

# Opioid Management; 6 Building Blocks

## Shared Learning Call

Sept 17, 2020

Facilitators

Sarah LaRue, MS CRC


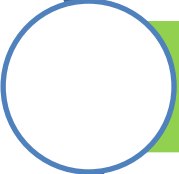


Taylor Miranda, MPH



Department of  
Family Medicine

# Agenda

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-  Introductions
-  Measuring Pain: Change the focus, change the outcome
-  Discussion
-  Future Calls

## Purpose of Calls:


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- An opportunity for the program sites to help one another through implementing improvements to opioid management with chronic non cancer pain.
- A time to share successes and to brainstorm through the real challenges that arise in this difficult work.
- Not a report out of what sites have done, but a sharing of ideas about how to do the work.
- Your entire Opioid Improvement Team should attend the call, if possible.

## Who is in the room?

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- Tell us about you and your organization
- What do you expect to get out of today's call?



# Measuring Pain: Change the focus, change the outcome

Amy Wachholtz, PhD.

Director, Clinical Health Psychology

Associate Professor, University of Colorado Denver

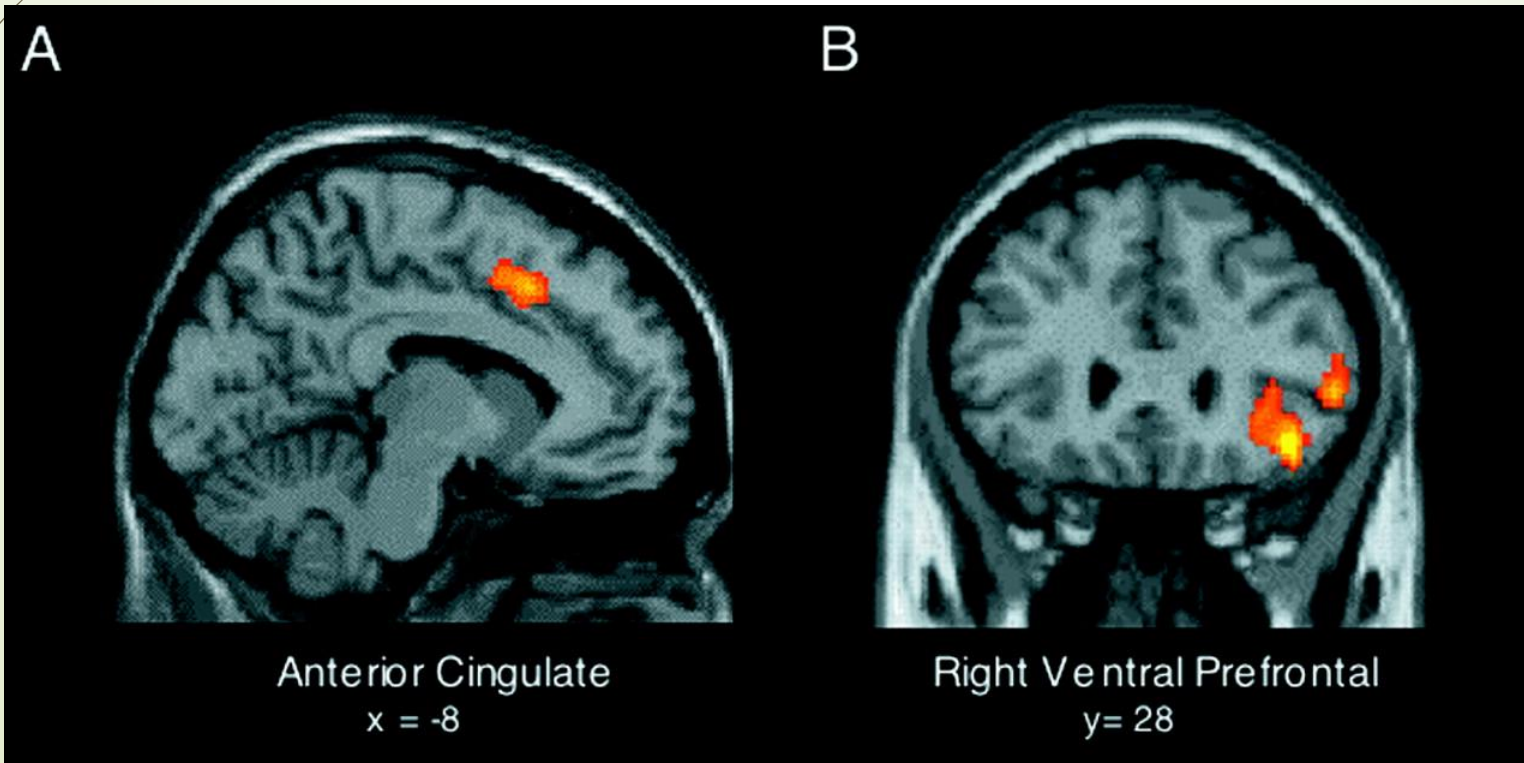
# Psychological Pain vs “Real Pain”?

