

*Community-wide Guidelines Initiative  
2004*



*Community Principles  
of Pain Management  
Outcomes Research*

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*Chair, Specialty Advisory Group, Community Principles of Pain Management*

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# Agenda

- Community Principles of Pain Management
- Member, provider, pharmacy interventions
- Preliminary results of outcomes research study
- National recognition
- Discussion and Next Steps

# Prevalence

- Pain is common
  - leading reason people seek care
  - represents 80% of all physician visits
  - 25 million: acute pain due to injury or surgery
  - 50 million: chronic pain due to chronic or terminal illness
  - leading cause of disability
- Pain is undertreated
  - elderly, children, minorities, substance abusers

# Economic Cost of Pain

- Annual expenditures related to chronic pain
  - NIH estimates \$100 billion
  - medical expenses, lost income, lost productivity
- Pain accounts for approximately
  - 25% of all sick days
  - 21% of emergency room visits

# Costs of Undertreated Pain

- Increased health care utilization and costs
  - extended length of stay
  - increased ER visits
  - increased office calls
  - increased lengthy, unplanned office visits
  - repeat hospital admissions
  - lost income & insurance coverage

# Impact on Quality of Life

- Poorly managed acute pain
  - medical complications (e.g. pneumonia, DVT)
  - prolonged recovery and LOS
  - progress to chronic pain

# Impact on Quality of Life

- Undertreated chronic pain
  - altered immune function
  - sleep disturbance
  - impaired functional ability (ADL's, IADL's)
  - impaired psychological function
  - compromised cognitive function
  - decreased socialization
  - impaired quality of life

# Patient Barriers

- Fear
  - addiction, tolerance
  - respiratory depression, death
  - tests, hospitalization, loss of independence
  - not wanting to bother
  - early use causes loss of effect
- Stoicism
- Sensory and cognitive impairments
- Expense

# Provider Barriers

- Knowledge deficit
- Failure to measure functional outcome
- Concern re: abuse and diversion
- Fear of regulatory oversight
- Perceived lack of time
- Perceived lack of financial reimbursement
- Need for additional consultative expertise

# MCO Barriers

- Lack of understanding about impact of pain
- Lack of evidence-based data
- Lack of understanding about total cost of pain
- Lack of basic population management tools
- Closure of regional pain centers

# Pain Principles Project Goals

- Community-wide clinical guidelines initiative
- Comprehensive community pain principles
- Outcome measures
- Acute, chronic and end-of-life pain management
- Member, provider and pharmacy interventions

# Principles of Pain Management

- Assessment
- Management
  - nonpharmacologic
  - pharmacologic
- Education - patient, family, caregivers
- Ongoing assessment of outcomes
- Regular review of plan of care
- Interdisciplinary care, consultative expertise

# Effective Pain Management

**Assess**

**Reassess**



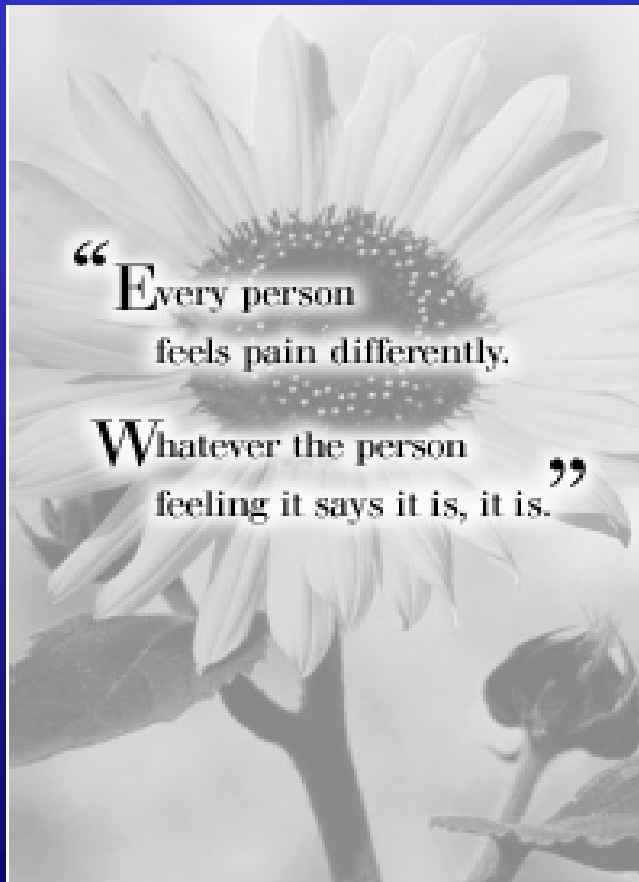
**Treat and Manage**



# Member Interventions

- Articles in member newsletters
- Consumer-focused education materials
  - pain management patient guide
  - Spanish translation, available
- Member seminar
- Family/caregiver seminar targeting elderly in LTC
- Web site information

