Faculty Practice Development, Challenges & Lessons Learned

A Pain Management Practice

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Rutgers-Newark
St. Michael’s Medical Center

- Founded by Franciscan Sisters of the Poor -1867
- 357 bed facility
- 7 multistory buildings
- Campus: one full city block
- Academic teaching hospital

The Peter Ho Memorial Clinic
The first and largest HIV/AIDS treatment clinic in New Jersey, the Peter Ho Memorial Clinic provides medical services, case management, psychological services, nutrition counseling, and substance-abuse counseling for people who are HIV positive or have AIDS.

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The Proposal

- SMMC Peter Ho Clinic requested a faculty practice arrangement with Rutgers University CON for a pain management specialist

- Literature supported the role

- Goals for Pain Management:
  - eval/treat all patients c/o pain or requesting opiates
  - develop & implement pain management policy
  - decrease opiate dosage/use
  - evaluate for abuse/diversion
Issues Prompting Proposal

patient pain issues
escalating opioid prescribing
question of diversion
psychiatric issues
aberrant drug related behaviors
SMMC Challenges

- Hospital Stability / Funding
- HCP Preconceived Perceptions of HIV/Pain
- HCP Prior Medical Practice
- Lack of Knowledge
  - Pain Management Best Practices
  - State/Federal Laws
Patient Challenges

• > 50% prior history of drug abuse

• Uninsured

• Unemployment

• Noncompliance

• Addiction vs pseudo addiction

• Diversion

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Essex County Statistics

• HIV by Transmission Category & Sex 12/31/12

Injection drug use:

• Male % Female % Total %
  5655 39 3111 37 8766 38

Total Transmission:

• 14327 100 8467 100 22794 100

• Poverty Rate:
  Newark : 27% NJ: 18% US: 13.8%

• Uninsured:
  Newark: 33.8% NJ: 13.1% US: 15.1%

• Unemployment July 2013
  Newark: 14.2% NJ: 8.6% US: 7.4%
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Contract Agreement RU & SMMC

Practice  Teaching

Service  Research
SMMC Benefits

- Practicing APN in Pain Management
- Academic faculty to provide educational seminars to Residents, Fellows, APNs, Nursing staff
- Ryan White Grant - Increase Comprehensive Services
- Interdisciplinary Research
- ID Fellows refer all requests for narcotics
RU Benefits:

- Faculty Practice Site
- Clinical site for APN students
- Clinical site for RU HIV track students
- Clinical site to carry out DNP projects
- Interdisciplinary Education
- Interdisciplinary Research
Key Outcomes

- Opiate Prescriptions Written
- Opiate Dose prescribed
- Rate of Illegal Drug Use
- Rate of Diversion (Prescription not used)
- Use of Multiple Providers
- Referrals: Number & Specialty
- Adjuvant Drugs Use
- Patient Follow-through with Plan
- Satisfaction: Patient & Staff
The Contract

- **SMMC:**
  - Hourly rate billed each quarter
  - Yearly renewal based on need & funding
  - RU student rotation & faculty research

- **RU:**
  - 1-2 days/ 50 weeks
  - Faculty Practice Contract: 10% Dean, 10% FP Plan, 10% University,
    70% faculty / Workload release time
The Practice Plan

• Prior to Start
  Develop Program
  Develop Pain Contract
  Develop EMR Record
  Develop Initial Pain Visit Form
  Develop Return Visit Form
  Develop Patient Handouts
  Choose Urine Drug Screen
 Credentialing
Universal Precautions in Pain Medicine

1. Diagnosis with appropriate differential
2. Psychological assessment, including risk of addictive disorders
3. Informed consent
4. Treatment agreements
5. Pain and function assessments
6. Use of pain medications on a trial basis (particularly opioids)
7. Reassessment of pain, function, and behavior
8. Regular reassessment of the “4A’s”: Analgesia, Activities of daily living (ADL), Adverse events, Aberrant drug-taking behavior
9. Periodic review of diagnosis and comorbidities
10. Documentation
St. Michael’s Medical Center

PAIN MANAGEMENT GUIDELINES AND CONTRACT

Name _____________________________________________      DOB ___ ___ __________

Goals for Taking Opioid Medications:________________________________________________

I,__________________________________   , understand that compliance with the following guidelines is important to the continuation of pain treatment by ___________ ___ ______________ 

1. I will take medications at the dose and frequency prescribed. No other pain medications are to be taken unless discussed first with ______Peter Ho  NP/MD

2. I will comply with my scheduled appointments.

3. No pain medication will be refilled by phone. I understand that pain medication prescriptions will only be refilled at the scheduled clinic appointments.

