If You Build It: The Why and How To Start Your Pain Program Now

Jennifer L Murphy, PhD

Director, Behavioral Pain Medicine

Veterans Health Administration

Pain Management, Opioid Safety, and Prescription Drug Monitoring Program

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Disclosures

- Author, *Chronic Pain and Opioid Management: Strategies for Integrated Treatment*, APA Publishing
- Consultant, TurningPoint Healthcare Solutions
- Consultant, Kaiser Permanente, RESOLVE study

- This presentation does not contain any off-label and/or investigational uses of drugs or products.

Learning Objectives

- Define at least 3 characteristics of an effective interdisciplinary pain rehabilitation team

- Identify at least 1 tenet for building an interdisciplinary pain rehabilitation program

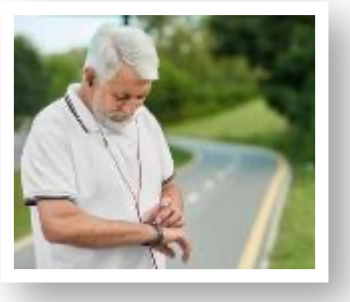
What is Interdisciplinary?

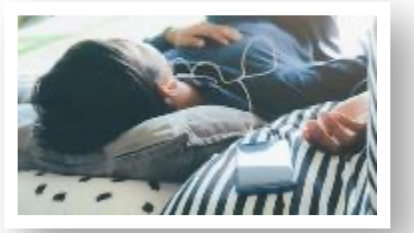
- Interdisciplinary
  - Cohesive team of providers from multiple disciplines who work in a coordinated fashion and share a philosophy of care
  - Routine communication essential, meet regularly
  - Shared treatment goals

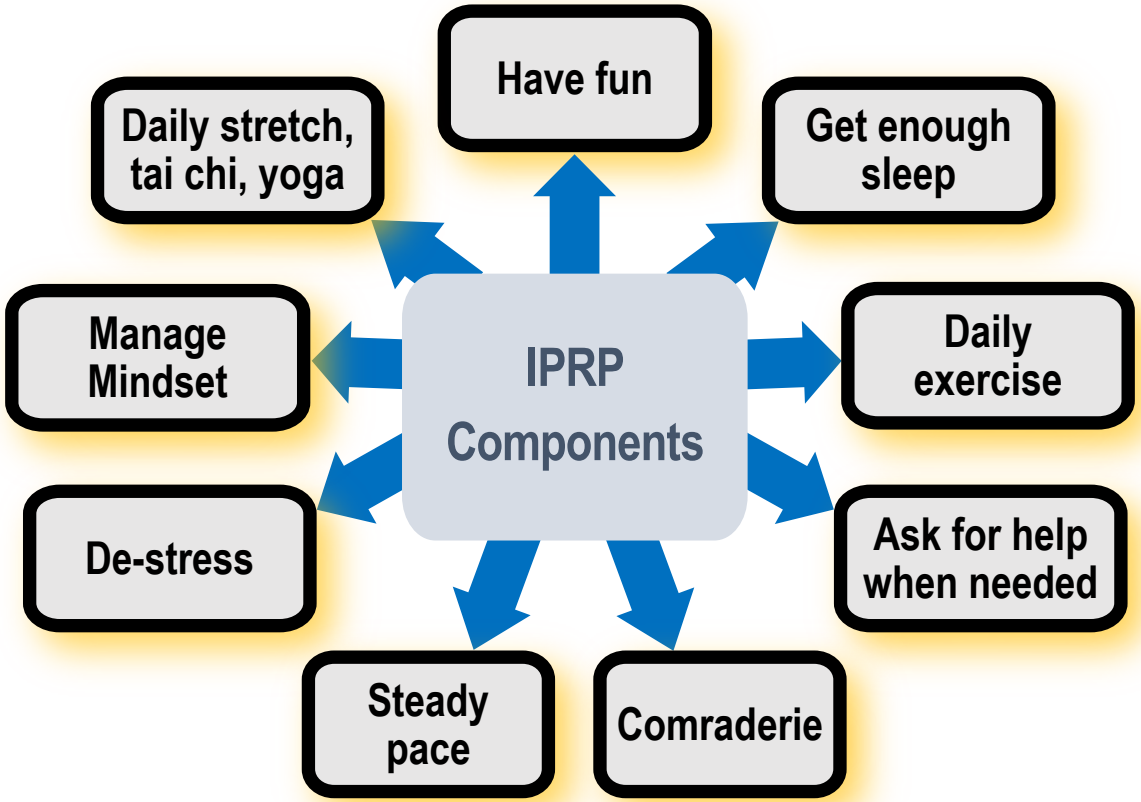
- Multidisciplinary
  - Providers from multiple disciplines treating a patient in parallel
  - Communication may exist but varies widely, not required
  - Coordination of care may occur, often fragmented

Approach


HEALTHY
LIFE






Have fun
Daily stretch, tai chi, yoga
Get enough sleep
Manage Mindset
IPRP Components
Daily exercise
De-stress
Ask for help when needed
Steady pace
Comraderie

