



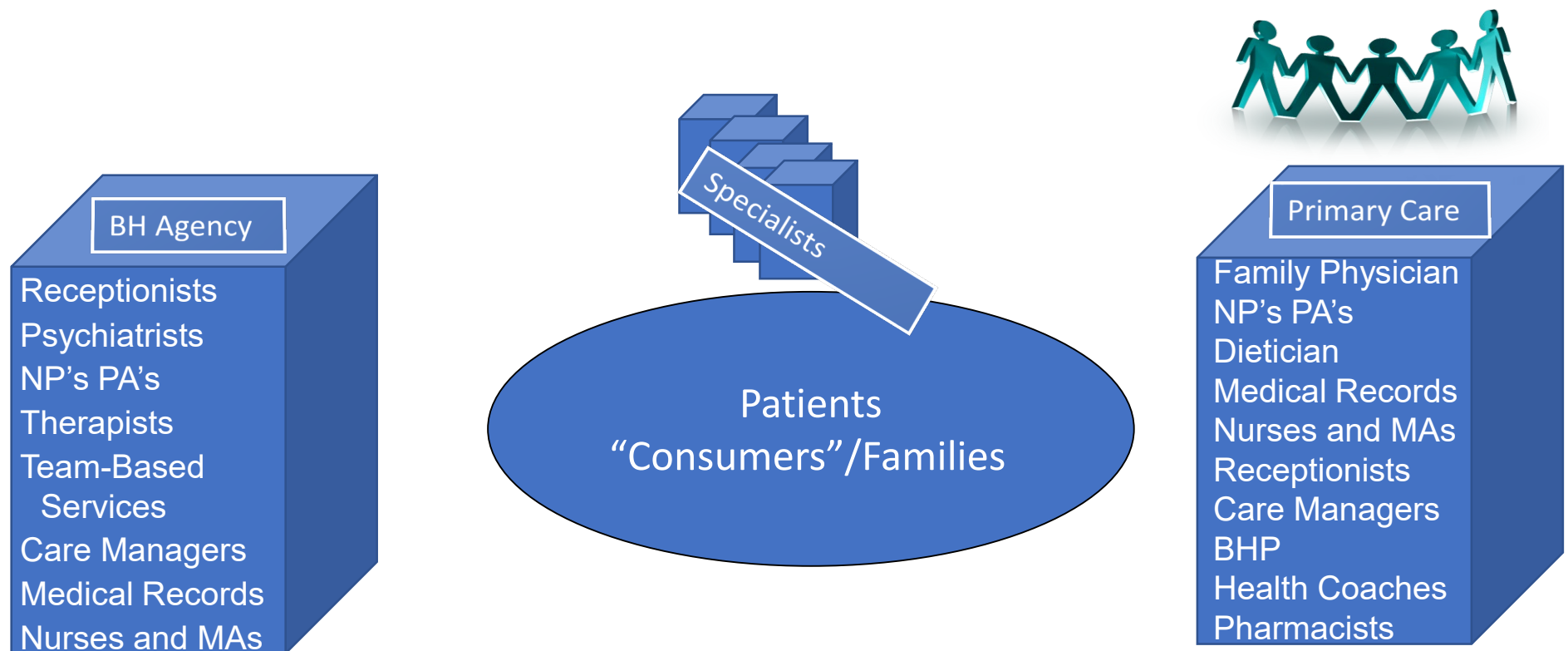
ECHO®: Use of Screening Tools for the Management of Chronic Pain

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...