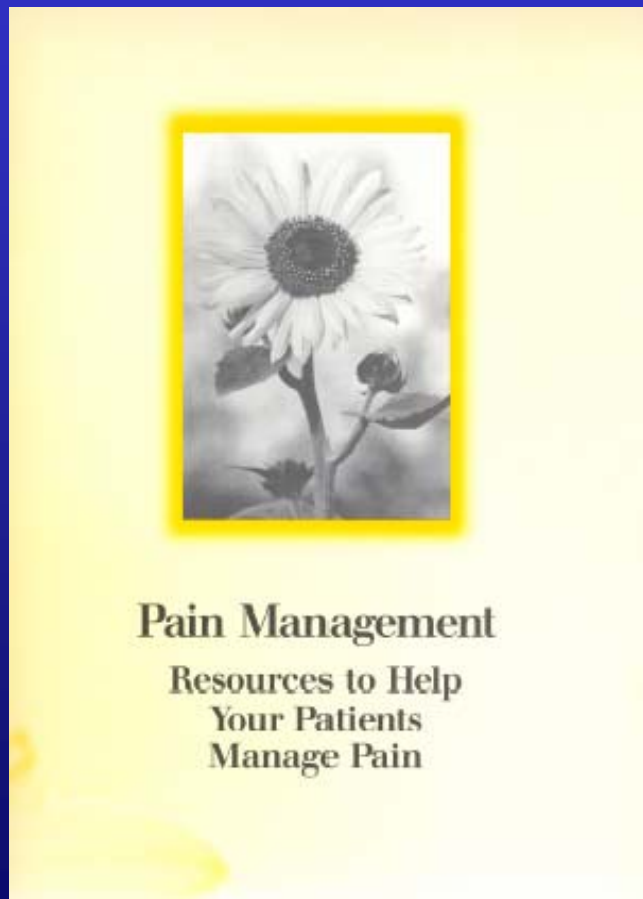
# Practitioner Interventions



## Pain Booklets

- Provider ‘tools’
- Patient “tools”
- Patient resources
  - community support groups
  - web resources
- Reference guide
- “Toolkit” resource assessment form

# Practitioner Interventions



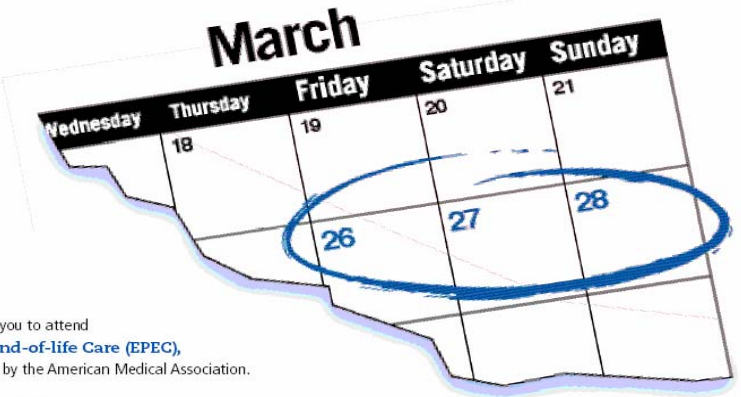
## Pain Toolkit

- Laminated guide
  - adult
  - pediatric
  - nurse
- Equianalgesic guide
- Pain progress note
- Fax referral form
- Patient pain guide
- Fax reorder form

# Practitioner Interventions

- Practitioner seminars
  - Community Rounds
  - Medical Grand Rounds
  - *Education for Physicians on End-of-life Care (EPEC)*
  - *Enhancing the Management of Acute and Chronic Pain in LTC Facilities*
  - *Enhancing Pain Management to Achieve Functionality*
- Office staff seminars

**Circle These Important Dates**



Excellus BlueCross BlueShield invites you to attend **Education for Physicians on End-of-Life Care (EPEC)**, a multi-session curriculum developed by the American Medical Association.

**WHEN:** Friday-Sunday, March 26-28, 2004

**WHERE:** The Otesaga, 60 Lake Street, Cooperstown, NY

**WHO SHOULD ATTEND:**

- Physicians
- Senior Nurses
- Nurse Practitioners
- Physician Assistants
- Social Workers
- Hospital-based Clergy

**LEARN ABOUT SUCH END-OF-LIFE CARE ISSUES AS:**

- Care for the Caregiver
- Advance Care Planning
- Whole Patient Assessment
- Gaps in End-of-Life Care
- Communicating with Family Members
- Dealing with Sudden Illness
- Pain Management
- Best Ways to Deliver Bad News

**SPACE IS LIMITED, SO DON'T WAIT!**

**Call (toll-free) 1-877-718-6709, or click with us at [www.excellusbcbbs.com](http://www.excellusbcbbs.com)**

**PRESENTED BY A STATEWIDE, EXPERT FACULTY**

**PROGRAM CARRIES 17 CME CREDIT HOURS**

**REGISTER EARLY! PROGRAM FEE IS \$100 BEFORE MARCH 7 (INCLUDES MEALS AND MATERIALS); \$125 AFTER**

Please cut on the dotted line, fill out and return with your check (payable to Excellus Health Plan, Inc.) to:  
Excellus BlueCross BlueShield, Attn: Julie Van Rensselaer, 165 Court St., Rochester, NY 14647.

**REGISTRATION FORM**

Name: \_\_\_\_\_  
 Title/Occupation: \_\_\_\_\_ Organization/Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I will attend the EPEC Seminar. Enclosed is my check for \$100 made payable to Excellus Health Plan, Inc.

