A Pain Education School for Veterans with Chronic Non-cancer Pain: Putting Prevention into VA Practice

David Cosio, Erica Hugo, Shelby Roberts, David Schaefer
Jesse Brown VA Medical Center, Chicago, IL, United States

Purpose

Research has shown that pain education programs increase pain knowledge and decrease pain intensity in patients suffering from cancer pain. Current research has also identified barriers and facilitators to self-management of chronic musculoskeletal pain. However, research support for pain education programs addressing chronic, non-cancer pain is lacking. In addition, the VA's mission is to provide empirically supported programs to the veterans they serve. Therefore, the purpose of the current presentation is to outline the development and implementation of a "Pain Education School" program within the VA system.

Method

The VA's National Center for Health Promotion & Disease Prevention's step-by-step guidelines to successful program implementation was utilized to develop a pain self-management program within a Midwestern VA medical center. These national guidelines have provided evidence-based recommendations for initiating prevention programming within the VA system, such as physical activity, seat belt safety, and smoking cessation. This comprehensive resource outlines four steps in initiating a prevention program: 1) plan, 2) do, 3) check, and 4) act.

Results

STEP 1-PLAN: A pain education coordinator was appointed, and a multidisciplinary team was then created and is maintained at a local VA medical center. This team then assessed current practices and outlined three necessary components for the proposed Pain Education School, including the need to share basic principles of pain relief, provide education about pharmacologic interventions, and provide a menu of non-drug interventions for relief of non-cancer pain. Team members assessed the availability of pain management services within their VA system and developed working relationships with over 20 disciplines that provide different pain treatments. The team further identified gaps and barriers to implementing a pain education program.

STEP 2- DO: Team members outlined and planned the format and structure of the Pain Education School. Team members further considered alternative ways to deliver pain education programming, such as tele-health technology and websites. They also educated VA medical center staff about the program and its referral process.

STEP 3- CHECK: To measure the efficacy of the Pain Education School, an IRB proposal was submitted. The proposed study will use a retrospective outcome design with 120 veterans aged 18-85 who participate in Pain Education School between February 2010-February 2011. As part of their introduction to the program, all participants complete a questionnaire packet. The veteran then attends 12 weeks of live classes led by guest speakers from different disciplines and completes a feedback form weekly. Following their rotation of 12 classes, the veteran completes another questionnaire packet.

STEP4- ACT: Information about the Pain Education School is shared with all disciplines within the facility. In addition, best practices are shared with other VA facilities within the VISN during monthly teleconferences. The current presentation is an attempt to share information about implementing a pain management program within the VA system at the national level.
Conclusions

Pain Education School may prove to be an avenue in which veterans can bypass identified barriers (such as difficult patient-physician interactions), facilitate self-management goals (by empowering veterans to self-tailor their own pain management plan), provide encouragement from pain care providers from different disciplines within the VA system, provide access to mental health services to improve depression and anxiety due to their pain, provide a supportive safe environment to discuss their pain, and provide family/friends access to pain education and resources.