PAINWEEK®

Always Be Closing: What's the Right Sales Pitch for Patient Engagement in Pain Care Plans?

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Disclosure

- No financial conflicts of interest to disclose.
- The opinions expressed in this presentation do not necessarily represent the official position of the US Department of Veterans Affairs or the Veterans Health Administration.

Learning Objectives

- Learners will identify barriers to patient engagement in conservative, multi-modal treatment approaches for chronic non-cancer pain.
- Learners will recite evidence connecting patient expectations to treatment outcomes and treatment satisfaction.
- Participants will list strategies for exploring patient beliefs during face-to-face treatment planning.
- Participants will identify screening tools to guide clinical reasoning and referral selection.

Goals of Care

What do we aim to achieve as health care providers?

Aims for our patients

- Decrease suffering
- Improve function
- Maximize longevity
- Optimize health
- Consumer satisfaction

Modern Pain Management

- Acute = find and treat cause of pain
- Chronic = focus on effects of pain, maximize function, optimize QoL

- 52% of patients with chronic pain are managed in primary care
- Successful management of chronic pain in primary care relies on a multidisciplinary and holistic approach aimed at:
  - Minimizing pain as much as possible
  - Teaching patients how to live well with chronic pain

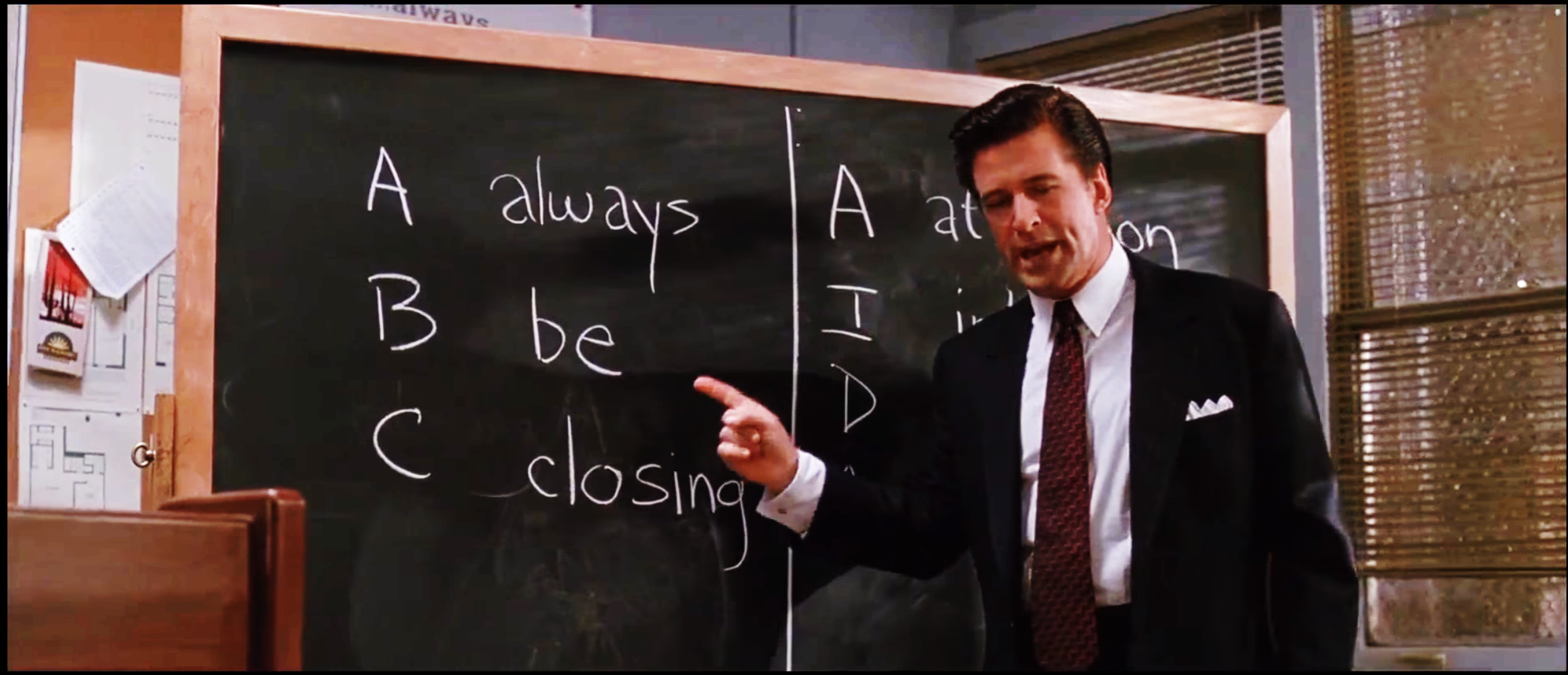
Mills, S., Torrance, N. and Smith, B.H., 2016. Identification and management of chronic pain in primary care: a review. Current psychiatry reports, 18(2), p.22.

Clinician Motivation

- Helping others in general
- Serving individual patients
- Contribute to society
- Job satisfaction

Burn-out factor = patient non-adherence

- Medications
- Lifestyle changes
- Referral follow-through



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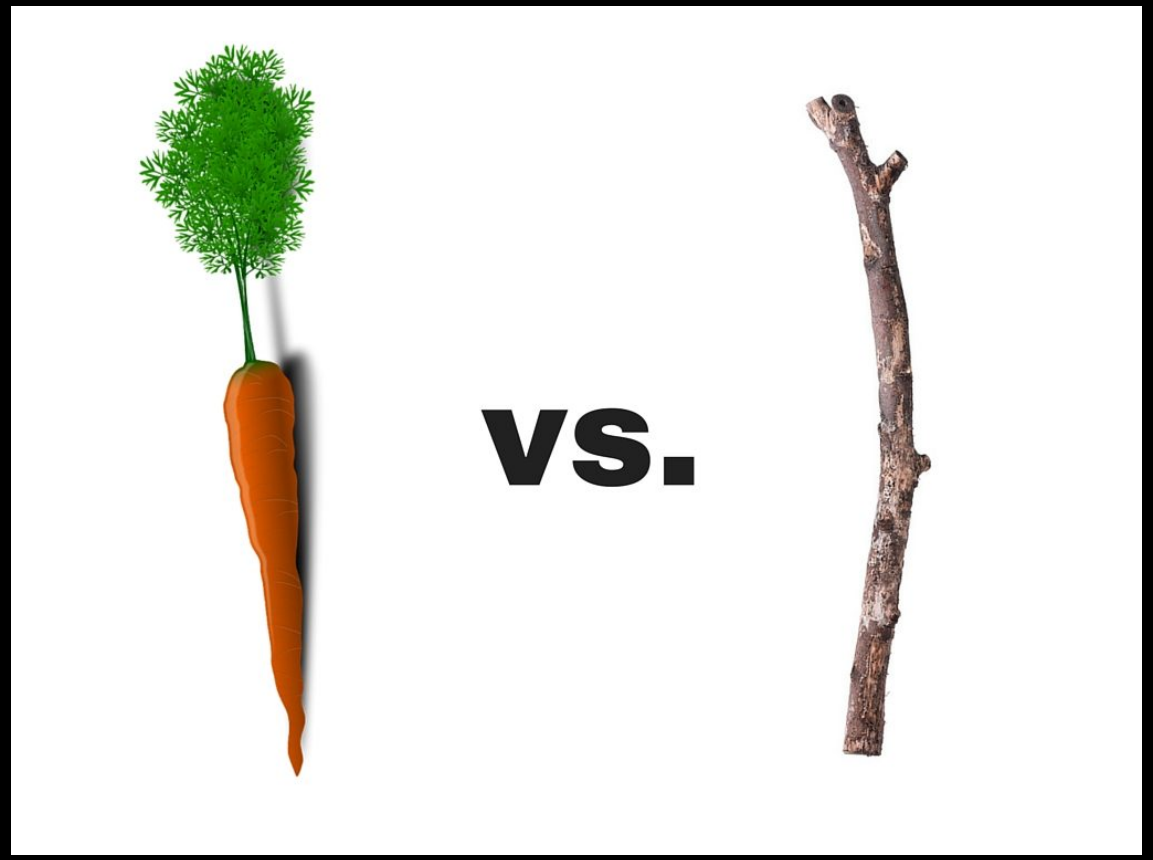
Strategies for “selling” treatment plans



