Chronic Pain Management in a Nurse Managed Center

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- Glide Health Services is a nurse managed center in the Tenderloin District of San Francisco. We provide comprehensive care including: primary, acute and behavioral health care to homeless and disenfranchised residents of the city.

- GHS was created as a partnership between Glide Foundation, UCSF School of Nursing, and Catholic Healthcare West.
Course Objectives:

1) Review Chronic Pain
2) Review Assessment in Chronic Pain Management in a Vulnerable Population
3) Discuss Challenges in Providing Chronic Pain Management
4) Demonstrate Glide Health Services’s Chronic Pain Management Program
Incidence of Chronic Pain

- US- Estimated at 10 – 35 % or 115 million people
- Internationally estimated at 22 %
- Significant financial burden due to cost of office visits, treatments, medications and the cost due to disability and loss of productivity – estimated at $150 billion/year
What is Pain?

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Pain is always subjective. Each individual learns the application of the word through experiences related to injury in early life.”

(IASP, 2009)
What is Pain?

• “To hear about pain is to have doubt, to experience pain is to have certainty” (Scarry)

• “Pain is whatever the person says it is” (Caffrey)

• Three Types of Pain: Neuropathic, Nociceptive and Mixed

• Nociceptive subtypes = superficial and deep somatic and visceral
Acute Vs. Chronic Pain

- Acute pain is brief, localized, often sharp in quality, likely to resolve and the treatment is biomedical. Acute pain lasts the expected amount of time it takes for tissues to heal.

- Chronic pain differs in its duration, it lasts longer than 3 months, it is often diffuse, not localized, and varies in its quality, more likely to be dull, burning or ‘electric’. Chronic pain is unlikely to resolve and treatment is often multi-modal. Chronic pain lasts beyond the expected period of healing.
Potential Problems in Managing Chronic Pain

• Provider Challenges:
  – The lack of knowledge regarding chronic pain management
  – The subjective nature of pain
  – The time limitations and constraints in managing chronic pain in the primary care setting
Potential Problems in Managing Chronic Pain

• Patient Challenges:
  – High incidence of mental health comorbidities in this population, including personality disorders and substance abuse
  – Establishing ‘sufficient pain control’
  – Provider / Patient relationship often seems to be reduced to being adversarial
Potential Problems in Managing Chronic Pain

• Drug overdose death rates have tripled since the 1990s (OD death rates have increased %300)

• 3 out of 4 of these deaths are due to prescription pain killers

• “100 people die each day from drug overdose in the US – more than cocaine and heroin combined”

(CDC 11/2012)
The Glide Health Service Experience

• 1997 GHS established, no pain management services were offered

• 2007 GHS recognized the need for pain management services. How do we do this safely in our vulnerable population?

• Provider education / GHS protocol development / Team approach from NP to Admin & MA’s / Pain and Substance Team / Wellness Center
GHS Chronic Pain Management Program

How to Provide Safe/Effective Pain Management to patients in vulnerable populations, homeless or marginally housed with comorbid mental health issues including personality disorders and substance abuse???
GHS Chronic Pain Management Program

• Goals of GHS Chronic Pain Management Program

  » Accessible
  » Safe, effective, individualized, patient-centered, community-based
  » Risk Evaluation Mitigation Strategies
  » An improvement in function, not necessarily reduction in pain scores
GHS Chronic Pain Management Program

• Multi-Modal Approach
  – Behavioral Health
  – Strength & Agility
  – Education & Support
  – Complementary Care
  – Pharmacology
GHS Chronic Pain Management Program

• Behavioral Health
  – Therapy
  – Recovery Support
  – Medication Evaluation
  – Mental Health Support Groups
GHS Chronic Pain Management Program

• Strength & Agility
  – Physical Therapy
  – Occupational Therapy
  – Tai Chi
  – Yoga
  – Sit and Be Fit; Gentle Step Aerobics
  – Walking Group
GHS Chronic Pain Management Program

• Education & Support
  – Chronic Pain Support Group
  – Pain Management Plus
  – Pharmacist Medication Group
  – Smoking Cessation
  – Orientation Group
GHS Chronic Pain Management Program

• Complementary Care
  – Acupuncture
  – Meditation
  – Breathing/Relaxation
GHS Chronic Pain Management Program

• Pharmacology
  – WHO Analgesic Ladder
    Step 1 – All Non-Opiate Options
    Step 2 – Opiates for mild – moderate pain
    Step 3 – Opiates for moderate – severe pain
GHS Chronic Pain Management Program

• Pharmacology
  – WHO Analgesic Ladder

• STEP 1: **ASA, Acetaminophen, NSAIDS, Propoxyphene**
GHS Chronic Pain Management Program

• Pharmacology
  – WHO Analgesic Ladder

• **STEP 1:** Anti-neuropathic Agents: TCAs, Antidepressants, Antileptics, Lidocaine, Capsaicin, Antispasmodics
GHS Chronic Pain Management Program

• Pharmacology
  – WHO Analgesic Ladder

  • **STEP 2: Codeine, Hydrocodone, Meperidine, Tramadol, Buprenorphine**
GHS Chronic Pain Management Program

• Pharmacology
  – WHO Analgesic Ladder

• **STEP 3: Morphine, Hydromorphone, Oxycodone, Fentanyl, Methadone, Oxymorphone, Levophanol**
Participation in the GHS Chronic Pain Management Program

• General Guidelines for Participation:
  – Complete History and Physical
  – Obtaining & Reviewing prior medical records
  – Mental health assessment including their risk for concerning behaviors
  – No initiation of opiates at first visit – and typically not for at least 30 days from initial meeting
  – Attend orientation meeting
  – Be willing to commit to engaging in some movement/strengthening activities
  – If opiates are considered a treatment option, they are initiated after the above activities are completed and always on a trial basis
GHS Chronic Pain Management Program

Chronic Pain Management Program Agreement

(paste contract here)
Managing Chronic Pain
The Follow-Up Visit

• Strength based approach by affirming the patient’s efforts at Pain Management and assessing the 4 A’s:
  – Analgesia
  – Activities of Daily Living
  – Adverse Medication Effects
  – Aberrant Behavior
Chronic Pain Management Principles

1) Have and use a protocol
2) Have a team approach / population-based care
3) Have consultation available
4) Opiates as a trial – consider 3mos trial
5) Have an exit strategy – if the opiates are not improving function / quality of life / pain consider tapering off
GHS Chronic Pain Management Program

• Benefits of the Program:
  – For Patients:
    • Improved overall functioning
    • Decreased stress / increased support
  – For Providers:
    • Increased provider comfort level with pain management
  – For Community:
    • Safe community with reduction in overdose / misuse / diversion
Case #1:

QUESTIONS?

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