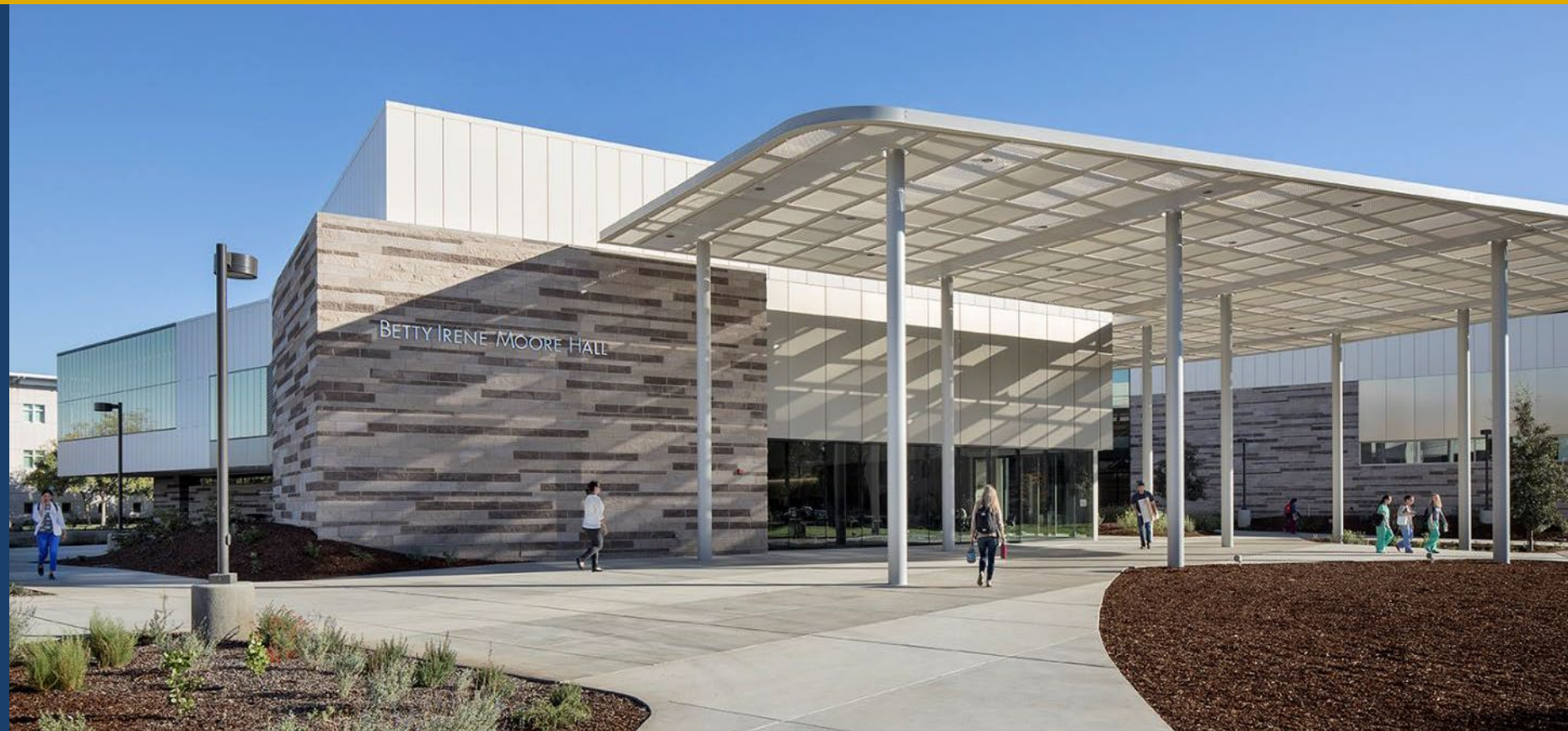
UC DAVIS HEALTH

The Role of the Problem List in Chronic Pain Management

BETTY IRENE MOORE SCHOOL OF NURSING

Tina L. Rylee



Thank you!

