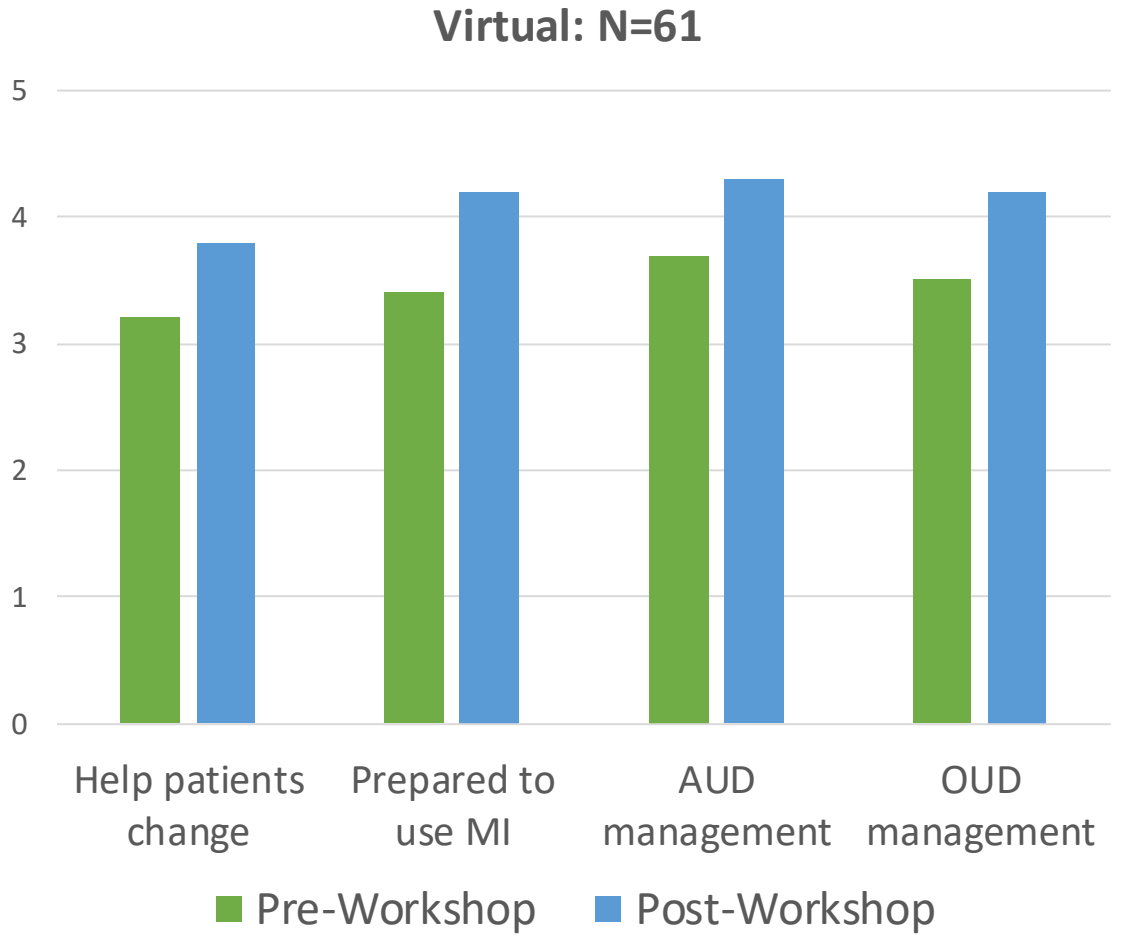
Survey of 122 people

4 survey questions:

- How effective do you think you can be in helping patients change their substance use behaviors?
- I am prepared to use motivational interviewing (MI) techniques with patients with SUDs
- Prepared to screen, diagnose, discuss treatment, and provide brief intervention for AUD
- Prepared to screen, diagnose, discuss treatment, and provide brief intervention for OUD

Results





P<.001 for Time; NS by Format; NS Format x Time

Summary

- Pain education is being legislated; required by accreditation bodies
- Consider educational mission from the start!
- Must include education on addiction
- Important to consider audience:
  - Do they need Pain > addiction? Or Addiction > pain?
- Interprofessional Staff-get everyone involved in education!

How we Train ≈ How we Practice.
Don’t Forget EDUCATION!