

Residency Training in Family Medicine

HSRA HP08304-01

Results of Baseline Data Collection for Chronic Pain Project



Family Medicine and Community Health

Goals of Grant

- Improve resident skills in assessing and treating chronic pain
- Improved patient quality of care, including a multidisciplinary approach using:
 - Comprehensive baseline assessment
 - Ongoing monitoring of both pain and functional status using standardized measures
 - Mental health and substance abuse screening
 - Standardized opioid medication agreements
 - Standardized risk assessment and monitoring
 - Referrals to appropriate MH, SA, PT, and other resources for collaborative management of chronic pain.

Methods

- Measuring resident & faculty attitudes and satisfaction with pain care over the years of the grant
 - Establishing registries of chronic pain patients on long term opioid medication prescriptions
 - Comparison of pre- and post-implementation chart audits of key best practice guidelines for chronic pain care
 - Comparison of pre- and post patient satisfaction surveys
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This presentation

- Focus on baseline data:
 - chart audit findings
 - Patient satisfaction findings

What do we know about chronic pain?

- It's highly prevalent; 14-46% in general population (Blyth et al, 2001); our study found 37.5% adult patient appointments in a randomly selected week involved patients with chronic pain complaints
- Primary care treatment equally effective and less costly when compared to chiropractors/orthopedists (Carey et al, 1995; Solomon et al, 1997).
- Physicians report:
 - inadequate training;
 - feel less confidence; and
 - feel less satisfied with management of chronic pain patients vs. acute, cancer, or terminal pain (Gatchell, 1999; Green et al, 2001; Potter et al, 2001).
- Patients report less satisfaction with management of chronic pain compared to other physical complaints (Cherkin, Deyo, Berg, 1991; Consumer Reports, 1995)

