

Total Joint Replacement and Perioperative Behavioral Health

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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:

- Identify psychosocial risk-factors associated with total joint replacement surgical outcome and the role of behavioral health in actively working to mediate risk as a member of the multidisciplinary treatment team.
- Articulate recent findings regarding opioid use/morphine equivalent dosing, pain catastrophizing, emotional health, substance use, etc. and surgical risk/outcome as well as patient satisfaction.
- Identify strategies for integrating a BHP within the perioperative treatment setting and establish a process for meaningful programmatic evaluation through effective data collection.

Bibliography / Reference

1. Nguyen, L-C. C., Sing, D. C., & Bozic, K. J. (2016). Preoperative reduction of opioid use before total joint arthroplasty. *The Journal of Arthroplasty*, 31, S282-S287. <http://dx.doi.org/10.1016/j.arth.2016.01.068>Reference
2. Pivec, R., Issa, K., Naziri, Q., Kapadia, B. H., Bonutti, P. M., & Mont, M. A. (2014). Opioid use prior to total hip arthroplasty leads to worse clinical outcomes. *International Orthopaedics*, 38(6), 1159-1165. DOI 10.1007/s00264-014-2298-xReference
3. Nota, S., Spit, S., Voskuyl, T., Bot, A., ahageman, M., & Ring, D. (2015). Opioid use, satisfaction and pain intensity after orthopedic surgery. *Psychosomatics*, 56(5), 479-485. doi.org/10.1016/j.psych.2014.09.003.
4. Blumenthal, D., Abrams, M., & Nuzum, R. (2015). The Affordable Care Act at 5 years. *The New England Journal of Medicine*, 372(25), 2451-2458. DOI: 10.1056/NEJMhpr1503614
5. Zarling, B., Yokhana, S., Herzog, D. T., & Markel, D. C. (2016). Preoperative and postoperative opiate use by the arthroplasty patient, *The Journal of Arthroplasty*, 31, 2081-2084. <http://dx.doi.org/10.1016/j.arth.2016.03.061>

Learning Assessment

A learning assessment is required for CE credit.