4. I will not request controlled-substances or any other pain medicine from prescribers other than Peter Ho NP/MD

5. I will consent to random drug testing.

6. I will protect my prescribed medications. No lost or stolen medications will be replaced.

7. I will tell all my health care providers / physicians that I am receiving pain treatments through and/or from: Peter Ho Clinic NP/MD

8. I agree to participate in psychiatric, neuropsychology and substance abuse assessments.

9. This agreement will be placed in my medical record.

10. I understand that my medical records may be used anonymously for research.

11. I understand that if I have any questions or concerns regarding my pain treatment that I will call my primary care provider at : Peter Ho Clinic ________________

I have read and understand the above guidelines.

______________________   _________       ____________________________
Patient                        Date                        Health Care Provider       Date

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Initial Pain Assessment Tool

Patient's name: ________________________________  DOB: ________________
Diagnosis: __________________________ Health Care Provider: _______________________

I. Location: Patient or nurse marks/drawing

II. Intensity: Patient rates the pain. Scale used: ________________
   Present:
   Worst pain gets: __________________________________________
   Best pain gets: __________________________________________
   Acceptable level of pain: __________________________________

III. Quality: (Use patient's own words, e.g., pricking, ache, burn, throb, pull, sharp)

IV. Onset, duration, variations, rhythms: ________________________________

V. Manner of expressing pain: _______________________________________

VI. What relieves the pain? __________________________________________

VII. What causes or increases the pain? _______________________________

VIII. Effects of pain: (Note decreased function, decreased quality
    of life.)
   Accompanying symptoms (e.g., nausea) ___________________________
   Sleep ____________________________
   Appetite ____________________________
   Physical activity ________________________
   Relationship with others (e.g., irritability) _______________________
   Emotions (e.g., anger, suicidal, crying) _______________________
   Concentration _______________________
   Other ____________________________

IX. Other comments: ________________________________________________

X. Plan: __________________________________________________________
Follow-up Pain Assessment

- General
- Reassess regularly
- Measure “5th vital sign” using tools (i.e. numeric scale, face scale); respond urgently to pain 8 or more
- Follow amount and duration of response
- Assess performance status
- Partner with patient/family in setting goals of care
- Balance function vs. complete absence of pain
Diagnosis:  

Pain medications:  

Pain scale rating:  0  1  2  3  4  5  6  7  8  9  10  

Adverse effects:  
None  Nausea  Vomiting  Confusion  Sleepiness  Fatigue  Constipation  

Treatment of adverse effects:  

Since the last clinic visit, how much relief have pain treatment and medication provided? Please circle the one percentage that shows how much relief you have received.  
0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%  

No relief  Complete relief  

Circle the one number that describes how, during the past 24 hours, pain has interfered with your:  

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<thead>
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<th>General activity</th>
<th>Interactions with other people</th>
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<tr>
<td>Does not interfere</td>
<td>Completely interferes</td>
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<tr>
<td>Does not interfere</td>
<td>Completely interferes</td>
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<tr>
<th>Mood</th>
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<td>Does not interfere</td>
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<td>Does not interfere</td>
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<tr>
<th>Sleep</th>
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<td>Does not interfere</td>
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<td>Does not interfere</td>
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<tr>
<th>Ability to work (in or out of home)</th>
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<tr>
<td>Does not interfere</td>
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<td>Does not interfere</td>
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<th>Enjoyment of life</th>
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<tr>
<td>Does not interfere</td>
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**PHYSICIAN TO COMPLETE**  

Complaints/ROS:  

Physical examination: BP: _______ HR: _______ RR: _______ Weight: _______  

HEENT: ___ Heart: ___ Lungs: ___ Focused examination: ___  

**Impression**  

1. Goals Attained?  Yes  No  Working on  

2. Progress?  

**Plan/discussion**  

1. Medication prescription provided?  Yes  No  
   If yes, what drug and amount:  

2. Urine drug screen ordered or due?  Yes  No  
   If male, check testosterone periodically:  Yes  No  

3. Follow-up in:  1  2  3  months  

Physician signature:  

Date:  


Exit Strategy Guide for Discontinuation of Opioid Therapy

Determine patient is not sufficiently responsive to opioid therapy to continue with such treatment

Suggested criteria:

• Intolerable side effects at the minimum dose that produces effective analgesia
• Reasonable attempts at opioid rotation unsuccessful
• Noncompliance with patient care agreement
• Clinically rational dose escalation without adequate analgesia
• Deterioration in physical, emotional, or social functioning attributed to opioid therapy
Key Outcomes – Informal Findings

- Data Collection Ongoing
- Informal Findings:
  - Decrease in Diversion of Drugs
  - Decrease in Drug Abuse
  - Fellows/Attendings review/order urine drug screen
  - Fellows/Attendings increased referrals
  - Overall decrease in opiate doses
  - Increased Orthopedic, Interventional Pain, Neurology, Rheumatology and Physical Therapy Referrals
  - All patients prescribed ajuvants
Lessons Learned

- Time Management
- Rely on Clinical Judgment
- Use of PM tools for ALL patients
- Inquire about patient goals
- Reinforce functional goals
- Reinforce message to patients & providers
- Excellent Musculoskeletal & Neurological Assessment Skills