Chronic Pain Management Support Teams

This resource supports the development of a Chronic Pain Management Support Team. When developing a Chronic Pain Management Team, it is helpful to consider the following questions.

- **Purpose**: Why do you want to do this?
- **Activities**: What is the scope of their activities?
- **Membership**: Who should be on the review team?
- **Timing**: How often will they need to meet?
- **Data**: What data will the team need?
- **Communication**: How will communication occur between the clinic and the team?
- **Authority**: What level of authority should they have to act?

Purpose

Organizations use Chronic Pain Management Support Teams for a variety of purposes. Why you want a team informs how you should approach it. The following are some potential purposes of a Chronic Pain Management Support Team:

- Monitor the patient population to improve care quality.
- Address clinical variation.
- Support clinicians and staff in managing patients with chronic pain.
- Provide leadership in difficult situations.
- Monitor overall success of improvement efforts.

Activities

The following are potential Chronic Pain Management Support Team activities that align with the above purposes.

- Review data to identify care gaps, high risk patients, and patients with Opioid Use Disorder.
- Work with care teams to create plans to close care gaps and attend to high-risk patients and patients with Opioid Use Disorder.
- Review patient data to check for clinical variation. If a clinician has a high-risk practice or is practicing outside of the clinic's policies (e.g., many patients with high MEDs), consult with the clinician.
- Review reports at regular medical staff meetings to facilitate conversations about how to handle complex patients.
- Monitor chronic pain management program success and adjust as necessary. This can include annual reviews of policies and the patient agreement.
- Allocate patients, for example, after a provider leaves a practice or when new, high-risk patients enter the practice.
- Be a support resource for providers and staff, for example with tapering, having difficult conversations, or handling a pain agreement violation. For example, the team could review cases of specific patients and provide clinical recommendations upon request.
- Respond to patient complaints about care.

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Membership

The following are people to consider including on your Chronic Pain Management Team, depending on the team's purpose and activities.

- Clinicians with interest and experience in chronic pain management
- Nurses and/or medical assistants with interest and experience in chronic pain management
- Pharmacists with tapering experience
- Members of the MAT program
- Behavioral health providers or staff

Timing

Generally, it is good for Chronic Pain Management Support Teams to meet monthly at first and adjust as needed.

Data

When developing a tracking and monitoring approach, be sure to keep in mind what data is needed for the designated activities of your Chronic Pain Management Support Team. Will the data you review come directly from provider and staff requests (e.g., a patient's chart or a completed *Pain Tracker* form) or through regular organization-wide and provider-level data reports (e.g., from the EHR, an external registry, or the state prescription monitoring database)? You might need to adjust your team's initial activities based on data limitations. As your tracking capacity grows, so can the scope of your team's activities. Some data your team might want to review includes:

- Diagnosis
- Morphine Equivalent Dose
- Co-prescription of opioid & sedative
- Date patient agreement signed
- Function assessment (PEG) score and date
- Risk assessment (ORT) score
- Date and result of last prescription monitoring database program (PDMP) check
- Date and result of last urine drug test
- Depression assessment (PHQ) score
- Date of last appointment
- Date of next appointment

Communication

Based on the team's designated activities, consider how communication will take place between the team and the clinic's providers, staff, and patients. How should needs be communicated to the team? And how will the team communicate back to providers, staff, and patients?

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Authority

Finally, establish the authority level of your Chronic Pain Management Support Team. Is it purely advisory? Does it report to the organization's risk management committee? What authority does the team have if it identifies an unsafe prescribing practice? What steps can the team take? What authority does it have to allocate patients? Consider what actions your team might want to take in the decided-upon activities to determine what authority questions need resolving.

Additional Roles

The Chronic Pain Management Support Team has an opportunity to improve clinical care given the interdisciplinary and problem-solving nature of the team. The following are potential additional contributions the team could make:

- Illuminate barriers that create stigma and shame for patients when accessing care.
- Identify opportunities to collaborate with clinics that serve patients in the same catchment area to align their opioid prescribing policies.
- Identify educational needs of clinicians, staff, and community, for example, in the areas of trauma-informed care, chronic pain etiology, or treatment of substance use disorders.

For additional ideas on how the Chronic Pain Management Team may contribute to improving clinical care, please review the article, *Applying the Brakes — Effectiveness and Compassion in the Stewardship of Controlled Substances*.

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