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Overview

Part one: Background

Part two: Methods

Part three: Results

Definition[1,2,3]

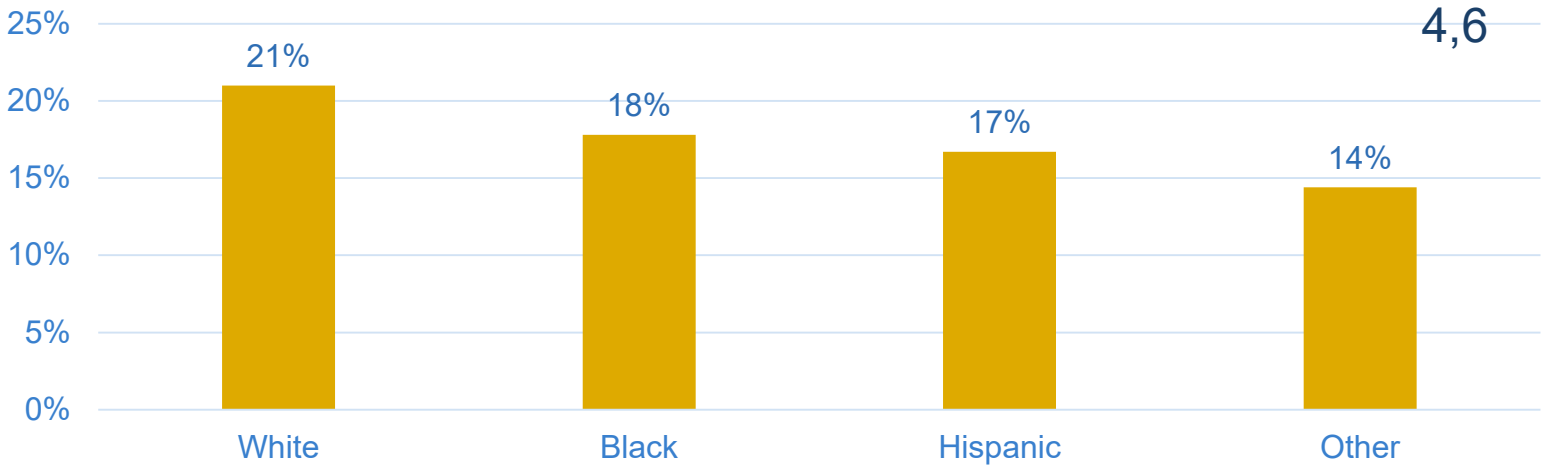
Chronic Pain is defined as pain that is persistent and last more than the normal healing time, usually identified as 3 or more months.

20% suffer chronic pain[4]

$560 billion/year[5]

18% Male

20% Female[4]



CDC Recommendations[5]

- Non-pharmacologic therapy and nonopioid pharmacologic therapy
- Opioids when benefits outweigh risks
- Reassessment
- Recurring evaluation

