The HGTV Model of Pain Management

In some ways, treating pain is like remodeling a house:
- First, you need to do a survey of the house to identify strengths and weaknesses
- Next, you need to sit with the homeowners and learn what works, what doesn’t, and what it is that they want after the remodel
- Then, you bring your toolbox and get to work, and you enlist the homeowners to help you
- You might do all the work yourself, but you also might need to call a plumber or an electrician
- Along the way, you are likely to find that your plans need to be altered, and some things that are desired have to be abandoned
- In the end, you have a home that is more functional and better meets the needs of the homeowner

Chronic Pain is a Complex Biopsychosocial/Spiritual Condition

- The biomedical model works well for acute pain, but falls miserably when it tries to explain chronic pain
- Chronic pain etiology is complex and can result from myriad chronic medical conditions—or no medical condition at all
- A model that considers biological, psychological, social, and spiritual aspects of the individual’s experience is much more useful in understanding chronic pain and guiding its treatment
- This model explains why people with the same diagnosis may have different experiences of pain

NUTS AND BOLTS OF INTEGRATIVE PAIN MANAGEMENT: USING THE WHOLE TOOLBOX

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Optimal Treatment for Chronic Pain

Multiple barriers exist to providing this type of care for chronic pain and provide better results overall. Using multiple types of treatment should reduce reliance on opioid medications as a primary means of function, rather than focusing on pain intensity. This kind of treatment focuses primarily on improving emotional, psychological, social, and spiritual interrelations, including a variety of biological, psychological, social, emotional, and spiritual interrelations. Optimal treatment for chronic pain is multimodal.

Aggregating for all interventions

A truly integrated intervention plan considers these in terms of three factors:

1. The venue of the efforts
2. How much each area is affected
3. Which areas of function are affected

Interfering factors follow the assessment, and need to be considered in terms of the factors responsible for each person's pain experience. The extent to which each of these factors and estimates the extent to which each of these factors

A comprehensive pain assessment considers all of these areas. Just not all of the things that

These are some, but not all of the things that

One Graphic Depiction of the Model

What's on Your Plate?

The Biopsychosocial Model:
Policy Responses to the Opioid Crisis

- Unfortunately, most of the policy responses to the opioid crisis—from legislatures, government agencies, and private payers—have focused on limiting the use of opioids.
- In essence, if opioids are the hammer in the toolbox, we’re being told:
  - What size hammer we can use (dose)
  - How many times we can hit the nail (days’ supply)
  - To try using a different tool, even if it is hard to find and outside the homeowner’s budget
- We haven’t been provided with more tools, leaving us wondering what to do if we can’t use the hammer.

Comprehensive Integrative Pain Care

Comprehensive Integrative Pain Management includes biomedical, psychosocial, complementary health, and spiritual care. It is person-centered and focuses on maximizing function and wellness. Care plans are developed through a shared decision-making model that reflects the available evidence regarding optimal clinical practice and the person’s goals and values.

Consensus definition:
Inaugural Integrative Pain Care Policy Congress, 2017

Proposed Areas of Impact for Some Common Pain Interventions

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<th>Intervention</th>
<th>Physiological</th>
<th>Anxiety</th>
<th>Mood</th>
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<th>Cognitive</th>
<th>Emotional</th>
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- Minimal Impact
- Moderate Impact
- High Impact

AHRQ Systematic Review, 2018

- Conducted systematic review of noninvasive, nonpharmacological treatment for chronic pain
- Few high-quality studies
- Long-term evidence was sparse
- Several interventions may improve pain or function 1 to 12 months after completion of therapy
- Most effects were small
- No evidence of harms
- Additional evidence needed on sustainability of effects on function and pain
Interventions that improved function and/or pain for at least one month:

- Multidisciplinary rehabilitation
- Acupuncture
- Dry needling
- Myofascial release massage
- Cognitive behavioral therapy
- Exercise

Chronic tension headache:
- At least one month

Interventions that improved function and/or pain for at least one month:

- Ultrasound
- Exercise
- Knee osteoarthritis
- Acupuncture
- Alexander Technique
- Low-level laser therapy
- Exercise

Chronic neck pain:
- At least one month

Interventions that improved function and/or pain for at least one month:

- Multidisciplinary rehabilitation
- Acupuncture
- Dry needling
- Myofascial release massage
- Low-level laser therapy
- Spinal manipulation
- Exercise
- Chronic low back pain

"AHRQ Systematic Review, 2018"
What Is the Metric for Success in Pain Management?