- Paternal approach
- Educating about negative consequences to non-adherence (threat)
- Educating about positive consequences for adherence (reward)
- Motivational Interviewing
- Shared Decision-Making
- Bargaining

Factors to consider before you “pitch your sale”

- Burden of being a patient
- Patient beliefs
- Patient expectations

CONTEXT: The work of being a patient

The burden of treatment for chronic health conditions

Taxonomy of the Burden of Treatment

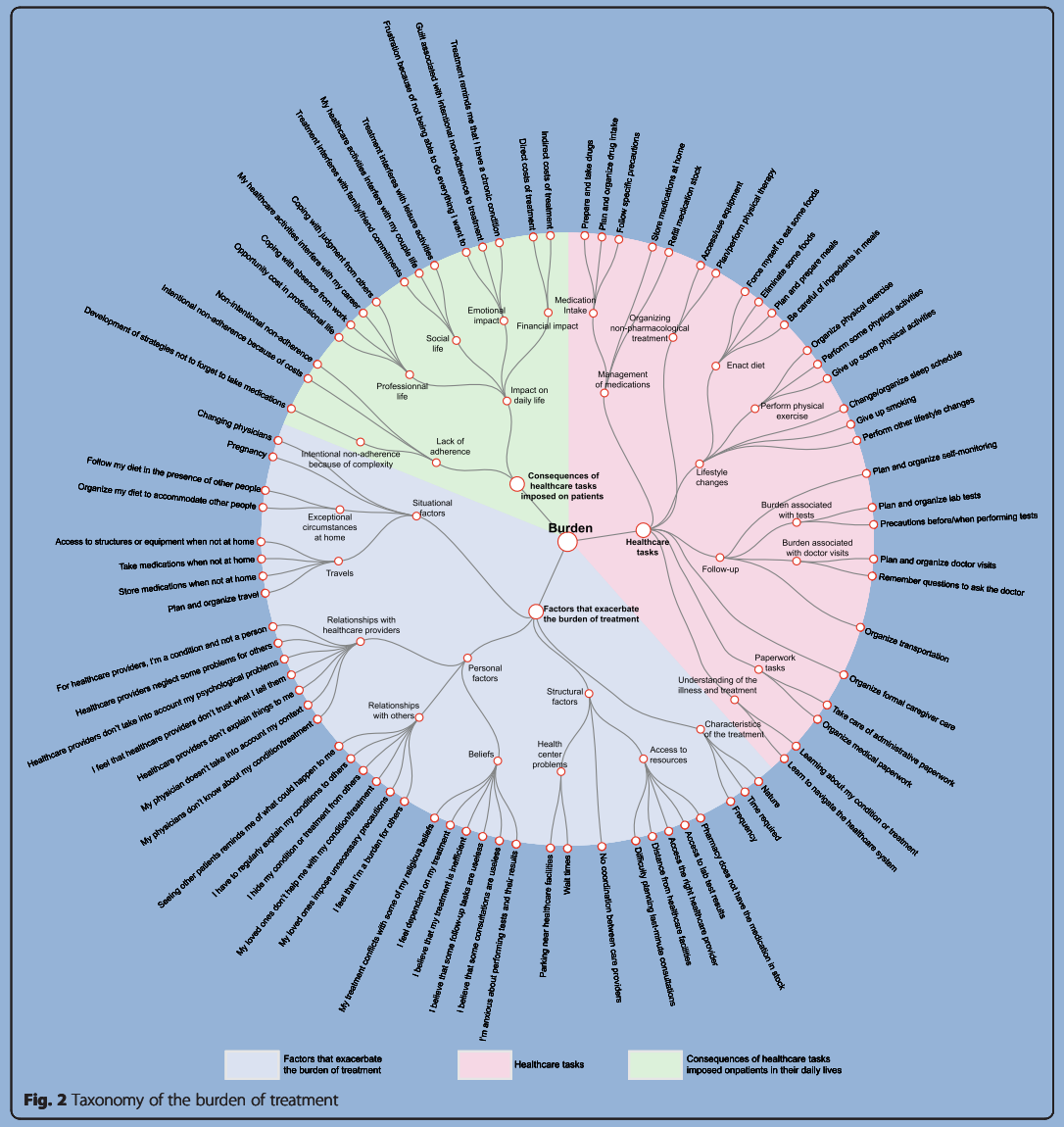


Fig. 2 Taxonomy of the burden of treatment

Tran, V.T., Barnes, C., Montori, V.M., Falissard, B. and Ravaud, P., 2015. Taxonomy of the burden of treatment: a multi-country web-based qualitative study of patients with chronic conditions. BMC medicine, 13(1), p.115.

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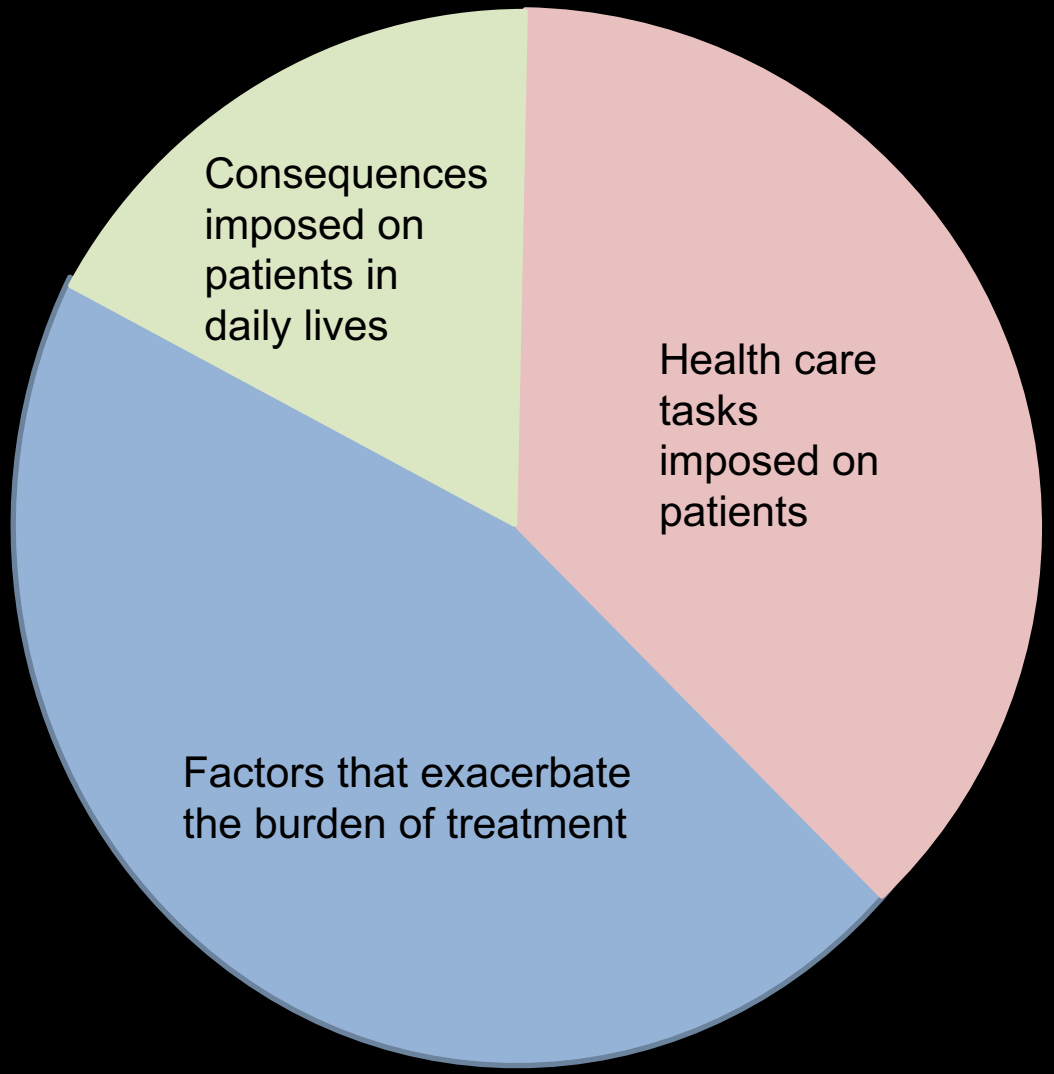