## Physiological

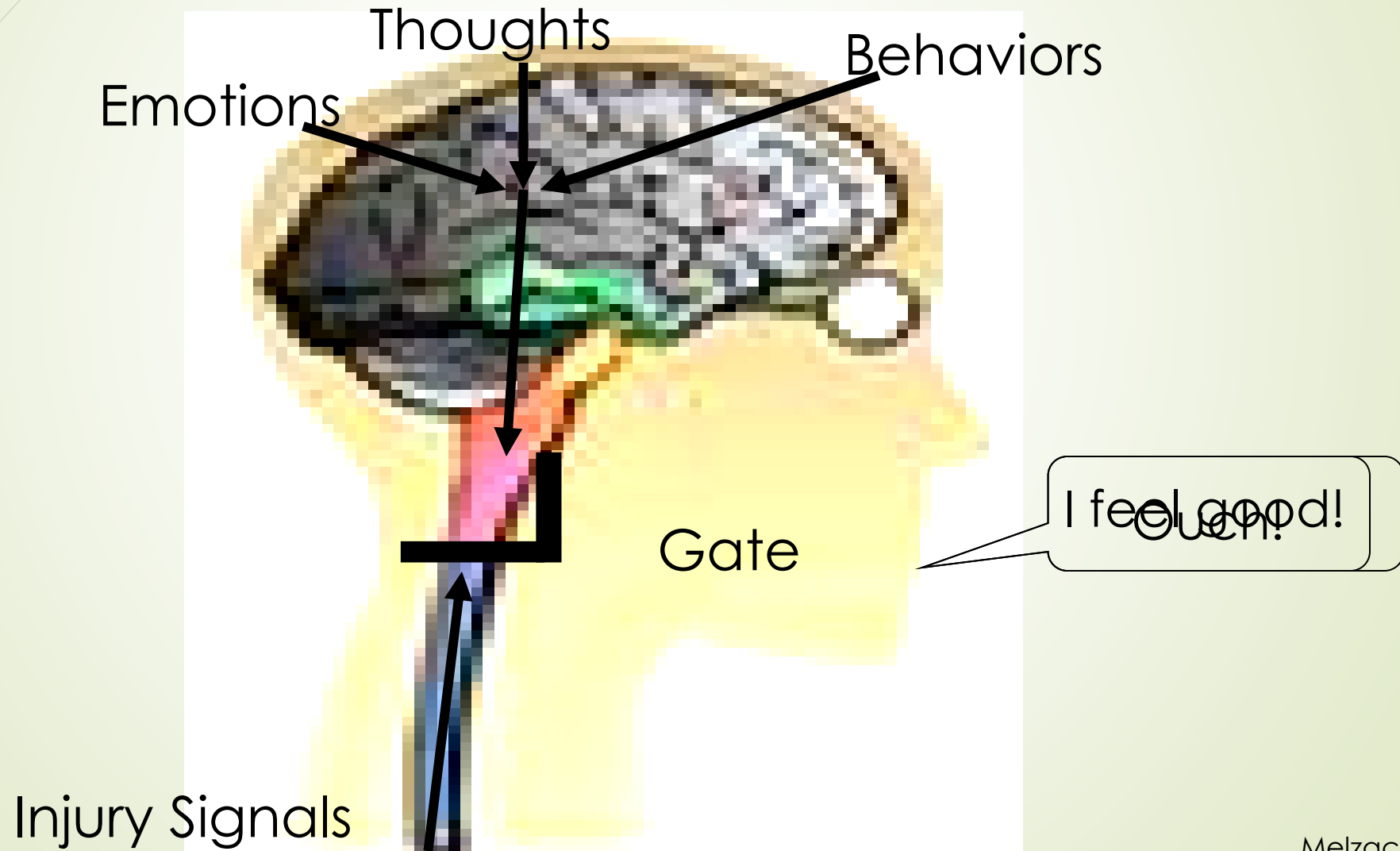
- ▶ Musculo-skeletal
- ▶ Neuropathic

## Psychological

- ▶ Stress
- ▶ Depression
- ▶ Social



# Gate Control Theory of Pain





What this means...

