ECHO®: Use of Screening Tools for the Management of Chronic Pain

Eric Christian, MAEd, LPC, NCC
Objectives

- Explain how to use common assessment tools when teaming on shared patients
- Discuss ways to encourage patients and providers to set realistic expectations for pain control
- Explain methods for increasing patient functionality through goal setting and clinic support
Virtual Care Team Collaboration

Supported by the common desire to care for the various needs of the same patient, exchanges of records (Tx Goals, progress notes, medications, etc.), possible co-management agreements/BAA/QSOA, and the HIE

Adapted from Mendenhall, Lamson, & Hodgson, 2010
Team-Based Care

What we have...  What we need!!
BHCs Can Help Patients and Primary Care Providers

- Increase understanding

Screen for SUDs, MH, and psychosocial concerns to round out a whole person care approach

Access specialty BH providers as needed (MAT, Psychiatry, CST)

Help patient focus on increasing functionality, setting realistic goals, connecting with values, and reducing unhelpful control strategies

Diagram: PAIN (Feelings, Thoughts, Behavior, Environment, Body)
Setting Expectations

PAIN

Functioning

PAIN

Functioning
Screening Assessments to Consider

- Depression: PHQ-2/PHQ-9, PHQ-9A, Geriatric Depression Scale
- Anxiety: GAD-7
- PTSD: PC-PTSD, PCL-5
- Mood Disorder: MDQ
- Drinking: Cage, AUDIT
- Drug Use: Cage-Aid, DAST
- Opioids: ORT, DIRE (provider completed)
- Pain: Pain Catastrophizing Scale (PCS), Central Sensitization Inventory, PEG Scale, Chronic Pain Acceptance Questionnaire (CPAQ), Chronic Pain Values Inventory (CPVI), Tampa Scale for Kinesiophobia, and Oswestry Disability Index (ODI) and more
- Function: WHODAS (12,36, Brief)

Tracking

- PHQ-9: Baseline Score/Date
  Latest Score: Score/Date
- GAD-7: Baseline Score/Date
  Latest Score: Score/Date
- Comments and description of change in functionality over time
Consider a Strategic Approach

<table>
<thead>
<tr>
<th>Session</th>
<th>SUDS Distress (0-10)</th>
<th>PCS</th>
<th>WAI-SR</th>
<th>Pain NRS</th>
<th>MPI-INT</th>
<th>PHQ-9</th>
<th>WHOQOL-BREF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>SUDS</td>
<td>PCS</td>
<td></td>
<td>Pain NRS</td>
<td>MPI-INT</td>
<td>PHQ-9</td>
<td>WHOQOL-BREF</td>
</tr>
<tr>
<td>(Baseline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 2</td>
<td>SUDS</td>
<td></td>
<td>WAI-SR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 3</td>
<td></td>
<td>SUDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 4</td>
<td>SUDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 5</td>
<td>SUDS</td>
<td></td>
<td>WAI-SR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 6</td>
<td>SUDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 7</td>
<td>SUDS</td>
<td>PCS</td>
<td></td>
<td>Pain NRS</td>
<td>MPI-INT</td>
<td>PHQ-9</td>
<td>WHOQOL-BREF</td>
</tr>
<tr>
<td>(Mid-Point)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 8</td>
<td>SUDS</td>
<td></td>
<td>WAI-SR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 9</td>
<td>SUDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 10</td>
<td>SUDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 11</td>
<td>SUDS</td>
<td>PCS</td>
<td></td>
<td>Pain NRS</td>
<td>MPI-INT</td>
<td>PHQ-9</td>
<td>WHOQOL-BREF</td>
</tr>
<tr>
<td>(Termination)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 12</td>
<td>SUDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Booster)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Photo by Unknown Author is licensed under CC BY-SA

Murphy, et al. 2014
Teaming and Longitudinal Collaboration

- Registries can be monitored by team to determine if patients are improving as expected, i.e., 30, 60, 90, 120 days
- Patient education provided by Provider, MAs, BHC
- Collaboration between primary care, BHC, and specialists, when involved
- Use of medication and visit algorithms/adherence monitored
- Multiple performance measures met
- Improvement metric is defined with patient

Treat to Target

<table>
<thead>
<tr>
<th>Date</th>
<th>PHQ-9 Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2015</td>
<td>18</td>
</tr>
<tr>
<td>7/15/2015</td>
<td>12</td>
</tr>
<tr>
<td>8/5/2015</td>
<td>6</td>
</tr>
</tbody>
</table>
Intervals for Treatment Plan Review

At a minimum, it is recommended that treatment plans are reviewed with the patient and all relevant collaborating providers:

- At admission, Transfer, Discharge
- Major changes in patient condition
- The point of estimated length of treatment

Additional opportunities:

- When collaborating treatment providers have a change in care status with patient
- Patient improvement is slower or more rapid than expected
- Patient is hospitalized or relapses
References