The EPEC program was developed by the American Medical Association with a grant from the Robert Wood Johnson Foundation. Excellus BlueCross BlueShield is pleased to present this EPEC program in collaboration with Bassett Healthcare, A.O. Fox Hospital Services, Valley Health Services, Inc., At Home Care, Inc., Catskill Area Hospice and Palliative Care, Hospice & Palliative Care Association of New York State, Catskill Hudson Area Health Education Center (AHEC), Hartwick College, SUNY Delhi, Broome, Delaware, Otsego, Tompkins County Medical Societies.



# Provider Intervention

## Enhancing Pain Management to Achieve Functionality

*A Provider Symposium Lead by National Pain Experts*



**Excellus**   
A nonprofit independent licensee of the BlueCross BlueShield Association

*In Collaboration with:*

Rochester Business Alliance  
RIPA, Monroe County Medical Society, GRIPA  
ViaHealth, The Springs of Clifton, Clifton Springs Hospital & Clinic, Unity Health System,  
Division of Pain Management Department of Anesthesiology at the University of Rochester,  
Finger Lakes District of New York Physical Therapy Association,  
New York State Chiropractic Association, Arthritis Foundation,  
Area Pain Treatment Centers

## *Enhancing Pain Management to Achieve Functionality*

- “Regional Pain Day” 11/1/03
- Regional, national experts
- Develop syllabus
- Community collaborators
- Target PCP’s
- Member program
- Educational booths

# Community Partners

Rochester Business Alliance

RIPA, Monroe County Medical Society, GRIPA

ViaHealth, The Springs of Clifton, Clifton Springs Hospital, Unity

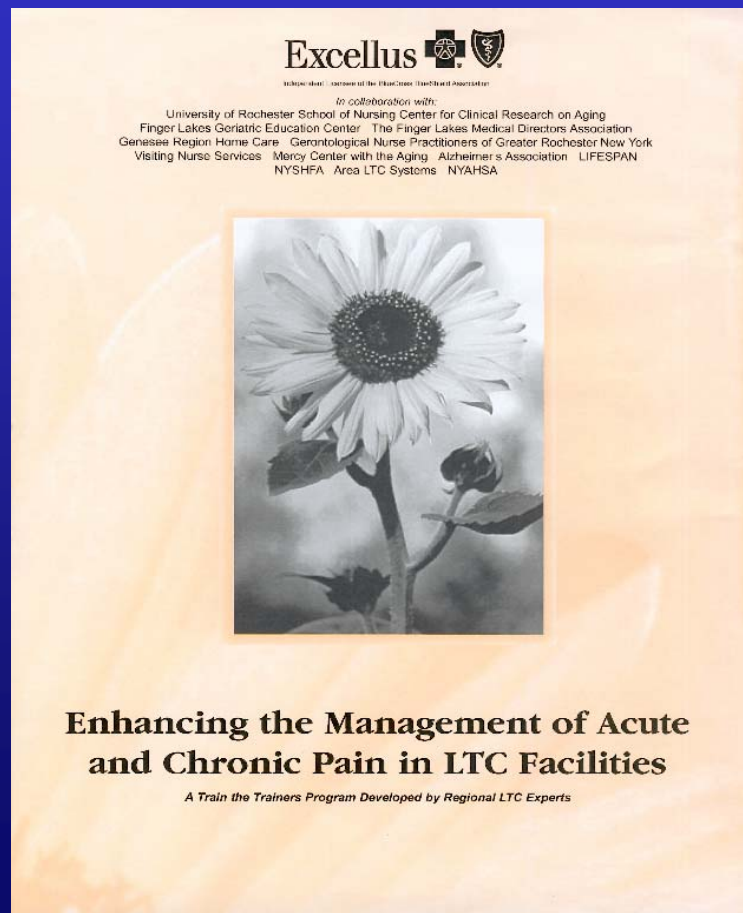
Division of Pain Management, University of Rochester

Finger Lakes District of NY Physical Therapy Association

NY State Chiropractic Association, Arthritis Foundation

Area Pain Treatment Centers

# Facility Intervention



## Long Term Care (LTC) Pain Symposium

- Train-the-trainers program
- Regional LTC experts
- Syllabus developed
- 12 collaborators
- 34 LTC facilities
- 140 participants