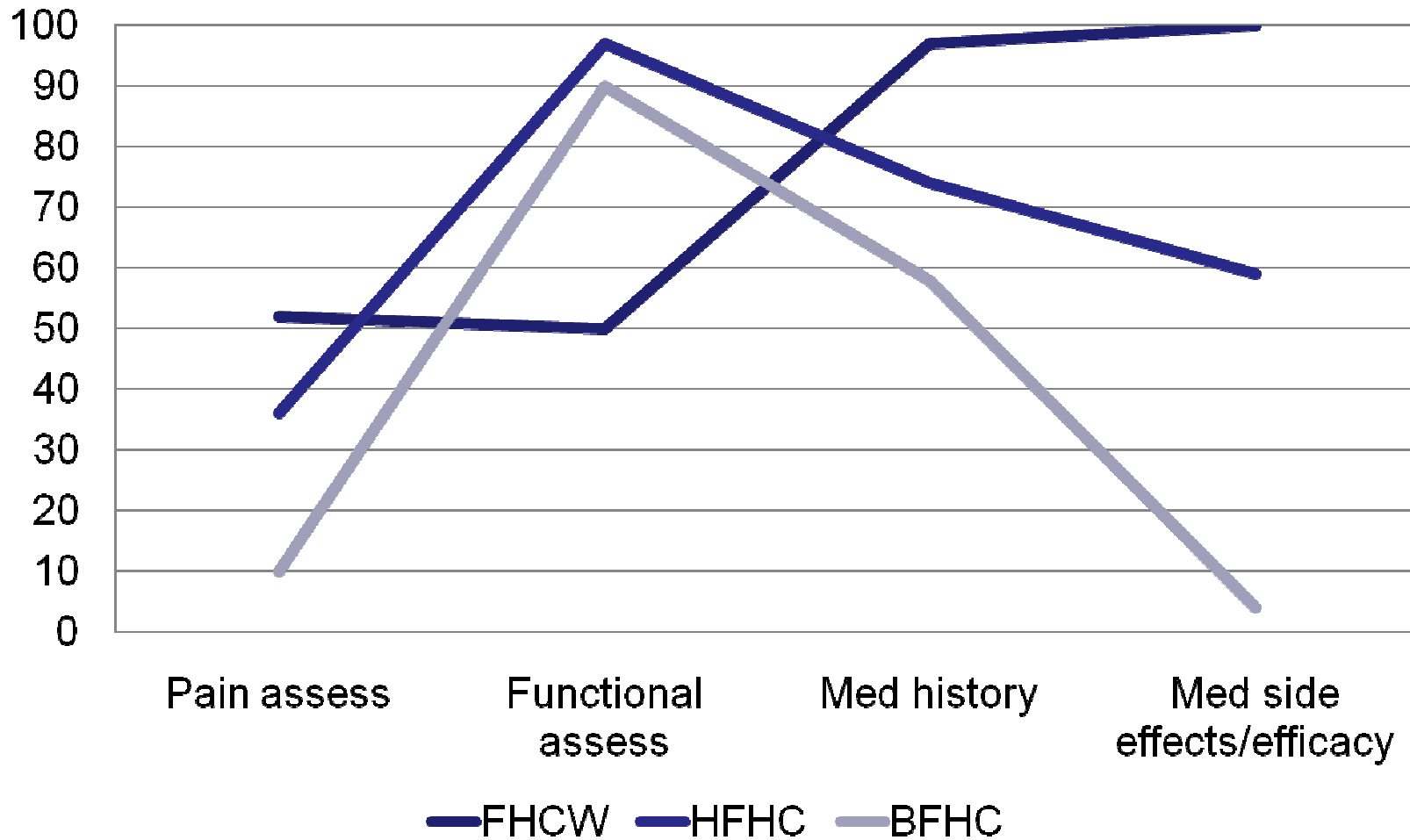
Elements reviewed in chart audits

- Medication history
 - Prior tx history
 - Physical exam
 - Assessment & Plan
 - Additional tests
 - Tox screen
 - Review meds for side effects/efficacy
 - Referral
complementary/alternative
medicine
 - PT referral
 - Depression screen or MH referral
 - Substance abuse referral
 - Systematic pain assessment
 - Systematic functional assessment
 - Addiction screening
 - Patient goals
 - Opioid contract
 - Long acting opioids
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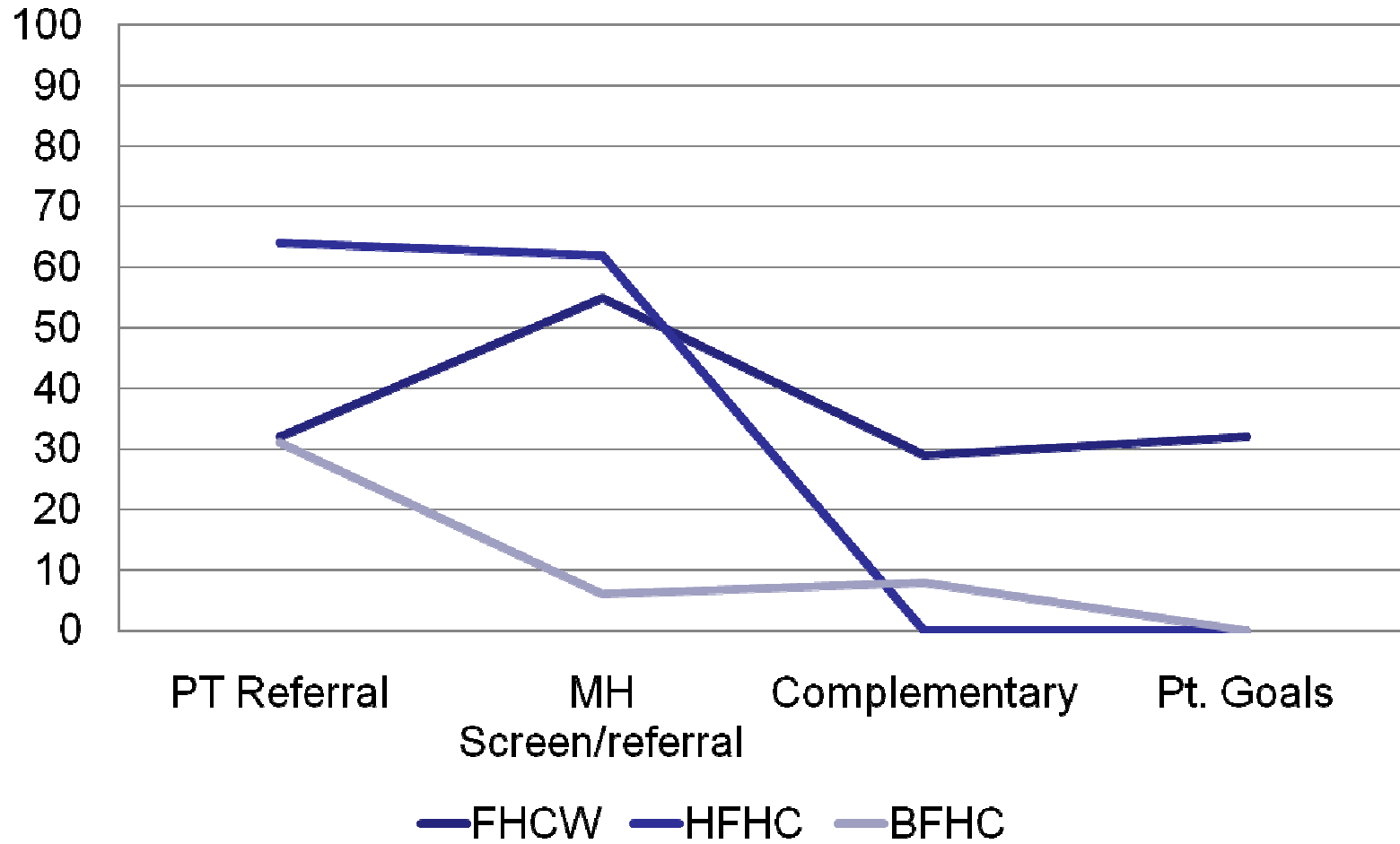
Chart audit patient demographics