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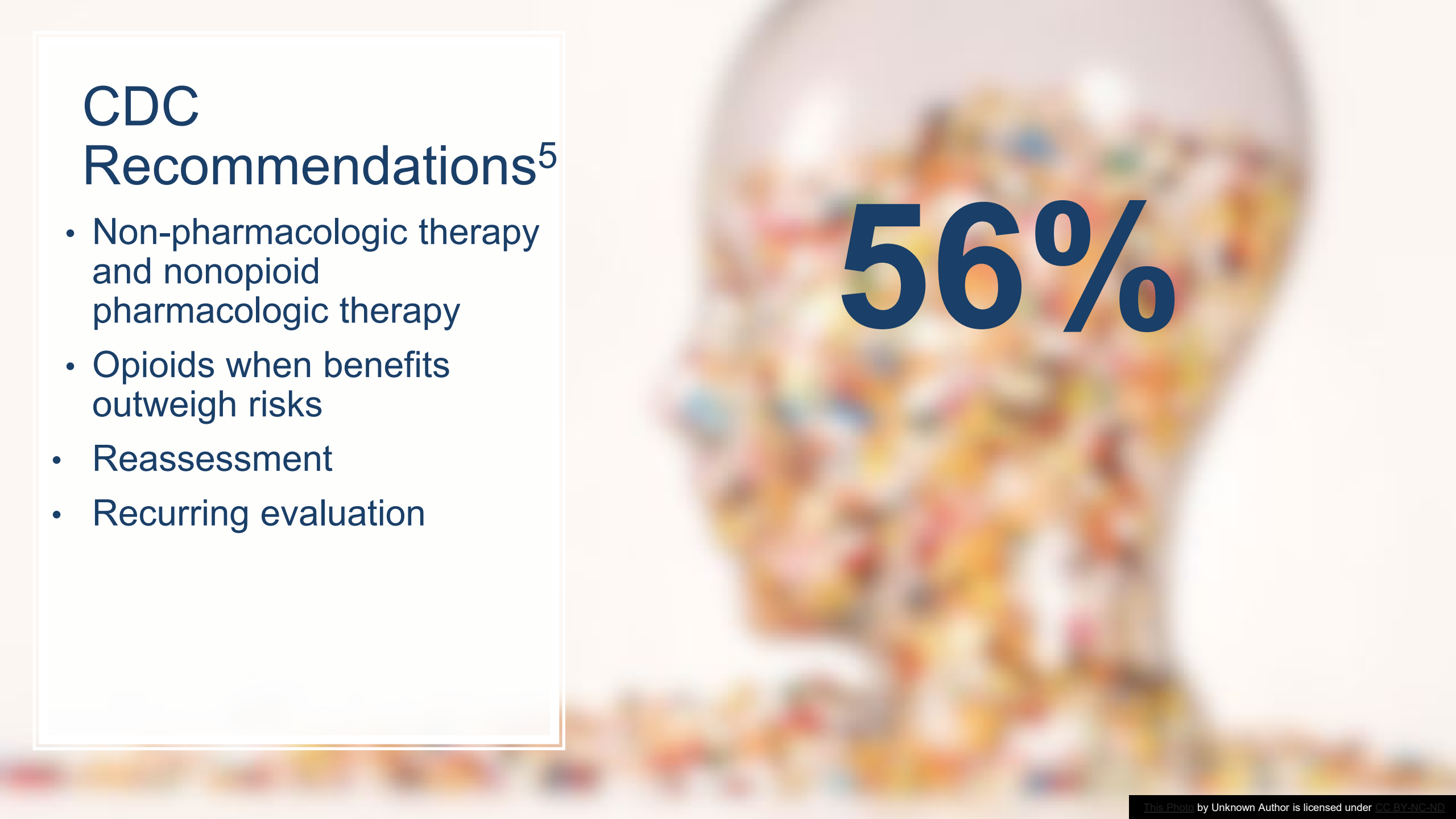
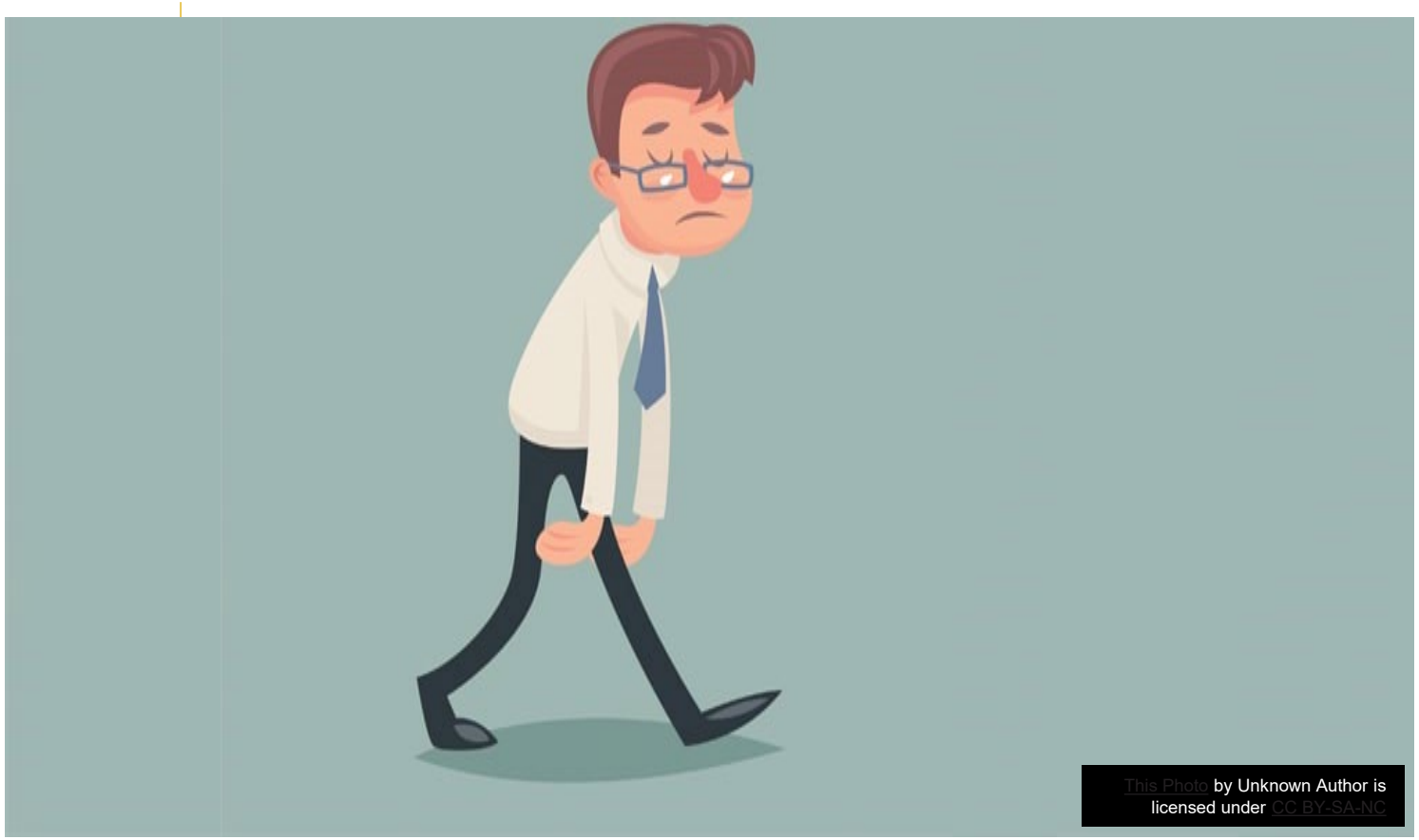




