

Changing the Conversation about Pain

Nora Stern, MS, PT, Know About Pain, Educational Products and Consultation, Director

Columbia Pacific SUD Summit
Seaside Oregon
October 9, 2023

Objectives

- Review contemporary pain science and learn phrasing for patient education
- Identify role of pain science and pain education in patient care and opioid deprescribing
- Explore the 8 domains covered in the Oregon Pain Education Toolkit
- Demonstrate applications of Oregon Pain Education Toolkit in clinical settings in behavioral health, primary care, PT
- Explore pain education opportunities for Yamhill County

OREGON PAIN GUIDANCE *The Oregon state resource for healthcare professionals treating pain***Pain Education Toolkit**

Understanding Pain

Sleep

Nutrition

Activity

Mood

Social

Flare-Ups

Medications

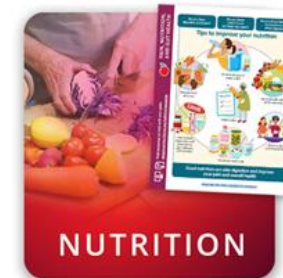
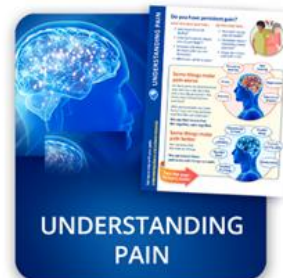
Peer Support Resources

Patient Animated Videos

Safe Disposal Sites



Welcome to the Pain Education Toolkit. This toolkit provides pain management education for patients about how they can improve their health and better manage their pain. Choose a topic to access these tools to help with pain.





Mary: Initial Visit

- Reason for visit: left knee pain x 8 weeks
- History: Gradual onset, no known injury
- Pain: Verbal analog scale (VAS) = 7/10





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Orders:

- X-ray
- Physical Therapy
- Hydrocodone- Acetaminophen PRN







Mary: Follow-up Visit

- Pain is no better; pain score= 7/10
- Hydrocodone (60 MED)
- Physical therapy caused more pain
- X-ray Results:
 - Moderate/severe osteoarthritis

Orders:

- Physical therapy discontinued
- Change medications to a long acting formula of oxycodone





Mary: Today

- Pain persists
- Joint Injections x 2
- **Surgery: Total Knee Replacement**
- Medication daily dose is now 250 MED
- **Pain spreading throughout left leg as well as in right knee, and in the low back, thoracic spine and neck**



Mary's thoughts

“My life is unmanageable.”

“Medication is the only thing that helps me.”

“I need to take it easy because of my pain, it's not safe for me to do very much.”

“My pain is terrible and it will never get better.”

“My x-rays are terrible, I will always have pain.”



Fictional patient, stock photo 2019

Prior Beliefs about Pain: Pain = Tissue Damage



← Does this explain pain?

