Session #C3

Where do I start? Interprofessional Chronic Pain Training in Primary Care

- Stacy Ogbeide, PsyD, MS, ABPP
- Nida Emko, MD
- Brittany Houston, MA
- Ryan Urbi, MD

UT Health San Antonio

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CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe the use of clinical pathways within interprofessional education in primary care settings;
- Describe the basic tenets of a complex patient assessment for the primary care setting; and
- Identify at least one brief behavioral intervention for chronic noncancer pain for primary care.

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LCME Annual Medical School Questionnaire Part II, 2007-2008 through 2015-2016. Association of American Medical Colleges. https://www.aamc.org/initiatives/cir/403572/02.html accessed 9/14/18

LCME Functions and structure of a medical school: standards for accreditation of medical education programs leading to the MD degree. Association of American Medical Colleges. Mar 2017.

Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

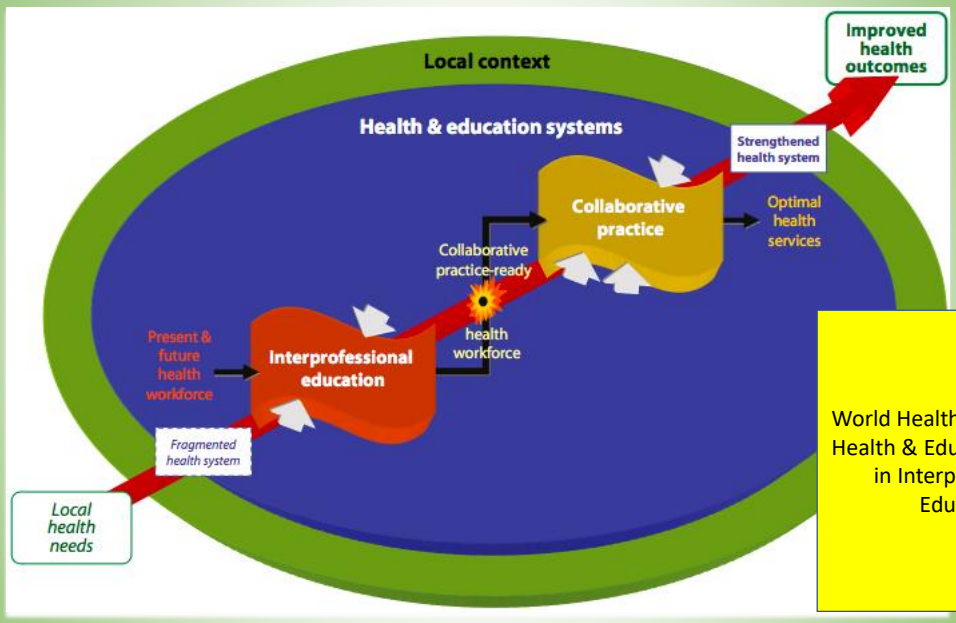
Interprofessional Education

"When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes"

– World Health Organization, 2010

Emphasis on IPE from a Medical Standpoint

- World Health Organization (WHO): Framework for Action on Interprofessional Education and Collaborative Practice (2010)
- Institute of Medicine's Global Forum on Innovation in Health Professional Education (2013)
- Liaison Committee on Medical Education (LCME) Standards for Accreditation of Medical Education Programs Leading to the MD Degree (2013)



World Health Organization's Health & Education Systems in Interprofessional Education

LCME

- LCME survey: "Does the medical school offer required education sessions that bring together students from different health professions programs (for example, medicine, nursing, allied health)?"

Academic Year	# of Medical Schools Requiring Interprofessional Education	# of Medical Schools Participating in the Survey
2007-2008	56	126
2008-2009	67	126
2009-2010	81	130
2010-2011	85	131
2011-2012	102	134
2012-2013	109	136
2013-2014	119	140
2014-2015	130	141
2015-2016	132	142

Interprofessional Education in Primary Care

Pros

- Patient safety
- Patient satisfaction
- Provider satisfaction
- Quality of care
- Health promotion
- Population health
- Cost of care

Cons

- Lack of communication between providers
- Conflict resolution
- Incomplete understanding of roles
- Time constraints
- Attitudes of team members
- Electronic health records

