

Spotlight on Pain

Lessons Learned in Developing a CARF-Accredited Interdisciplinary Pain Rehabilitation (IPR) Program

**St. Louis VA Medical Center
Jefferson Barracks Division**

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CARF (Commission on Accreditation of Rehabilitation Facilities) Standards

Section 3K – an IPR program “provides outcomes-focused, coordinated, goal-oriented interdisciplinary team services.”

Must address the following domains:

Behavioral, Functional, Medical, Physical, Psychological, Social, Vocational.

Interdisciplinary Team

- ▶ **The person served / family**
- ▶ Pain Team Physician
- ▶ Pain Team Psychologist
- ▶ At least one other healthcare professional (but probably many more)

Understand that CARF is Cool

- 1) No cookie cutters
- 2) Outcomes help massage your IPR program format
- 3) Dynamic over dogmatic

What does a CARF-Accredited IPR Program Look Like?

- 1) Two Ears
- 2) Four Legs
- 3) One Tail

Build what your facility needs...



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Getting Started: Steal the Wheel

A Little History. . .

Prior to the establishment of the Interdisciplinary Pain Rehabilitation Program, the St. Louis VAMC's chronic pain management services were spread across a number of independent specialty clinics including Psychology, Anesthesiology, Chiropractic, Physical Therapy, and Neurology.

In 2006-2008, the Medical Center worked to establish a multidisciplinary pain service, increasing the amount of space devoted to clinical care, securing equipment to support interventional procedures, and hiring a full time physician (fellowship trained and boarded), psychologist , nurse coordinator, physical therapist, and program manager.

A Little History. . .

In 2009, Dr. James Toombs joined the St. Louis VAMC as the Pain Clinic Director and Adam Bank, PhD joined as the Pain Psychologist. The Pain Rehabilitation Center began offering comprehensive pain management in March 2009.

Planning for the Interdisciplinary Rehabilitation Program began immediately with a visit to the Pain Program at the Tampa VAMC (Inpatient) and teleconferencing with the San Juan VA (Outpatient).

In August 2009, the Interdisciplinary Pain Rehabilitation program began offering services.

Strike One. . .

- ▶ In August 2009, the IPR program admitted the first patients to the nascent program, initially set up as an 8-week program with visits twice per week.
- ▶ Of the two patients admitted to the program at inception, one dropped out within the first week.
- ▶ The second patient attended four appointments, then no-showed or cancelled the next six. . . and then dropped out as well.
- ▶ Back to the drawing board . . .

Strike Two. . .

- ▶ The second iteration was an every-other-week program lasting 6 months. It reduced commitment but maintained our current drop-out and no-show rates.
- ▶ Strike Two.
- ▶ Back to the drawing board . . .again.

Home Run?

The current IPR program meets once per week for 14 weeks, with each visit involving 3–4 hours of treatment.

Steal Our Wheel!

St. Louis VA (outpatient)

We'll give you all our policies &
procedures via CD

We welcome on-site visits

IPR Services

- Physical therapy
- Chiropractic treatments
- Group psychotherapy (family and individual therapy as needed)
- Gym-based physical exercise /Aqua-therapy
- Nutrition education
- Education about pain medications from a pharmacist
- Follow-up visits with the Pain Physician
- **Extensive** homework with documentation

IPR Goals

- ▶ To maximize day-to-day function
- ▶ Improve quality of life
- ▶ Decrease emotional distress and negative thinking
- ▶ Minimize reliance on medications
- ▶ Decrease pain intensity

For Clarity. . .

The focus is not on pain elimination, but rather on improving the persons served ability to cope with pain, increasing overall activity levels, and decreasing use of healthcare resources.

IPR Interdisciplinary Team

- **James Toombs, MD**
Pain Physician
- **Carey Keys, DPT**
Physical Therapist
- **Pamela Wakefield, DC**
Chiropractic Physician
- **David Jansen, PharmD**
Pharmacist
- **Amelia Mitchell, PsyD**
Staff Psychologist
- **Angela Brock, ANP-BC**
Nurse Practitioner
- **Takisha Lovelace, MA**
Program Manager
- **Jackie Caskanett, RN, MSN**
Nurse Coordinator

IPR Interdisciplinary Team

- **Timothy Simmons, RT**
Recreational Therapist
- **Jacqueline Henderson, RD,
LD**
Dietician
- **Robert Collingwood**
Chaplain

To the Person Served, We offer:

- ▶ Ability to provide a structured environment for care
 - ▶ Provide participants education on self-management of their pain
 - ▶ Provide participants a foundation to regain control of their lives and cope with pain more effectively
 - ▶ A dedicated interdisciplinary pain rehabilitation team that is knowledgeable and skilled in the latest, evidence-based treatments for chronic pain conditions.
- .