- 119 charts (n=32 at FHCW, n=39 at HFHC, n=48 at BFHC)
- 52% female
- Mean age=48 years
- 61% white
- 68% back pain, 22% osteoarthritis, 14% headache/migraine
- Time in practice: 22% <2 years; 36% >7 years

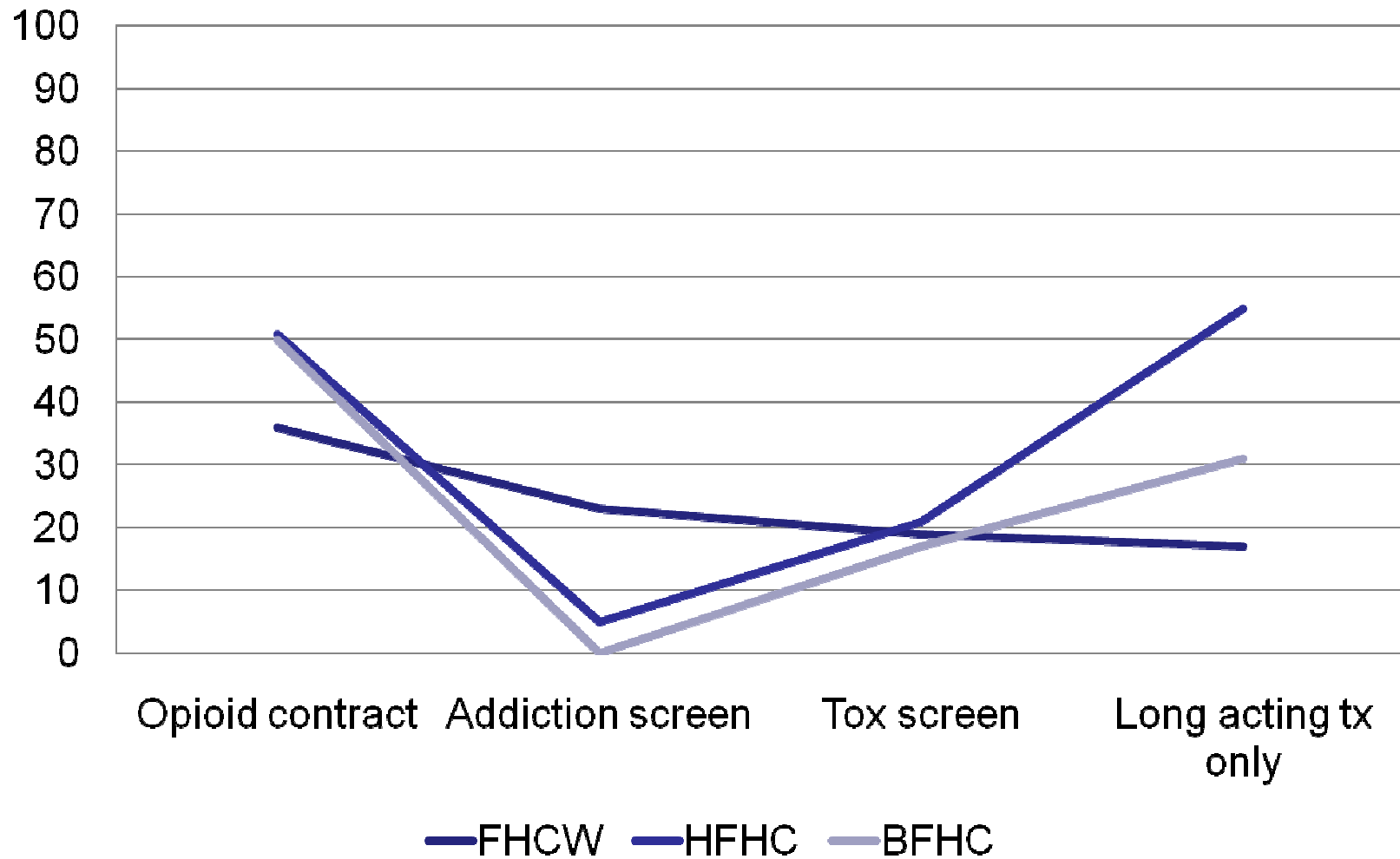
Patient assessment items



Multidisciplinary care



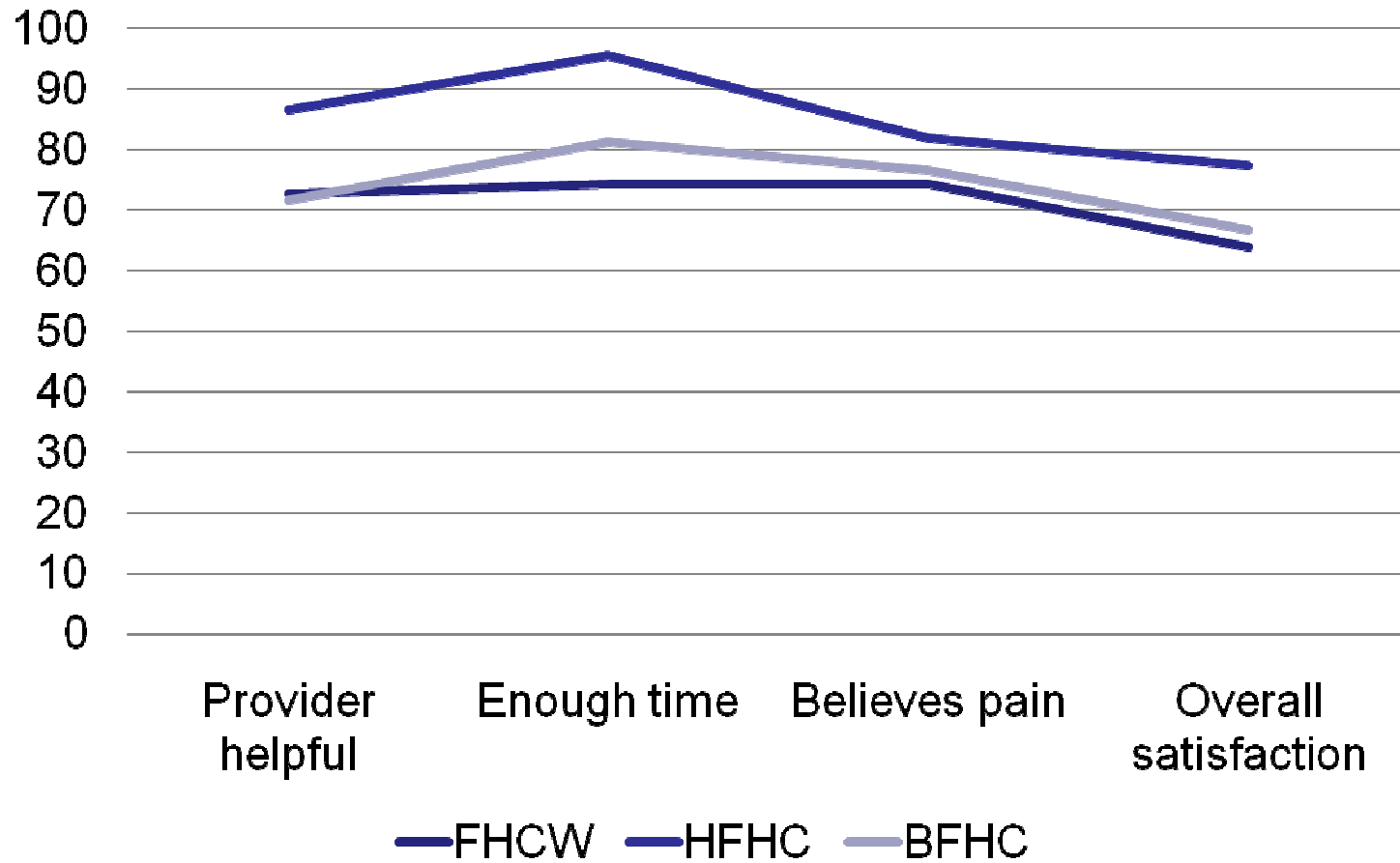
Risk Assessment



Patient Satisfaction

- N=165 (n=62 at FHCW, n=22 at HFHC, n=81 at BFHC)
- 46.6 years
- 55% female
- 73% white
- One site difference trend-how helpful provider was: Hahnemann more helpful rating than Barre or Family Health
- More differences by age (younger rate lower); none by ethnicity

Patient satisfaction-percent best rating



Patient satisfaction-Always + Usually