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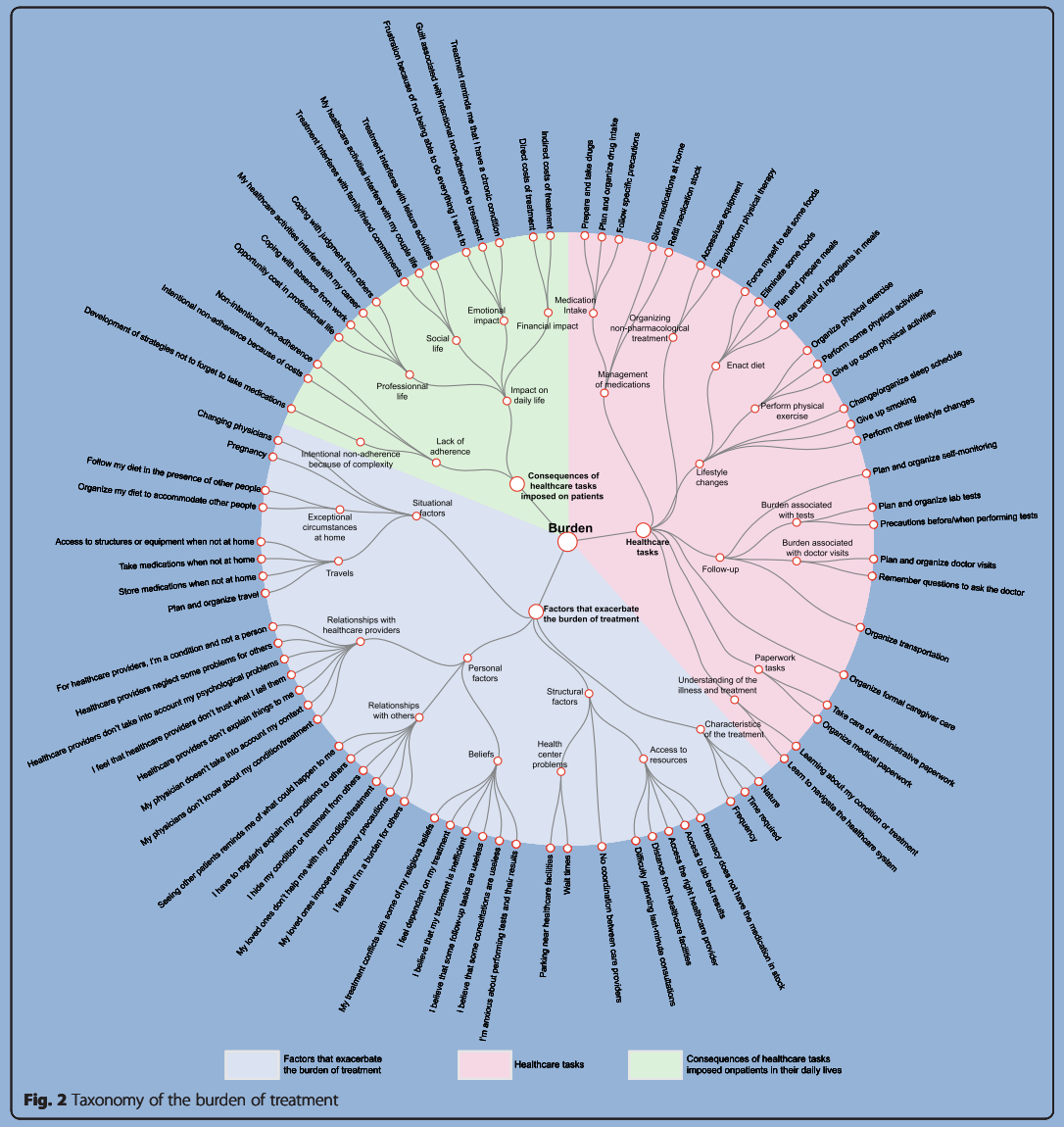
Taxonomy of the Burden of Treatment



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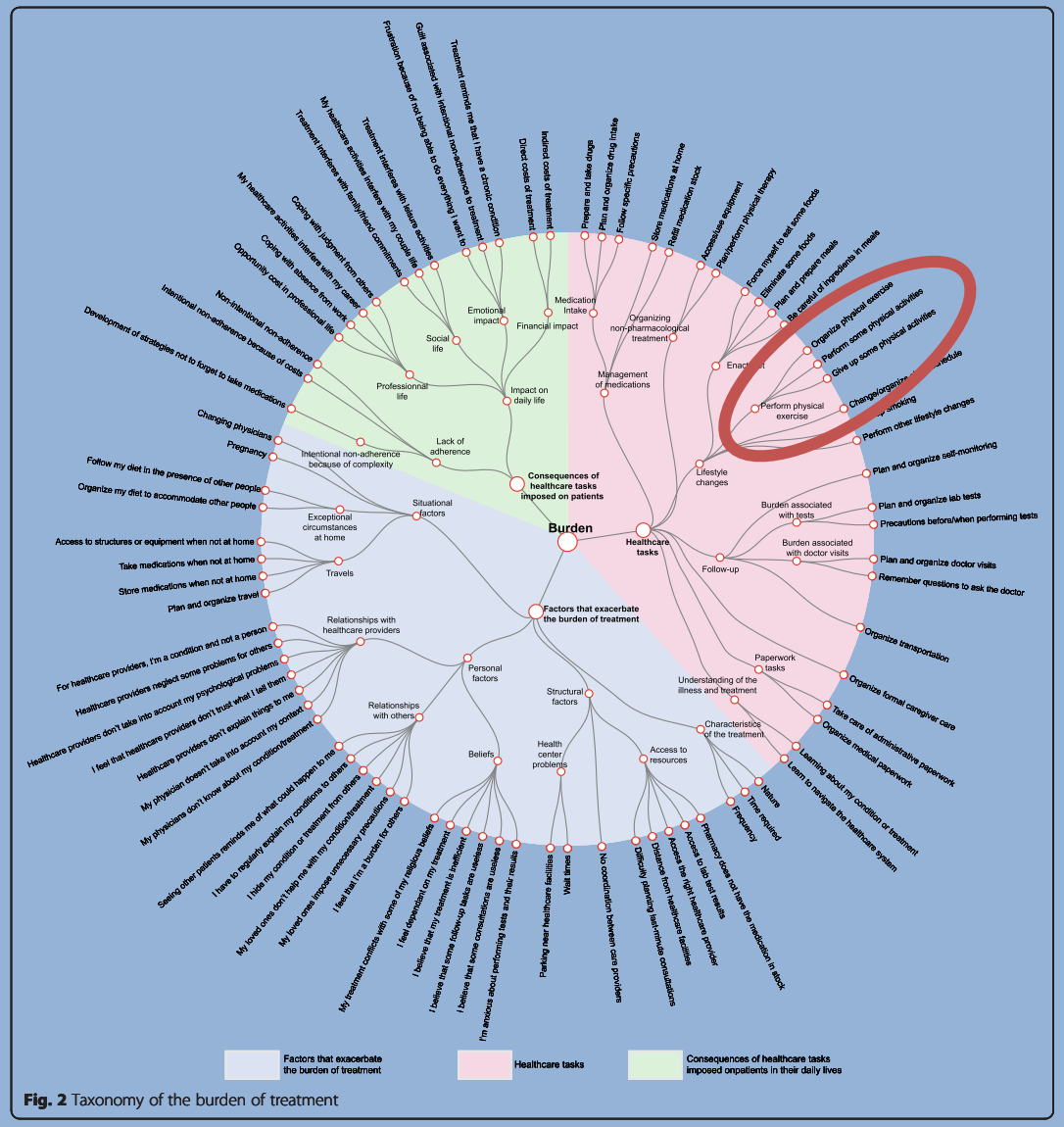

