Integrating Mid-Level Providers into Primary Care Pain Management

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Disclosure

- Dr. Schatman has no conflicts of interest to disclose
Learning Objectives

Through attending this presentation, attendees will be able to:

- Identify the futility of the expectation that physicians will be able to meet all primary care pain management needs
- Summarize the potential for nurse practitioners and physician assistants to serve as qualified pain management providers
- List strategies for NPs and PAs to gain more adequate pain management education
Crisis in Pain Medicine


Crisis in Pain Care

- The quality of chronic pain care in the US is only getting worse

- Myriad reasons for this crisis
- Physicians are trying to do their best
- The overall pain care system is “sick”
- Even the best-intentioned physicians struggle to treat pain in a dysfunctional system

Shortage of Pain Specialists

- The shortage of pain specialists in the US is dramatic
- 4700 physicians
- 2200 certified by the American Board of Pain Medicine


- 2500 certified by the American Board of Medical Subspecialties (Anesthesiology, Neurology, PM&R)

Who Really Treats Chronic Pain?

- While specialists (eg, orthopedists, rheumatologists, neurologists) are often consulted, they typically have neither the expertise nor the interest in providing longitudinal biopsychosocial care
  

- “Most treatment of chronic pain can and should be centered in the primary care environment”
  
Who Really Treats Chronic Pain?


- Chiropractors treat 40%
- Acupuncturists treat 7%
- Pain specialists treat 2%
- PCPs treat 52%
- Good research...bad math!
Chronic Pain and Primary Care

- This is an obvious starting point.
- Simply based on the Breuer et al data...and the prevalence of chronic pain in primary care.
- Chronic pain accounts for nearly half of all primary care visits.
- Prevalence studies – interestingly, no recent data regarding prevalence in primary care in US.

McCarberg BH. Postgrad Med. 2011;123:119-130
Prevalence in Primary Care

- 22% (multisite study)

- 35% (VA primary care clinic)

- 37.5% (community primary care health center)

- 48% (VA general medical clinic)
  Clark JD. J Pain Symptom Manage. 2002;23:131-137
Prevalence in Primary Care

- New systematic review/meta-analysis – prevalence actually higher in European studies than American

- Rates vary around the world
  — South African study – prevalence in primary care is 41%
  — Yet a German study found prevalence in primary care as high as 62%
And They’re So Complex!!!

- Chronic pain linked not only with depression, but with suicide

- Approximately half screen positive for at least 1 anxiety disorder

- In primary care, patients with chronic pain are 2.5-10X more likely to screen positively for panic disorder, generalized anxiety disorder, or major depressive disorder
And They’re So Complex!!! (cont’d)

- High prevalence of personality disorders

- And all that the literature seems to discuss these days is opioid addiction in CPPs…especially in primary care
Complexity = Time!

- If PCPs had to deal only with the biomedical aspects of chronic pain and disability, their lives would be easier.
- Failure to address the psychosocial components, however, leads to almost guaranteed failure.

Problems With Time in Primary Care

- The data are disturbing...at best
- PCPs complain that there is insufficient time to address clinical concerns in visits, although the length of visits increased from 18 to 21 minutes between 1997 and 2005
- At the same time, the number of clinical concerns increased from 5.4 to 7.1
- Average time spent for each clinical concern was reduced from 4.4 to 3.8 minutes

Problems With Time in Primary Care (cont’d)

- 2013 data – average primary care visit was 18.5 minutes

- Duration of PCP visits positively correlates with quality of care

- Importantly, patients value longer appointments
PCP Shortage

- Predicted to become more severe over the next decade as the population grows and the ACA results in expansion of healthcare coverage

- Medical students follow the $ into specialty training

- Will this change with the evolution of the ACA?

- One can only hope....