# Community Partners

U of R School of Nursing Center for Clinical Research on Aging

Finger Lakes Geriatric Education Center

The Finger Lakes Medical Directors Association

Genesee Region Home Care      Visiting Nurse Services

Gerontological Nurse Practitioners of Greater Rochester NY

Mercy Center with the Aging Alzheimer's Association Lifespan

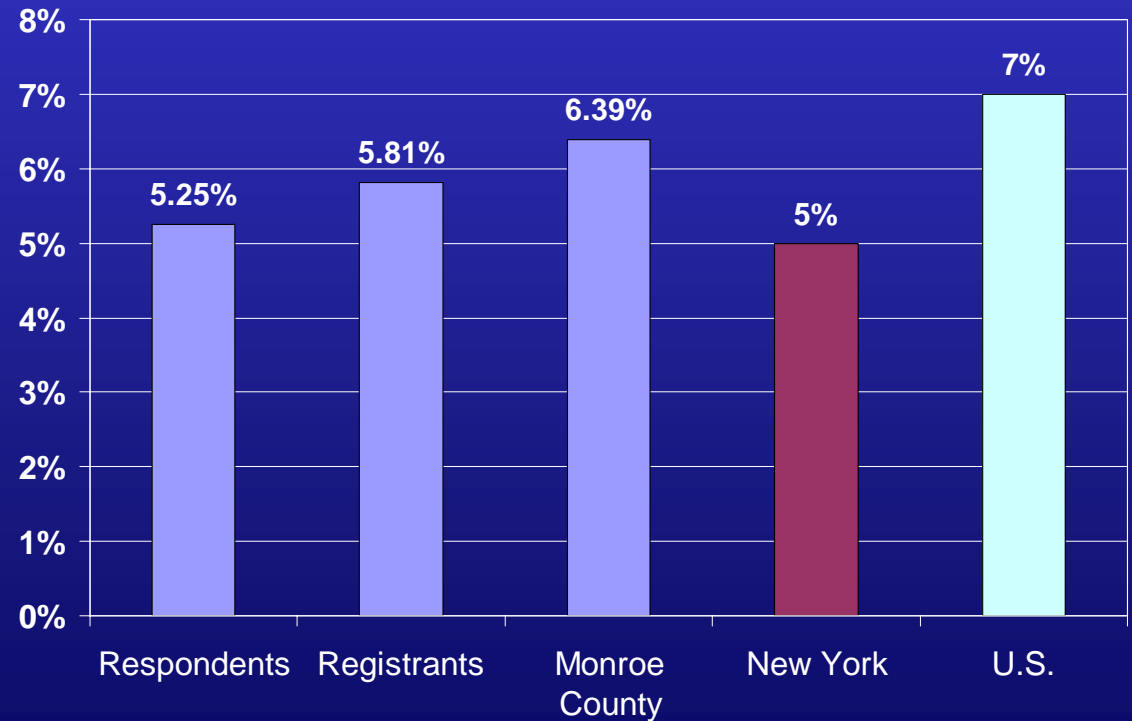
NYSHFA

Area LTC Systems

NYAHSA

# Medicare QM Results

Mean Percentage of Residents with Pain

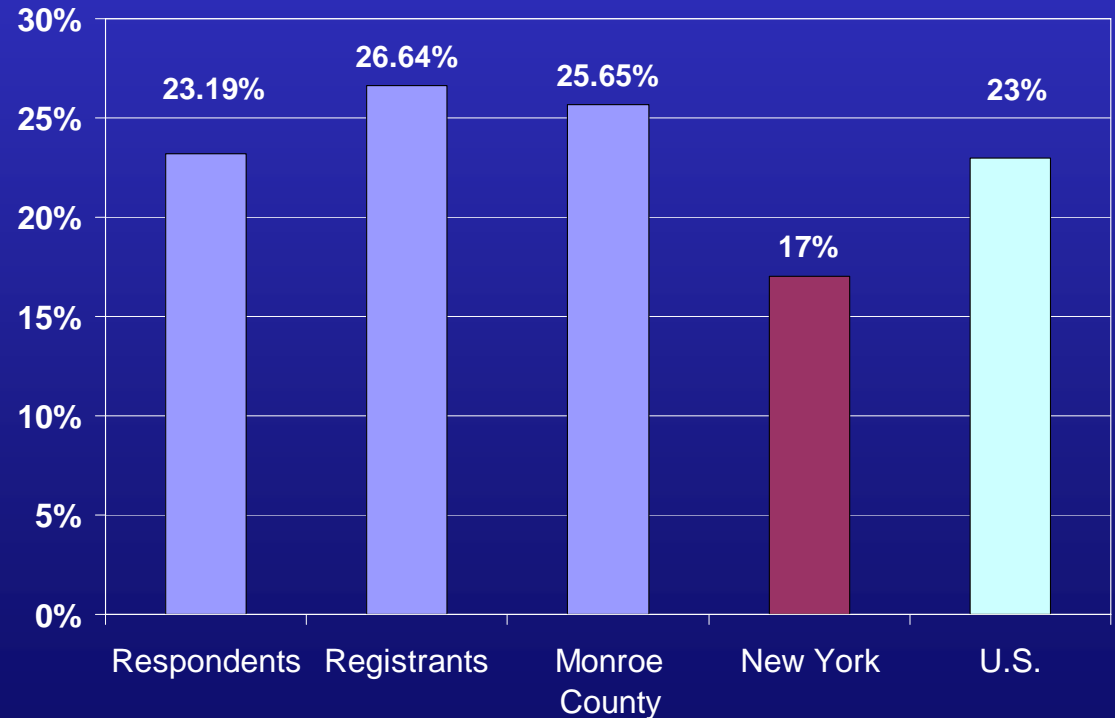


Higher than the state average

Lower than the national average

# Medicare QM Results

Mean Percentage of Short Stay Residents with Pain



Higher than  
both state and  
national  
averages

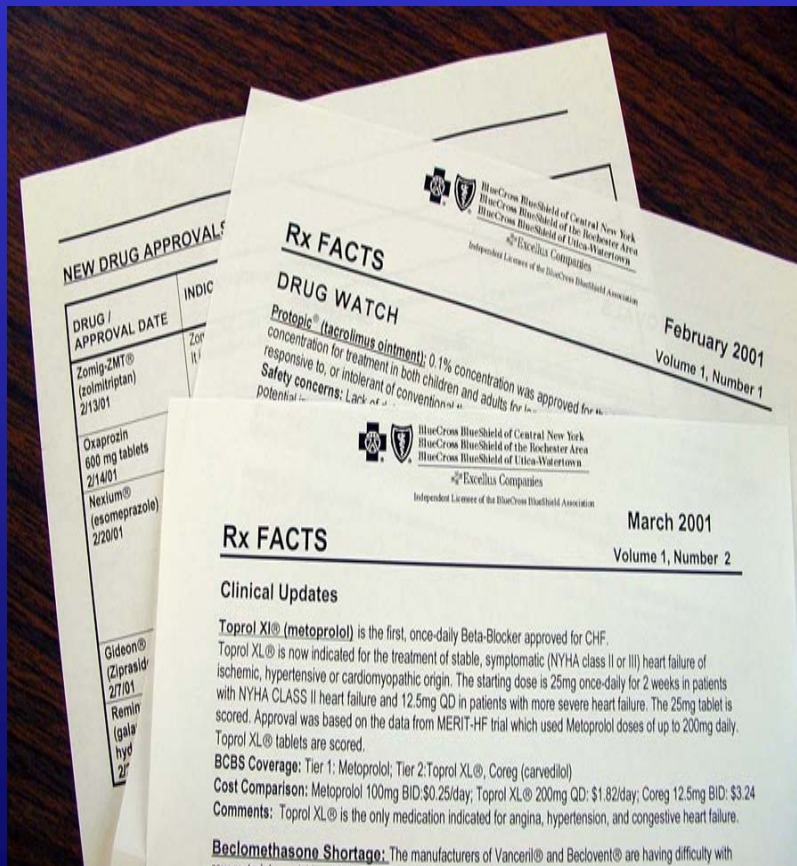
# Long-Term Care Facility Pain Survey

- Means to assess
  - effectiveness of educational intervention
  - impact on system approach to pain management
  - impact on patient care
- *Institutional Needs Assessment Tool* by McCaffery and Pasero
- Surveyed 34 long-term care facilities throughout Central and Western New York
- Findings based upon 20 responses (58%)

# Key Findings

- Physicians prescribe; nurses assess
- Nurses have limited ability to act
  - lack of protocols, pathways, clinical guidelines or alternatives
  - organizational barriers
- Lack of proper education for patient, families, and providers
- Resources already exist within these organizations to make improvements

# Pharmacy Interventions



- **TIPS** - direct mailing to prescribers and pharmacies
- **Rx Facts** Newsletter
- Pharmacy services consultant support
- Messaging at pharmacy



MEPERIDINE  
(DEMEROL™)

# Key Pharmacy Messages

Elderly: “Start Low and Go Slow”

# Key Pharmacy Messages

- **Clinical Rationale**

- APAP 4+ grams - liver toxicity
  - risk of combination and OTC products
  - use with alcohol
- meperidine - unsafe and ineffective
- propoxyphene - unsafe and ineffective
