



Continuing Education



Focus on pain management: Multidisciplinary pain management

Learning Objectives

Describe the roles of physicians and nurses as members of the pain management team.

Describe the roles of other members of the pain management team.

Define palliative care and describe end-of-life pain management issues.

Explain different pain management programs.

Describe issues related to pain management programs in MCOs.

This final article in a three-part series discusses multidisciplinary approaches to pain management. Topics include members of pain management teams, palliative care and types of pain management programs.

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Pain management teams usually consist of a diverse set of professionals, discussed below.

Physicians. Physicians diagnose patients to determine the causes of their pain, evaluate relevant physiologic and pathologic conditions, manage medications, and educate patients on the importance of self-management. In addition to the patient's primary care physician, the pain team may include:

- *Neurologists*, who often take a leading role in team treatment of patients with neuropathic pain.
- *Anesthesiologists*, who may be involved if the patient requires a nerve block or the administration of analgesia directly into the central nervous system.
- *Neurosurgeons*, who participate in the most difficult cases of neuropathic pain.
- *Specialists from other fields*, if the patient's pain is caused by a known condition such as cancer or arthritis.
- *Physiatrists* (physical medicine and rehabilitation specialists), who help patients with significant functional disabilities maximize their performance

and optimize their functioning.

- *Psychiatrists*, who have training and interest in behavior modification, may be members of palliative care (hospice) teams or chronic nonmalignant pain teams, particularly if the patient has a history of a severe psychologic or psychiatric disorder.

Nurses. Both registered nurses (RNs) and licensed practical nurses (LPNs) perform the following roles:

- Comprehensive assessment of the patient, including a full pain history, physical exam and psychosocial history.
- Ensuring direct patient involvement in the management of pain.
- Documentation of current medication, drug allergies and drug sensitivities.
- Obtaining a comprehensive medical history.
- Administering medications.
- Monitoring the patient for adverse effects or complications of treatment.
- Collaborating with physicians regarding the patient's response to treatments and any necessary adjustments in therapy.

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- Collaborating with other members of the pain team to provide comprehensive pain management.
- Educating the patient on healthy lifestyles that help reduce pain or make it more manageable.

Certified nursing assistants and home health assistants may also be members of the pain management team. These medical assistants can help patients with daily life activities and thus learn much about patients' feelings. They can then bring this information to the attention of other team members, either at meetings or through informal interactions.

Other members of the team

Pharmacists dispense medication, collect and evaluate information on pharmacotherapy for pain, and formulate courses of action for individual patients.

The pharmacist educates the patient and other team members about proper drug dosage and administration and appropriate precautions. The pharmacist may also inform other team members of newly available therapies, possible alternative therapies and the most cost-effective approaches for managing a particular case.

Psychologists are core members of pain teams who address emotional and behavioral needs of patients. They are commonly involved in chronic non-malignant pain teams due to their advanced expertise in psychotherapy. The following are examples of functions that psychologists usually perform:

- Evaluate past and current psychologic and social status.
- Identify maladaptive cognition and facilitate more productive ways of thinking about pain.
- Provide coping and pain management skills.
- Modify pain behaviors.
- Educate patients about pain perception and dealing with social contingencies.

Social workers provide access to social system support, often recommending support agencies and other resources that can help the patient and his or her family maintain an acceptable level of function and independence. As a counselor, the social worker supports the patient and family as they consider treatment options, changes in family roles and patient-family-caregiver communication.

Physical therapists usually perform the following functions:

- Examine and treat patients with physical limitations and help them correct or alleviate those disabilities.
- Evaluate patients' musculoskeletal conditions.
- Instruct patients on beneficial exercise.
- Educate patients about body mechanics and self-management.

Occupational therapists help patients achieve

independence in all facets of their lives. Their specific tasks may include:

- Assessing patients' skills.
- Improving patients' ability to perform daily activities through customized treatment programs.
- Evaluating home and work sites and recommending adaptations.
- Training patients on adaptive equipment.
- Providing guidance to family and caregivers.

Palliative care

Palliative care may be defined as the active total care of patients whose disease is not responsive to curative treatment. The palliative care population consists of patients with terminal illnesses, which are often accompanied by chronic pain. Control of pain and



other symptoms – and focus on psychological, social and spiritual aspects of life – is paramount in palliative care. Caregivers of patients at the end of life often have difficulty making accurate estimates of pain, resulting in less than optimal pain management and incomplete relief. There are a number of strategies that could lead to improved pain management for terminally ill patients.

First, experts in the field urge caregivers to follow current guidelines concerning pharmacologic treatment of severe pain, including the use of opioids where appropriate. Caregivers are reminded that patients' response to analgesics, especially opioids, can vary widely, with some patients requiring high doses and others remaining comfortable with little or no medication.

The adverse effects of opioids and other analgesic drugs can often be relieved through appropriate therapy, such as stimulants for sedation, laxatives and stool softeners for constipation, and anti-nausea drugs. Discussion of serious adverse effects such as respiratory depression may be viewed as an opportunity for patient-caregiver dialogue on the goals of care.