Asymptomatic people can have degenerative findings

Table 2

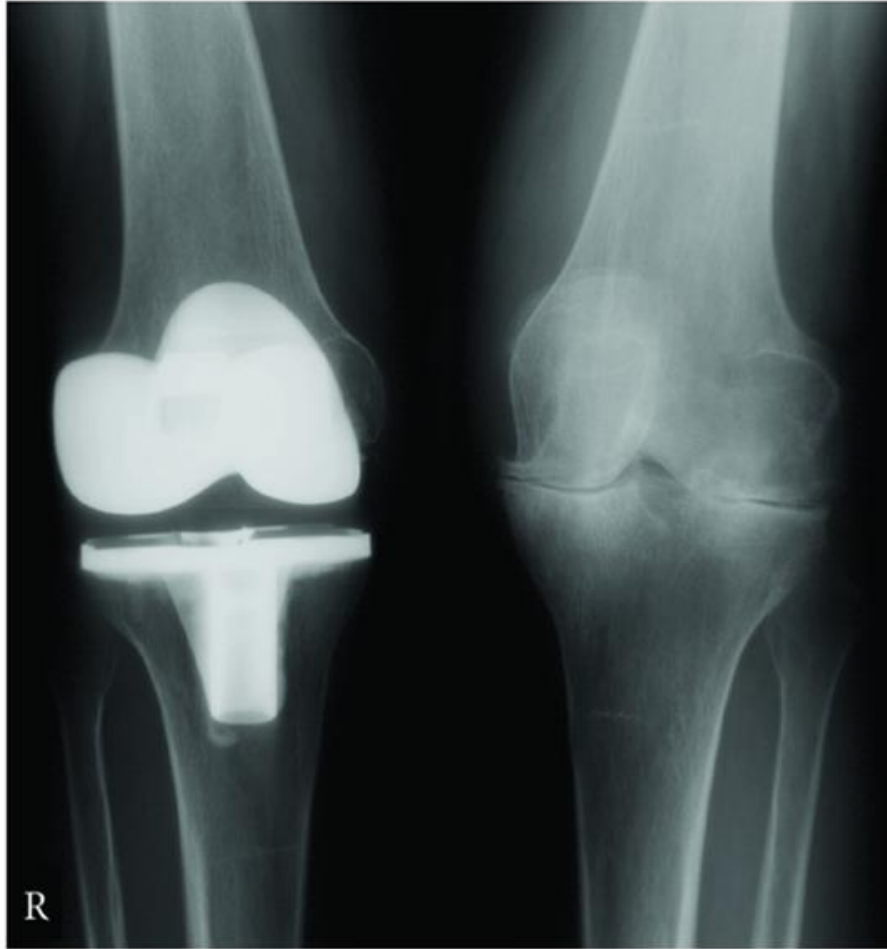
Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients^a

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

- [W. Brinjikji, et al, AJNR Am J Neuroradiol 2015
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4464797/#](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4464797/#)

^aPrevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study. 6

Examples of Pain vs. Harm





Pain could be short term and feel pin point specific



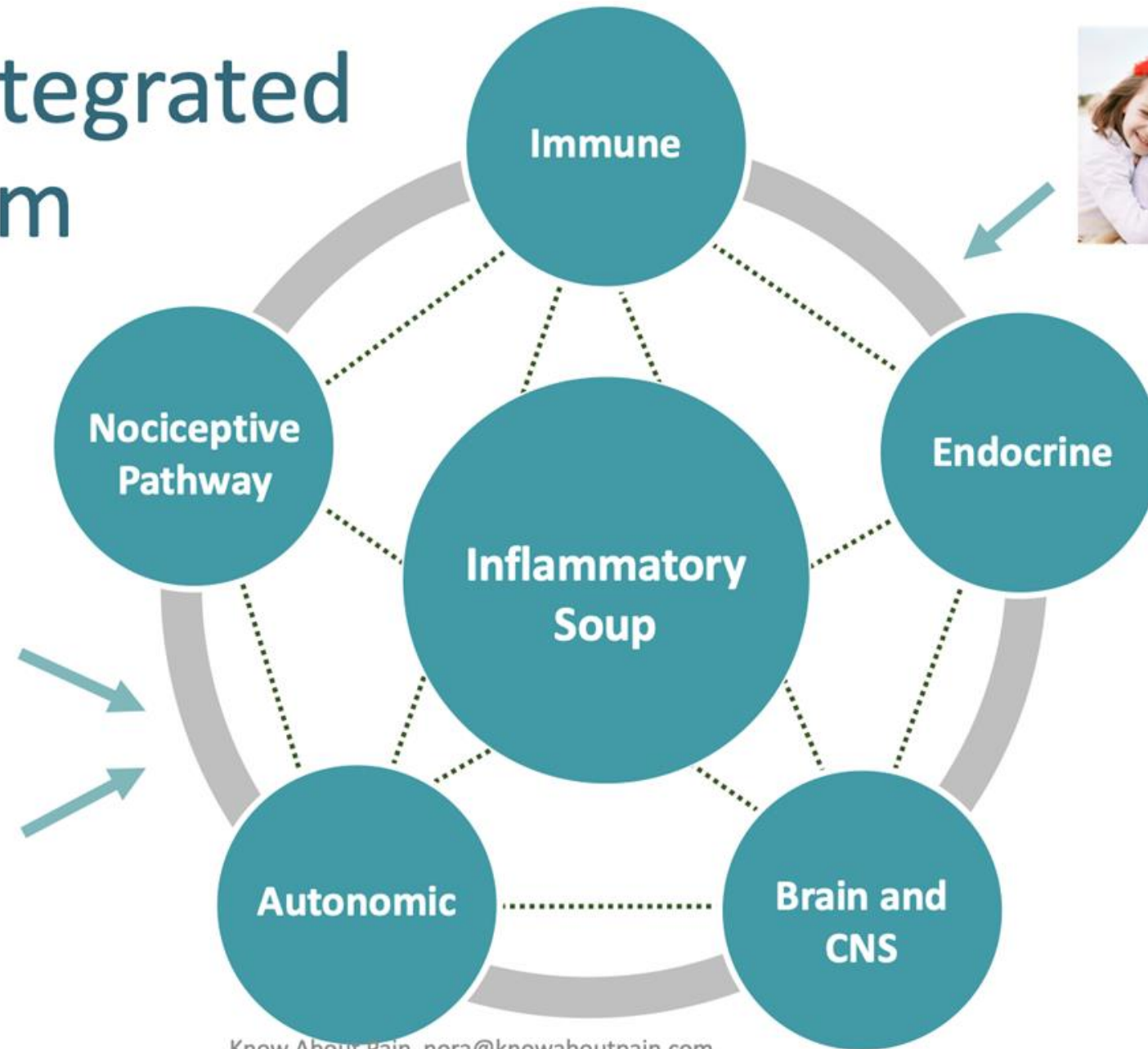
Or long lasting and global

[illegible]

Permission of Dan Clauw, MD

But it's always complex

Pain: An Integrated Supersystem



A mismatch



Fixing the Mismatch: Creating a Common Understanding of Pain

- Improves patient empowerment
- Supports comprehensive care
- Helps make medication just one part of the care plan



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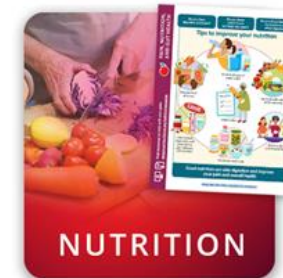
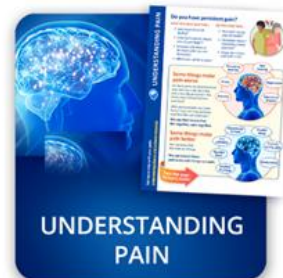
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Neuroplasticity segment of pain education video

Meaning of xrays/medication

NEUROPLASTICITY VIDEO

ACTIVITY VIDEO

Sounds like....

- Your pain is very real
- Your pain can change
- There are many things that contribute to pain and many ways to help pain improve. No pain is a result of bodily injury alone.
- Rewiring the brain to change pain involves things that YOU do actively, rather than things that are done to you passively.
- Motion is lotion
- Start low, go slow, keep going.
- Sore but safe.
- PAIN ≠ HARM

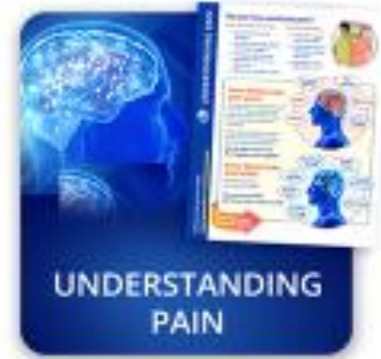
Key Principles

For patient care, for keeping you healthy

- It's a process not a cure
- Let the patient be the guide
- Focus on small steps
- Focus on function rather than pain
- VEMA-F (Validate/Verify, Educate, Motivate, Activate, Follow-up)
- You're the coach, not the fixer
- Grounding: One hand on the door, two feet on the floor



Helping Mary





PAIN & ACTIVITY

Find resources to help with your pain:
www.oregonpainguidance.org/paineducationtoolkit/activity

Afraid to move? **Push yourself to a flare-up then want to give up?** **Find you are doing less and less?**

Taking small steps can lead you back to the life you want:

- Break down an activity into its parts
- Think about whole body movement
- Pace yourself
- Get prepared
- Try something new
- Make a plan
- Make it social

And remember: Make a plan for flare-ups, they're normal! Your health care team is here to help.

www.oregonpainguidance.org

Implementations of the toolkit



Physician introduction/validation and followup



Physical Therapy



Group sessions:
MD/BH/PT/OT/Peer



Behavioral Health sessions

STEPPING STONES OF PAIN CARE

Helping people return to their life

Validate

"I understand that this has been a long process for you, and I know you are interested in getting back to things in your life that you have been missing"

"I think there may be some things that we can explore together that could make a big difference for you. Would you like to hear more?"