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- Health Profession Networks, Nursing & Midwifery, Human Resources for Health. Framework for action on interprofessional education & collaborative practice. World Health Organization. 2010.
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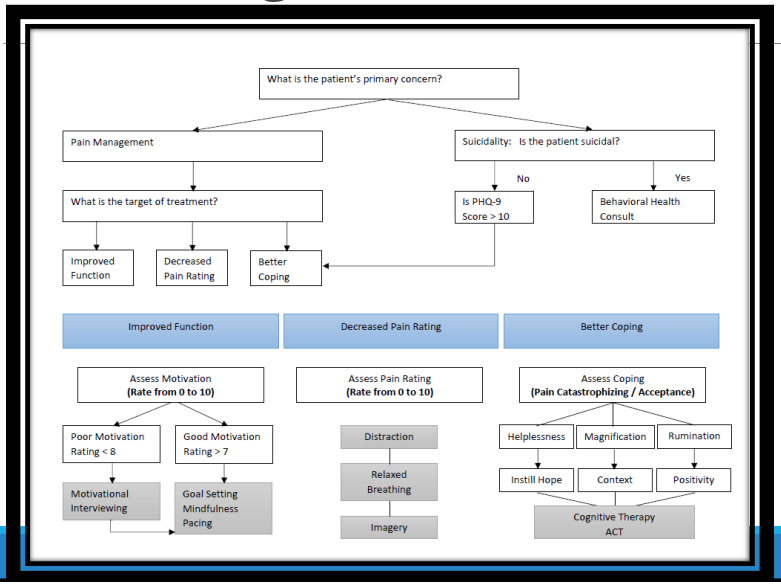
IPE Training

