Community-wide Guidelines Initiative
2004

Community Principles of Pain Management Outcomes Research

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Excellus
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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 → Treat and Manage → Reassess
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

“Every person feels pain differently.
Whatever the person feeling it says it is, it is.”
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 Otseaga 69 Lake Street, Cooperstown, NY

WHO SHOULD ATTEND:
- Physicians
- Nurse Practitioners
- Social Workers
- Physician Assistants
- Hospital-based Clergy

LEARN ABOUT SUCH END-OF-LIFE CARE ISSUES AS:
- Care for the Caregivers
- 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

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

REGISTRATION FORM

Name: _______________________________ 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 Excelius Health Plan, Inc.

The EPEC program was developed by the American Medical Association with a grant from the Robert Wood Johnson Foundation. Excelius BlueCross BlueShield is pleased to present this EPEC program in collaboration with Eastern Health, Inc., A.D.A. for Hospital Services, Valley Health Services, Inc., In Home Care, Inc., Catholic Health System, and Catholic Health Network: Area Health Education Center (AHEC), Hamot College, Allegheny College, Allegheny College, Indiana, Indiana, Allegheny, Pennsylvania, Medical Societies.

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Provider Intervention

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

Higher than the state average

Lower than the national average

Mean Percentage of Residents with Pain

- Respondents: 5.25%
- Registrants: 5.81%
- Monroe County: 6.39%
- New York: 5%
- U.S.: 7%
Medicare QM Results

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
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

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

(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

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<thead>
<tr>
<th>Sex</th>
<th>Acute</th>
<th>Chronic</th>
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<tbody>
<tr>
<td>Male</td>
<td>42%</td>
<td>31%</td>
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<tr>
<td>Female</td>
<td>58%</td>
<td>69%</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Acute</th>
<th>Chronic</th>
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<tbody>
<tr>
<td>0 to 30</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>31 to 60</td>
<td>26%</td>
<td>60%</td>
</tr>
<tr>
<td>Over 60</td>
<td>52%</td>
<td>33%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th># of Prescribers</th>
<th>Acute</th>
<th>Chronic</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>82%</td>
<td>81%</td>
</tr>
<tr>
<td>2</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>&gt;2</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Pharmacies</th>
<th>Acute</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>2</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>&gt;2</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Meperidine Utilization:
Rx/ 1,000 Members > 65

Pain Management Booklets Mailed
Special Advisory Group Convened
Pharmacy TIP Sheets Mailed
Messaging to Pharmacies

Prescriptions Per 1,000 Members

Propoxyphene Utilization:
RX/1,000 Members > 65

- Special Advisory Group Convened
- Pharmacy TIP Sheet Mailed
- Entry of New Drug Manufacturers
- Messaging to Pharmacies
- Pain Management Booklets Mailed
APAP Utilization:
RX >4grams/ 1,000 Members

- Prescription Per 1,000 Members

Special Advisory Group Convened
Pharmacy TIP Sheets Mailed
Pharmacy Edits Implemented
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
A Comprehensive Community
Pain Assessment and
Management Program

Part 1: Overview

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Corporate Medical Director, Geriatrics

October 8, 2003
A Comprehensive Community
Pain Assessment and
Management Program

Part 2: Outcomes

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Director of Clinical Services, Pharmacy Management

October 8, 2003
Community Principles of Pain Management

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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

Institute of Medicine Summit, 2004
“Knowing is not enough; we must apply. Willing is not enough; we must do.”

- Goethe
Discussion and Next Steps

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