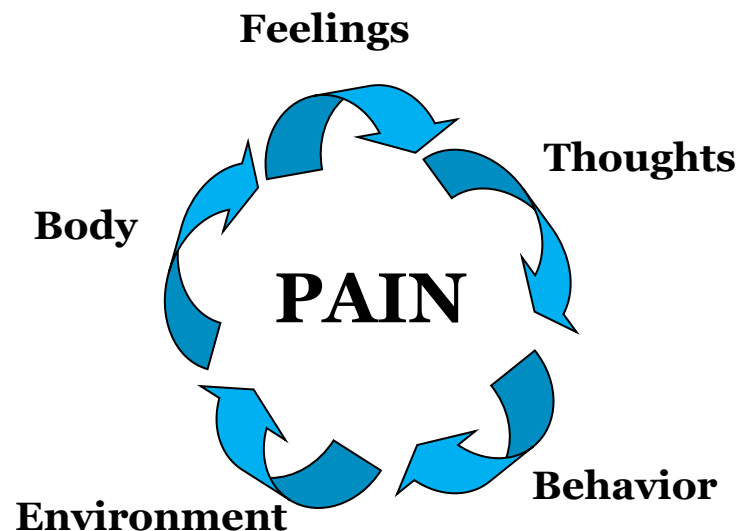


What we need!!



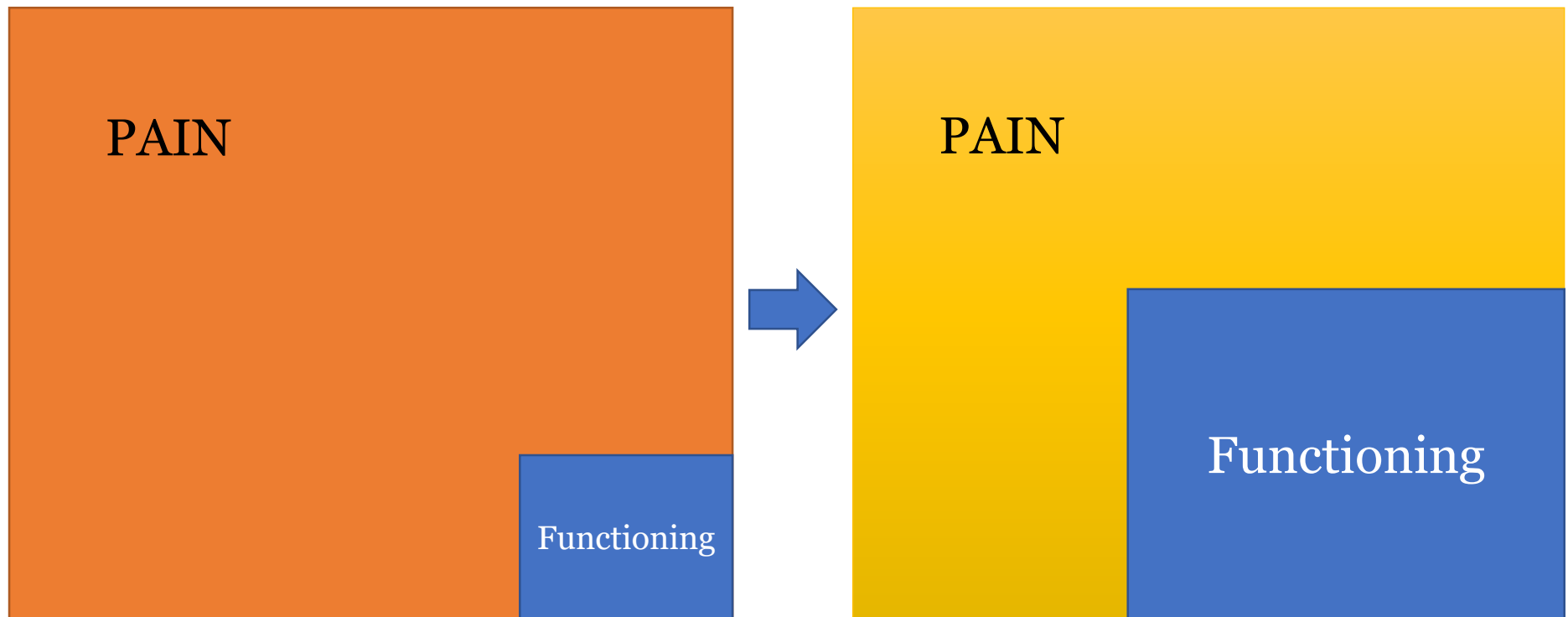
BHCs Can Help Patients and Primary Care Providers