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

Total Joint Replacement and Perioperative Behavioral Health

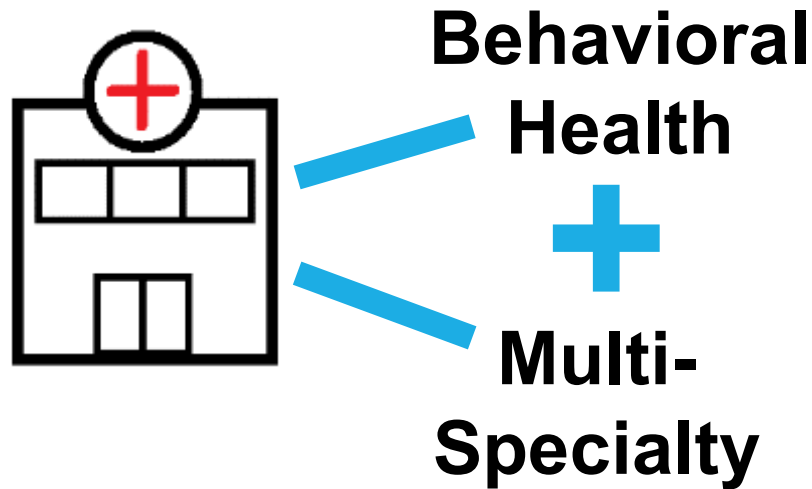


**One of the Largest
Medical Organizations
in Oregon**

**Rapid Expansion of
Integrated Services
& Behavioral Health**

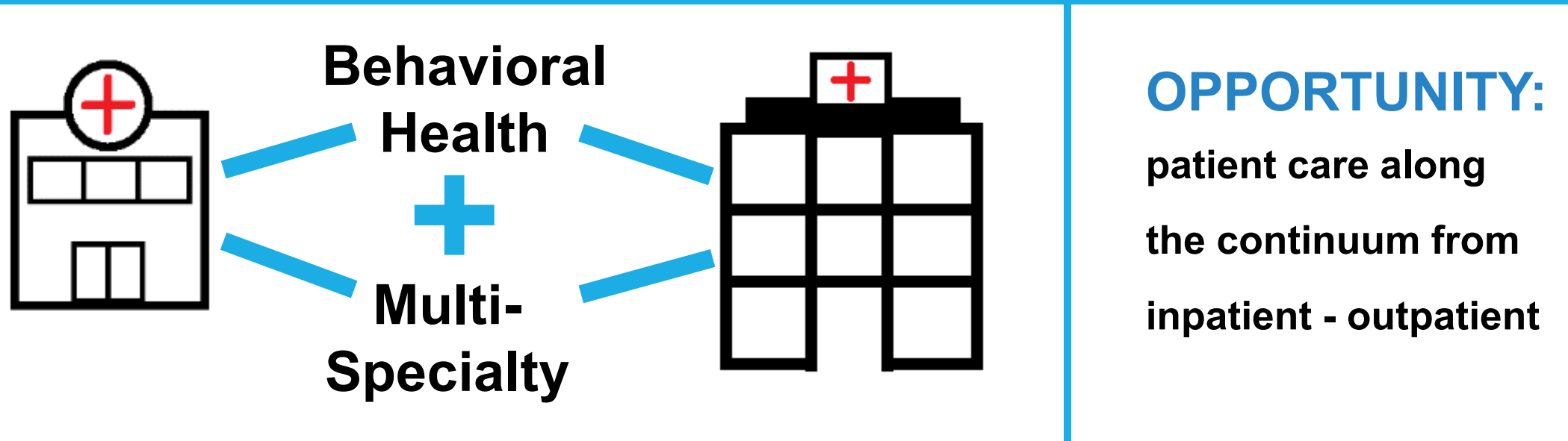
**48 BHPs in 41
Clinics (Oregon &
SW Washington)**

Total Joint Replacement and Perioperative Behavioral Health



- IM / FM
- Neurology
- Gen Surgery
- Ortho Surgery
- Oncology
- Cardiology
- ENT

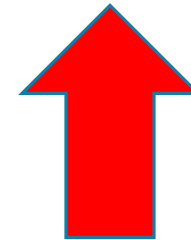
Total Joint Replacement and Perioperative Behavioral Health



Why?

- 1 Request to help address hospital's perceived challenges of effectively managing post-operative TJR pain
- 2 Simultaneous task of reducing opioid-based medications

PATIENT COMPLAINTS:

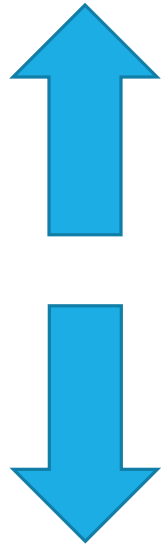


PAIN !



**No More
Opioids**

Affordable Care Act



Patient Care

Cost



Re-Admission

Infection

Risks

TJR REALITY:



Pain



Hx Rx



Risk

System Objectives

1

**I.D.
Risk
Factors**

2

**Mediate
Surgical
Risk**

3

**Decrease
Opioid
Use**

4

**Increase
Satisfaction**

5

**Decrease
Readmit**

Patient Objectives

1

Increase pt support by stratifying patient risk and providing intervention directly targeted at known risk factors

2

Increase pt understanding and self-efficacy re: pain and pain management during the perioperative period