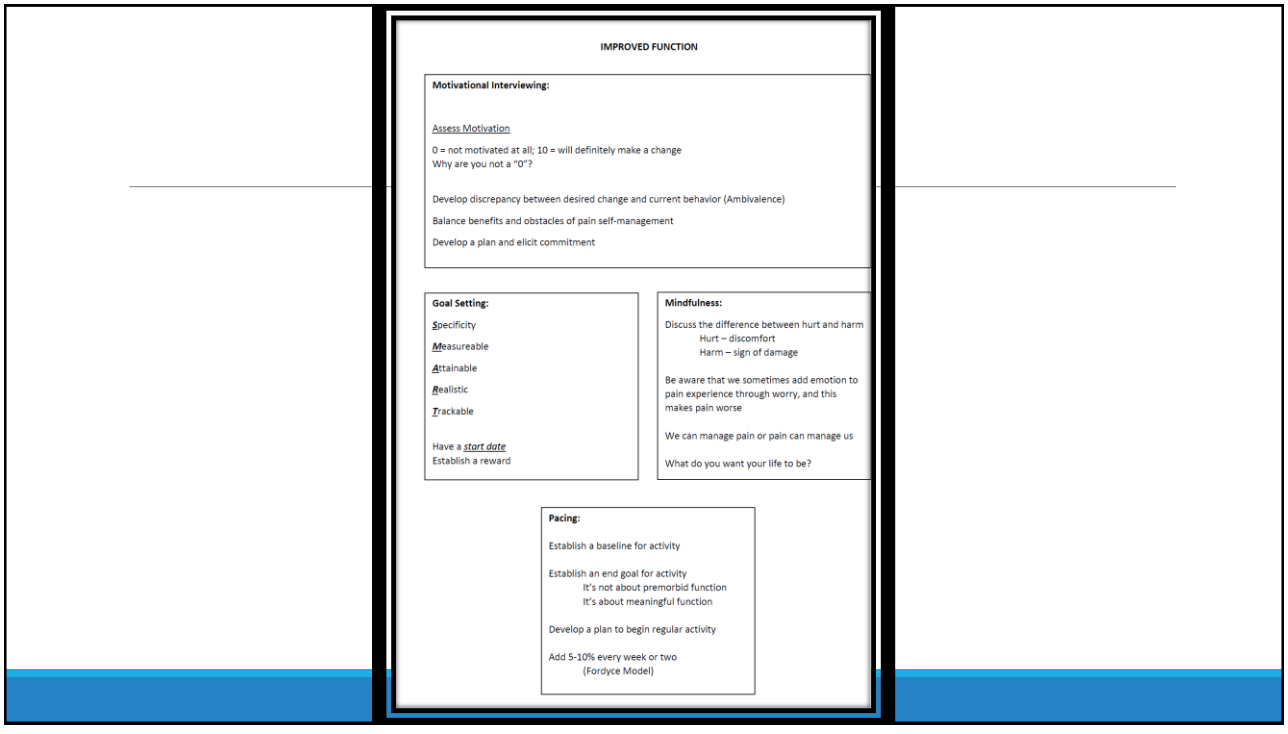
IPE Training – Chronic Pain

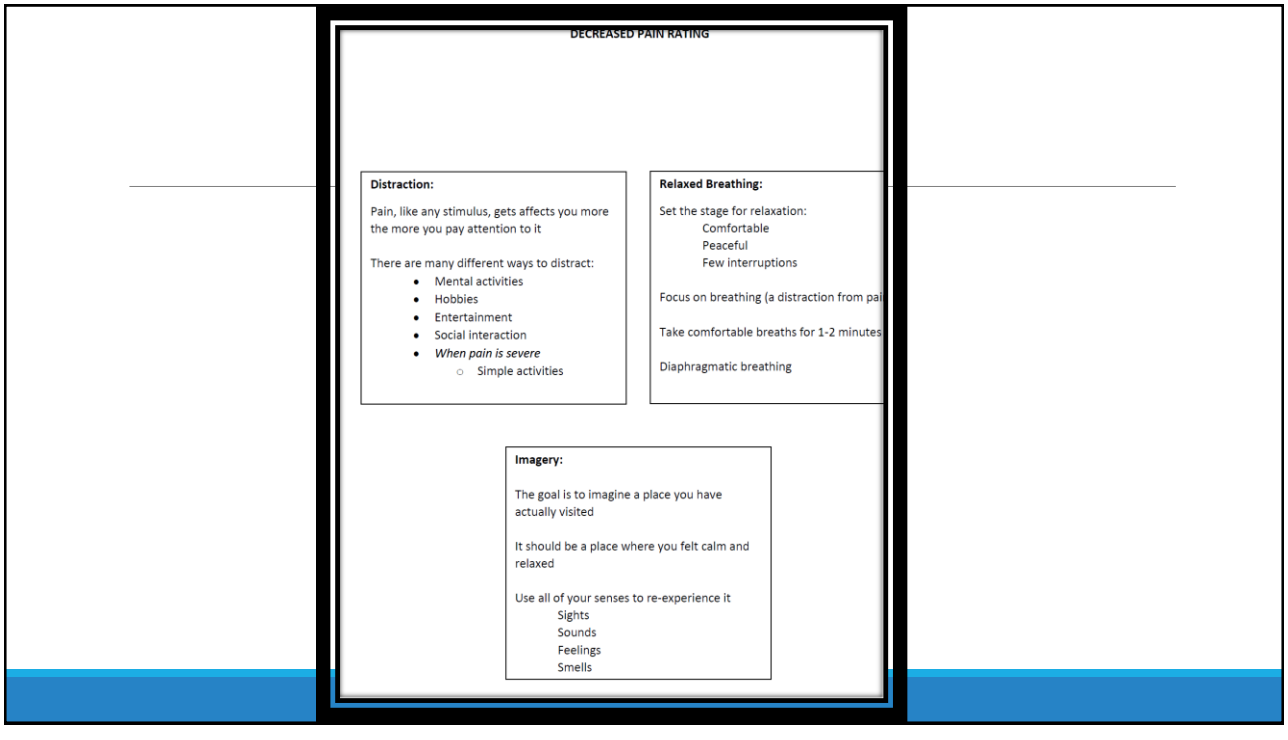
- Housed within the UT Health SA Family Medicine Residency
- During Behavioral Health Rotation for FM Residents
- Psychology Resident from Psychology Internship Program (Dept. of Psychiatry) at UT Health San Antonio
- Visits within the context of the Primary Care Behavioral Health (PCBH) Consultation Model
- Change-Oriented (Contextual) Interviews and Brief, Behavioral Interventions

