

*Interdisciplinary Pain Management:
Achieving Optimal Care*



The *Montana Center*
For Wellness & Pain Management
at HEALTHCENTER

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- Diplomate of the American Board of Anesthesiology
- Fellowship Trained & Board Certified in Pain Medicine
- Specialize in Interventional Pain Management

Goals

- Discuss The Burden of Chronic Pain
- Provide an Overview of Interdisciplinary and Multidisciplinary Therapy
- Provide a Summary of Interdisciplinary Pain Management Benefits
- Discuss Referrals to Pain Specialists

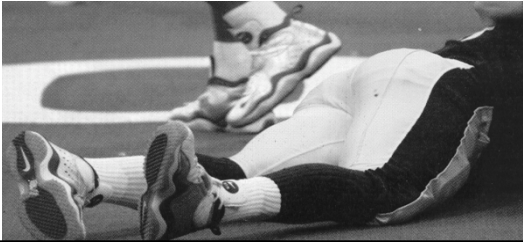
Disclosure
Camden Kneeland, MD

- Camden Kneeland, MD has disclosed that she has no financial interest or other relationships with the manufacturers of medical commercial products.
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Pain

- An unpleasant, sensory and emotional experience associated with actual or potential damage or described in terms of such.



Prevalence of Chronic Pain

A Huge, Growing, and Expensive Problem

- 160 million people
- \$560-635 Billion total cost per year
- \$99 Billion 2008 cost to federal and state governments for medical expenses

Institute of Medicine Report 2011

Prevalence

- 3 out of 4 Americans have experienced chronic or recurring pain or have a family member who has experienced such pain
- Almost 62% of pain sufferers have had their pain for a year or more
- A majority of adults (57%) have experienced chronic or recurring pain, including 54% of adults aged 18–34

Reference: Americans Talk about Pain, conducted by Peter D. Hart Research Associates for Research!America, August 2003

Prevalence

- 50 million Americans are partially or totally disabled by chronic pain
- 77% of pain patients strongly agree that new options are needed to treat their pain
- 50% of Americans aged 65 and older suffer daily pain

Reference: Pain in America: A Research Report, conducted by the Gallup Organization for Merck.

Complexity of Chronic Pain

- Psychological factors
 - Premorbid personality significant
 - May be an expression of psychosis or neurosis
 - Depression common
 - Secondary gain often present
 - Sick role may be present
 - Abnormal illness behavior often present

Complexity of Chronic Pain

- Biological
- Psychological
- Social
- Spiritual
- Cultural
- Environmental

Traditional Treatment of Chronic Pain

Pharmacological

The diagram is a 3-step ladder. At the base is the word "Pain". Step 1 is labeled "Non-opioid + Adjuvant". Step 2 is labeled "Opioid for mild to moderate pain + Non-opioid + Adjuvant". Step 3 is labeled "Opioid for moderate to severe pain + Non-opioid + Adjuvant". The top of the ladder is labeled "Relief from pain".

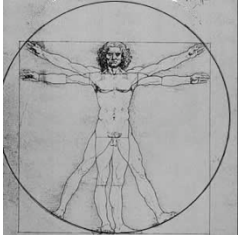
Traditional Treatment of Chronic Pain

Interventional

The image is a circular X-ray of a lumbar vertebra. It shows a minimally invasive surgical approach, likely a microdiscectomy, with a small incision and a tubular retractor system used to access the disc space. Technical markers like "S2-30" and "S4-3" are visible on the right side of the image.

Traditional Treatment of Chronic Pain

Physical



Traditional Treatment of Chronic Pain


?Psychological



Mistakes of Traditional Pain Management

- Emphasizes role of medications and health care provider
 - Deemphasizes role of the patient.
- Perpetuates the myth that there is ongoing tissue pathology
- Emphasizes curative therapy
- Deficient in patient education
- Increases risk to patient and public

Controlled Substance Abuse



- Over 300 Deaths Annually in Montana from Abuse of Rx
- More Than Traffic Fatalities
- More Twice that of Florida when adjusted for population
- Almost 10% of 12-17 yr. olds admit abusing Rx

Prescribing and Monitoring Controlled Substances

- Offer Alternative Therapies
- Identify Risk Categories
- Educate the Patient
- Evaluate Response
- Urine Drug Screens
- Pill Counts
- Physical Exam
- Pharmacy Limitation
- Pharmacy Involvement
- Montana Patient Safety Act