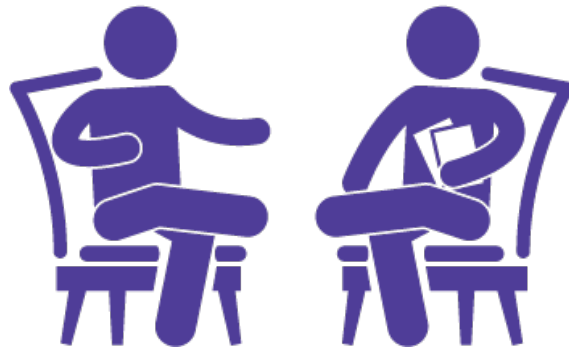
Program Development

- **Literature Review**
- **I.D. Risk Factors Correlating w/ Poor Surgical Outcome**
- **Data informed “Report Card”**
 - **Risk Stratification, Standardized**

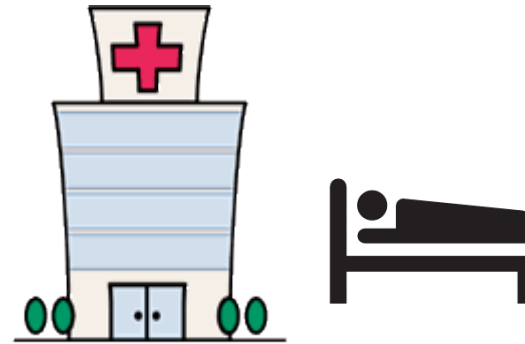
Intervention



[Pre-Surgery Class]



[Clinical Interview]



[Inpatient Follow-Up]



**[1-Month Follow-Up]
[6-Week Chart Scrub]**

Intervention



[Pre-Surgery Class]

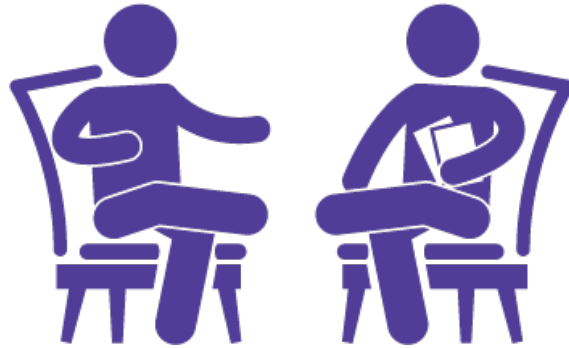
- Psychoeducation
- Skills Training

In-Person @ Hospital

- Pain Theory & Neurological Process
- Psychosocial Stressors
- Pain Coping Skills
- Pain Self-Efficacy (strategies)

Intervention

Pre-Admit Clinic



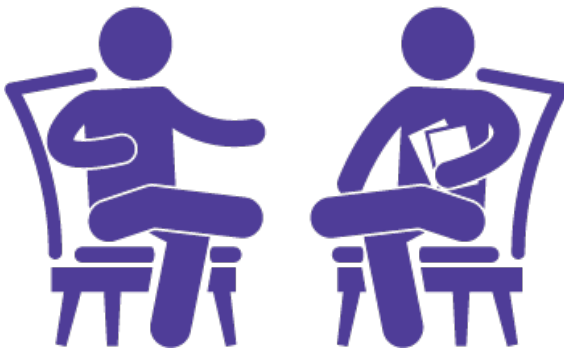
[Clinical Interview]

- Risk Factors
- Screening Tools
- Intervention

- **Structured Clinical Interview**
 - Brief Pain Inventory
 - Pain Catastrophizing Scale
 - Opioid Risk Tool
 - PHQ-9

Intervention

Pre-Admit Clinic



[Clinical Interview]

- Risk Factors
- Screening Tools
- Intervention

Low

- Coping Skills
- Have a Nice Day

Moderate

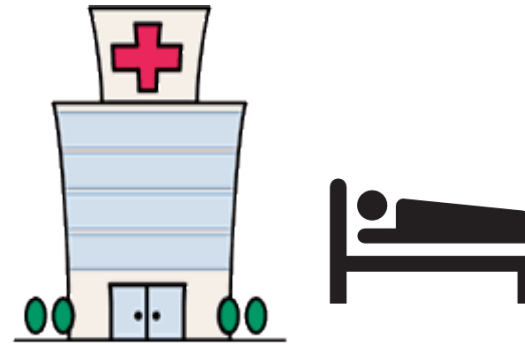
- Brief Intervention
- Review Subjective Complaints
- Possible System Intervention