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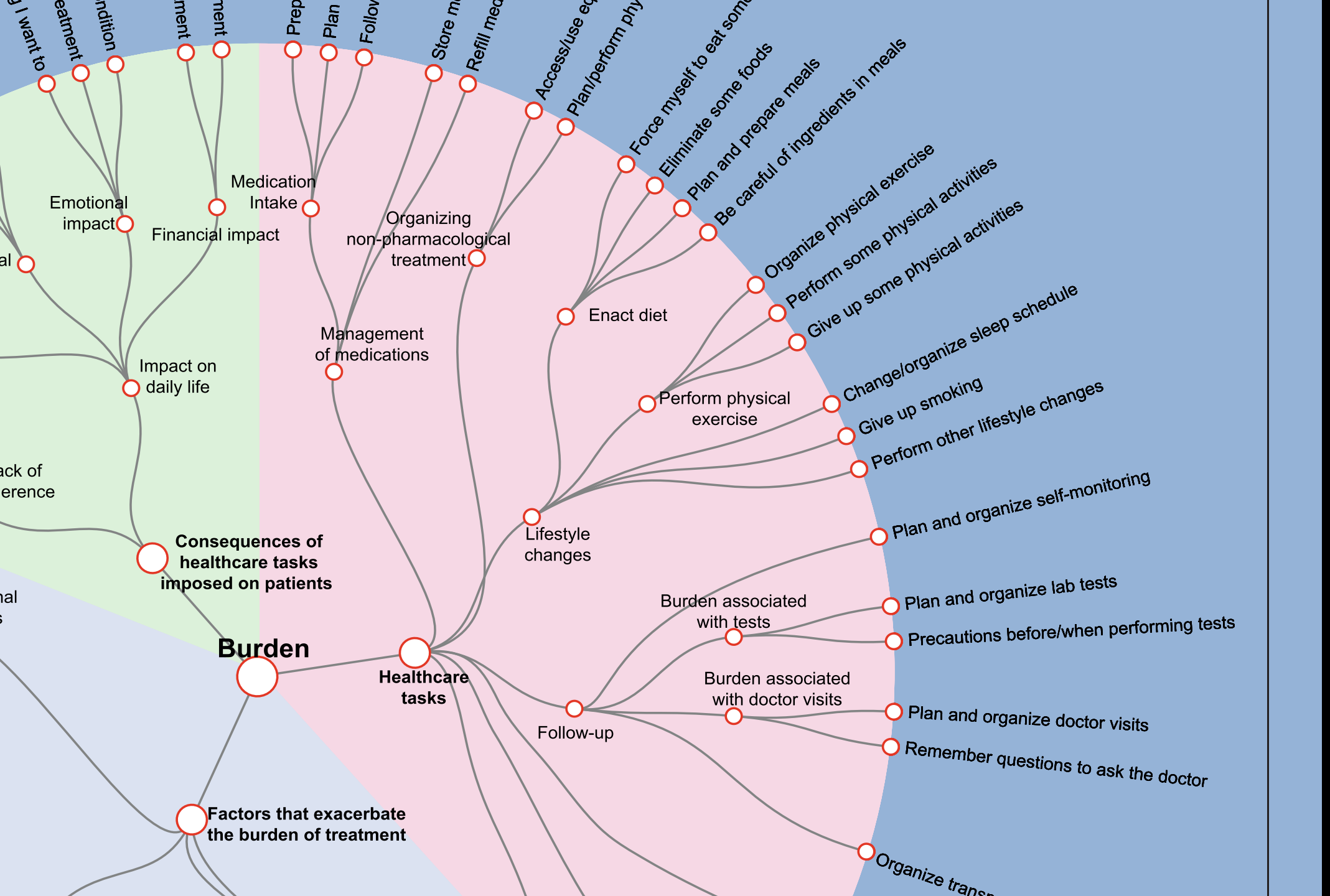

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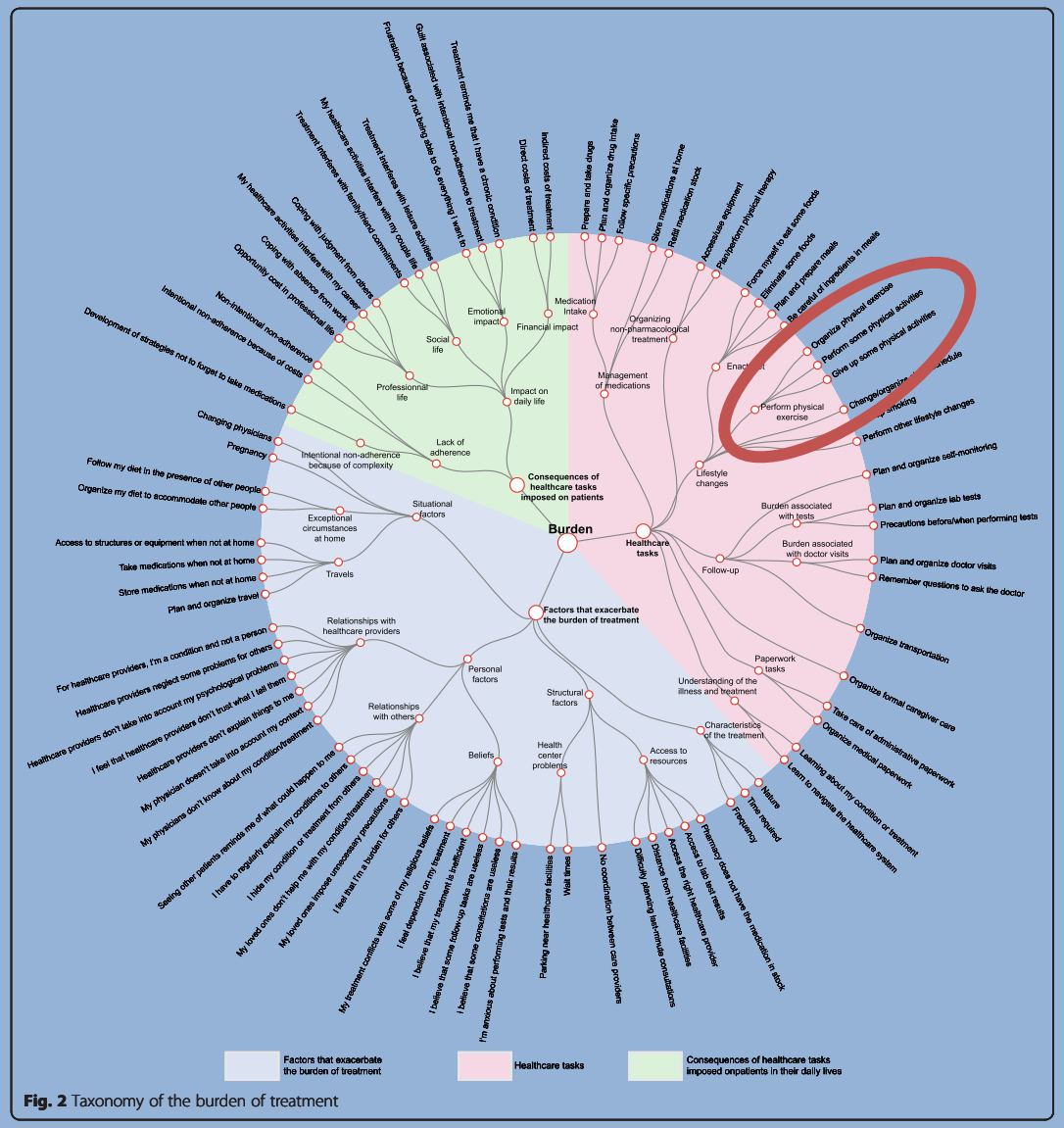
Physical exercise constitutes a small percentage of the burden.

Taxonomy of the Burden of Treatment



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Institute of Medicine 2011

"Addressing the burden of pain will require a cultural transformation in the way pain is understood, assessed and treated."

Conceptual shift for understanding, explaining and treating pain

The Fire Triangle

Is fire simple?