Unmanaged Pain[6-8]

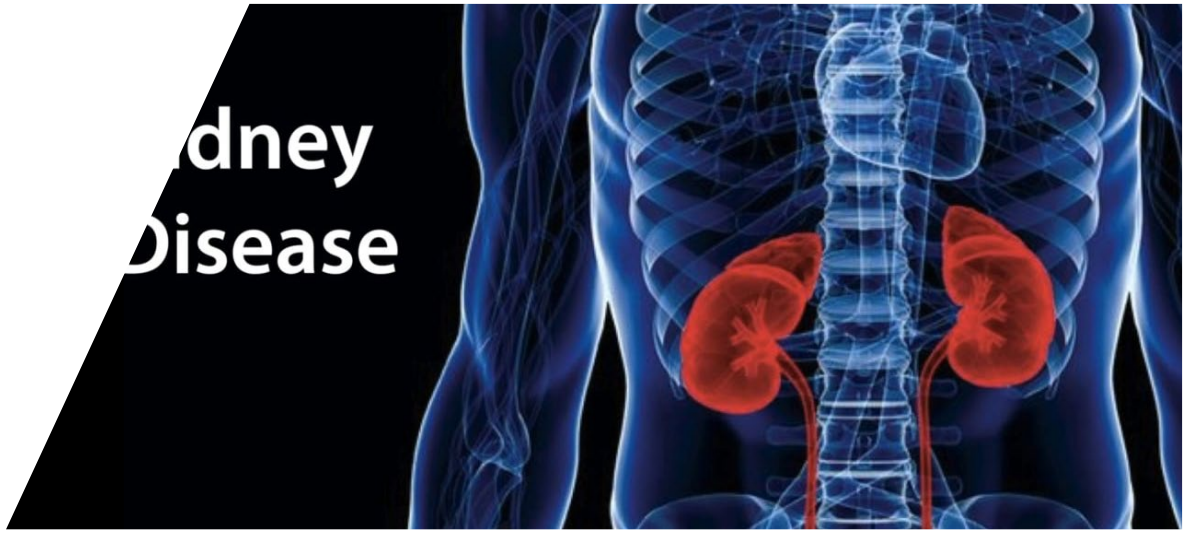
- ↓ Sleep
- ↓ Cognitive processes and brain function
- ↓ Mood and mental health
- ↓ Cardiovascular health
- ↓ Sexual function
- ↓ Quality of life

Problem list as a tool

- Dr. Lawrence Leonard Weed's POMR[9]
  - Diagnoses, abnormal findings, or symptoms
- Required component of Meaningful use stages 1 and 2[10]

Chronic Kidney Disease and Heart Failure

- Chronic Kidney Disease[11, 12]
  - CKD on problem list 11 – 16% of the time
  - Fewer CKD specific lab results ordered
  - Less scheduled visits for follow-up
- Heart Failure[13]
  - HF on problem list 54.4% of the time
  - Given drug 92% of time versus 77%



Research Aims

1. Determine what factors among patients with chronic pain predict chronic pain documentation on their problem list specifically in the primary care setting.
2. Examine the extent to which chronic pain on the problem list is associated with utilization of pain specialty care.

Design

- Retrospective cohort design
- Large western hospital network between 2017 and 2019
  - Overall sample 126 clinics
  - Sub-sample of 29 clinics
- Inclusion: Chronic pain diagnosis, age 18+
- Exclusion: cancer, surgery within 3-months of index visit, burns over 10% of body, and pregnant

Chronic pain codes[14-19]		
ICD-9	ICD-10	Description
338.29	G89.21	Other chronic pain
338.21	G89.22	Chronic pain due to trauma
338.22	G89.28	Chronic post-thoracotomy pain
338.28	G89.29	Other chronic postoperative pain
338.4	G89.4	Chronic pain syndrome
346.0	G43.109	Migraine with aura
346.7	G43.709	Chronic migraine without aura, not intractable, without status migrainosus
346.7	G43.719	Chronic migraine without aura, intractable without status migrainosus
346.7	G43.701	Chronic migraine without aura, not intractable, with status migrainosus
346.7	G43.711	Chronic migraine without aura, intractable with status migrainosus