High

- Additional Intervention (Office Visits)
- System Intervention (Inpatient - Outpatient Care Teams)

Intervention

- **Pain Coping Assessment**
- **Practice Relaxation Skills**
- **Interdisciplinary Consultation**



[Inpatient Follow-Up]

- **Intervention**
- **Additional Support**

Bedside

Intervention

- **Pain Coping Assessment**
- **Brief Pain Inventory**
- **Reminder: Coping Skills**
- **MED**



[1-Month Follow-Up]

[6-Week Chart Scrub]

Results

	Low	Moderate	High
2015 – 2018 n = 347	89%	10%	1%
2017 – 2018 n = 63	87%	11%	2%

Results

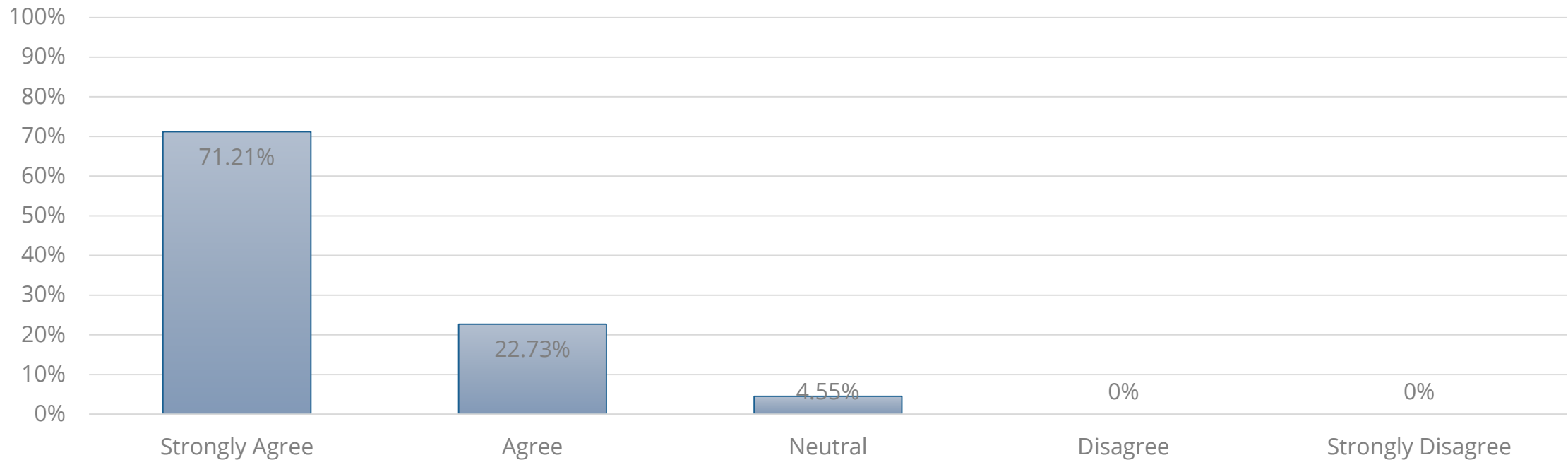
	Depression	Helplessness	MED 1mo/6wk
Hx of Opioid Use - Length	.56	.5	.54 / .56
Opioid Refill Requests 6wk		.5	.54