- both meperidine and propoxyphene are on DeBeer's Criteria of drugs to be avoided in elderly

# MCO Interventions

- Outcomes research study
  - decrease utilization
    - meperidine (Demerol®)
    - propoxyphene (Darvon®)
  - appropriate utilization
    - opioids
    - acetaminophen
- Disease and Case Management

# Outcomes Research Study

- Comparative retrospective analysis
- Population pre- and post implementation
- **Primary objective**
  - acetaminophen combination products
  - propoxyphene
  - meperidine
- **Secondary objective**
  - create an understanding of pain patients

# Study Populations

- **Chronic Pain Patient**
  - 3 or more continuous months of pain documented by ICD-9 plus at least one Rx for a long acting opioid
- **Acute Pain Patient**
  - at least one documented ICD-9 for acute pain plus at least one Rx for a short-acting opioid

# Methods

## Step 1: Develop Basic Metrics

- Identify patients with improvement opportunities
  - long-term use of short acting agents
  - chronic pain patients with no Rx for breakthrough
  - misuse of acetaminophen (APAP), propoxyphene, and meperidine
  - fraud and abuse patterns

# Methods

## Step 2: Baseline Data (6 months)

- Assessment of acute and chronic pain patients
  - 4650 members long term use of short acting agents
  - 562 members with chronic pain with no Rx for breakthrough
- Misuse
  - 16,000 members on 4+ grams of APAP 13.4% >61 years
  - 38,000 members on propoxyphene 33.0% >61 years
  - 800 members on meperidine 17.2% >61 years
- Fraud and abuse potential
  - 1,612 members filled Rx from more than 3 providers
  - 386 members filled Rx at more than 3 pharmacies

# Methods

## Step 3: Develop Interventions

- **Areas of Immediate Concern**
  - acetaminophen >4 grams per day
  - propoxyphene usage in >65 population
  - meperidine usage in >65 population
- **Longer Term Goals**
  - appropriate management of long acting and short acting narcotics.