ALL PAIN HAS A PSYCHOLOGICAL  
COMPONENT!



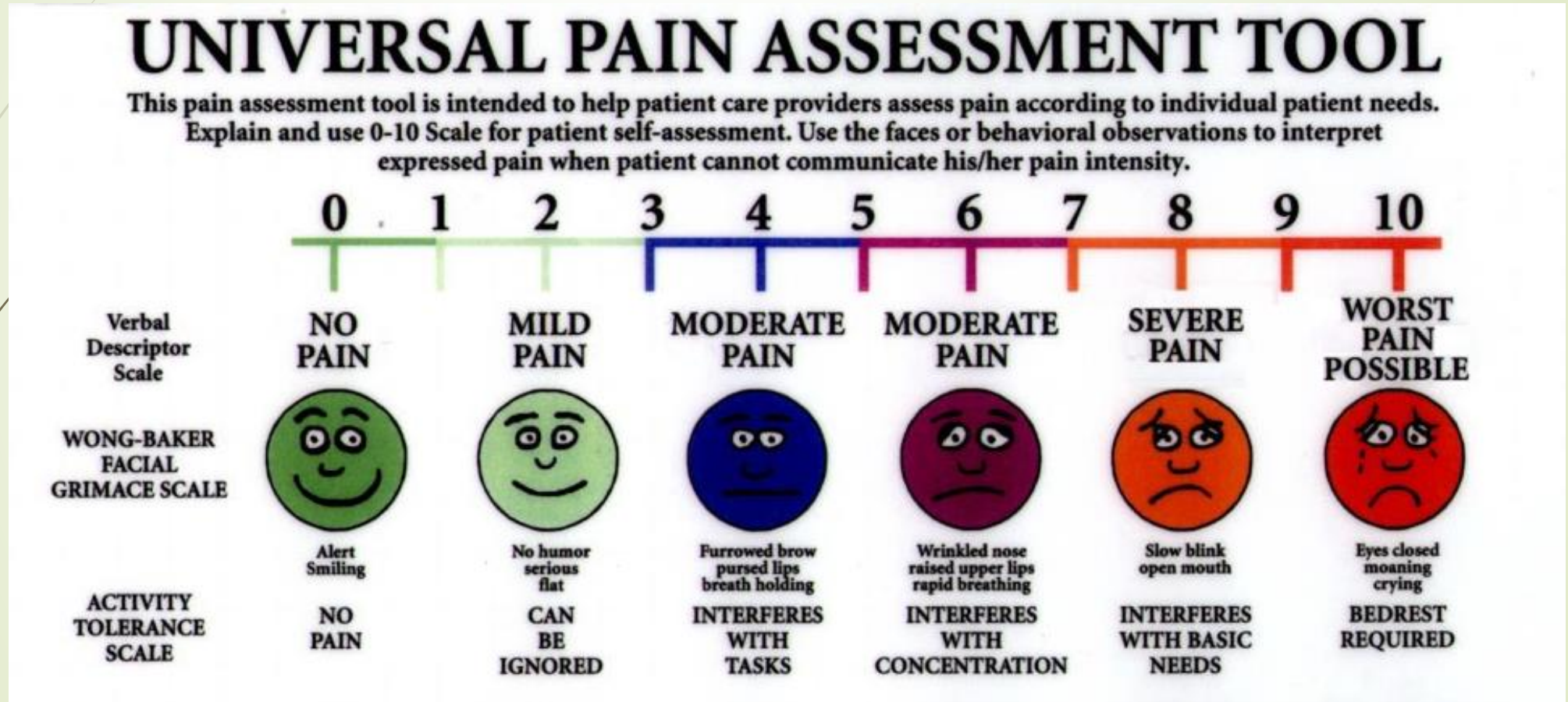


# Pain vs. Suffering: Which is driving

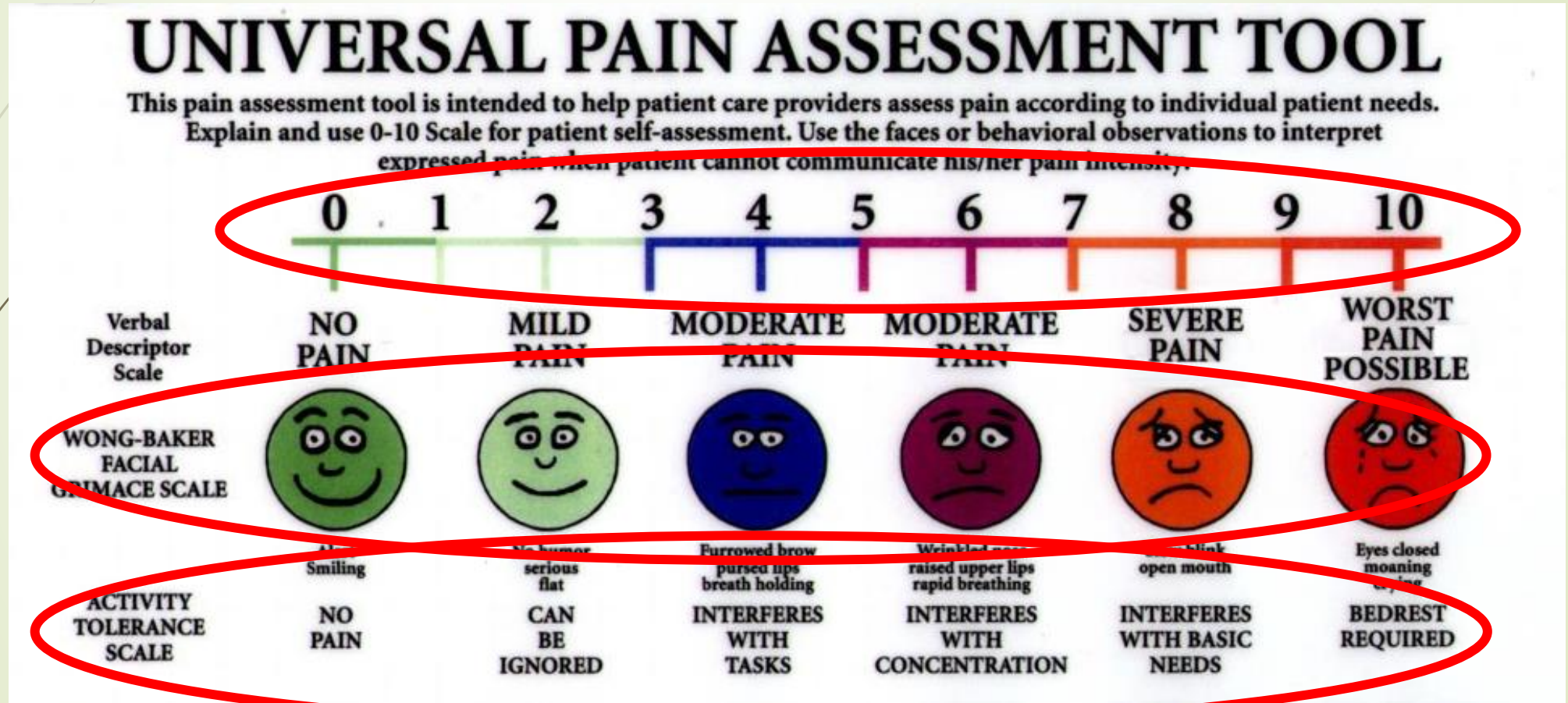
- ▶ Key in chronic pain = grief, loss, fear, self-esteem, identity, loneliness
- ▶ Critical to identify the differences (Wachholtz & Makowski, 2012)
- ▶ All activate HPA axis and can exacerbate pain
- ▶ Suffering = Physical + Emotional + Cognitive + Spiritual
- ▶ Differentiate between them before treating



# Measuring Pain: What are you measuring?



# Measuring Pain: What are you measuring?



# Bio-psycho-social Pain Assessment

- What tools do you currently use
- Why PHQ-9 is less than optimal

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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# Alternatives

