

Persistent Pain Education Program

Mid-Columbia Medical Center, The Dalles, OR

Presented by: Andrew Roof, MPT, OCS, Oregon Clinical Innovation Fellow

Background

Chronic pain affects 100 million Americans and imposes societal costs estimated at \$560-635 billion annually. Treatment approaches focused on medications, injections and surgeries have not proven effective for many people coping with chronic pain.

Pain Neuroscience Education outlines the neurophysiology of pain to decrease the “threat” associated with pain. Studies show that neuroscience education can decrease fear and positively affect patients’ perceptions of pain; make improvements in pain, cognition and physical performance; and improve outcomes of therapeutic exercise.

Project description

This project aims to develop a region-wide **Persistent Pain Education Program (PPEP)** that will improve individual’s health outcomes, reduce pain medication use, and reduce costs of care and utilization of services. The targeted population includes all community members dealing with chronic pain lasting >3 months.

The PPEP is an eight week, multidisciplinary education program that instructs attendees in:

1. Pain neurophysiology
2. Adaptive emotional responses to pain
3. Anti-inflammatory diet
4. Evidence-based medication management
5. Sleep hygiene
6. Mindfulness/relaxation practice

Objectives

1. Improve patient health outcomes and quality of life
2. Decrease use of opiate pain medications
3. Decrease cost of pain-related MD and ED visits
4. Create a standardized pain education curriculum that can be accessed by multiple modes by February 2016
5. Educate health care provider community by December 2015

Preliminary outcomes

- 27% (n=30) show clinically significant improvement in measures of physical functioning
- 31% (n=16) show clinically significant improvements in measures of depression
- Referring providers report improved satisfaction with management of patients sent to program
- Multiple patients are returning to take individual classes a second time
- Anecdotally, some patients are reporting decreased dosage or complete weaning of pain medications

“It can be life-changing to get a reframe on persistent pain and get the tools to work through it. I can be active and productive even with the health issues I have. For me, that difference has been moving from being sedentary because of pain to being active through understanding the pain.” --K.A.

Lessons learned

- Marketing the program face-to-face to providers is critical to get buy-in and subsequent referrals.
- Seeking out community partners has helped with marketing and has generated cross-referrals.
- Gathering complete data sets requires persistence.
- Aligning program with state-mandated PIP regarding opiate reduction should help with data collection.
- Aligning with specific medical clinic to refer all patients on chronic opiate therapy will help improve sample size.



References

American Academy of Pain Medicine
Institute of Medicine

Website:

www.mcmc.net/Hospital/PhysicalTherapy/Persistent-Pain.aspx