Referral Criteria

- Experiencing chronic pain despite operative, interventional therapies;
- Able to participate fully in the program and follow program rules;
- Free of active substance abuse, including alcohol for at least four consecutive weeks, as shown on lab testing; and
- Psychiatrically stable, such that they can actively participate in an outpatient program.

Program Path

Screening to Discharge

- ▶ Initial Consult Review (Toombs, Mitchell, Brock)
- ▶ Orientation (Group Screening-Mitchell)
- ▶ Interdisciplinary Intake (Core Team)
- ▶ 14 Week Outpatient Program
- ▶ Interdisciplinary Pain Team meetings
- ▶ Discharge Assessment and planned Follow-up

In reality, the program never ends...

- ▶ Booster Sessions
- ▶ Support Groups

After Discharge...

- ▶ Interdisciplinary Care Plan Refresher
 - Patient or PCP request
- ▶ Repeat IPR Program?
 - When clinically indicated

Sample Day

- ▶ 8:00 am – 9:00 am – Pool therapy or gym exercise (45 to 60 minutes)
- ▶ 9:15 am – 11:00 am – Chiropractic (Dr. Wakefield) and Physical Therapy (Dr. Keys) and Pain Physician (Dr. Toombs, three visits)
- ▶ 11:00 am – 12:00 pm – Group Psychotherapy (Dr. Mitchell)

Daily walking, stretching, TENS unit use, Physical Therapy and Chiropractic exercises and relaxation exercises are assigned as routine homework.

Psychology - Content of sessions

- ▶ Based on Kabat-Zinn's Meditation Stress Reduction Program (with the addition of some CB coping strategies)
- ▶ 1) Orientation to IPR program; Nutrition
- ▶ 2) The Biological Aspects of Pain; Introduction to Diaphragmatic Breathing
- ▶ 3) Pain and Stress
- ▶ 4) Problem Solving
- ▶ 5) Acceptance (co-facilitated by chaplain)
- ▶ 6) Introduction to Body-Scan Meditation; Habit Formation