Results

	Depression	MED 6wk
Pain Catastrophizing	.66	.51
Pain Helplessness	.59	.54

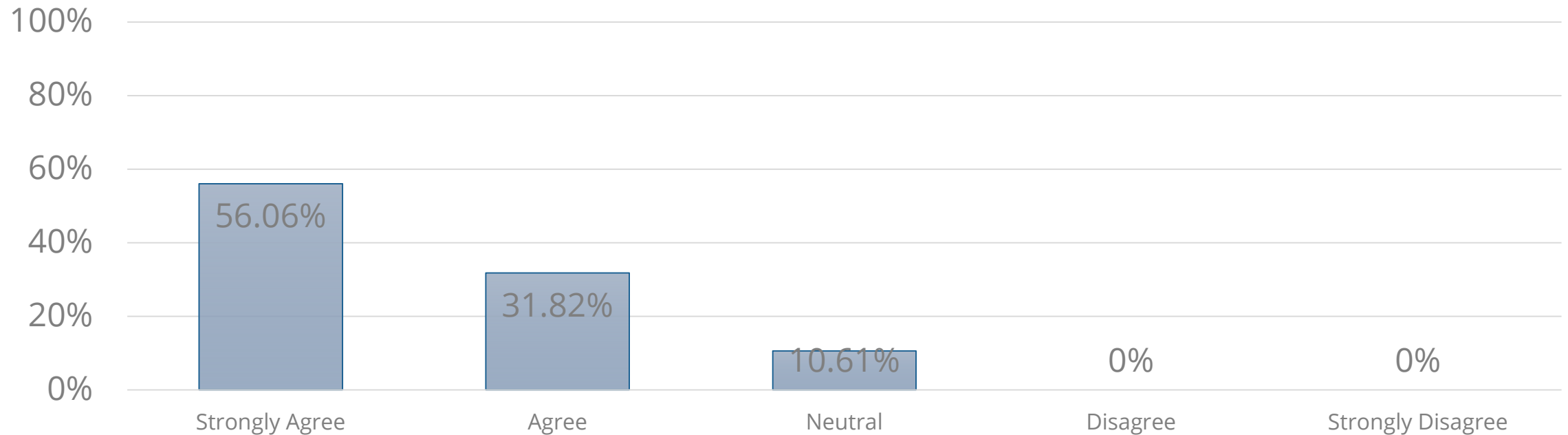
Results

I understand the role of BHC in pre/post-operative surgical care



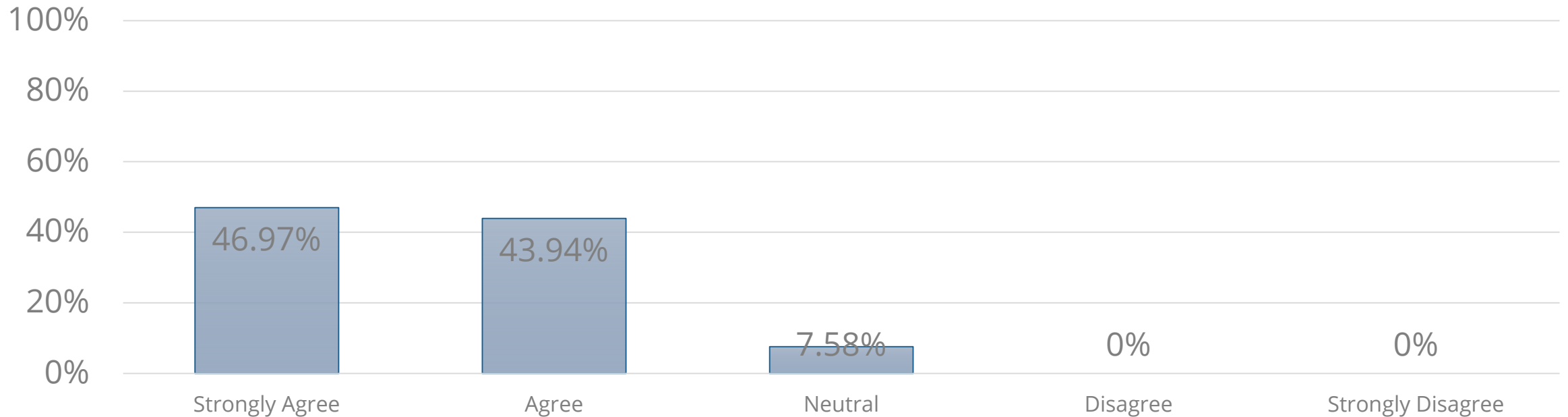
Results

I learned new strategies to help with my post-operative recovery