- More PCPs leaving practice earlier
And It’s Only Going to Get Worse

- By 2025, the PCP shortage is predicted to reach 66,000

- The scarcity of PCPs has been identified as “The Major Cause of Rising Health Care Cost with Decreasing Quality”

- Proposals to incentivize (both positively and negatively) teaching hospitals to produce more PCPs have been made
PCP Training in Pain Management

- Essentially nonexistent in medical school
- Empirically established in study of internal medicine residents
- 2011 study – only 4 American medical schools required a course on pain
- Needs to become mandatory!
  Loeser JD, Schatman ME. Undergraduate medical education in chronic pain management: crisis and remediation (manuscript under review).
PCP Training in Pain Management (cont’d)

- Training is needed!!!!!
- With exception of primary care sports medicine fellowships, there are no formal training programs that address chronic pain for PCPs
- “There is little demand for teaching comprehensive pain medicine skills in training programs because these are focused on teaching reimbursable activities that lead to economically viable practice, not cost-effective practice”

Gallagher RM. Med Clin N Am. 1999;83:555-583
PCP Attitudes Toward CPPs

- PCP feelings when dealing with patients with chronic pain include frustration, lack of gratification, and guilt

- 76% of chronic LBP patients had sought treatment from their PCP over the past year

- Yet, only 34% of PCPs are comfortable treating patients with chronic pain

- And only 15% enjoy treating them
PCP Attitudes Toward CPPs (cont’d)

- And patients are very aware of PCPs’ disdain for them!

Something Has to Give

Plan A

Plan B
The Only Realistic Answer

- Nurse practitioners (NPs) and physician assistants (PAs)
- Are physicians necessarily the best pain management providers?
- Do NPs and PAs feel less “under the gun” and can they accordingly afford to be more biopsychosocial?
Research on Nurses vs Physicians

- Nurse practitioners within primary care practices have been found to offer more holistic care than physicians

- 2005 Cochrane Review:
  - Screened over 400 articles
  - 25 articles met reviewers’ inclusion criteria
  - Determined that appropriately trained nurses can provide as high quality primary care as physicians, and achieve equivalent health outcomes for patients
Nurses as Pain Managers/PCP

- The key skills of nursing include:
  - The use of effective communication
  - The assessment, planning, intervention, and evaluation of patients’ physical, psychological, social, and spiritual needs
  - The provision of support, empathy, reassurance, and encouragement
  - Education and the provision of information

Nurses as PC Pain Managers

- These skills enable patients to cope more effectively with pain, its associated disability and the consequential reduced quality of life.

- They are routine functions of nurses involved in the treatment of patients with a variety of chronic conditions.


- Nurses are more “tuned in” to the needs of chronic pain patients than other professionals.

Nurse Practitioner Competencies

- NPs have been found to be effective in:
  - Case management of complex and vulnerable patients
  - Patient education
  - Exercise counseling
  - Telephonic pain management
  - Self-management training
Nurse Practitioner Competencies (cont’d)

— Opioid management

— Psychotropic medication management

— Motivational interviewing

▪ Cost-efficient!

▪ Under ACA, cost-efficiency will soon become seen as a “competency”
Nurse Practitioner Competencies (cont’d)

 These competencies – not interventional approaches and surgeries – are the core of good biopsychosocial chronic pain management!

 What is the best model for NP delivery of chronic pain management services?

 Solo practice?

 Collaborative model?
PCP Attitudes Toward Nurses

- Most PCPs believe that a nurse care manager would be a key resource for both patients and providers of primary care-based chronic pain management
  Clark LG, Upshur CC. J Am Board Fam Med. 2007;20:479-482.

- Familiarity breeds respect – physicians working in the same practice with NPs have a higher level of respect for them as colleagues than those who don’t work with NPs
Nurse Practitioner Collaboration

- We know that interdisciplinary pain management is more effective and cost-efficient than monotherapeutic approaches.


- Due to insurance company greed, true interdisciplinary programs have, for the most part, gone away in the US.