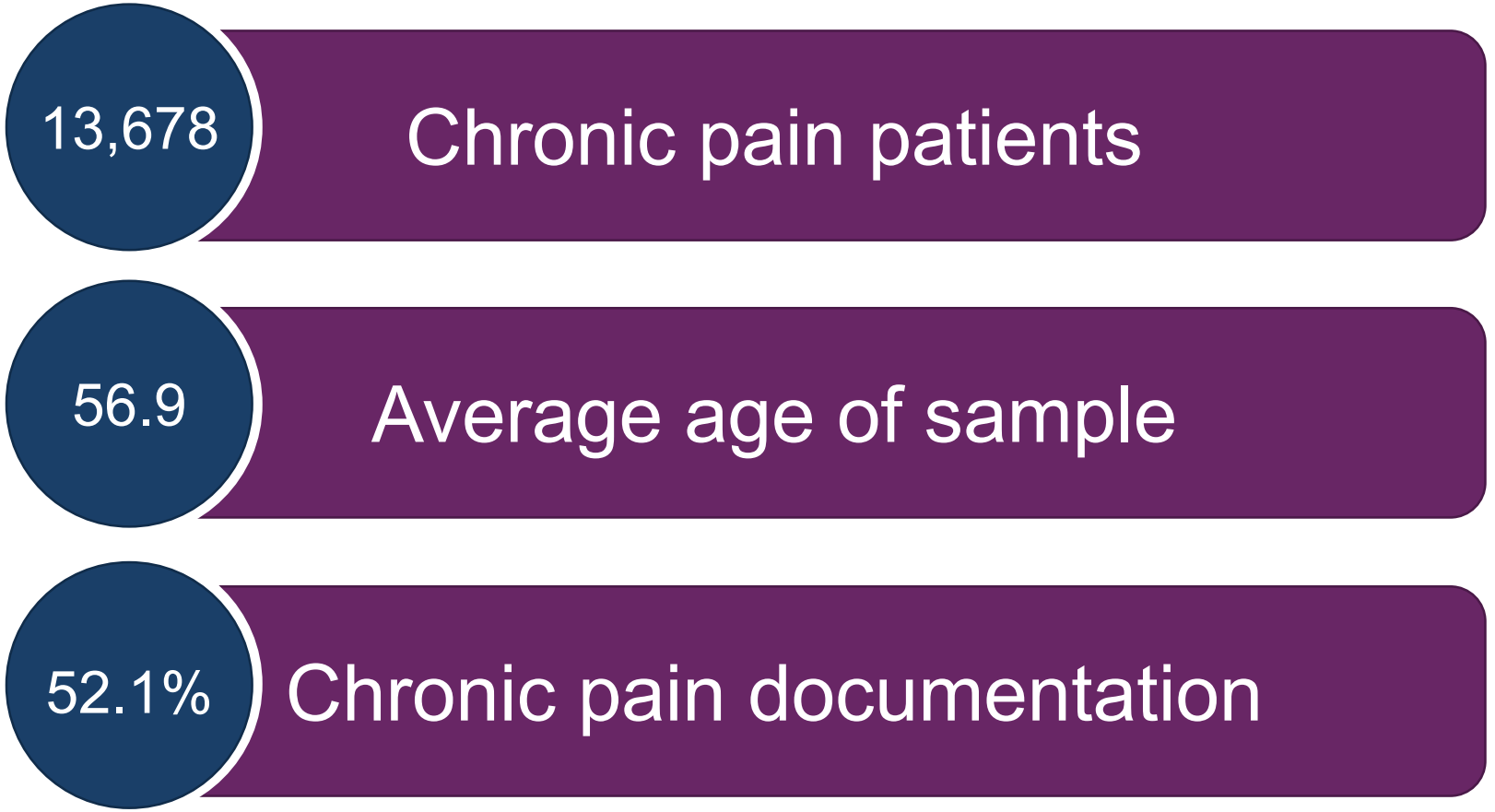
Study flow

Index visit: first visit with primary care provider during the study period with a qualifying chronic pain diagnosis

Cohort selection: patients with chronic pain on problem list and patients without chronic pain on problem list

Follow-up: patients were followed for 365-days to determine utilization of specialty pain care

Documentation of Chronic Pain on the Problem List



Documentation of Chronic Pain on the Problem List

37%

Female vs. Male
(OR 0.83, 95% CI 0.77 – 0.91)

31%

Black non-Hispanic vs. White non-Hispanic
(OR 1.31, 95% CI 1.08 – 1.57)

160%

Migraine vs. Chronic pain syndrome
(OR 2.60, 95% CI 2.26 – 2.98)

17%

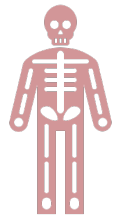
60+ years old vs. <60
(OR 0.83, 95% CI 0.77 – 0.91)

14%

Other vs. White non-Hispanic
(OR 0.86, 95% CI 0.77 – 0.99)