SOAPP-R

- The Screener and Opioid Assessment for Patients in Pain Revised (SOAPP-R) is a tool to aid in treatment decisions for chronic pain patients currently on or being considered for long-term opioid therapy
- Used to identify those concepts most likely to predict which patients will require more or less monitoring while on long-term opioid therapy
- Validated in clinical trials with chronic pain patients

Interdisciplinary Pain Management

- *An interdisciplinary community or project is made up of people from multiple disciplines and professions who are engaged in creating and applying new knowledge as they work together to address a common challenge.*
- *As opposed to the more commonly used term **Multidisciplinary***

Benefits of IPM

- Reduce pain
- Increase activity levels
- Improve function in daily living and recreational activities
- Return patients to work or vocational training
- Reduce opioid medication use
- Reduce emotional distress, such as depression and anxiety, and master coping techniques
- Optimize the use of medical resources
- Educate patients about their role in the treatment plan

Results of interdisciplinary approach

- 65% of patients treated at pain programs increased physical activity compared with 35% of conventionally treated patients

Efficacy of multidisciplinary pain treatment centers: a meta-analytic review.
Pain. 49(2):221-30.

Results of interdisciplinary approach

- One study showed that 65% of patients seen at clinics before enrolling in a pain management program used opioids compared with 20% of patients at discharge from a coordinated pain management program.
- 73% of patients reduced their use of opioids while in the pain management program.

Okifuji AA, Turk DC, Kaloupek D. Clinical outcomes and economic evaluation of the Multidisciplinary Pain Centers. In: Block A, Kremer EE, Fernandez E, editors. Handbook of Pain Syndromes. Mahwah, NJ: Lawrence Erlbaum Publishers; 1999. pp. 77-97.

Results of interdisciplinary approach

- Return-to-work rate for persons treated at interdisciplinary pain centers was 67%.
- 24% rate achieved by patients who had received only conventional medical treatment.

Okifuji AA, Turk DC, Kaloupek D. Clinical outcomes and economic evaluation of the Multidisciplinary Pain Centers. In: Block A, Kremer EE, Fernandez E, editors. Handbook of Pain Syndromes. Mahwah, NJ: Lawrence Erlbaum Publishers; 1999. pp. 77-97.

Results of interdisciplinary approach

- 108 patients
- 12 month follow up
- 19% reduction in pain
- 51% decrease in hours resting
- 45% decrease in emotional distress

Oslund S, et al. Long-term effectiveness of a comprehensive pain management program: strengthening the case for interdisciplinary care. Proc (Bayl Univ Med Cent). 2009 July; 22(3): 211-214.

**The Montana Center
for Wellness & Pain Management**

- One of the Most Comprehensive Pain Management Programs in the United States**
- Our Specialists**
 - Medical Pain Management
 - Interventional Pain Management
 - Mental Health
 - Physical Therapy
 - Addiction Medicine
 - Chiropractic
 - Acupuncture
 - Massage Therapy
 - Naturopathic Treatment

**Responsible Prescribing at The
Montana Center**

- Psychosocial Evaluation**
 - Assess patient beliefs about pain and its relief and prior learned behaviors
 - Assess the risk of harm to self and others
 - Assess the patient's ability to comply with therapy
 - Assess personality, mood, and coexisting psychological disorders, if appropriate, while avoiding inappropriate labeling of patients
 - Help define risk of addiction, abuse, and diversion
 - Evaluate suitability for invasive procedures

**Responsible Prescribing at The
Montana Center**

- Controlled Substance Agreement**
 - Random Pill Counts and Urine Drug Screens
 - 2 Hour Distance Limit
 - Working Phone Number
 - Single Pharmacy

Referrals	
<input type="checkbox"/>	
<input type="checkbox"/>	EARLY
<input type="checkbox"/>	Pain persisting more than 3 months or more than the expected duration of healing
<input type="checkbox"/>	History of addiction, abuse, or other chronic pain
<input type="checkbox"/>	Complex or neuropathic pain complaints
<input type="checkbox"/>	When considering opioid therapy
<input type="checkbox"/>	Complex medical history

Credits	
<input type="checkbox"/>	
<input type="checkbox"/>	Miles Day, M.D.