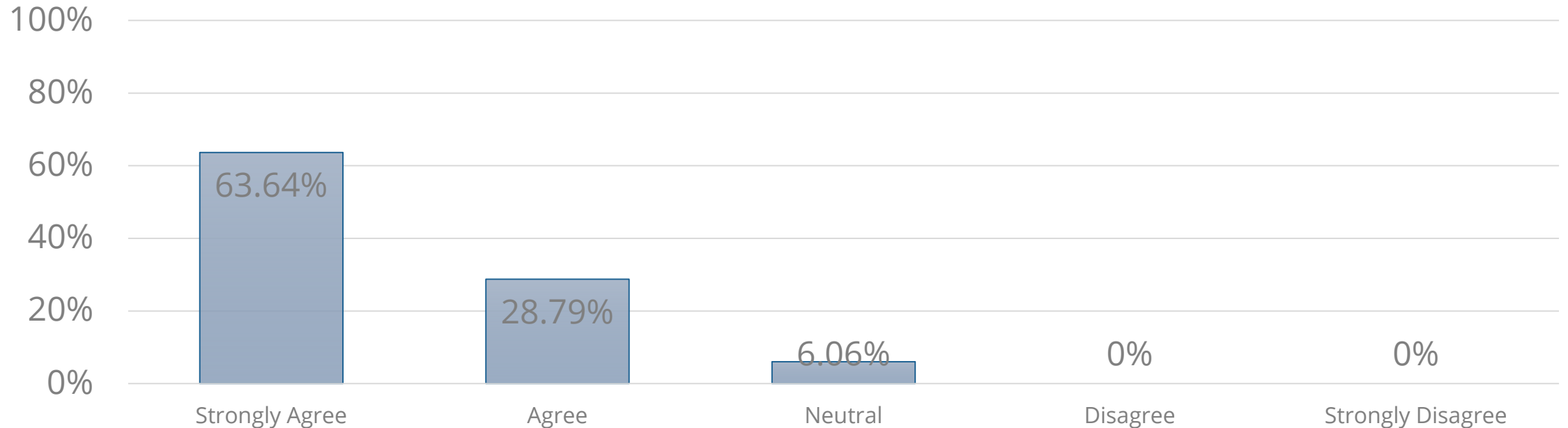
Results

I learned new strategies to help my pain management



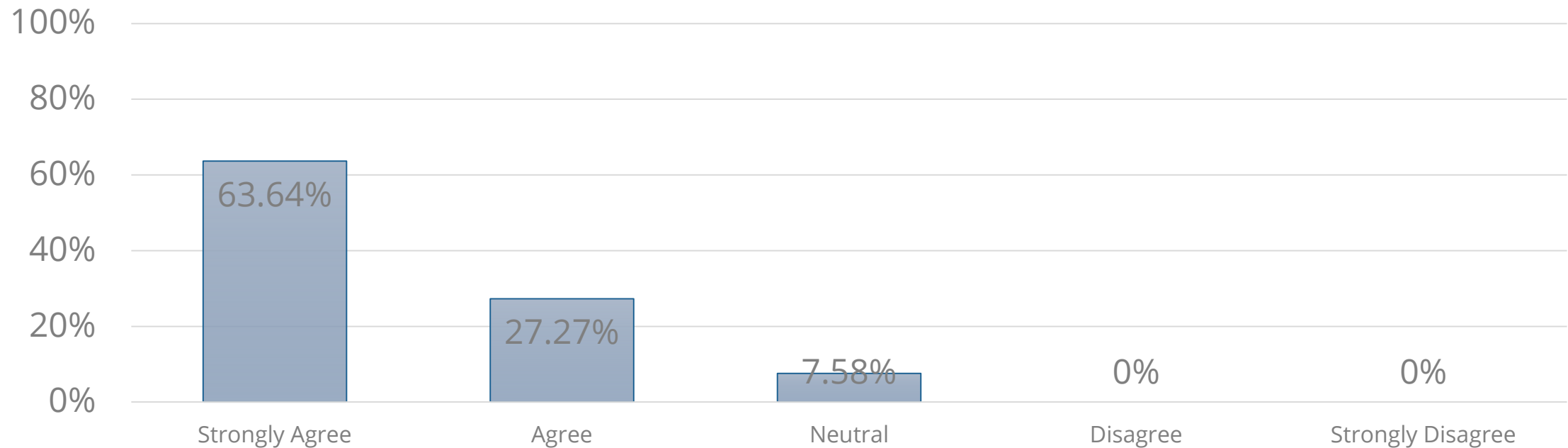
Results

The approach we used made sense to me



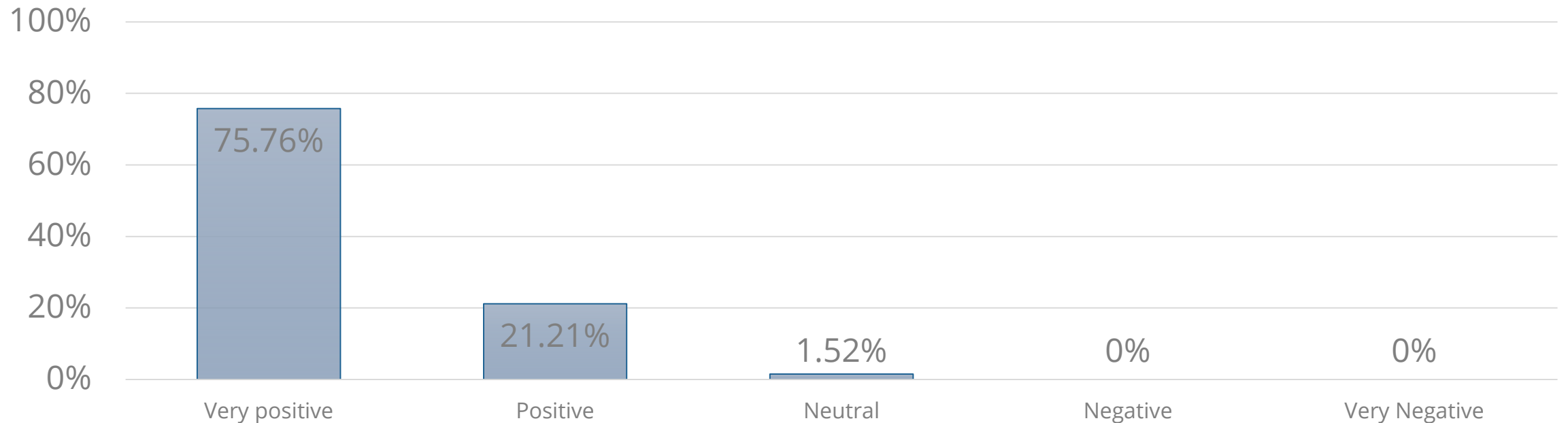
Results

I intend to use what I learned during visits



Results

Overall I would rate my experience with the surgical BHC...



Results

Coping Skills

@ inpatient = 74%
(84% = helpful)

@ 1 month = 57%

Future

- **Continue to see 100% TJR pts**
- **Expansion request to other high-risk surgical categories**
- **Expansion intervention: bio feedback**

Questions

Session Evaluation

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

Thank you!