- ▶ HADS – Hospital Anxiety and Depression Scale

<https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf>

- ▶ Brief Pain Inventory – Short Form

- ▶ Location, quality, impact, function

[http://www.npcrc.org/files/news/briefpain\\_short.pdf](http://www.npcrc.org/files/news/briefpain_short.pdf)

- ▶ Pain Interference –PROMIS 29

- ▶ Physical function, anxiety, depression, fatigue, sleep, social activities, interference, intensity

[http://www.healthmeasures.net/images/PROMIS/manuals/PROMIS\\_Adult\\_Profile\\_Scoring\\_Manual.pdf](http://www.healthmeasures.net/images/PROMIS/manuals/PROMIS_Adult_Profile_Scoring_Manual.pdf)

- ▶ Functional Pain Assessment

# Example of Clinical Assessments

## OLDCART

- **O**nset
- **L**ocation
- **D**uration
- **C**haracteristics
- **A**ggravating Factors
- **R**elieving Factors
- **T**reatment

## ABCDE

- **A**sk about pain regularly and systematically.
- **B**elieve the patient's reports of pain.
- **C**hoose pain control options appropriate for the patient, family, and setting.
- **D**eliver interventions in a timely, logical, and coordinated fashion.
- **E**mpower patients to control their course to the greatest extent possible

## PQRST Characteristics of Pain

- **P**alliative Factors- What makes the pain better?
- **P**rovocative Factors-What makes the pain worse?
- **Q**uality- Describe the pain
- **R**adiation- Where is the pain?
- **S**everity/Intensity- How does this pain compare with other pain you have experienced?
- **T**emporal Factors- Does the intensity of the pain change with time?

“Describing pain only in terms of its intensity is like describing music only in terms of its loudness”



# Treatment Goal

The patient resumes normal daily activities

NOT JUST PAIN REDUCTION!





# Treatment Efficacy

- ▶ Need Functional Pain Analyses
  - ▶ Not just 0-10 scale
  - ▶ Is treatment helping them engage in more activities?
    - ▶ Should be a sliding scale, not either/or
    - ~~▶ "When my pain is gone then I will..."~~

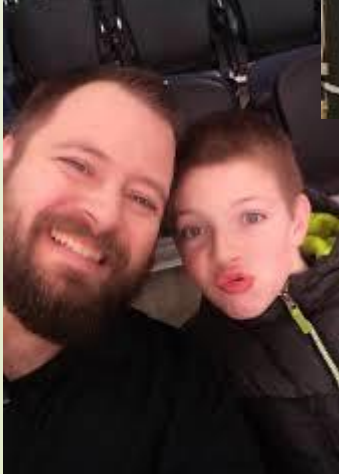


# Behavioral Health – Patient perspective

- ▶ Helps patients get their lives back
- ▶ Does not necessarily take medications away – help your medications work better
- ▶ And as a result, you may find you need less medications
  - ▶ Less cost
  - ▶ Fewer side effects
  - ▶ Less risk
- ▶ Goal is to get your life back!

# Monitoring Functional Activity with Objective Measures

- Selfies at events or activities
- Set 3-5 behavioral activation goals and then photograph doing those things



# Monitoring with objective measures

- Can also use step counters, fitness apps, fitness watches to register activity levels objectively



- Completed job applications, volunteer time cards, hobby groups





University of Colorado  
Denver | Anschutz Medical Campus



# Questions?

[Amy.Wachholtz@UCDenver.edu](mailto:Amy.Wachholtz@UCDenver.edu)



## Overall, how helpful was today's session for you?

- a. Very helpful
- b. Somewhat helpful
- c. Neither helpful nor unhelpful
- d. Somewhat unhelpful
- e. Very unhelpful

**Chat In**

What is one thing you will try this week,  
as a result of this session?

## Poll

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### Overall, how satisfied are you with today's session?

- a. Very satisfied
- b. Somewhat satisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat dissatisfied
- e. Very dissatisfied

**Chat In**

What do you need us to cover in upcoming sessions to help you?

# Schedule

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Shared Learning Calls will take place every other month 8:00AM – 9:00AM on the 3<sup>rd</sup> Thursday.

- **2020 Dates**

- **May**      **Thurs 5/21**
- **July**      **Thurs 7/16**
- **Sept**      **Thurs 9/17**
- **Nov**      **Thurs 11/19**