CHRONIC PAIN

THE RIGHT THING

Understanding the problem:
Few things interfere with daily activities more than chronic pain. One in 20 Kaiser Permanente members suffers from persistent pain from headaches, backaches, arthritis, and other pain-related conditions. They score lower on quality of life indices than do members with other chronic conditions and miss more work: on average, seven days a month. A new population care management program at Kaiser Permanente's Care Management Institute (KP CMI) helps members with chronic pain receive the kind of care they need to break the cycle of pain.

Because chronic pain often accompanies other clinical conditions and because some people with chronic pain don't seek treatment for their pain, it can be very complex to diagnose and treat effectively. However, well-managed, appropriate treatment of chronic pain can dramatically improve quality of life and functioning, returning the patient to a more normal, productive, and enjoyable life.

Chronic pain traditionally has not been included in "disease management" programs, perhaps because clinical management of chronic pain is challenging and because chronic pain doesn't result from a single, precisely defined disease process. Kaiser Permanente is on the leading edge of population care in recognizing that members with chronic pain can benefit from the traditional tools of population care management.

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Defining a strategy:
Chronic pain results from nervous system changes after prolonged or intense acute pain that is unrelieved. A continuum of risk exists for chronic pain, with interventions at each level of risk that treat the patient and reduce the risk of progression to the next level.

Four key principles of chronic pain management can lead to improved outcomes: good communication between physician and patient; supported, active self-management of pain by patients; optimal use of medications to reduce suffering and improve function; and use of a multidisciplinary and multimodal approach in treatment.

Better tools, new thinking, and rapid transfer of successful practices help members with chronic pain improve their quality of life. Examples of KP CMI's Chronic Pain Program include:

- pain management guidelines and a model of care ranging from primary to specialty care
- key process measures to gauge the effectiveness of pain management in specialized programs and in primary care
- multiple interregional workgroup efforts to: address the literature for chronic pain management; develop clinician and member tools; create numerous KP HealthConnect SmartTools; and support implementation through monitoring of health outcomes and conducting regular chronic pain forums and rapid cycle change groups
- support for primary care providers to assess, treat, and refer members at risk for and suffering from chronic pain

Tracking results:

KP CMI supports the basic structure that allows clinicians to identify and track the care provided to chronic pain patients across several regions. The first Chronic Pain Outcomes Reports, with data from 2001-2003, revealed the following:

1. Approximately 5.1% of Kaiser Permanente adult members suffer from chronic pain — more than persistent asthma, heart failure, or coronary artery disease.

2. Back pain, arthritis, and headache were the conditions most commonly associated with chronic pain; more than 36% had multiple painful conditions

3. KP CMI's Health Impact Assessment found that chronic pain is associated with unusually heavy impact on members' health-related quality of life and functional status. Members with chronic pain reported, on average, significantly lower quality of life than members with diabetes, depression, heart failure, or coronary artery disease. This high burden of illness suggests that improving outcomes for members with chronic pain would yield great benefits.

4. When compared with other utilization statistics, chronic pain sufferers were substantially more likely to be hospitalized (nearly four times more), three times more likely to visit the emergency room, or three times more likely to have multiple outpatient visits during the year. Those with chronic pain were also four times more likely to suffer from depression (29% of chronic pain patients vs. 7.1% of all adult KP members suffer from depression).

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KP CMI guidelines recommend that chronic pain patients taking opioids be on long-acting opioids. Long-acting formulations provide more stable blood levels, reduce recurrence of pain, and may reduce risk of latent addiction of drug tolerance. In 2003, 39% more chronic pain sufferers were treated with long-acting formulation opioids than in 2001.

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Chronic pain is also associated with unusually heavy impact on work productivity. About one-third of KP members with chronic pain are employed, and 44% of those employed missed work at least once in the previous four weeks. Those who did miss work missed an average of seven days of the previous four weeks. Overall, the number of missed work days among members with chronic pain was four times the number for diabetes, five times the number for asthma, and 20 times the number for heart disease.

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Invasive procedures to combat pain, such as nerve blocks, declined by 14% overall from 2001 to 2003. One possible explanation is that pain control has improved with non-invasive measures. Further refinement of the measurement tools will allow more proactive identification and management of those patients who are severely disabled by chronic pain. It also has the potential to provide early intervention and prevention for those acute pain patients at high risk of development of chronic pain.

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