12%

Other chronic pain vs. Chronic pain syndrome
(OR 0.88, 95% CI 0.78 – 0.99)

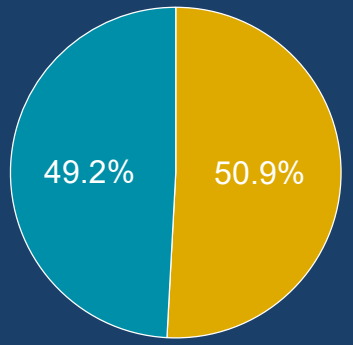


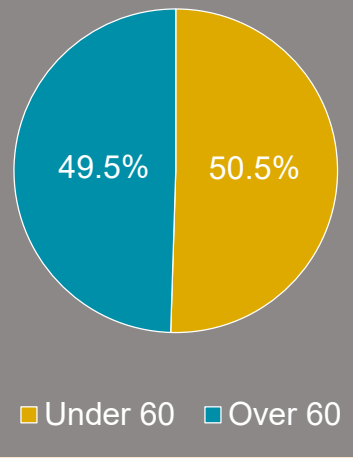
47%

Opioid prescription vs. none
(OR 0.53, 95% CI 0.43 – 0.66)

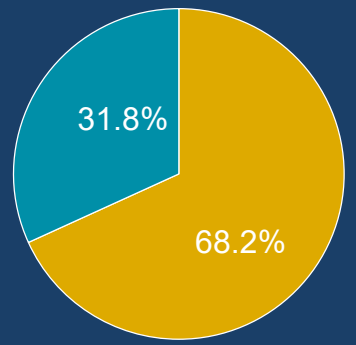
Sub-sample of Sacramento area clinics (n = 4,531)

