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

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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

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

1) Tampa VA (inpatient and outpatient)
   - Formal on-site training available
2) San Juan VA (outpatient)
   - Tele-conferencing support
3) St. Louis VA (outpatient)
   - Policies, procedures via CD

A Little History. . .

Prior to 2006, the St. Louis VAMC's chronic pain management services were spread across a number of independent specialty clinics (Medicine, Psychology, Anesthesiology, Chiropractic, Physical Therapy, and Neurology).

In mid-2006 Dr. Florian Thomas (Associate Chief of Staff of the Spinal Cord Injury/Dysfunction Service) approached Dr. Fred Metzger (Psychology) with a proposal to establish a multidisciplinary pain management service.

A Little More History. . .

St. Louis VAMC Executive Council approved the initial proposal in 2007.

From mid-2007 to mid-2008 the Pain Clinic worked to secure space and staff.

The Pain Rehabilitation Center began offering comprehensive pain management in March 2009. Planning for the Interdisciplinary Pain Rehabilitation program began immediately.

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.

Current Structure of STL VAMC IPR Program

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

For our population and location, this seems to work. Other programs have adopted continuous programs with success.

STL VAMC IPR PROGRAM

The Interdisciplinary Pain Rehabilitation Program is an outpatient program offered to veterans with chronic non-cancer pain who are not candidates for operative or interventional services.

Patients are taught a variety of self-management skills to help improve their ability to cope with chronic pain, improve day-to-day functioning and mood, decrease reliance on pain medication and the healthcare system, and decrease pain intensity.

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

Treatment Goals

- Develop a broad range of chronic pain self-management skills
- Maximize day-to-day function and activity level
- Decrease emotional distress and negative thinking
- Decrease pain-related fear and anxiety
- Minimize reliance on medications, particularly opioids
- Reduce reliance on the healthcare system
- Decrease pain intensity
- Improve quality of life / reduce suffering

FOR CLARITY. . .

The focus is <u>not</u> on pain elimination.

Reduction in pain intensity is de-emphasized. Focus is on improving patients' ability to cope with pain, increasing overall activity levels, and decreasing use of healthcare resources.

Family involvement strongly encouraged.

IPR Interdisciplinary Team

- **James Toombs, MD**
  Pain Physician
- **Carey Keys, DPT**
  Physical Therapist
- **Pamela Wakefield, DC**
  Chiropractic Physician
- **Adam Bank, PhD**
  Staff Psychologist
- **David Jansen, PharmD**
  Pharmacist
- **Jacqueline Henderson, RD, LD**
  Dietician
- **Takisha Lovelace, BBA**
  Program Manager
- **Jackie Caskanett, RN, BSN**
  Coordinator

Referral Criteria

- Experiencing chronic pain despite operative or interventional therapies
- Able to participate fully and follow program rules
- Free of active substance abuse, including alcohol and marijuana, for at least 30 consecutive days, as shown on UDS
- Psychiatrically stable, such that they can actively and safely participate in an outpatient program

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)

Program Path
Screening to Discharge

- Initial Consult Review
- Initial visit for group screening and Methadone Urine Drug Screen
- Interdisciplinary Evaluation and Recommendations
- Schedule for IPR admission
- 3-Month Outpatient Program (14 weekly visits)
- Interdisciplinary Pain Team meetings (both formal and informal)
- Post-Discharge Assessment and Follow-up (Booster Sessions, Support Group, 3-month and 12-month assessments)

PSYCHOLOGY - CONTENT OF SESSIONS

- Based on Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach, by Dr. Otis (2007).
- 1) Orientation to IPR program, Rules
- 2) Basic Pain Education, Hurt vs. Harm
- 3) Activity Pacing
- 4) Relaxation and Tension Reduction
- 5) Sleep Hygiene
- 6) Distraction vs. Mindfulness Meditation, mid-treatment assessment
- 7) Depression Management, Pleasant Events

