Residency Training in Family Medicine
HSRA  HP08304-01

Results of Baseline Data Collection for Chronic Pain Project
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
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
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
Multidisciplinary care

PT Referral  MH  Complementary  Pt. Goals
Screen/referral

FHCW  HFHC  BFHC
Risk Assessment

- Opioid contract
- Addiction screen
- Tox screen
- Long acting tx only

FHCW
HFHC
BFHC

University of Massachusetts Medical School
Family Medicine and Community Health
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

Provider helpful

Enough time

Believes pain

Overall satisfaction

FHCW

HFHC

BFHC