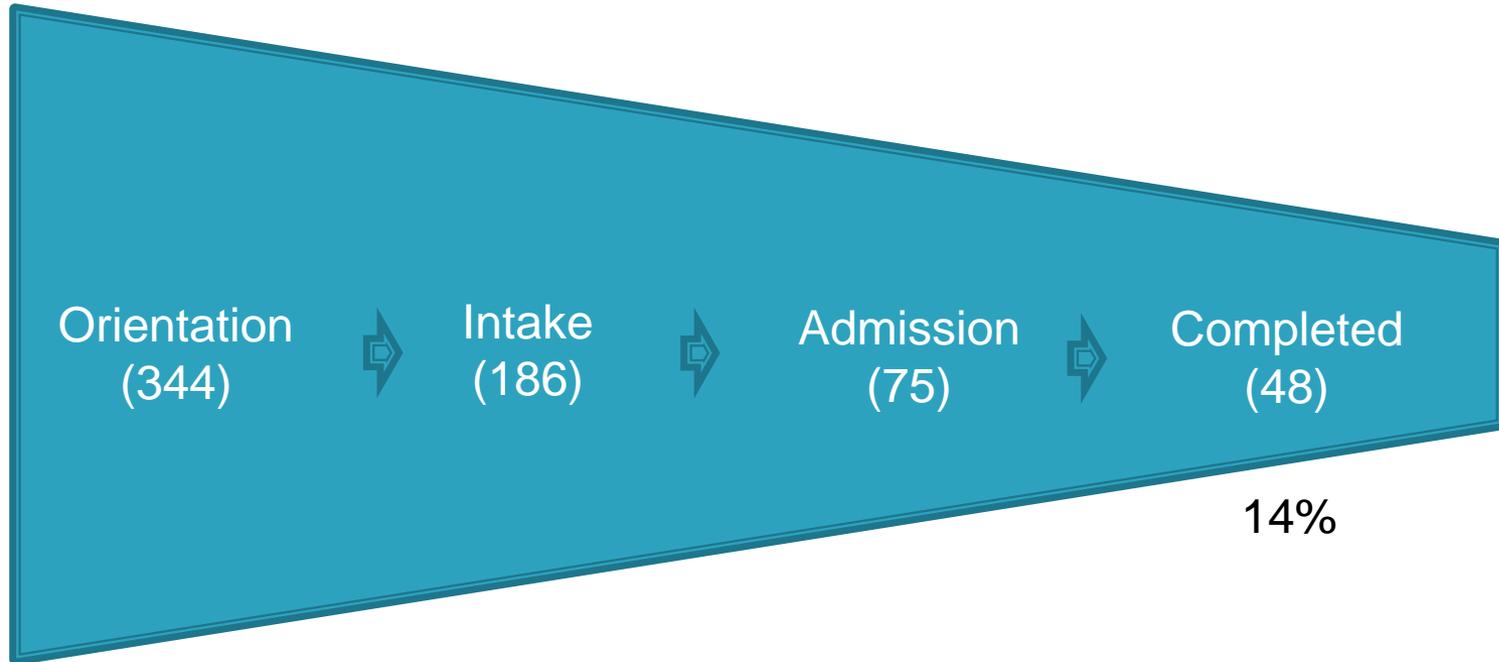
Psychology - Content of sessions

- ▶ 7) Body-Scan Meditation Practice; Cognitive Reframing
- ▶ 8) Body-Scan Meditation Practice; The Impact of Emotion
- ▶ 9) Body-Scan Meditation Practice; Pleasant and Paced Activities
- ▶ 10) Substance Abuse, Medications & Opioids, facilitated by Pharmacist
- ▶ 11) Introduction to Sitting Meditation

Psychology - Content of sessions

- ▶ 12) Sitting Meditation Practice;
Pain's Impact on Relationships
- ▶ 13) Sitting Meditation Practice;
Sleep Hygiene
- ▶ 14) Relapse Prevention; Discharge

Orientation to Completion 2011-2013



2011-2013 IPR Outcomes

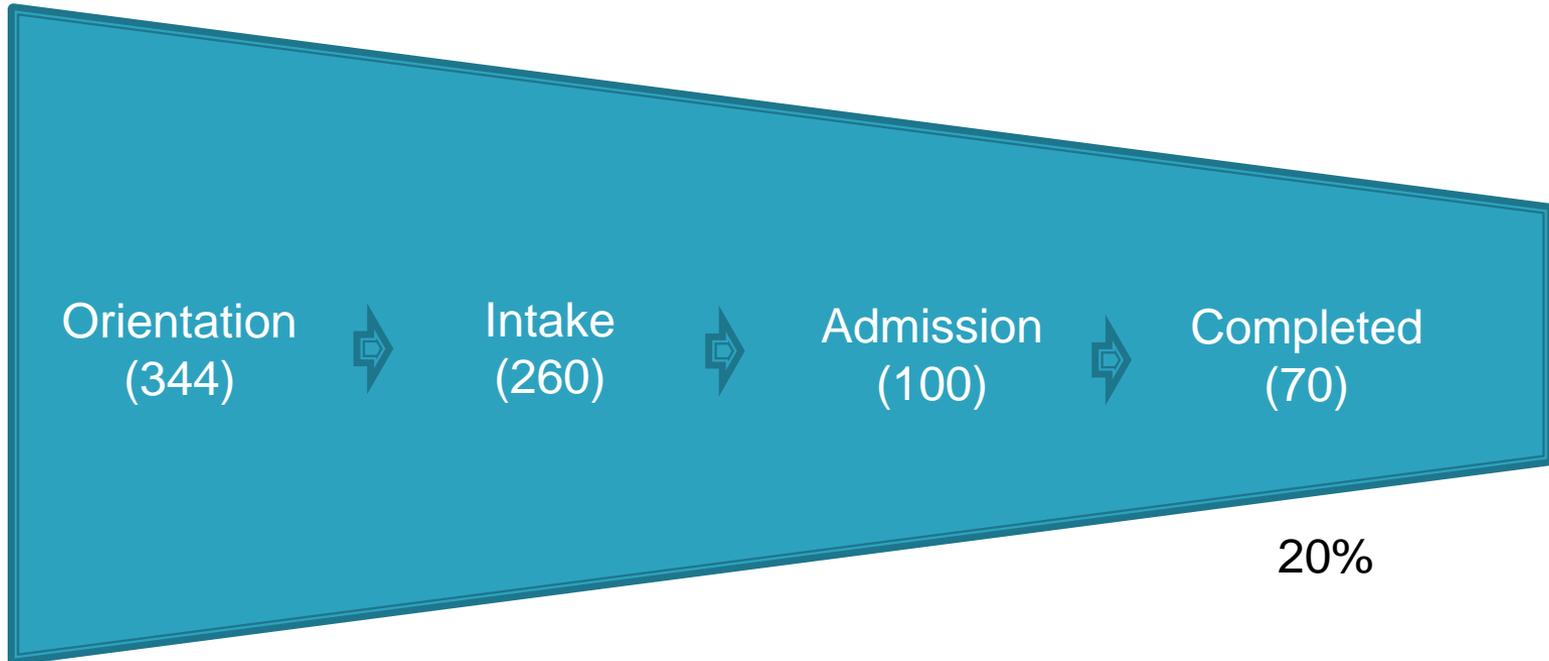
Overall, 75 persons were admitted to the IPR program. Only 2 were involuntarily discharged. 25 patients who began the IPR program dropped out.

Why they leave...