- 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

Setting Expectations



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

January						
Wk	S	M	T	W	T	F S
1			1	2	3	4 5
2	6	7	8	9	10	11 12
3	13	14	15	16	17	18 19
4	20	21	22	23	24	25 26
5	27	28	29	30	31	

May						
Wk	S	M	T	W	T	F S
18				1	2	3 4
19	5	6	7	8	9	10 11
20	12	13	14	15	16	17 18
21	19	20	21	22	23	24 25
22	26	27	28	29	30	31

September						
Wk	S	M	T	W	T	F S
36	1	2	3	4	5	6 7
37	8	9	10	11	12	13 14
38	15	16	17	18	19	20 21
39	22	23	24	25	26	27 28
40	29	30				

Session	SUDS Distress (0-10)	PCS	WAI-SR	Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 1 (Baseline)	SUDS	PCS		Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 2	SUDS		WAI-SR				
Session 3	SUDS						
Session 4	SUDS						
Session 5	SUDS		WAI-SR				
Session 6	SUDS						
Session 7 (Mid-Point)	SUDS	PCS		Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 8	SUDS		WAI-SR				
Session 9	SUDS						
Session 10	SUDS						
Session 11 (Termination)	SUDS	PCS		Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 12 (Booster)	SUDS						

October						
Wk	S	M	T	W	T	F S
40			1	2	3	4 5
41	6	7	8	9	10	11 12
42	13	14	15	16	17	18 19
43	20	21	22	23	24	25 26
44	27	28	29	30	31	

November						
Wk	S	M	T	W	T	F S
44					1	2
45	3	4	5	6	7	8 9
46	10	11	12	13	14	15 16
47	17	18	19	20	21	22 23
48	24	25	26	27	28	29 30

December						
Wk	S	M	T	W	T	F S
49	1	2	3	4	5	6 7
50	8	9	10	11	12	13 14
51	15	16	17	18	19	20 21
52	22	23	24	25	26	27 28
1	29	30	31			

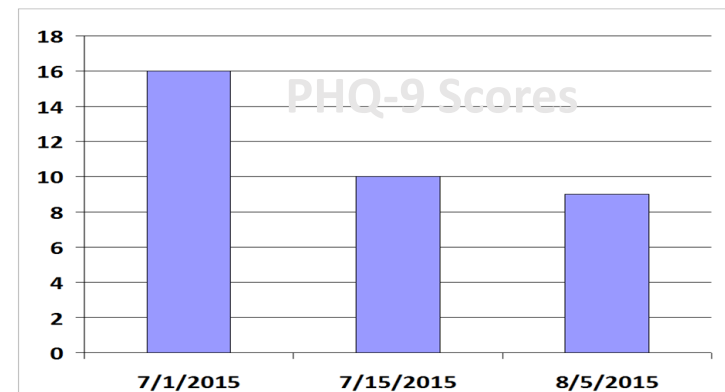
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Murphy, et al. 2014

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



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

http://www.sagepub.com/sites/default/files/upm-binaries/18970_Chapter_5.pdf

Questions?

Eric Christian, MAEd, LPC, NCC
echristian@communitycarenc.org



References

- Murphy, J.L., McKellar, J.D., Raffa, S.D., Clark, M.E., Kerns, R.D., & Karlin, B.E. (2014). *Cognitive behavioral therapy for chronic pain among veterans: Therapist manual*. Washington, DC: U.S. Department of Veterans Affairs. https://www.va.gov/painmanagement/docs/cbt-cp_therapist_manual.pdf