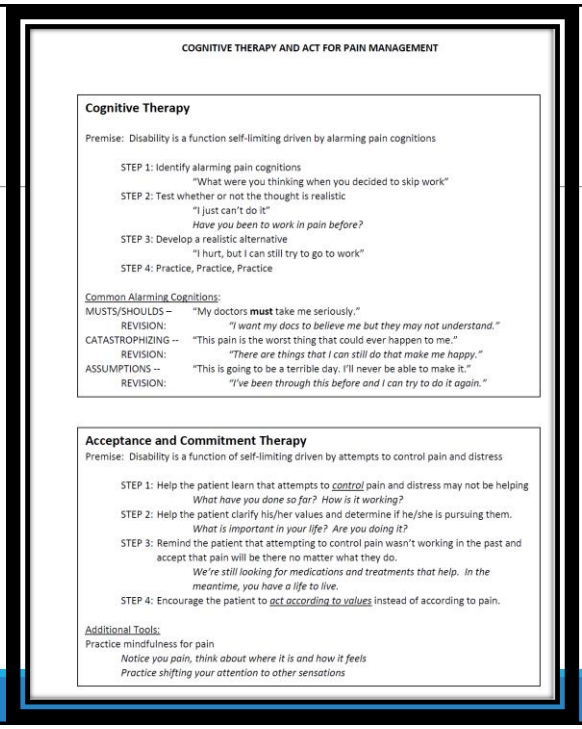
IPE Training – Chronic Pain



Developed by Don McGeary, PhD, ABPP


IMPROVED FUNCTION
Motivational Interviewing:
Assess Motivation
0 = not motivated at all; 10 = will definitely make a change
Why are you not a "0"?
Develop discrepancy between desired change and current behavior (Ambivalence)
Balance benefits and obstacles of pain self-management
Develop a plan and elicit commitment
Goal Setting:
Specificity
Measureable
Attainable
Realistic
Trackable
Have a start date
Establish a reward
Mindfulness:
Discuss the difference between hurt and harm
Hurt – discomfort
Harm – sign of damage
Be aware that we sometimes add emotion to pain experience through worry, and this makes pain worse
We can manage pain or pain can manage us
What do you want your life to be?
Pacing:
Establish a baseline for activity
Establish an end goal for activity
It's not about premorbid function
It's about meaningful function
Develop a plan to begin regular activity
Add 5-10% every week or two
(Fordyce Model)


DECREASED PAIN RATING
Distraction:
Pain, like any stimulus, gets affects you more the more you pay attention to it
There are many different ways to distract:
Mental activities
Hobbies
Entertainment
Social interaction
When pain is severe
Simple activities
Relaxed Breathing:
Set the stage for relaxation:
Comfortable
Peaceful
Few interruptions
Focus on breathing (a distraction from pai
Take comfortable breaths for 1-2 minutes
Diaphragmatic breathing
Imagery:
The goal is to imagine a place you have actually visited
It should be a place where you felt calm and relaxed
Use all of your senses to re-experience it
Sights
Sounds
Feelings
Smells



COGNITIVE THERAPY AND ACT FOR PAIN MANAGEMENT

Cognitive Therapy

Premise: Disability is a function self-limiting driven by alarming pain cognitions

STEP 1: Identify alarming pain cognitions
"What were you thinking when you decided to skip work"
STEP 2: Test whether or not the thought is realistic
"I just can't do it"
Have you been to work in pain before?
STEP 3: Develop a realistic alternative
"I hurt, but I can still try to go to work"
STEP 4: Practice, Practice, Practice

Common Alarming Cognitions:
MUSTS/SHOULDS – "My doctors **must** take me seriously."
REVISION: *"I want my docs to believe me but they may not understand."*
CATASTROPHIZING -- "This pain is the worst thing that could ever happen to me."
REVISION: *"There are things that I can still do that make me happy."*
ASSUMPTIONS -- "This is going to be a terrible day. I'll never be able to make it."
REVISION: *"I've been through this before and I can try to do it again."*

Acceptance and Commitment Therapy

Premise: Disability is a function of self-limiting driven by attempts to control pain and distress

STEP 1: Help the patient learn that attempts to *control* pain and distress may not be helping
What have you done so far? How is it working?
STEP 2: Help the patient clarify his/her values and determine if he/she is pursuing them.
What is important in your life? Are you doing it?
STEP 3: Remind the patient that attempting to control pain wasn't working in the past and accept that pain will be there no matter what they do.
We're still looking for medications and treatments that help. In the meantime, you have a life to live.
STEP 4: Encourage the patient to *act according to values* instead of according to pain.

Additional Tools:
Practice mindfulness for pain
Notice you pain, think about where it is and how it feels
Practice shifting your attention to other sensations

IPE Training – Initial Outcomes

- Orientation to Chronic Pain Patients Scale (OCPPS). The OCPPS is a 13-item, self-report educational survey instrument intended to measure "expectation of success in treating these [chronic pain] patients, beliefs about ability to control treatment outcomes, professional satisfaction with patients' treatment outcomes, and negative stereotypical beliefs about the patient with chronic pain" (Evans, Whitham, Trotter, & Filtz, 2011, p. 706
- Nine trainees (8 Family Medicine residents and 1 Behavioral Health trainee) completed the rotation during the six-month period:
  - Pre-rotation scores (M = 51.4, SD = 13.4)
  - Post-rotation scores (M = 44.8, SD = 9.1)
- Also tracking patient outcomes…

IPE Training – Trainee Perspectives

Brittany Houston, MA (Psychology Resident)

Ryan Urbi, MD (PGY 3 – Family Medicine)

- How has this changed your comfort level with addressing chronic pain in primary care?
- What did you like the most in this learning experience?
- What could be improved in this learning experience?

IPE Training – Patient Perspective

Questions?

stacy.ogbeide@gmail.com or ogbeide@uthscsa.edu

Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

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