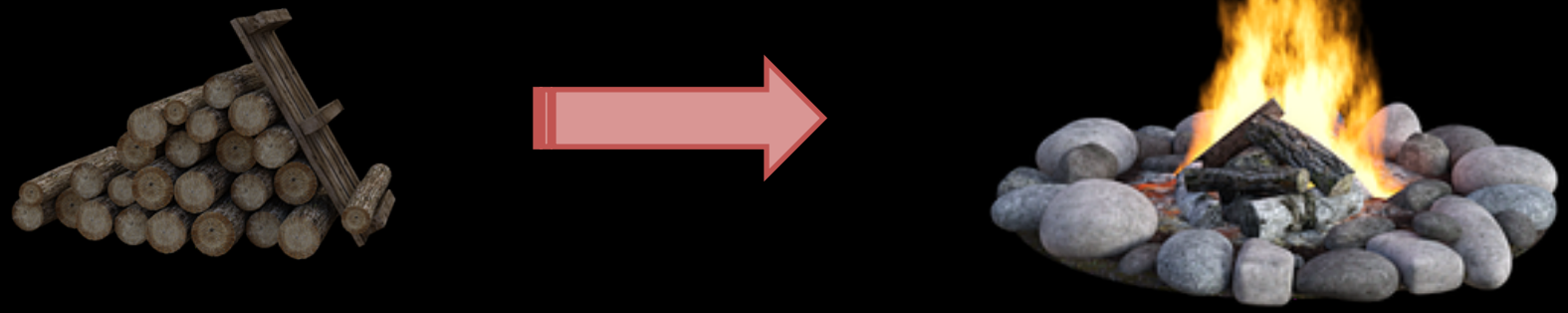
Straight Shot Health
Dr. Kevin Cuccaro

Three requirements for fire

Fuel

Oxygen

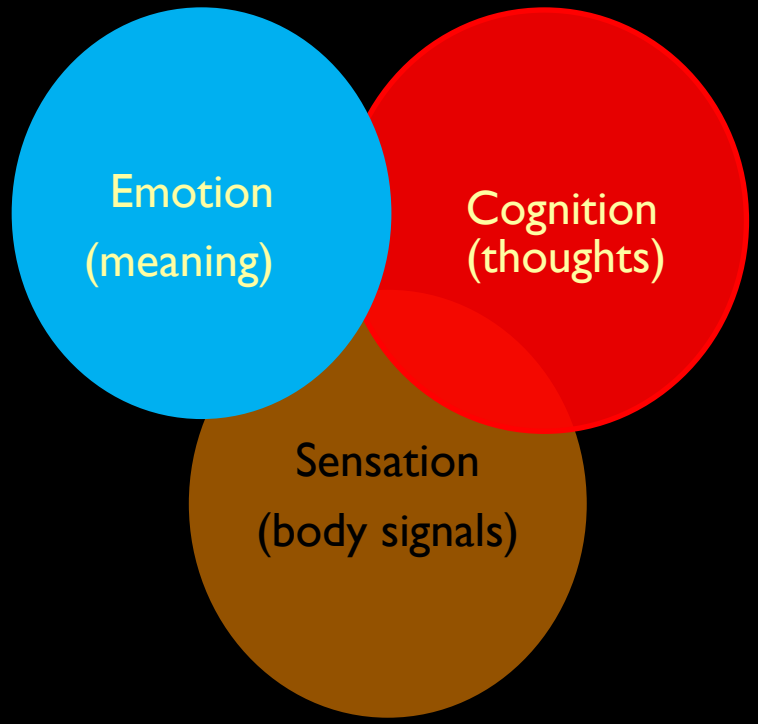
Heat



Straight Shot Health
Dr. Kevin Cuccaro

Three Dimensions of Pain

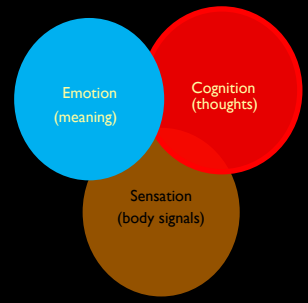
Sensory– discriminative
Affective—motivational
Cognitive— evaluative



Melzack, R. and Casey, K.L., 1968. Sensory, motivational, and central control determinants of pain: a new conceptual model. The skin senses, 1, pp.423-43.

Pain is Complex and Individual

1) physical pain and discomfort
2) cognitive recognition
3) an emotional response of concern



Variability in individual behavior, despite the similarity of pathophysiology, reflects major differences in psychological and cognitive reactions

Mechanic D. The concept of illness behavior. J Chronic Dis. 1962;15:189-94. 7.

Mechanic D. The concept of illness behaviour: culture, situation and personal predisposition. Psychol Med. 1986;16(1):1-7.

Pain and Disability: Clinical, Behaviour and Public Policy Perspectives. In: Osterweis M, Kleinman A, Mechanic D, editors. Pain and Disability: Clinical, Behavioral, and Public Policy Perspectives. Washington (DC)1987.

Fighting fires: always the same approach?

???

???

Straight Shot Health
Dr. Kevin Cuccaro

Pain Is Like…

Fire

Pain

Input from the body

Kevin Cuccaro, D.O. StraightShotHealth.Com 2

Straight Shot Health
Dr. Kevin Cuccaro

Evidenced Based Practice

Clinical Practice Guideline Systematic Review

PainWeek®

Chronic MSK CPGs (2019)

Lin I, Wiles L, Waller R, et al. What does best practice care for musculoskeletal pain look like? Eleven consistent recommendations from high-quality clinical practice guidelines: systematic review. Br J Sports Med 2019:bjsports-2018-099878.

1. Ensure care is patient centered
2. Screen for red flag conditions
3. Assess psychosocial factors
4. Use imaging selectively
5. Undertake physical examination
6. Monitor patient progress
7. Provide education/information
8. Address physical activity/exercise
9. Use manual therapy only as adjunct to other treatments
10. Offer high quality non-surgical care prior to surgery
11. Try to keep patients at work

Editorial

It is time to move beyond 'body region silos' to manage musculoskeletal pain: five actions to change clinical practice

J P Caneiro,[1,2] Ewa M Roos,[3] Christian J Barton,[4] Kieran O'Sullivan,[5] Peter Kent,[6,7] Ivan Lin,[8] Peter Choong,[9] Kay M Crossley,[4] Jan Hartvigsen,[3] Anne Julia Smith,[1] Peter O'Sullivan[1]

3. What do you think you need to achieve your goals?

This information can then guide an examination that explores the patient's concerns, functional limitations and physical capacity linked to their goals. Communication that privileges the patient's narrative results in patient-centred care and effective shared decision-making about potential risks and benefits of various interventions.[5 6 9]