Why patients decline or drop out:

- childcare issues
- acute illness
- disagreed with opioid taper
- moved too far from VA facility
- wanted to continue on their own
- care for ill family members
- discontinued interest
- enrolled in school full-time so schedule no longer allowed for IPR program
- family conflicts with the program
- transportation issues
- upcoming surgery

Orientation to Completion 2013-2015?



Demographics of IPR Patients

- ▶ From 2011-2013, 48 veterans with chronic pain completed our comprehensive outpatient pain rehabilitation:
- ▶ The average age of our veterans was 52 years old (the range of ages was 28 to 73)
- ▶ 24% of veterans worked full-time or part-time.

Demographics of IPR Patients

- ▶ Our veterans reflected the following demographics
 - 63% Male/ 37% Female
 - 55% Caucasian/ 45% African-American

Demographics of IPR Patients

- ▶ Our veterans had the following types of pain:
 - 47% had Back Pain
 - 25% had Other impairments (e.g. Osteoarthritis)
 - 14% had Head Pain
 - 7% had Fibromyalgia/Soft Tissue Pain
 - 7% had Neck Pain

The average length of time since onset of chronic pain
17.1 years.

Outcome Measures

- ▶ What are the Targets of Treatment?
- ▶ Pain Intensity (QVAS)
- ▶ Depressive symptoms (PHQ-9)
- ▶ Catastrophic Thinking (PCS)
- ▶ Pain-Related Fear and Anxiety (PASS-20)
- ▶ Functional Status and Psychosocial Functioning (PDQ)

2011-2013 IPR Outcomes

Among those who completed the IPR program, overall improvement rates (defined as clinically significant improvement from baseline to discharge) were as follows:

- Pain-related Fear and Anxiety – 67% improved
- Catastrophic Thinking – 74% improved
- Functional status and psychosocial functioning – 77% improved
- Depression – 67% improved
- Average Pain Intensity in the past week – 42% improved

2011-2013 IPR Outcomes

At 3-month follow-up, results were available for 39 veterans:

- Pain-related Fear and Anxiety – 53% improved
- Catastrophic Thinking – 78% improved
- Functional status and psychosocial functioning – 70% improved
- Depression – 60% improved
- Average Pain Intensity in the past week – 40% improved

Success Story

- ▶ Marine Corp combat veteran, late 60s
- ▶ Chronic pain in low back, both hips, shoulders, knees, wrists and hands; onset years ago, increasing in last 2 yrs.
- ▶ 50% SC, chronic depression, PTSD
- ▶ “Looking for a way to deal with chronic pain, anxiety and depression that I’ve suffered with for so many years.”
- ▶ Previously engaged in psychology/ psychiatry tx

Success Story: Discharge & Follow-up

▶ Domain	<u>Baseline</u>	<u>Post -Tx</u>	<u>4-Month F/U</u>
▶ PHQ-9	19	4	4
▶ PCS	28	1	0
▶ PASS-20	40	8	4
▶ PDQ	90	42	37
▶ QVAS	4-5	6	3
▶ Dramatic improvement during treatment in all domains, even during pain flare at discharge. Continued to practice meditation and other self-management strategies and maintained or improved gains at 4-month follow-up.			

Success Story: From the Veteran

- ▶ Post-treatment, veteran wrote:

“I was in a really dark state and I felt like I was going to have a nervous breakdown at any moment. During the 14-week program, I began to learn various coping skills... including the most important aspect (at least for me), mindfulness meditation. Living in the now is how I like to think about it. I am incredibly grateful you shared this with me.”

Allowing Marijuana

The White House Office of National Drug Control Policy (ONDCP) asked the Institute of Medicine (IOM) to conduct a review of the scientific evidence to assess the potential health benefits and risks of marijuana. Their conclusion was that there is not enough research.

For the first 2 years of the program, the use of marijuana precluded admission and we did not admit a number of persons who might have benefited from our services.

We have relaxed this requirement and, now, only condition admission on the ability to participate in the program. At the same time, we are positioning ourselves to complete a formal study (R&D).

Bumps in the Road...

Dr. Bank accepted a position at the West Palm Beach VA. And it took a while to find Dr. Mitchell.

Our Physical Therapist expanded her family.

Our Pain Physician was deployed (twice).

Backup plans and cross training

Scaled back admissions

Fully disclosed to CARF

Always reaching

New Full-Time Pain Physician

- Starting soon...

Chiropractic Residency Program

- Additional 1.0 FTE Chiropractor
- Additional 1.0 FTE Chiropractic Resident

Future Goals

- ▶ Interventional Suite-Building 1 CY 14
- ▶ Move to Building 55 (2016)
 - Dedicated space
- ▶ Lodger Program
- ▶ In-Patient Program-CY 14
 - Building 53
- ▶ Export training to VISN facilities

Questions?

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