After completing this session, you will be able to:

- Identify opportunities for rehab services in leadership re pain care across clinical disciplines
- Identify opportunities for coordination of integrated pain care across care continuum consistent with National Pain Strategy
- Utilize simple pain education as basis for pain care in physical therapy
- Identify role of phrasing to decrease pain sensitization across care continuum
- Identify key skills of pain education, pacing and physiological quieting in addressing psychosocial aspects of pain as identified by the StarT tool

Providence Oregon is marketing our toolkit for pain care for clinicians and patients.
Who We Are

Providence Oregon
- 40 Primary Care Clinics
- 8 Hospitals
- 26 Outpatient Rehab Clinics
- 300 Therapists
- 60 Specialists in Pain Care

Providence Health & Services
- 5 State System Affiliated with Swedish, PeaceHealth, St. Joseph's, Kadlec

National Pain Strategy Vision

An Epidemic

National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder
Pain is everyone's job.

Current State

Unidentified Persistent Pain Patient

Narcotic Rx

Imaging

Narcotic Rx

Imaging

Injections

Modified from Louis Gifford's Mature Organism Model

Pain comes from here?

Change in Understanding Pain: Sore but Safe

DANGER!

MRI and X-Ray results

Fear of movement

Struggles in living with pain

Medication is the only thing that can help me
Safety and Hope

Understand pain

Kisses of time
Up to half the people with knee arthritis have no symptoms

Sore, but safe

Quiet your worry

Bring some fun back in your life

Rehabilitation Services Persistent Pain Program

Pain Training to all rehab staff > 300

Implementation in acute care

Specialty Training for >46 therapists across Oregon treating with biopsychosocial model

Providence Oregon Rehabilitation Services Pain Care

All Pain Treated as Biopsychosocial

StartT = Low Risk

Monitor

Orthopedic Pain-Informed PT

StartT = Medium Risk

Best Practice
May include portions of Persistent Pain Program

StartT = High Risk Psychosocial Environment

Potential referral to Persistent Pain Care Specialists

Persistent Pain Care

5/3/2016
Written and video material available online, virtual classes currently trialed
Rehabilitation Services
Persistent Pain Program Outcomes

More complex patients, but similar outcomes

Average visits for MCID

<table>
<thead>
<tr>
<th></th>
<th>ODI</th>
<th>NDI</th>
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</thead>
<tbody>
<tr>
<td>Persistent Pain</td>
<td>7.93</td>
<td>9.08</td>
</tr>
<tr>
<td>General Ortho</td>
<td>7.09</td>
<td>7.83</td>
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ED Usage by Quarter

Model Clinics

Other PMG Clinics

Model Clinics = Optimizing Pain Education Tools (Case Review and Patient Classes)

Other PMG Clinics = Not using both case reviews and higher pain class attendance
Change in Annual Cost

Annual Case Cost ↓ $1035 PM/PY

Changes in Injection and ED Utilization

Persistent Pain Pilot

Change in Catastrophizing

Providence Pain Care

Additional Work

Acute Care Pain Pilot

System Spine Pathway
Basic Pain Care Toolkit

Understanding pain

Sore, but safe

Quiet your worry

Kisses of Time
Up to half the people with knee arthritis have no symptoms

Bring some fun back in your life

Email Daren.Connor@Providence.org


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