4. Educate beyond words using active learning approaches

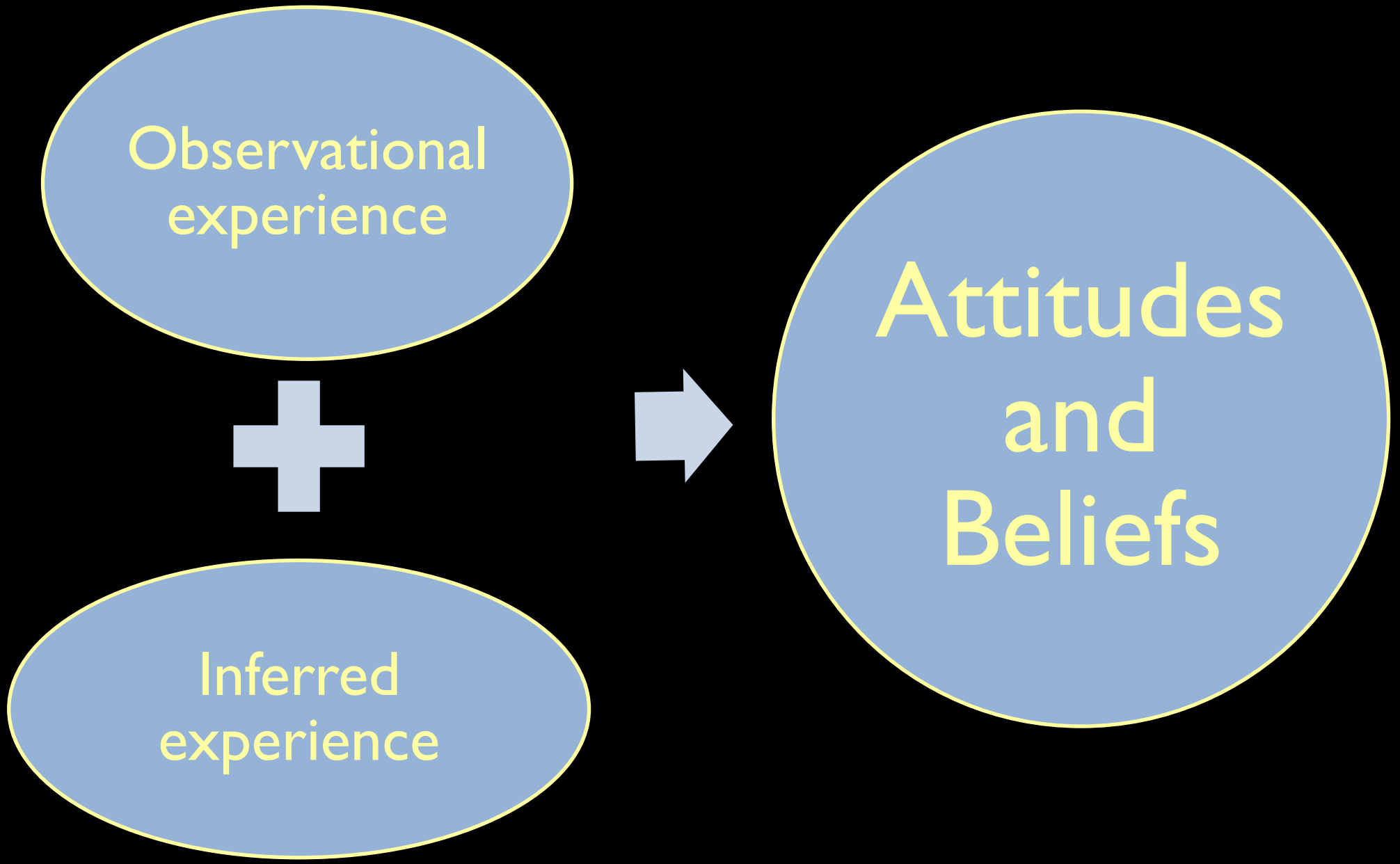
bjsm.com

- Focus on:
  - patients' context
  - modifiable biopsychosocial factors
- Use education to:
  - facilitate active management approaches and reduce reliance on passive interventions

Caneiro, J.P., Roos, E.M., Barton, C.J., O'Sullivan, K., Kent, P., Lin, I., Choong, P., Crossley, K.M., Hartvigsen, J., Smith, A.J. and O'Sullivan, P., 2020. It is time to move beyond 'body region silos' to manage musculoskeletal pain: five actions to change clinical practice.

Psychosocial Factors

Beliefs & Expectations


Observational experience
Inferred experience
Attitudes and Beliefs

Patient Beliefs Influence Recovery from Persistent Pain

The appraisal of pain is influenced by:

- Specific beliefs
- Degree of conviction
- Attribution of emotional significance of pain

1. Rhudy, J.L., 2009. The importance of emotional processes in the modulation of pain. Pain, 146(3), pp.233-234.
2. Legrain, V., Van Damme, S., Eccleston, C., Davis, K.D., Seminowicz, D.A. and Crombez, G., 2009. A neurocognitive model of attention to pain: behavioral and neuroimaging evidence. Pain, 144(3), pp.230-232.

Beliefs about pain?

TIMELINE (How long will it last?)

- “‘Back pain gets worse with ageing”
- “Osteoarthritis as a downward trajectory”
- “Unless the damaged can be fixed, the pain is here to stay”

Caneiro, J.P., Bunzli, S. and O'Sullivan, P., 2020. Beliefs about the body and pain: the critical role in musculoskeletal pain management. *Brazilian Journal of Physical Therapy*.

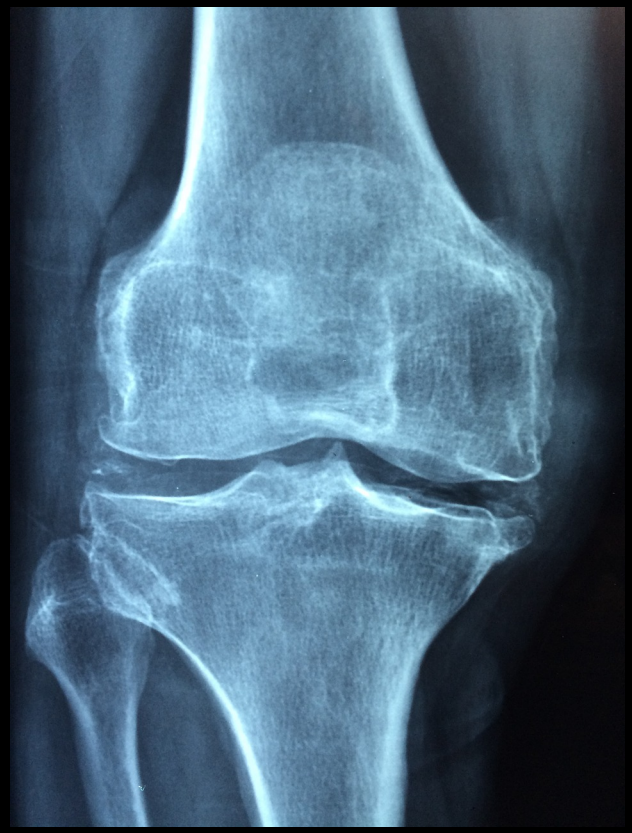
CAUSAL (What causes it?)

- “Bad posture; misuse; overuse injury without being aware that was causing damage at the time”
- “Weak core”
- “Bending and lifting”
- “Osteoarthritis is due to excessive loading through the knee”
- “Underlying structural abnormality”
- “A history of high-intensity sports”

Caneiro, J.P., Bunzli, S. and O'Sullivan, P., 2020. Beliefs about the body and pain: the critical role in musculoskeletal pain management. *Brazilian Journal of Physical Therapy*.

IDENTITY (What is it?)

- “Pain is a sign of damage”
- “Slipped disc”
- “Degeneration”
- “Knee osteoarthritis is bone on bone”
- “Fissures and tears in the hip tendons”



Caneiro, J.P., Bunzli, S. and O'Sullivan, P., 2020. Beliefs about the body and pain: the critical role in musculoskeletal pain management. *Brazilian Journal of Physical Therapy*.

TREATMENT (How can it be controlled?)

- “Physiotherapy can’t help bone on bone”
- “Fixing or replacing the damaged structure”
- “There is no cure for back pain”
- “A mechanical problem requires a mechanical fix”
- “The labral tear needs to be knitted back together”

Caneiro, J.P., Bunzli, S. and O'Sullivan, P., 2020. Beliefs about the body and pain: the critical role in musculoskeletal pain management. *Brazilian Journal of Physical Therapy*.

Explore beliefs

- Damage beliefs
  - "What do you think causes your pain to continue for this long?"
- Meaning of pain, relationship to loss of identity
  - "What concerns you most about your pain?"
- Impact on daily activities
  - "What have you stopped doing because of pain?"
- Health condition understanding
  - "Have you been giving a diagnosis for your pain? Can you tell me what that means in your own words?"

Expectations

- Expectation is:
  - A strong belief that something will happen or be the case in the future
  - A belief that someone will or should achieve something

- Baseline expectations play an important role in predicting LBP outcomes
- Clinicians should consider and address patients' expectations at the first visit

Eklund, A., De Carvalho, D., Pagé, I., Wong, A., Johansson, M.S., Pohlman, K.A., Hartvigsen, J. and Swain, M., 2019. Expectations influence treatment outcomes in patients with low back pain. A secondary analysis of data from a randomized clinical trial. European Journal of Pain.