Collaboration

- Currently, having as many relevant pain care professionals working (and communicating) together is as interdisciplinary as we can get

- PCPs prefer collaborative models for dealing with chronic disease states


- Probably relates to enhanced efficacy

Collaborative Pain Care

- A number of models for collaborative pain care within primary care practice proposed over the past decade
  

- Efficacy of collaborative pain care has been empirically established
  
Who Should Lead Teams?

- Traditionally the physician is the collaborative team leader
- Is this necessarily prudent?
- British study – determined that a nurse-led primary care chronic pain clinic was effective
  
  
- Nurse-led primary care musculoskeletal pain clinic found to result in good pain management as well as reduced healthcare service utilization
  
Availability of NPs

- The Health Resources and Services Administration (HRSA) projects a 30% increase in the number primary care nurse practitioners between 2010 and 2020


- HRSA projects an increase in PCPs of only 8% during this same period

- With an 81% increase in demand!

  HRSA. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Available at: http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/.
Scope(s) of Practice for NPs

- All over the place.

- Varies from state to state, as they’re regulated primarily by State Boards of Nursing.

- This results in variance in educational requirements as well.

- 22 states and DC allow NPs to diagnose and treat without physician involvement.

NP Scope of Practice

- Generally, NPs have greater freedom in rural and underserved states – and seek out these opportunities

- Surprisingly, recent data indicate that increased NP autonomy improves their teamwork with physicians

- A NP partnering with a physician results in increased access, improved care, and controlled costs
NP Scope of Practice

- Some organizations internally restrict NP practice, disallowing them from maximally contributing

- Unfortunately, the American Academy of Family Physicians’ position is that NP autonomy should be limited
Issue of Autonomy

- Currently, 28 states require some level of physician oversite of NPs

- Is this necessary?

- Any regulation requiring physician oversite of NPs may actually reduce safety and quality of care by confounding provider accountability and safety in care management
What to Do in Pain Medicine?

- The answer may be found in additional education...
- Nurses feel inadequately trained in nonpharmacologic pain management


- Despite its inclusion in prelicensure core competencies

Nurse Practitioner Training

- 42% of NPs reported chronic pain was not addressed in their training programs
- 74% reported that chronic pain management was not addressed in their advanced pharmacology course
- 64% reported that they didn’t use evidence-based pain treatments in their practices

Education

- Yet these numbers would likely compare favorably with PCP training...
- Continuing education is the key!
- PAINWeek, PAINWeekEnd, American Society for Pain Management Nursing annual conference
- We’re even seeing more nurses at the American Academy of Pain Medicine conference
Education (cont’d)

- Pain Resource Nurse (PRN) Training Course
- Developed in the early 1990s at the City of Hope National Medical Center

— “The comprehensive 2-day program includes pain assessment, pharmacologic management, equianalgesic calculations, integrative approaches, communication for better pain management, psycho-spiritual aspects, managing pain in special populations, workshops on cancer pain, interventional pain, meditation, music therapy, and preparing for the pain management certification exam”

Certification

- Pain Management Nursing Certification
- The Pain Management Certification exam is a partnership venture between the American Nurses Credentialing Center and the American Society for Pain Management Nursing
- Open to all RNs


- But a must for all NPs working in pain management
Physician Assistants (PAs)

- Date in the US back to 1965, when Duke University created the first program to deal with overextended physicians

- Like NPs, PAs face a complete lack of uniformity in states’ scope of practice laws

- Started off as glorified medical assistants; now can prescribe controlled substances in all but 2 states – and depending on setting, can now perform up to 90% of duties customarily performed by physicians
Physician Assistants (PAs) (cont’d)

- Like NPs, the number of PAs is projected to increase much more significantly than the number of MDs/DOs – but even more so
  – 72% increase anticipated between 2010 and 2015

- Progressively more PAs going into specialty areas of practice rather than primary care