Verify

"I'd like to understand how pain is affecting your life overall. We can see here that your pain experience is limiting your activity throughout the day, and how much you are enjoying your life. I have a feeling we can make some changes together that can help you get some of that back."



1. When number last described your pain as average in the past week	1	2	3	4	5	6	7	8	9	10
2. When number last described how, during the past week, pain has interfered with your enjoyment of life	1	2	3	4	5	6	7	8	9	10
3. When number last described how, during the past week, pain has interfered with your general activity	1	2	3	4	5	6	7	8	9	10

Educate

Introduce the Video:

"There are new things that we know about pain that are helping a lot of folks. I want to understand the whole picture for you."

"If you're willing, I would like to ask you to watch a video about how pain works, and then follow up with you about it."

"You may already know everything in the video, but it will help me to understand your pain better and help us make a plan together. Would that be okay?"

Ask your patient to watch the video with you or at home.

Motivate

Introduce Bulls Eye metaphor:

"People are capable of great things as long as those things are in service to what is important and meaningful to them."

Considering the four domains in this Bulls Eye, what would you value if there were nothing in your way? And what you would like to work towards?

"On a scale of 1-10 how important is that to you?"
(if less than 7, revise action step)

"Why is your number X, and not lower?" (elicits values talk)



Activate

Shared decision making using handout, short term goals, and communication with team. Identify the focus area:

"You decided that _____ was the most important part of your pain experience to work on right now"



Provide the material in a link, or create a plan for the patient to watch the video:

"Would you be willing to watch this follow-up video and look at the information handout together before the next time we meet? Then we can make a plan together."

Use Motivational Interviewing to facilitate change language and solidify the person's engagement:

"How ready are you to start this process?"

Follow Up

Focus on Function

"I see here from the PEG score that while you are still having some pain, you are doing more in your life. I'm happy for you! It's normal to continue to have some pain or discomfort as you get back to moving."

"I see that you have targeted _____ in

your care plan for pain. I want to make sure we are helping you with that goal. How are things going with it?"

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1

2

3

Validate
Educate
Motivate
Activate
Follow-up*

4

5

KWC Group Pain Education Project

- Identified a need for pain education
 - Challenge: Inadequate time to educate patients
 - Patient needed more coaching rather than simply reviewing content themselves
-
- Solution- **Group Pain Education Visits!!**

KWC Team Members

Clinical team:

- Pharmacist
- Physician Assistant, Primary Care Provider
- Integrated Behavioral Health Specialist
- Dietician
- Movement Specialist
- Nurse

Administration:

- KWC Community Services Team, COO and CEO
- Health and Human Services Administration, Coos Bay

KWC Group Pain Education Project

- Week 1 – Understanding Pain (Primary Care Provider)
- Week 2 – Sleep (Primary Care Provider)
- Week 3 – Nutrition (Dietician)
- Week 4 – Activity (Movement Specialist)
- Week 5 – Mood (Behavioral Health Specialist)
- Week 6 – Social (Behavioral Health Specialist)
- Week 7 – Flare-Ups (Primary Care Provider) Week 8 – Medications (Pharmacist)

Each session includes takehome material

OHSU Richmond

Group sessions using the outline of the Coquille tribe
BH and PCP

Open group rolling enrollment

- PCP and BH, acupuncture, chair yoga, breath work, possibly cooking
- Each session will be w video and another component
- Funding for this: 99213 and charting on each one. Doing PEG, BP, goal setting.

Discussion

- Are there moments when you have conversations about pain?

Thank You

Nora Stern, MS PT

nora@knowaboutpain.com

Caryn Mickelson, PharmD

carynmickelson@coquilletribe.org

(541) 435-7039