- The most commonly monitored variable is pain intensity
- Second most commonly monitored is probably global functioning
- These two metrics present challenges
  - Pain intensity can be difficult to move in many cases of chronic pain
  - Global functioning is subjective and impressionistic

Determining the Overall Goals of Care

- Currently, most common is probably a focus on pain intensity:

  "Our goal is to reduce pain intensity to 4 or less on a 0-10 scale."

- This is where we went wrong with the JCAHO 2001 Standards on pain management
  - In chronic pain, pain intensity has little correlation with objective outcome measures—and little correlation with patient satisfaction

Determining the Overall Goals of Care

- There has been movement toward a global measure of function:

  "Our goal is to improve functioning as much as possible."

- This is a better measure, and can (partially) be measured objectively—at least, in the physical realm
  - It is still largely subjective and may be challenging for patients to report reliably

There Is Little Consensus on Optimal Outcome Measures

- Patients, left to their own devices, will generally focus on pain intensity
- Many experts point to function as the optimal outcome
- The CDC guideline, followed now by many others, recommends that opioid treatment be continued only if the patient shows improvement in BOTH pain AND function
Person-Centred Goals of Care

What if we asked what the patient wants?

Optimal clinical practice and the person's goals and values
making model that reflects the available evidence
- Care plans are developed through a shared decision.

An Alternative to Pain and Function

Patient Management Team

The Patient's Role as a Member of the Pain Management Team

What if we asked what the patient wants?
Goals of Care Should Be Jointly Determined
- Clinicians need to have input in determining goals of care
  - Can serve as a reality check if patient wants an unrealistic goal
  - Can suggest goals that other patients have found useful
  - Can help ensure that the goal is measurable
- Patients need to have input in determining goals of care
  - Can determine what they most want to achieve if their condition improves
  - Can also have input on what is a realistic goal
  - Can become invested in a goal that they helped determine

SMART Goals
- Goals set in conjunction with patients should be SMART goals
- SMART goals are:
  - Specific
  - Measurable
  - Agreed-upon/Attainable
  - Realistic
  - Tangible

Goal Attainment Scaling
- GAS is a method of scoring the extent to which a patient's individual goals are achieved in the course of an intervention. In effect, each patient has their own outcome measure but this is scored in a standardized way as to allow statistical analysis.


How To Set Goals with A Patient
- Try to avoid setting goals based on pain intensity
- Focus on specific areas of function for goal development
- Ask the patient what 3-4 things he/she would hope to be able to do if pain management is successful
- State these as SMART goals and back-fill the measurement scales
What Does InTEGRATIVE Pain Management Look Like in the Ideal World?

The key is to use an interdisciplinary team to deliver patient-centered, comprehensive integrative pain care.

The Rest of the Treatment Plan

Monitor and Reward Progress

- Plan for a special reward when patient achieves the goal.
- Incentives such as: two steps forward, none step back; manage reinforcement, so well.
- It possible to manage for someone else to provide necessary.
- Possible reinforcement for progress is absolutely necessary.
- A graphic representation of progress is often very helpful.
- At each visit, assess the patient's progress toward the goal.

An Example

- SMART goal: "You want to be able to walk your granddaughter to school every morning (your blocks from the pool)."
- Scale: 0 = unable to walk one-half block
- 2 = able to walk one-quarter block and back
- 4 = able to walk one-half block and back
- 6 = able to walk one block and back
- 8 = able to walk two blocks and back
- 10 = able to walk two blocks and back (four blocks)

- Reward: two steps forward, one step back; manage reinforcement, so well.
- It possible to manage for someone else to provide necessary.
- Possible reinforcement for progress is absolutely necessary.
- A graphic representation of progress is often very helpful.
- At each visit, assess the patient's progress toward the goal.

Increase buy-in and adherence to the plan.

Use of motivational interviewing may be necessary to

should be included

Implementation of aids by the patient's support system also

whenever possible. Interventions designed to be

responsibly administered or guided by the patient.

Interventions can be grouped by the right categories.

5/3/2019
Key Team Members

- Physician: Often one of the following:
  - Physical medicine and rehabilitation
  - Anesthesiology
  - Neurology
- Nurse: Key team member, coordinates team activity
- Behavioral health professional: Ideally a psychologist, but social workers and counselors can fill the role, too
- Note different skill sets; may need more than one role here
- Physical therapist
- Occupational therapist

Additional Team Members

- Nutritionist
- Personal trainer
- Patient navigator
- Chaplain
- Complementary and integrative therapists
  - Chiropractor
  - Acupuncturist
  - Massage therapist
  - Yoga therapist
- Others, as available and as needed

Thank you