# Results

# Baseline Demographics

Dx Code	Description	% of Members
<b>719</b>	Other and Unspecified Disorders of Joint	22.4%
<b>789</b>	Other Symptoms Involving Abdomen and Pelvis	16.3%
<b>724</b>	Other and Unspecified Disorders of Back	15.6%
<b>729</b>	Other Disorders of Soft Tissue	12.0%
<b>726</b>	Peripheral Enthesopathies and Allied Syndromes	8.9%
<b>715</b>	Osteoarthritis and Allied Disorders	7.7%
<b>739</b>	Nonallopathic Lesions, Not Elsewhere Classified	6.6%
<b>784</b>	Symptoms Involving Head and Neck	6.3%
<b>723</b>	Other Disorders of Cervical Region	6.0%
<b>847</b>	Sprains and Strains of Other and Unspecified Parts of Back	5.3%

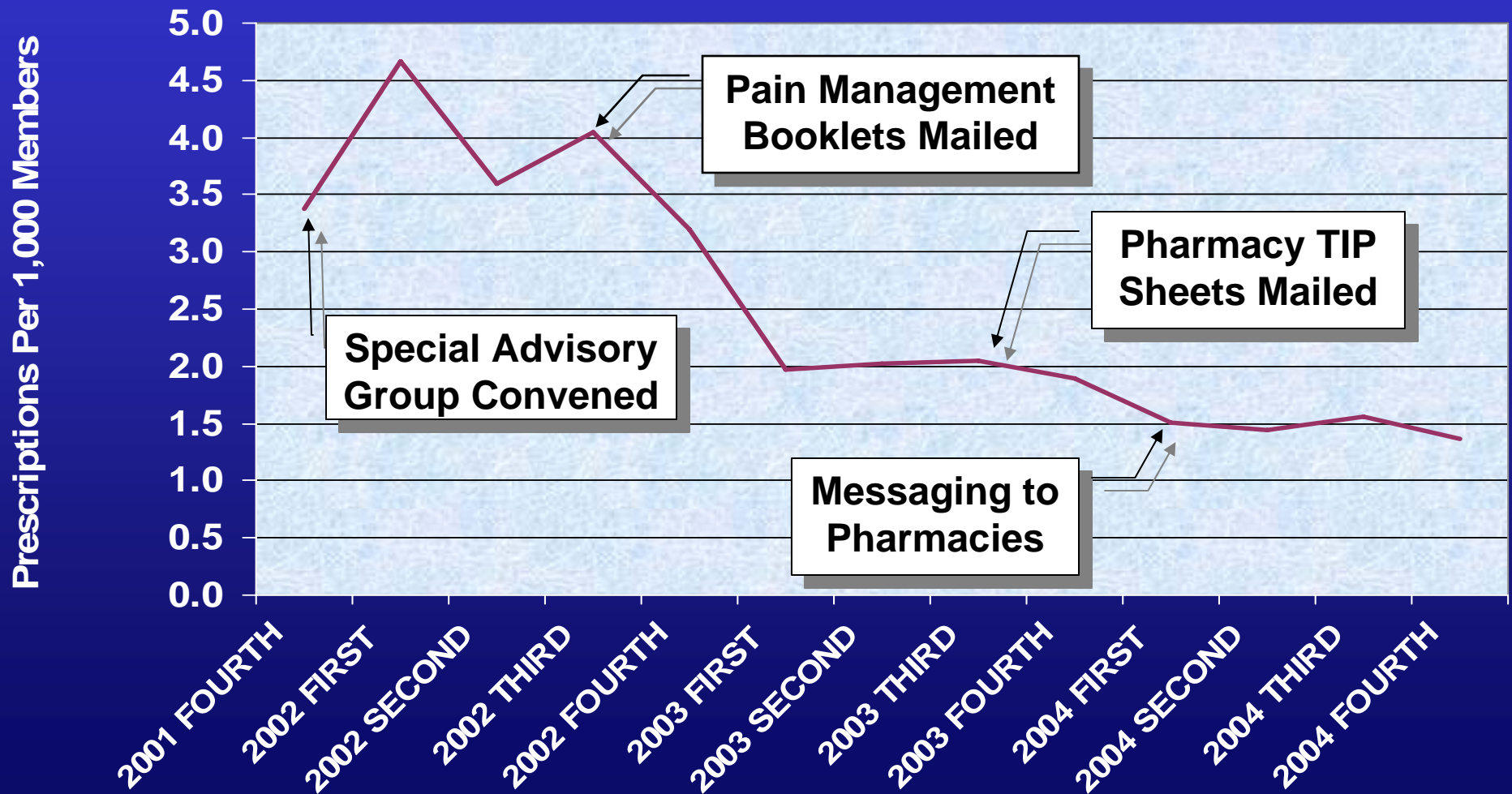
(Members may have more than one diagnosis code, total may exceed 100% due to members being counted in more than one diagnosis.)