Secret of Success = The Team

- ***"The great success of the program was due to the interaction between the various disciplines of the team rather than to any specific intervention that was applied."*** (2005)

- *"The disproportionate reimbursement for procedures vs cognitive activities has had a pernicious effect on chronic pain medicine… Successful chronic pain management requires attention to the patient's narrative and caring for the patient. Multidisciplinary pain management focused upon patient cognitive and behavioral change is the most effective treatment available today."* (2015)

- *John Loeser, MD – Neurosurgeon, founding member of IASP, APS, and AAPM; Director of the Multidisciplinary Pain Center at the University of Washington from 1983 to 1997*

General Goals for Participants

- Decrease negative impacts of pain through whole person pain care, true biopsychosocial approach
- Empower with skills and strategies to actively manage pain, change physiology, and restore positive quality of life
- Patient active participant in treatment to reinforce self-efficacy and restore independence

Evidence Based

- Turk 2002
  - Programs comparable to surgery, oral meds, SCS for pain relief; 6-25 times more cost effective than other options
    - If used in lieu could save $5 billion per year
  - Only Programs free of iatrogenic complications and adverse events
- Robust for efficacy and cost effectiveness
  - Flor et al, review of 65 studies
    - Reduced med use and healthcare costs, reduced emotional distress, improved activity level and return to work
  - 2001, 2002 systematic reviews and 2003 Cochrane review
    - Improves pain and function versus other medical unimodal treatment modalities

Provision of Pain Treatment

CHAPTER **106**

Interdisciplinary Chronic Pain Management: Overview and Lessons from the Public Sector

JENNIFER MURPHY and **MICHAEL SCHATMAN**

Bonica's Management of Pain 5th Edition

How To Build It

CARF-Accredited Pain Programs

- US Interdisciplinary Pain Rehabilitation Programs by the numbers
  - ➢210 in 1988
    - ➢84 in 2005
      - ➢54 in 2022

- VA Interdisciplinary Pain Rehabilitation Programs by the numbers
  - ➢2 in 2008; **20** in 2022
    - ➢VHA Directive in 2009 was unfunded but stated that all VISNs must have at least 1 program

VA CARF-Accredited Pain Programs

LOCATIONS			
VISN		**VISN**	
1	Togus, Maine	**10**	Cleveland, Ohio
1	Manchester, New Hampshire	**12**	Chicago, Illinois
2	New York, New York	**15**	St. Louis, Missouri
4	Pittsburgh, Pennsylvania	**16**	New Orleans, Louisiana
7	Columbia, South Carolina	**17**	Dallas, Texas
7	Birmingham, Alabama	**19**	Oklahoma City, Oklahoma
8	Tampa, Florida (inpatient)	**20**	Seattle, Washington
8	Tampa, Florida	**21**	San Francisco, California
8	San Juan, Puerto Rico	**22**	Albuquerque, New Mexico
		23	Minneapolis, Minnesota

Subgroup Analysis from Pain Collaborative

- Group of programs adopted 3 core measures in 2015
  - Pain Outcomes Questionnaire
  - Pain Catastrophizing Scale
  - Insomnia Severity Index

- Examined outcomes of 6 programs at 5 sites
  - Tampa, inpatient and outpatient
  - San Francisco outpatient
  - Cleveland outpatient
  - Albuquerque outpatient
  - Puget Sound outpatient

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Original Research Article

OXFORD

The Resurrection of Interdisciplinary Pain Rehabilitation: Outcomes Across a Veterans Affairs Collaborative

Jennifer L. Murphy, PhD,[*,†] Sarah A. Palyo, PhD,[‡,§] Zachary S. Schmidt, PhD,[¶] Lauren N. Hollrah, PsyD,[‖] Evangelia Banou, PhD,[*] Cynthia P. Van Keuren, PsyD,[‖‖] and Irina A. Strigo, PhD[‡,§]

931 patients
84.1% of participants completed full treatment

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What Did We Learn?

- Our treatment works
  - All programs showed significant improvements from pretreatment to posttreatment in nearly all patient-reported outcomes
  - Effect sizes ranged from medium to large
- Variable structure across programs to accommodate resource availability and Veteran preference
  - Outpatient Options
    - Least intensive: ½-1 day per week for 12-14 weeks
    - Intensive Outpatient: 3 weeks with lodging option at Minneapolis
  - Inpatient
    - 3 weeks, inpatient beds *with* opioid tapering at Tampa

Things to Remember

#1 : Be Flexible

Use what you have and grow from there

Prove value, demand, worth

Staffing: Everyone does need to be full-time in the program

Patients: Adjust based on feedback, may need to expand or decrease days/hours, add/delete components, etc.

Things to Remember

#2 : Be Creative

Consider novel uses of staff, space, technology

Avoid barriers for referrals, patients

Frame for benefit for organization (e.g., burden reduction)

Things to Remember

#3 : Be Persistent

Market, market, market

Remind, remind, remind

~~Need~~ Helps a lot to have a Champion

Providers and Patients

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Thank you!

Jennifer.Murphy2@va.gov

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