Managing Expectations

- Build a good therapeutic relationship by showing affective communication
- Assess patient's positive and negative expectancies as early as possible
- Communicating expectations of treatment success can contribute to decreased pain and improved functioning in patients

Wiering, B., de Boer, D., Krol, M., Wieberneit-Tolman, H. and Delnoij, D., 2018. Entertaining accurate treatment expectations while suffering from chronic pain: an exploration of treatment expectations and the relationship with patient-provider communication. BMC health services research, 18(1), p.706.

Barron, C.J., Klaber Moffett, J.A. and Potter, M., 2007. Patient expectations of physiotherapy: definitions, concepts, and theories. Physiotherapy Theory and Practice, 23(1), pp.37-46.

Cormier, Stéphanie; Lavigne, Geneviève L.; Choinière, Manon; Rainville, Pierre Expectations predict chronic pain treatment outcomes, PAIN: February 2016 - Volume 157 - Issue 2 - p 329-338

Explore Expectations

- How do you feel about the care [PT, acupuncture, chiro, etc] you received in the past?
- What treatments do you expect from this referral?
- How much benefit do you expect to get from [physical therapy]?

Barron, C.J., Klaber Moffett, J.A. and Potter, M., 2007. Patient expectations of physiotherapy: definitions, concepts, and theories. Physiotherapy Theory and Practice, 23(1), pp.37-46.

Evidenced Based Practice

Clinical Implications: Case Example

Patient Case

- 52 y.o. Navy Veteran with h/o LBP, spinal stenosis, depression, chronic PTSD, childhood trauma and persistent insomnia
- LBP started in 2009, occurred while preparing for deployment #3 of 4
- Associated event = bending over in the hotel shower
- Chronic, daily pain since onset
- Worsened without inciting event in February 2020

Attempt to Explain Pain

Letter from PCP dated 3/18/2020:

“Your MRI showed protrusion, or bulging, of the discs in your lower back. Some of this has been there for years; however, some of it appears to have happened more recently. This is likely the explanation of your ongoing back pain and worsening leg and foot pain. The MRI did not show any acute damage to your spinal cord needing urgent management. At our next visit, we will discuss additional options to manage your back and leg pain.”

Patient Case: “do you have a dx for your pain, can you explain to me what that means in your own words?”

Seen for initial eval by PT on 7/13/2020:

“I just had an MRI on my lower back a few months ago. I have a degenerated disc in my lower back. They told me something about it but I forgot. Complications, pinching nerve or something like that. Basically, the lower back is like a doughnut that was really compressed.”

Belief about cause of ongoing pain:

“[sic] The pain is because of the severe back injury that I have. I didn’t know that it’s damaged this bad until the MRI... I really don’t know about the future.”

Patient Beliefs Influence Recovery from Back Pain

- Modification of beliefs is associated with activation of key cerebral anatomical sites and pathways

- Appraisal of pain is influenced by:
  - Specific beliefs

    ”My spine is like a compressed doughnut”
  - Degree of conviction

    “I didn’t know how bad it was until the MRI”
  - Attribution of emotional significance of pain

    “I don’t know what the future will be like”

Rhudy, J.L., 2009. The importance of emotional processes in the modulation of pain. Pain, 146(3), pp.233-234.
Legrain, V., Van Damme, S., Eccleston, C., Davis, K.D., Seminowicz, D.A. and Crombez, G., 2009. A neurocognitive model of attention to pain: behavioral and neuroimaging evidence. Pain, 144(3), pp.230-232.

Implication for Rehabilitation

- Living well with chronic pain involves a process of:
  - making sense
  - deciding to move on with life
  - flexibly persisting
- Diagnosis should be accompanied by:
  - messages about hurt and harm not being equivalent
  - the need for a lifelong approach to managing a chronic problem

Lennox Thompson, B., Gage, J. and Kirk, R., 2020. Living well with chronic pain: a classical grounded theory. Disability and rehabilitation, 42(8), pp.1141-1152.

Naming the pain condition

Lennox Thompson, B., Gage, J. and Kirk, R., 2020. Living well with chronic pain: a classical grounded theory. Disability and rehabilitation, 42(8), pp.1141-1152.

Individuals continue to seek a diagnosis until they receive one matching their representation.

Participants said their pain was a puzzle or a mystery until a diagnosis had been made.

ICD-11: pain as problem, not symptom

Chronic primary pain (CPP) chosen when:

- pain has persisted for more than 3 months
- is associated with significant emotional distress and/or functional disability
- the pain is not better accounted for by another condition

Nicholas, M., Vlaeyen, J.W., Rief, W., Barke, A., Aziz, Q., Benoliel, R., Cohen, M., Evers, S., Giamberardino, M.A., Goebel, A. and Korwisi, B., 2019. The IASP classification of chronic pain for ICD-11: chronic primary pain. *Pain*, *160*(1), pp.28-37.

Apply to Your Practice

Practice Point: Explore patient beliefs

Most important beliefs to assess and address:

- The nature of pain (meaning)
- Fears of hurting (impact on activities)
- Fears of harming and further injury (vulnerability)
- Self-efficacy related to pain (confidence to engage despite pain)

Main CJ, Foster N, Buchbinder R. How important are back pain beliefs and expectations for satisfactory recovery from back pain? Best Pract Res Clin Rheumatol 2010;24:205–217.

Practice Point: address inaccurate beliefs

- "Hurt vs Harm"
- Demographic data and limitations of medical imaging for spine, shoulder, knee and hip pain
- Prognosis and natural history of condition
- "Wear & Tear" vs "aging on the inside"
- Tissue adaptability (resilience)
- SAID principle (callus vs blister)

Practice Point: Explain Pain

- Pain is complex and individual
- Pain is protective, not measurement of body damage (*all* pain)
- Pain experiences are constructed from multiple body systems and brain networks: affective, cognitive, sensory
- Pain is modulated by physical factors, emotional factors, psychological factors, and social factors

Instill a sense of structural integrity and adaptability

Summary

Remember the Lessons of Glengarry Glenn Ross

- No “bottom line” in patient care
- Patients are not “leads”
- Closing is not the goal

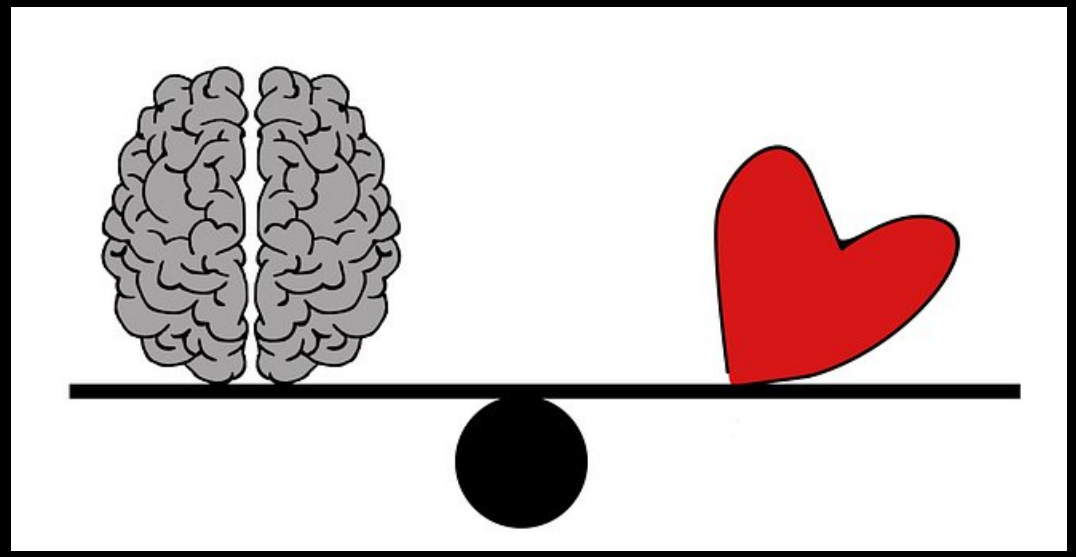
Provider Take-Home

- Assess patient beliefs and expectations EARLY
- Beliefs are modifiable and are therefore considered an important target for the treatment of pain-related disability
- Practice self-reflection to explore your own beliefs
- Once pain is chronic, consider ‘burden of being a patient’
  - –how do you eat an elephant?
- **Provide diagnosis of chronic primary pain if able**