# Baseline Data Analysis

Sex	Acute	Chronic
Male	42%	31%
Female	58%	69%
Age		
0 to 30	22%	7%
31 to 60	26%	60%
Over 60	52%	33%
# of Prescribers		
1	82%	81%
2	13%	16%
>2	5%	3%
# or Pharmacies		
1	91%	91%
2	7%	8%
>2	2%	1%

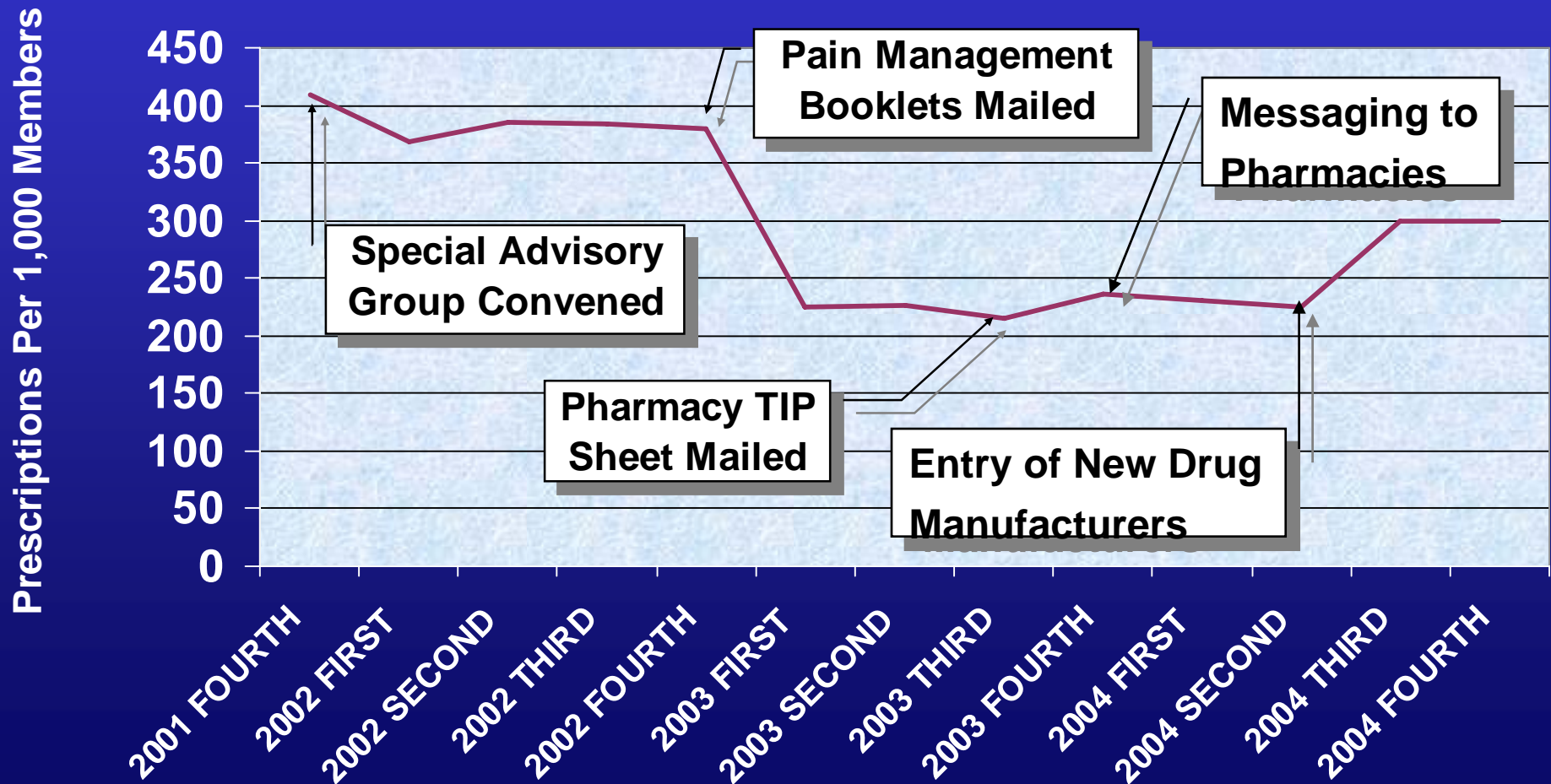
# Meperidine Utilization:

