

# Movement Towards an Integrated Model of Care for Pediatric Pain: Golisano Children's Hospital's Amplified Musculoskeletal Pain Program

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# Faculty Disclosure

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

# Conference Resources

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Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at [http://www.cfha.net/?page=Resources\\_2018](http://www.cfha.net/?page=Resources_2018)



Slides and handouts are also available on the mobile app.



# Learning Objectives

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

- 1) To identify skills necessary during the development of an integrated model
- 2) To give examples of how the evaluation and treatment processes are coordinated across disciplines and coordinated with families and schools.
- 3) To discuss challenges and future directions for specialty care model

# “My body hurts”

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- Amplified Musculoskeletal Pain Syndrome (AMPS) is a specific pain condition that involves localized or diffuse musculoskeletal pain that can impair children and families functioning.
- Adolescents with chronic pain can experience reduced activity, isolation, reduced independence. (Jordan et al, 2007; Palermo & Eccleston, 2009).
- Families alike experience financial strain, changed relationships, and emotional distress (Jordan et al., 2007; Palermo & Eccleston, 2009).

# Types of Amplified Pain

- Diffuse amplified pain
  - Total body pain
    - Pediatric fibromyalgia
    - RND
- Intermittent amplified pain
- CRPS with autonomic changes
  - Color / temperature changes
  - Swelling
  - Sweating
  - Hair increase / decrease
- Localized amplified pain without autonomic changes



<http://www.theguardian.com/lifeandstyle/2014/aug/03/what-are-growing-pains-should-i-worry-osteoarthritis>



Figure 1. Image of a patient with lower extremity complex regional pain syndrome

<http://www.practicalpainmanagement.com/pain/neuropathic/crps/overview-complex-regional-pain-syndrome-its-management>



<http://d27ho8jyqvd9y9.cloudfront.net/content/jbjsrev/2/7/e5/F2.large.jpg>

# Standard of care for AMPS

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- The standard of care for pediatric AMPS is interdisciplinary treatment consisting of intense physical therapy, occupational therapy, and psychotherapy (Sherry, 2000).
- Inpatient treatment is recommended for those experiencing debilitating pain that is greatly impeding functioning (Hoffart & Wallace, 2014).
- Although Inpatient Rehabilitative Programs provide quicker results, outpatient models are also effective in treating AMPS (Hoffart & Wallace, 2014).
- There is a need for an interdisciplinary evaluation to determine appropriate level of care needed (outpatient, inpatient, day treatment).

# An example of intense outpatient model

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## Golisano Children's Hospital's Amplified Musculoskeletal Pain Program (GCHAMPP):

- Biopsychosocial model (Engel, 1977)
- Interdisciplinary, Collaborative Care Model
- Following evidence-based model that is effective at increasing patient's functioning without medication or intrusive methods of pain management (Sherry et al., 2015).

# GCHAMPP'S: Outpatient Rehabilitation

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1. Physician / NP: Pediatric Rheumatology: Initial diagnosis and referral to evaluation clinic
2. Evaluation Clinic
  - Rheumatology AMPS team lead (NP), PT, OT, psychology
  - Enroll in GCHAMPPS or provide alternate recommendations
3. Intensive Outpatient Treatment Program
  - Occupational therapy: desensitization, increasing functional performance in self-care, school, leisure and social participation (2-3 times per week)
  - Physical therapy: cardiovascular exercise & muscle strengthening with focus on increasing exercise tolerance with attention to body mechanics (2-3 times per week)
  - Counseling: Medical Family Therapy & Cognitive Behavioral Therapy & Acceptance and Commitment Therapy (1 time per week)
  - Home exercise program for all 3 therapies
4. Interprofessional collaboration regularly throughout 6 week program
5. Follow-up's
  1. OT/PT: 3 week follow-up
  2. Rheumatology: 3 month follow-up

# THE BEGINNING

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## 2011-2012

Team developed with  
Rheumatology, PT, and OT

- Patients who have moderate pain and loss of function can be successful in a 6 week Outpatient AMPS Program

## 2011-2012

Team developed with  
Rheumatology, PT, and OT

- Adolescents are most successful in an outpatient model when all three disciplines are used concurrently to address pain and function
- All treatment providers should be trained in AMPS

## 2014

All services required for  
participation in treatment  
program

- Adolescents are most successful at completing the program when working with a psychologist trained in pain and Medical Family Therapy and a team trained in treating AMPS

# What We Learned...

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2015-2017

Increased structured collaboration

- Regular and consistent coordination and communication between all disciplines is essential
- weekly phone calls and monthly meetings.
- Family-medical team relationships improved with coordinated care.

2017

Planning Evaluation Clinic

88% of patients successfully completed the program if they saw all 3 providers at URMC

50% of patients were successful when seeing a psychologist outside of system

2018

Integrated Evaluation Clinic

Clinic allows for triaging appropriate patients for an outpatient model

Better assessment for level of care needed and needed to participate

25% of adolescents evaluated were not candidates for program.

# Skills –Values-Context needed

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1. **Collaboration and communication** skills with other disciplines
2. **Know Pain:** explain, assess, and treat pain/functioning
3. Context with providers in **a shared system**
4. Value in **Biopsychosocial** model and Integrated Care
5. **Screening and triage** to appropriate level of care is needed

# Challenges and Future Directions

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- 1) WAIT TIME to initiate coordinated services (2-3 months)
- 2) Limited providers trained in pain, AMPS, collaborative care
- 3) Referrals that need more or different
- 4) 3 separate locations!
- 5) Only have least intense level of service (would like to develop partial hospitalization)
- 6) Evaluate outpatient program with outcomes measures
- 7) Funding



# Bibliography / Reference

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1. Engel, GL. 1977. The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286), 129-136
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4. Palmero, T.A., Eccleston, C. (2009). Parents of children and adolescents with chronic pain. *Pain*, 146 (1-2), 15-17.
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6. Sherry, D.M., Brake, L., Tress, J.L., Sherker, J., Fash, K., Ferry, K., & Weiss, P., (2015). The treatment of juvenile fibromyalgia with an Intensive physical and psychosocial program. *The Journal of Pediatrics*, 167(3), 731-737.



# Learning Assessment

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A learning assessment is required for CE credit.

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



# Session Evaluation

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

Thank you!

