



Patient-centered Self-management of Chronic Pain Improves Patients' Self-efficacy: Revised

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BACKGROUND

Since 1990, the use and deadly misuse of narcotics skyrocketed. Prescriptions for opiates tripled. In 2012, the Centers for Medicare and Medicaid Services funded a Healthcare Innovations Grant to implement standardized, professional education and chronic pain management in WNC. Our family health center was the first funded to implement the chronic pain management program. One programmatic goal was to improve patients' self-management by shifting from passive to active coping strategies and increasing self-efficacy to improve their quality of life.



OBJECTIVE

To assess improvements in pain patients' self-efficacy.

INTERVENTION

Chronic Pain Management Clinic in Primary Care

- Nurse Practitioner, Medical Assistant, MD Attending
- Established and new adult patients with chronic pain ICD9 338.4 and using prescribed narcotics

Evidence-based, standardized care

1. Assessment of substance abuse behaviors/risks
 - Standardized Interview and UDS
2. Review of NC registry for prescription narcotics
3. Prescription limitations (dose, type, prescriber)
4. Ongoing assessment of pain levels, functionality, coping, self-efficacy, & behavioral health diagnoses
5. Patient controlled substance use agreements
6. Patient education, counseling & behavioral
7. Focus on patient-centered self-management

METHODS

Study Design: Pre- post-intervention
 Intakes began 1/2013; clinical f/up thru 3/2014

Instruments:

"Average pain during the past week"

- 10-point self-rating scale (none to worst)

Pain Self-Efficacy Questionnaire (PSEQ)

- 10-item self-rating instrument w/ 7-point scale (not at all confident – completely confident)

1. "I can enjoy things, despite the pain."
2. "I can do most of the household chores (tidying-up, washing dishes, etc.), despite the pain."
3. "I can socialize with my friends or family members as often as I used to, despite the pain."
4. "I can cope with my pain in most situations."
5. "I can do some form of work, despite the pain."
6. "I can still do many of the things I enjoy doing, such as hobbies or leisure activities, despite the pain."
7. "I can cope with my pain without medications."
8. "I can still accomplish most of my goals in life, despite the pain."
9. "I can live a normal lifestyle, despite the pain."
10. "I can gradually become more active, despite the pain."

- Scores range from 0 to 60

- Normative mean score:

•pre-treatment=19.3 (10.8) vs. post=32 (12.6)

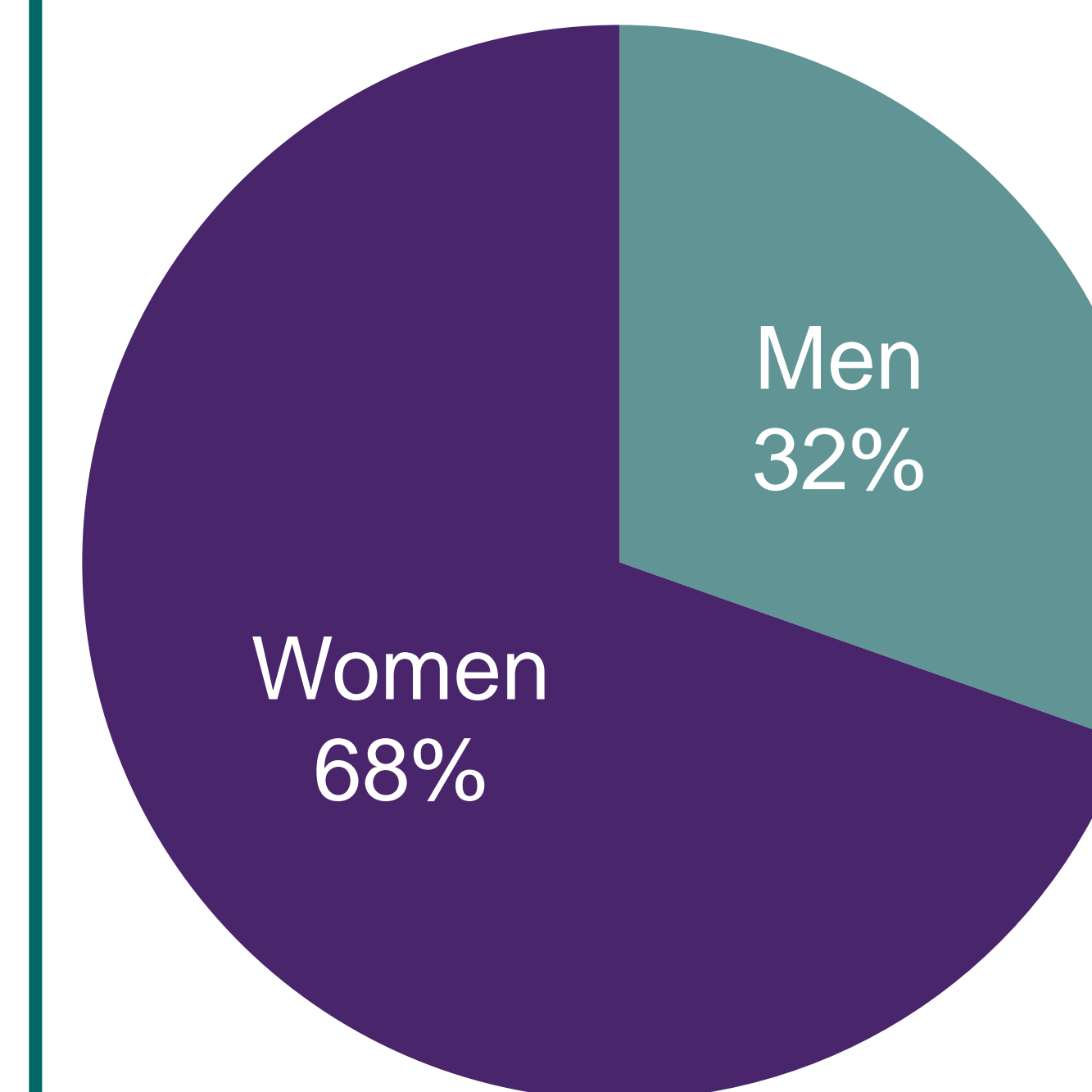
Statistics: Wilcoxon signed rank test (pain)
 Dependent t-test (PSEQ)
 Spearman rank order correlations