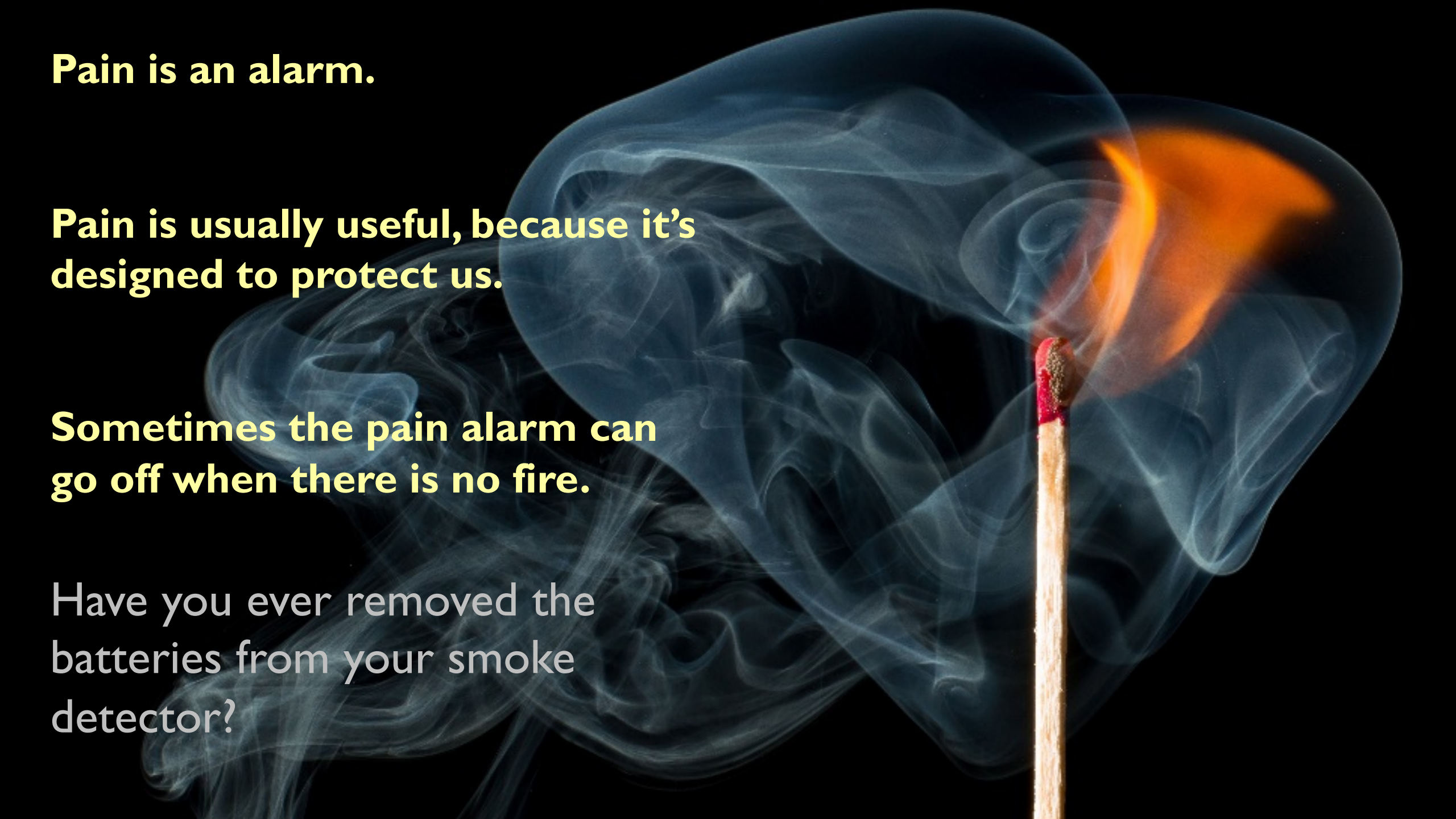
Clinical Recommendations: to refer or not to refer?

- Affective listening (patient's story)
- Use screening tools to tailor list of recommendations
- Assess psychosocial factors:
  - –Aspects of identity/values
  - –Self—efficacy
  - –Social support
  - –Previous adherence to treatment
- Explain pain

Clinical Recommendations: REHAB SPECIALISTS



- Listen to the patient story
- Agree to realistic expectations
- Set treatment goals (not too far out)
- Engage patients in action planning
- Provide positive reinforcement
- Expand timeline for episode of care
- Explore beliefs about pain
- Explain pain



Pain is an alarm.

Pain is usually useful, because it's designed to protect us.

Sometimes the pain alarm can go off when there is no fire.

Have you ever removed the batteries from your smoke detector?

Thank you for your attention. Questions? Comments?

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Useful Resources for Clinicians/Patients

- Pain Toolkit [self-management training for patients]
  - www.paintoolkit.org
- OA Optimism
  - www.oaoptimism.com
- Pain Management Guidebook [free online download]
  - https://thehonestphysio.com/resources-to-download/
- Pain Recovery Strategies Guidebook [free online download]
  - http://www.greglehman.ca/
- “Sticks and Stones” [book]
  - Jim Heafner, DPT & Jarod Hall, DPT
- Straight Shot Health
  - https://straightshothealth.com/

Screening Tools

STaRT Back

- 9 questions
- Addresses known risk factors for progression from acute to chronic pain
- Stratifies patients into low, medium and high risk
- Recommends appropriate treatment
- Only applicable to back pain, not generalizable

Suri, P., Delaney, K., Rundell, S.D. and Cherkin, D.C., 2018. Predictive validity of the STarT back tool for risk of persistent disabling back pain in a US primary care setting. Archives of physical medicine and rehabilitation, 99(8), pp.1533-1539.

Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)

- 'Yellow flag' screening tool
- 25 questions
- Predicts long-term disability and work absenteeism in working adults with acute and chronic musculoskeletal pain following soft tissue insult
- Validated if completed four to 12 weeks following a soft tissue injury
- A cut-off score of 105 has been found to predict those who will recover (95% accuracy)

Sattelmayer, M., Lorenz, T., Röder, C. and Hilfiker, R., 2012. Predictive value of the acute low back pain screening questionnaire and the Örebro musculoskeletal pain screening questionnaire for persisting problems. European spine journal, 21(6), pp.773-784.

Pain Self-Efficacy Questionnaire (PSEQ)

- 10-item patient-reported inventory scored on a 7-point Likert scale
- assesses both the strength and generality of a patient's confidence in the ability to accomplish their daily activities despite the pain
- "please rate how confident you are that you can do the following things at present, despite the pain." 0 = "not at all confident" and 6 = "completely confident"

- 2-Q short form:

  "I can still accomplish most of my goals in life, despite the pain"

  "I can live a normal lifestyle, despite the pain"

Briet, J.P., Bot, A.G., Hageman, M.G., Menendez, M.E., Mudgal, C.S. and Ring, D.C., 2014. The pain self-efficacy questionnaire: validation of an abbreviated two-item questionnaire. *Psychosomatics*, *55*(6), pp.578-585.

Expectation Questionnaires

18 illness-specific instruments

(12) orthopedic disorders

(3) rheumatoid disorders

(3) chronic pain disorders

- Expectations are context-specific
- When choosing an instrument consider:
  1. Is the focus on disease or intervention-specific expectations or on a general health problem?
  2. What type of expectation is being investigated?

van Hartingsveld, F., Ostelo, R.W., Cuijpers, P., de Vos, R., Riphagen, I.I. and de Vet, H.C., 2010. Treatment-related and patient-related expectations of patients with musculoskeletal disorders: a systematic review of published measurement tools. *The Clinical journal of pain*, *26*(6), pp.470-488.

For surgeons

https://dspace.library.uu.nl/handle/1874/353099

Orthopedic injury, classification of the patient and the fracture

Briët, J.P. Dissertation
(2017) UMC Repository

Abstract
In this thesis clinical studies and literature research were presented to assist physicians in the decision-making process for treatment of orthopaedic trauma patients

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