Rx/ 1,000 Members > 65



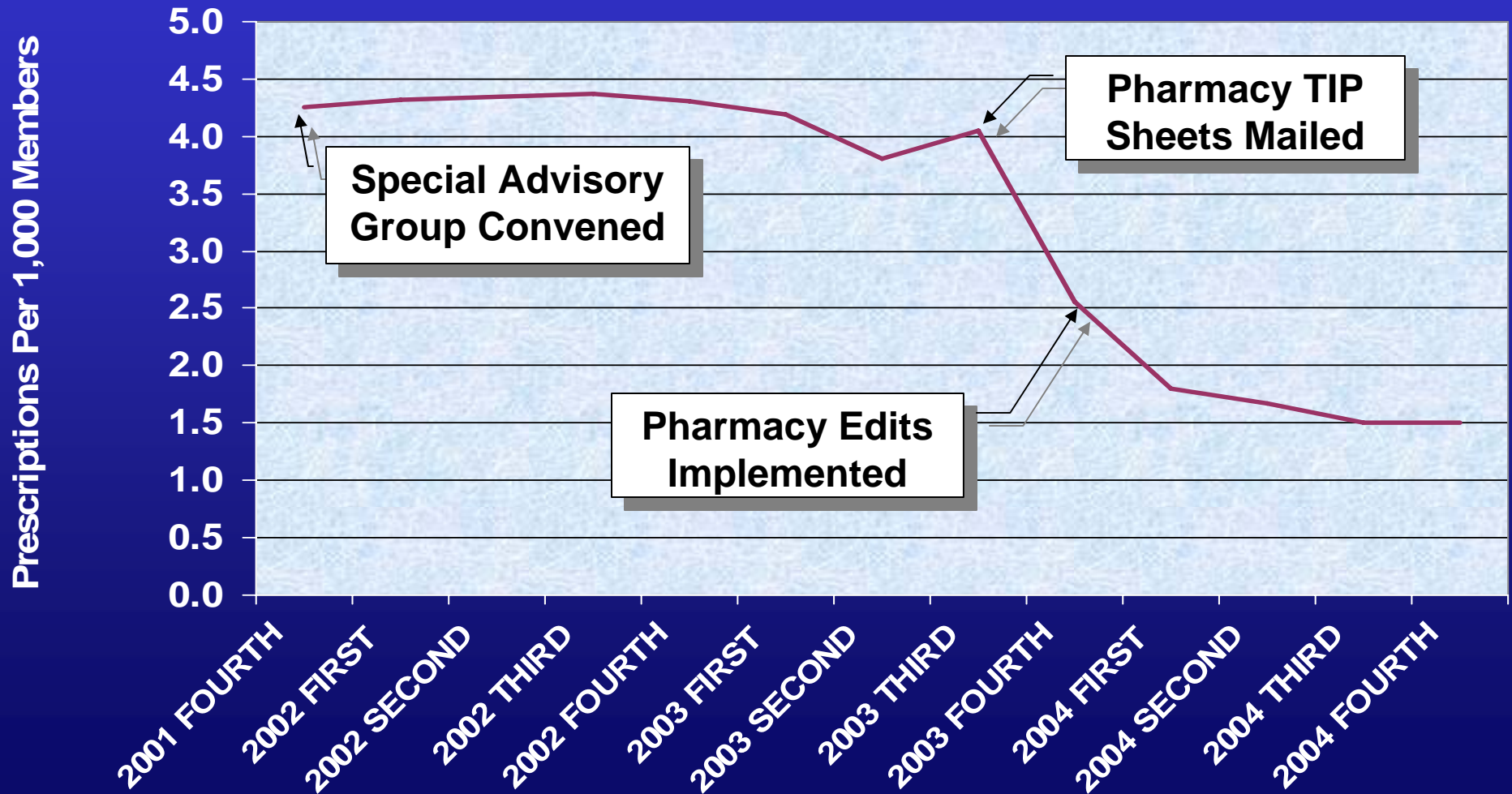
# Propoxyphene Utilization:

RX/1,000 Members > 65



# APAP Utilization:

RX >4grams/ 1,000 Members



# On-line Adjudication

- Follow four groups of patients in outcomes research study
- Track inappropriate dosing of OxyContin
- “Soft” messaging to pharmacist from health plan
  - “Drug not recommended in age >65”
- “Hard” messaging to pharmacist from health plan
  - claim not paid unless override code is given
- Quantity limits and therapeutic duplication edits
  - monitor appropriate usage of APAP and OxyContin

# Lessons Learned

- **Challenges to achieve consensus**
  - different patient populations (acute, chronic, end-of-life)
  - continuum of care
  - several disciplines
  - five regions
- **Value of provider collaboration**
  - development of pain principles
  - outcome measures
  - educational interventions

# Making Progress

- **Preliminary Data**

- collaborative pain management program is making an impact
- subjective and objective markers

- **Assess Next Steps**

- constant education / reinforcement needed
- approximately 40% chronic opioids are inappropriately prescribed
- develop methods to link to patient care
  - continuity of care initiative

# *National Recognition*



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*A Comprehensive Community  
Pain Assessment and  
Management Program  
Part 1: Overview*

Patricia Bomba, M.D., F.A.C.P.  
*Corporate Medical Director, Geriatrics*

October 8, 2003



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*A Comprehensive Community  
Pain Assessment and  
Management Program  
Part 2: Outcomes*

Mona Chitre, PharmD, CGP  
*Director of Clinical Services, Pharmacy Management*

October 8, 2003



*Institute of Medicine*  
*Crossing the Quality Chasm Summit*  
*January 6-7, 2004*

*Community Principles  
of Pain Management*

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*Chair, Specialty Advisory Group, Community Principles of Pain Management*

*Community-wide Guidelines Initiative, Rochester Health Commission*

*Co-Director, Community-wide End-of-life/Palliative Care Initiative*

*Rochester Health Care Forum*

# Rochester's Contingent

- C. McCollister Evarts, M.D., University of Rochester CEO
- Scott Ellsworth, President, Excellus BlueCross BlueShield, Rochester Region
- Patricia Bomba, M.D., Corporate Medical Director, Geriatrics, Excellus BlueCross BlueShield
- Timothy Quill, M.D., Professor of Medicine, University of Rochester
- Ronald Knight, Chairman, Rochester Health Commission
- Al Charbonneau, Rochester Health Commission CEO

# Crossing the Quality Chasm

Safe

Effective

Patient-centered

Timely

Efficient

Equitable

*Institute of Medicine, 2001*

# Crossing the Quality Chasm

## Summit Goals and Objectives

- Stimulate local/national quality improvement
  - focus on five priority areas
  - asthma, CHF, depression, diabetes & pain control in ca
- Measurable goals & strategies
  - identify performance measures
  - assess progress over 3-5 years
- Synergies between local efforts & national resources

“Knowing is not enough; we must apply.  
Willing is not enough; we must do.”

- Goethe

# Discussion and Next Steps

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