MULTIDIMENSIONAL APPROACH TO CHRONIC PAIN

VMG Chronic Pain Team

Chronic Pain Framework – Our	1		1		
Approach Objective Data a. Central Sensitization Inventory b. Oswestry Scale c. Opiate Risk Tool Chronic Pain Guidelines a. Do not fill narcotics at first visit to practice	2. 3. 4. 5. 6.	Compound medication availability How to taper a patient on opiates Opiate withdrawal treatment as an outpatient Acute Pain Management for patients on suboxone Shared Medical Appointments in	1.	a.	t Handouts Central Sensitization Multi-dimensional Approach to Chronic Pain Holistic measures that improve pain i. Vitamin D ii. Smoking Cessation iii. Exercise iv. Acupuncture
c. Meet with Chronic Pain Panel if increasing dose above 100 MME		Transparency – quarterly reports of patients on csrp Encourage use of Chronic Pain	2. 3.	Interne	v. Positive Thinking vi. Weight Loss Side effects/risks of opiates et Resources unity Resources Handouts
on concomitant opiates and benzos		treatment plan in problem list	5.		YMCA programs – Pain Pals of
Athena					Franklin County, Chronic Pain 2 week program
Update Chronic Pain template and encounter plan					Smith College indoor track Support Groups
Monthly meetings for Chronic Pain					HVES/Lifepath Groups – Stanford Chronic Disease Self-
Have all/most providers trained and receive DEA X waiver for suboxone prescribing					Management Program
Improve partnership with Pain Management practices					
Increase access to complimentary treatments – expand Tai Chi and Yoga access across centers					
	Objective Data a. Central Sensitization Inventory Doswestry Scale Opiate Risk Tool Chronic Pain Guidelines Do not fill narcotics at first visit to practice Goal of under 100 MME Meet with Chronic Pain Panel if increasing dose above 100 MME Focus on harm reduction for patients on concomitant opiates and benzos Develop Chronic Pain flowsheet in Athena Update Chronic Pain template and encounter plan Monthly meetings for Chronic Pain Triads in each center Have all/most providers trained and receive DEA X waiver for suboxone prescribing Improve partnership with Pain Management practices Increase access to complimentary treatments – expand Tai Chi and Yoga 	Objective Data2.a. Central Sensitization3.Inventory4.b. Oswestry Scale5.c. Opiate Risk Tool6.a. Do not fill narcotics at firstvisit to practiceb. Goal of under 100 MME7.b. Goal of under 100 MME8.if increasing dose above 100MMEMME9.Focus on harm reduction for patients0Develop Chronic Pain flowsheet inAthenaUpdate Chronic Pain template andupdate Chronic Pain template and1encounter planMonthly meetings for Chronic PainTriads in each center1Have all/most providers trained andreceive DEA X waiver for suboxoneprescribingImprove partnership with PainManagement practicesIncrease access to complimentarytreatments – expand Tai Chi and Yoga	Objective Data2.Central Sensitizationa.Central Sensitization3.Compound medication availabilityb.Oswestry Scale5.Opiate withdrawal treatment as an outpatientc.Opiate Risk Tool6.Acute Pain Management for patients on suboxoneb.Goal of under 100 MME6.Acute Pain Management for patients on suboxonec.Meet with Chronic Pain Panel if increasing dose above 100 MME7.Shared Medical Appointments in each centerFocus on harm reduction for patients on concomitant opiates and benzos Develop Chronic Pain flowsheet in Athena Update Chronic Pain template and encounter plan Monthly meetings for Chronic Pain Triads in each center8.Transparency – quarterly reports of patients on csrpMonthly meetings for Chronic Pain Triads in each center Have all/most providers trained and receive DEA X waiver for suboxone prescribing Improve partnership with Pain Management practices Increase access to complimentary treatments – expand Tai Chi and Yoga9.	Objective Data2.Central Sensitizationa.Central Sensitization3.Compound medication availabilityh.Nowestry Scale5.Opiate withdrawal treatment as an outpatientc.Opiate Risk Tool6.Acute Pain Management for patients on suboxoneb.Goal of under 100 MME7.Shared Medical Appointments in each centerc.Meet with Chronic Pain Panel if increasing dose above 100 MME7.Shared Medical Appointments in each centerFocus on harm reduction for patients on concomitant opiates and benzos Develop Chronic Pain flowsheet in Athena9.Encourage use of Chronic Pain of patients on csrpUpdate Chronic Pain rriads in each center2.diagnosis in chart, as well as brief an each center3.Triads in each center Have all/most providers trained and receive DEA X waiver for suboxone prescribing Improve partnership with Pain Management practices Increase access to complimentary treatments – expand Tai Chi and Yoga9.	Objective Data2.Central Sensitizationb.a.Central Sensitization3.Compound medication availabilityh.Nowestry Scale5.Opiate withdrawal treatment as an outpatientc.Chronic Pain Guidelines5.Opiate withdrawal treatment as an outpatientc.Chronic Pain Guidelines6.Acute Pain Management for patients on suboxonec.b.Goal of under 100 MME7.Shared Medical Appointments in each centerd.c.Meet with Chronic Pain Panel if increasing dose above 100 MME8.Transparency – quarterly reports of patients on csrpd.Focus on harm reduction for patients on concomitant opiates and benzos Develop Chronic Pain flowsheet in Athena9.Encourage use of Chronic Pain diagnosis in chart, as well as brief d.3.Update Chronic Pain triads in each center Have all/most providers trained and receive DEA X waiver for suboxone prescribing Improve partnership with Pain Management practices Increase access to complimentary treatments – expand Tai Chi and Yoga4.4.

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