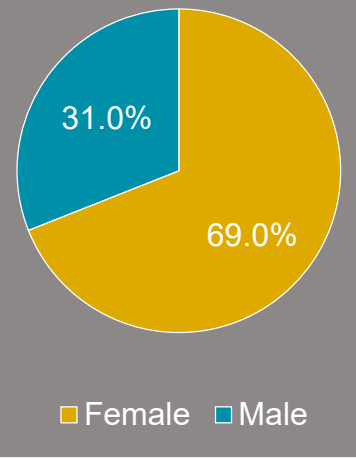
Age



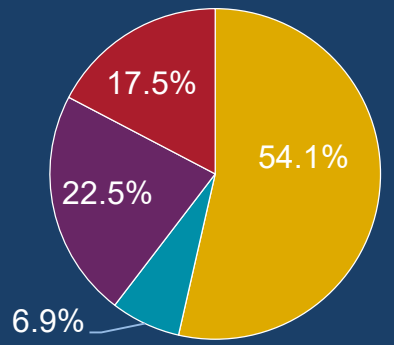


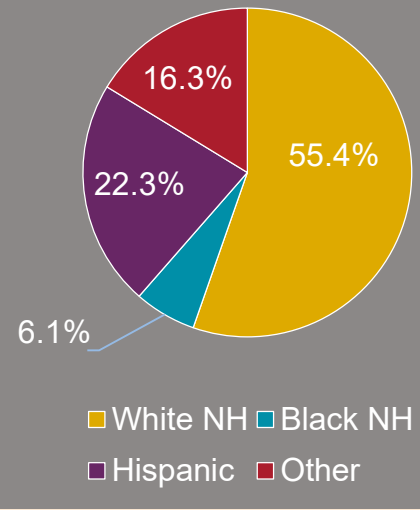
Gender





Race

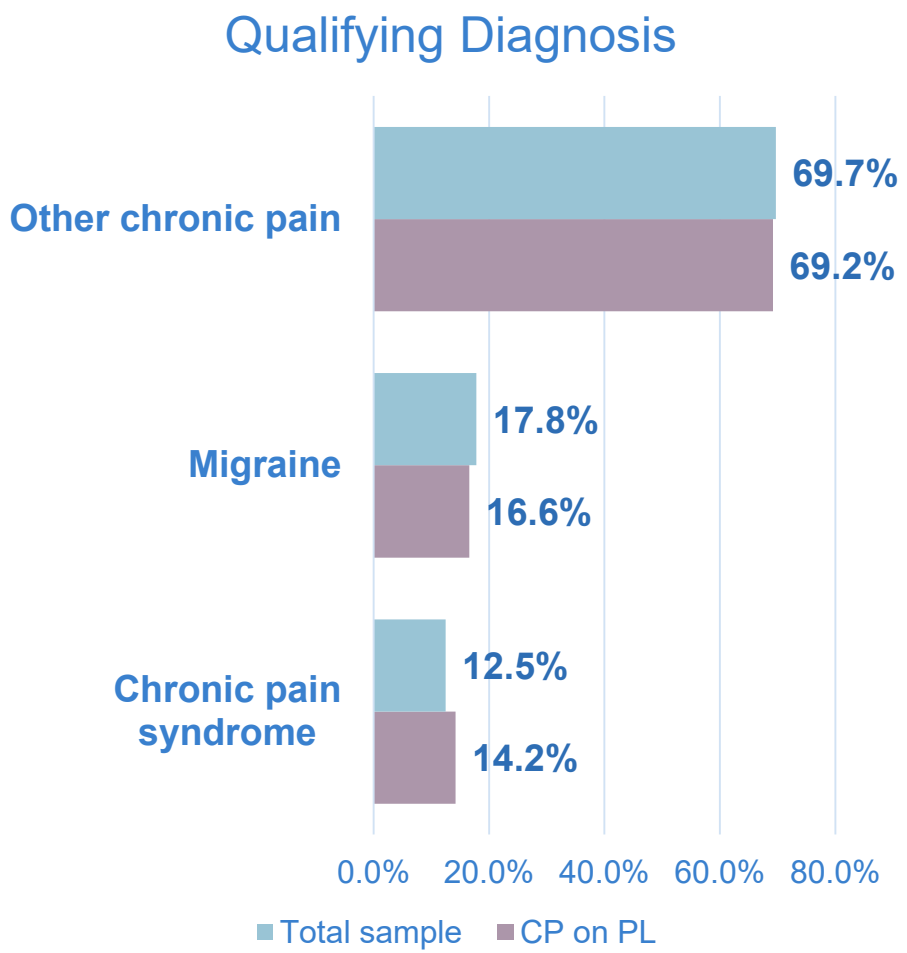




82.5%
Chronic Pain on Problem List

Documentation of chronic pain on the problem list

Total Sample (n = 4,531)		Patients with CP on PL (n = 3,740)	
Utilization of specialty pain care	13.0%	Utilization of specialty pain care*	13.9%
Private insurance	55.5%	Private insurance*	55.0%
Current opioid prescription	1.9%	Current opioid prescription*	1.6%



Factors associated with utilization of specialty pain care

24%

Females vs. males
(OR 1.24*; 95% CI 1.02 – 1.51)

57%

Pain documented on problem list

OR 1.57**; 95% CI 1.19 – 2.07

Other vs. White NH
(OR 0.64**; 95% CI 0.49 – 0.85)

36%

68%

Other chronic pain vs. Chronic pain syndrome
(OR 1.68**; 95% CI 1.25 – 2.27)

Migraine vs. Chronic pain syndrome
(OR 0.35***; 95% CI 0.22 – 0.56)

65%

Limitations

- Absent provider characteristics
- Open healthcare network
- Unmeasured psychosocial factors

Strengths & Summary

Strengths

- Large number of clinics and patients
- Contributes evidence supporting value-based care
- Adds clarity to the importance of the problem list

Summary

- Documentation on the problem list was 52% in larger sample and 83% in sub sample
  - More than a training study (0.5%) [10]
  - Different patient characteristics associated with documentation on problem list
- Documentation of chronic pain on problem list associated with utilization of specialty care
  - Consistent with chronic kidney disease and heart failure studies [11,12,13]

Questions

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Thank you!