More active involvement of pharmacists in care of patients at the end of life may lead to more appropriate use of opioids and NSAIDs, reduction in adverse effects associated with analgesics, and patients and staff members who are better informed about the medications in use.

Finally, it has been suggested that public and private

Article Summary

- Pain management teams usually consist of a diverse set of professionals, including physicians, specialists, nurses and medical assistants.
- Other members of the team may include pharmacists, psychologists, social workers, physical therapists and occupational therapists.
- Palliative care may be defined as the active total care of patients whose disease is not responsive to curative treatment.
 - Experts in the field urge caregivers to follow current guidelines concerning pharmacologic treatment of severe pain, including the use of opioids where appropriate.
 - More active involvement of pharmacists in care of patients at the end of life may lead to more appropriate use of opioids and NSAIDs, reduction in adverse effects associated with analgesics, and patients and staff members who are better informed about the medications in use.
- Pain programs tend to reflect either a multidisciplinary or modality-oriented approach to managing pain.
- Pain specialists attribute MCOs' reluctance to adopt integrated pain management programs to a belief that such programs are prohibitively expensive, that resource needs are uncontrolled and that the pain programs themselves are vastly too complex.

insurers replace the current ad hoc reimbursement system, which tends to delay referrals for palliative care until the last few days of life, with a more coordinated system that ensures the provision of high-quality palliative care and recognizes the different needs of terminally ill patients with different conditions.

Pain management programs

Pain programs tend to reflect either a multidisciplinary or modality-oriented approach to managing pain.

A multidisciplinary pain center (MPC) typically offers multiple modes of therapy and it is usually affiliated with a major health science institution. The staff includes healthcare professionals from a wide variety of specialties. The center's functions commonly include research and teaching in addition to patient evaluation and treatment. There are also multidisciplinary pain clinics that are primarily distinguished from MPCs by an absence of research and teaching activities.

A modality-oriented clinic offers a specific type of treatment; it usually does not provide comprehensive assessment or management, and it does not emphasize the integrated, comprehensive, interdisciplinary approach. Examples include nerve block, acupuncture or biofeedback clinics.

Although the term multidisciplinary is still commonly used, the term *interdisciplinary* is more appropriate when referring to the complex pain patient. Interdisciplinary implies multidisciplinary care that is integrated and coordinated. Treatment programs offered at MPCs are based on the assumptions that pain is a complex, multidimensional phenomenon and that pain problems are best evaluated and treated by a team of specialists from a variety of disciplines. Treatment goals are primarily directed toward rehabilitation. The patients referred to MPCs are typically those with the most difficult pain problems. They have experienced chronic pain anywhere from months to years. More than 50% have had surgery at least once, and a majority are taking opioid analgesics.

The program typically includes medication management, physical exercise, medical assessment, pain-reduction treatments, relaxation training, biofeedback, physical therapy, psychotherapy and vocational counseling. Patient education is a prominent part of the program because one of the goals is to help patients become self-reliant in managing their pain.

Pain management programs in MCOs

According to pain management experts, managed care organizations (MCOs) have the capability to manage chronic pain effectively by establishing guidelines and adopting integrated approaches; however, they often fail to do so or even acknowledge that a problem exists. This is attributed to a belief that such programs are prohibitively expensive, that resource needs are uncontrolled and that the pain programs themselves are vastly too complex. However, statistical data have now shown that considerable cost-savings and improvements in patients' health are incurred from the use of multidisciplinary pain programs that implement behavioral medicine and rehabilitation. The subjective nature of the pain experience and the lack of physical evidence for a cause in most cases of chronic pain

also contribute to health plan officials' reluctance to cover pain treatment. Furthermore, experts in the field of pain medicine acknowledge that some unscrupulous operators have blemished their field's image.

Under the auspices of the American Pain Society's Managed Care Task Force, a group of managed care physician executives and pain management experts gathered, beginning in 1997, with a goal to clarify and formulate criteria for MCO pain programs. They acknowledged problems in the following areas:

- Both primary care physicians (PCPs) and MCO medical directors receive inadequate pain education.
- It is difficult to measure pain program outcomes quantitatively.
- There are a lack of clear-cut guidelines for pain disorders based on outcomes research.

The participants developed the following criteria for MCO pain programs:

- Provide evidence-based clinical guidelines for each type of pain disorder addressed
- Include screening protocols to identify patients at risk for overutilization of healthcare resources.
- Use less costly, time-limited treatments.
- Designate which providers are required to treat which disorders.
- Provide a mechanism for tracking patient outcomes.
- Develop educational plans for PCPs and patients.

Some experts have suggested that if multidisciplinary pain centers wish to attract MCO business, high-quality integrated care is necessary but not sufficient. They assert that pain centers must also collect data to demonstrate cost-effectiveness, functional outcomes and customer satisfaction.

The next series of articles will focus on women's health.