RESULTS TO DATE

Patients: 194 patients w/ baseline assessments
 112 patients w/ follow/up >30 days

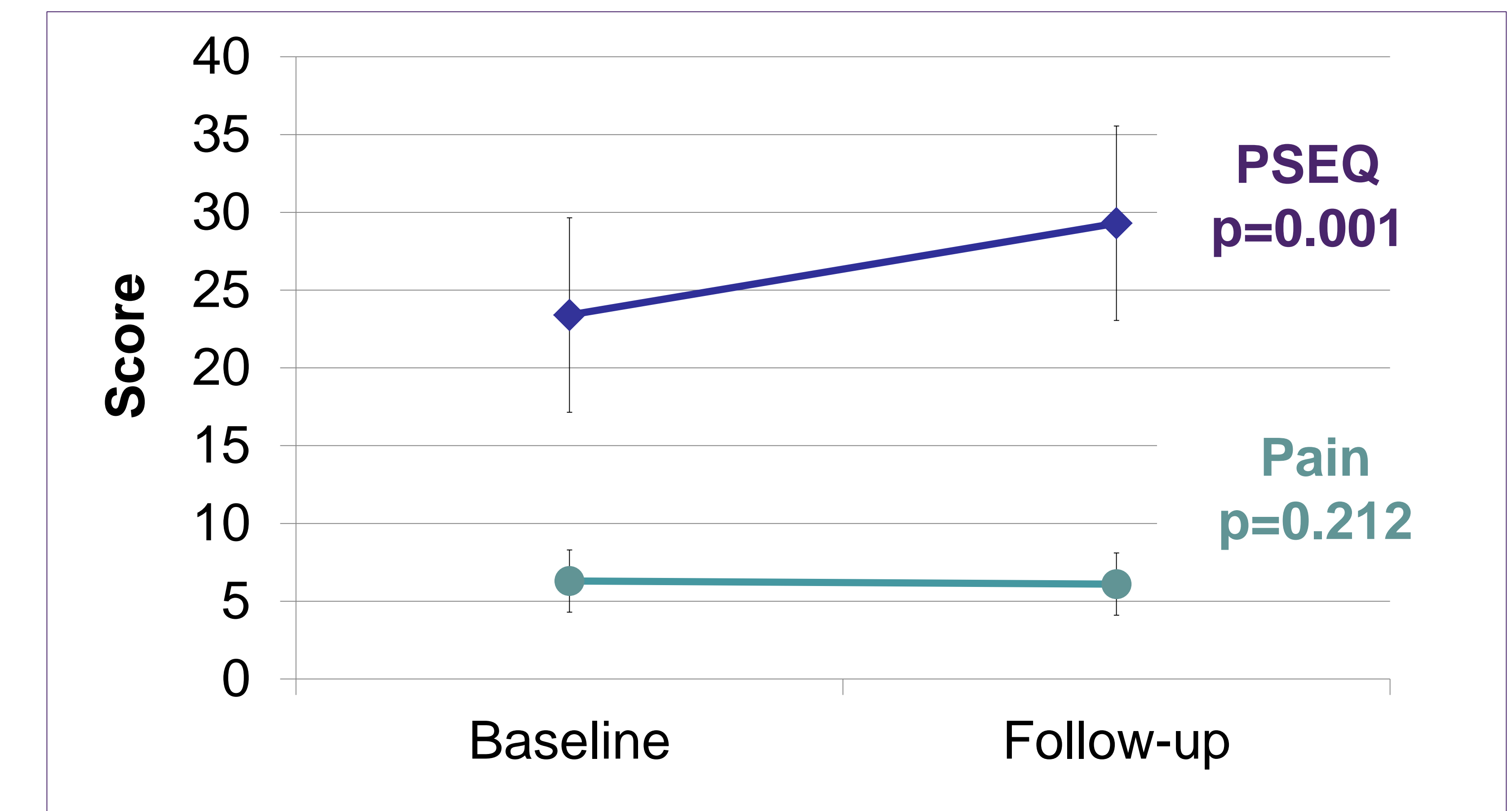
RESULTS TO DATE

Patient Characteristics N=112



Age, mean years	54 (26 – 82)
Insurance	
Medicare/Medicaid	78 (69.6%)
Private Insurance	14 (12.5%)
Self-pay	20 (17.9%)
Days to Last F/up	192.5 (30–480)

Baseline & F/up Scores: Pain & PSEQ



Changes in pain & PSEQ scores were not related to duration of time between baseline and latest follow-up visit (p<.05).

CONCLUSIONS

Despite no change in subjective pain, patients' self-efficacy for functioning and coping with chronic pain had improved significantly. Though cautious due to the small sample size to date, we are optimistic about the potential for chronic pain patients, in this program, to improve the quality of their lives.