PSYCHOLOGY - MORE SESSION CONTENT

- 8) Cognitive Reframing
- 9) Impact of Chronic Pain on Self
- 10) Impact of Chronic Pain on Others
- 11) Substance Abuse, Opioids, outcome assessment
- 12) Discharge Planning, Relapse Preparation, Coping with Flare-ups
- Dietician and Pharmacy sessions usually occur during the first third of the IPR program

SAMPLE DAY

- 8:00 am – 9:00 am – Pool therapy or gym exercise (45 to 60 minutes); emphasize graded exercise and cardio, slow but sure approach
- 9:15 am – 11:00 am – Chiropractic and Physical Therapy and Pain Physician (two visits)
- 11:00 am – 12:00 pm – Group Psychotherapy

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

PATIENT DEMOGRAPHICS

- In 2009 - 2011, 48 veterans with chronic non-cancer pain completed the IPR program:
- Average age = 51.5 years old

  (Range = 27 years to 76 years)
- 21% of participants worked full-time or part-time.
- Gender: 60% Male, 40% Female
- Ethnicity: 68% Caucasian, 30% African-American

TYPES OF PAIN PROBLEMS

- Types of chronic pain conditions included:

  38% Back Pain

  17% Fibromyalgia/Diffuse Pain

  11% Headache

  11% Neck Pain

  4% Extremity Pain

  19% Other Pain Problems (Carpal Tunnel, Abdominal Pain, Joint Pain, Knee Pain, Osteoarthritis)

- Average length of time since onset of chronic pain was <u>14.8 years</u>.

2009 - 2011 IPR OUTCOMES

74 veterans were formally admitted to the IPR program, 5% were involuntarily, prematurely discharged due to illicit substance abuse, and 30% dropped out (multiple no-shows, cancellations, transportation problems, imprisonment, etc.).

Among the remaining 65% who completed the IPR program (n=48), overall improvement rates (defined as clinically significant improvement from baseline to discharge) were:

- Pain-related Fear and Anxiety – 65% improved
- Catastrophic Thinking – 67% improved
- Functional status and psychosocial functioning –63% improved
- Depression – 58% improved
- Average Pain Intensity (in the past week) – 36% improved

3-Month Post-Tx Outcomes

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

- Pain-related Fear and Anxiety – 62% improved
- Catastrophic Thinking – 74% improved
- Functional status and psychosocial functioning – 46% improved
- Depression – 46% improved
- Average Pain Intensity (in the past week) – 49% improved

12-Month Post-Tx Outcomes

At 12-month follow-up, results were available for 24 veterans:

- Pain-related Fear and Anxiety – 58% improved
- Catastrophic Thinking – 63% improved
- Functional status and psychosocial functioning – 46% improved
- Depression – 46% improved
- Average Pain Intensity (in the past week) – 21% improved

PATIENT SATISFACTION (0-10)

- Based on n = 17
- Overall treatment = 8.6
- Staff warmth, respect, kindness, willingness to listen = 9.3
- Skills and competence of the staff = 9.6
- Ease of getting appointments, hours of treatment, etc. = 9.2
- Would you recommend this treatment to someone you know who has a pain problem? = 9.5

SUCCESS STORY

- Morbidly obese male (331 lbs.) in his early 60s
- Chronic pain in low back, both hips and shoulders and knees, onset 15 years ago
- 100% SC, chronic depression, DM, DDD
- “I know what to do, I just don’t do it.”
- On disability and SSD, failed MOVE program
- Actively engaged in psychology/psychiatry tx

SUCCESS STORY: DISCHARGE & FOLLOW-UP

Domain	Baseline	Post –Tx	4-Month F/U
PHQ-9	21	4	9
PCS	45	24	6
PASS-20	66	25	7
PDQ	107	67	46
QVAS	6	5	3
Weight (lbs.)	331	299	299

- Dramatic improvement during treatment in most domains. Continued to practice self-management strategies even after L ankle Fx at 2-months post-tx, and maintained or improved gains at 4-month follow-up.

FUTURE GOALS

- Lodger Program
- In-Patient Program
- Treatment Readiness Enhancement Group
- ACT for Chronic Pain
- Tele-Pain Services to Rural Populations
- Export training to VISN facilities

QUESTIONS?

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