- 2009 data – only 34% in primary care
PAs

- Possibly because specialty areas are more lucrative
- 86.5% of NPs are in primary care
- Very little in the literature on PAs and chronic pain
- Data suggest that PAs understand opioid REMS and heavily use PDMPs
- PAs appear to be making inroads onto palliative care teams
Competencies of PAs

- Are PAs purely biomedical?
- Perhaps not...
- Competencies include:
  - Effective listening
  - Working as a member or leader of a healthcare team
  - Application of an understanding of human behavior
  - Sensitivity and responsiveness to patients’ age, gender, culture, and disabilities

**PAs/NPs**

- PAs and NPs earn roughly the same salaries, and both have been determined to be cost-efficient in primary care
  

- The average cost of a visit with either is 20%-35% lower than for a physician
  

- This may explain why PAs in primary care are more likely to be found in community health centers than in private practice
  
PAs/NPs (cont’d)

- Primary care opioid prescribing: PAs/NPs vs physicians:
  - PAs/NPs are significantly more likely to use Patient-Provider Agreements when prescribing opioids than are PCPs (21.8% vs 6.6%)
  - Is this due to greater physician time constraints?

- 2005 study:
  - PAs in primary care were more likely to prescribe a controlled substance than were NPs or PCPs
Recent data – PAs significantly less likely to prescribe opioids than NPs or physicians in primary care


—Study doesn’t take PA specialty status into account
PA/NP Autonomy

- VHA is the largest employer of both PAs and NPs in the US
  
  Woodmansee DJ, Hooker RS. JAAPA 2010;23:41-44.

- PA and NP autonomy is almost complete in VAMCs
  
  VHA Directive 2004–029. Utilization of Physician Assistants (PAs). Available at:
  VHA Directive, 2008–049. Establishing Medication Prescribing Authority for Advanced Practice Nurses. Available at:

- Is this a coincidence....?
PAs/NPs

- Patients tend to prefer NP treatment over PA treatment, as NPs are trained under a biopsychosocial model while PAs are trained under a biomedical model

- Yet, a 2013 study found that PAs have more positive attitudes toward collaborative care than NPs
PAs/NPs (cont’d)

- Systematic review – primary care patients preferred NP treatment over physician care

- Data suggest that patients are open to greater NP and PA involvement in their treatment

- One reason may be that PAs and NPs spend 20%-25% more time with patients in primary care appointments
  Hooker RS, McCaig LF. Health Aff. 2001;20:231-238.
Education Needed!

- The vast majority of PA training programs provide from 0.5 to 4 hours of pain education

- This is clearly insufficient

- PAs lack pain management certification opportunities

- If you’re going to treat chronic pain, CME is an imperative for PAs
Summary and Conclusions

- The American pain care system is in trouble
- Too few pain specialists, increasing numbers of patients
- The brunt of pain management is, and will continue to be, borne by primary care
- The chronic pain crisis in America is paralleled by the primary care crisis
- Given a lack of adequate resources and the demonization of patients with pain, PCPs’ aversion to chronic pain care isn’t surprising
Summary and Conclusions (cont’d)

- Good quality chronic pain management is **always** biopsychosocial
- Biopsychosocial care is **always** time-consuming
- PCPs can’t be expected to go it alone
- Growing numbers of NPs and PAs are the logical (and only) answer to the chronic pain dilemma
Summary and Conclusions (cont’d)

- Bottom line: either the right PA or the right NP can help ease the time crunch for the PCP treating chronic pain, thereby dramatically improving care

- ACA – more patients, more primary care providers needed – mid-level providers must be integrated into all primary care treatment models


- This certainly includes primary care pain management practices
Summary and Conclusions (cont’d)

- NP and PA training in chronic pain management is woefully inadequate
- Nursing has made great inroads into developing opportunities for pain education
- Hopefully, PAs will make the same efforts to expand such opportunities
- Until then, it’s great to see all primary care providers at PAINWeekEnd and PAINWeek
THANK YOU