Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs

Credit Information

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  - You will also be required to complete a post-test; a link to this test will appear at the end of the presentation.

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June 27, 2019

RESOURCES FOR INTEGRATED CARE

Resources for Plans and Providers for Medicare-Medicaid Integration

Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs



Overview

- This session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 30 minutes of presenter and participant discussions.

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com.

Accreditation

- Individuals are strongly encouraged to check with their specific regulatory boards or other agencies to confirm that courses taken from these accrediting bodies will be accepted by that entity.
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Continuing Education Information

If You Are A:	Credit Options	Requirements
Option 1: National Association of Social Workers		
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Option 2: Centers for Medicare & Medicaid Services (CMS)		
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Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.
- To learn more about current efforts and resources, visit
  - Resources for Integrated Care at: https://www.resourcesforintegratedcare.com

Introductions

- Beth Darnall, PhD
  - Associate Professor
  - Stanford University School of Medicine, Department of Anesthesiology, Perioperative and Pain Medicine

- Katrina Profitt, PCC-S
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- Melissa Myers, ACSW, MSW
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- Randy
  - Consumer

Learning Objectives

- Identify common causes and types of pain among older adults
- Recognize effective strategies and approaches for assessing older adults' pain management needs
- Recognize how to provide tailored pain management interventions to meet the needs of older adults, including appropriate opioid use and complementary and integrative care
- Identify promising practices for how to engage older adults in self-managing their pain and collaborating with providers in the community for biopsychosocial supports

Webinar Outline/Agenda

- Poll Questions
- Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs
  - Behavioral Pain Specialist Perspective
  - Licensed Professional Counselor Perspective
  - Behavioral Health Care Manager Perspective
  - Consumer Perspective
- Q&A
- Evaluation

Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs: A Behavioral Pain Specialist Perspective

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Pain Prevalence in Older Adults

- Roughly 40% of older adults (aged 65+) have chronic pain[1]
  - 15% have "high-impact" chronic pain (defined as pain that has limited life or work activities on most days for past six months)[2]
- Older adults who are dually eligible for both Medicare and Medicaid:
  - Have higher rates of chronic pain and high-impact chronic pain than older adults with all other types of coverage (Medicare only, private, uninsured, other)[3]
  - Report more frequent, severe, and uncontrolled pain than Medicare-only beneficiaries[2]
- The negative effects of chronic pain can disrupt family and social relationships[4]

[1]Dahlhammer, J., Lucas, J., Zelaya, C., Nahin, R., Mackey, S., DeBar, L., … & Helmick C. (2018). Prevalence of chronic pain and high-impact chronic pain among adults – United States, 2016. *Morbidity and Mortality Weekly Report.* 67(36);1001–100.

[2] Larsson, C., Hansson, E., Sundquist, K., & Jakobsson. (2017). Chronic pain in older adults: prevalence, incidence, and risk factors. *Scandinavian Journal of Rheumatology*, 46:4, 317-325.

[3] Lied, T. & Haffer,S. (2004). Health status of dually eligible beneficiaries in managed care plans. *Health Care Financial Review, 25*(4):59-74.

[4] Ayres, E., Warmington, M., & Reid, M. (2012). Managing chronic pain in older adults: 6 steps to overcoming medication barriers. *The Journal of Family Practice,* 61(9): 16-21.

Dually Eligible Older Adults at Higher Risk of Poor Outcomes

- The following factors, more common among populations who are dually eligible for Medicare and Medicaid, predict worse outcomes and response to pain interventions[5]:
  - Higher Pain Scores
  - Longer Pain Duration
  - Multiple Pain Sites
  - Opioid Prescription
  - Polypharmacy
  - Greater Functional Impairments
  - Depression and/or Anxiety
  - Maladaptive Coping Skills
  - Limited Social Supports
  - Mobility Limitations

[5] Kaye, A., Baluch, A., & Scott, J. (2010). Pain management in the elderly population: a review. *The Oschner Journal,* 10(3):179-187.

Common Causes of Pain Among Older Adults

- Prevalence of persistent pain increases in later life due to increased risk of chronic diseases, injuries, chronic regional pain syndrome, and cancer
- Common causes of pain:
  - Injury (e.g., from falls)
  - Surgery (e.g., joint replacements)
  - Painful medical conditions (e.g., diabetic neuropathy)
- Geriatric pain assessments should factor in the cause(s) of pain to inform appropriate treatments that address each condition

[6] Booker, S. & Herr, K. (2017). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine, 32(4), 677-692.*

Common Types of Pain Among Older Adults

- Common types of pain:
  - Nociceptive, or caused by damage to body tissue (e.g., arthritis, low back pain, fractures)
  - Neuropathic, or caused by nerve damage (e.g., diabetic neuropathy, shingles)[7]
  - Mixed and undetermined (e.g., cancer, fibromyalgia, depression)
- Pain that goes untreated has a high likelihood of detrimental consequences, such as functional decline, incapacitation, and frailty
- Treatments should be appropriate for the pain type (e.g., opioids should generally be avoided for migraine headaches)

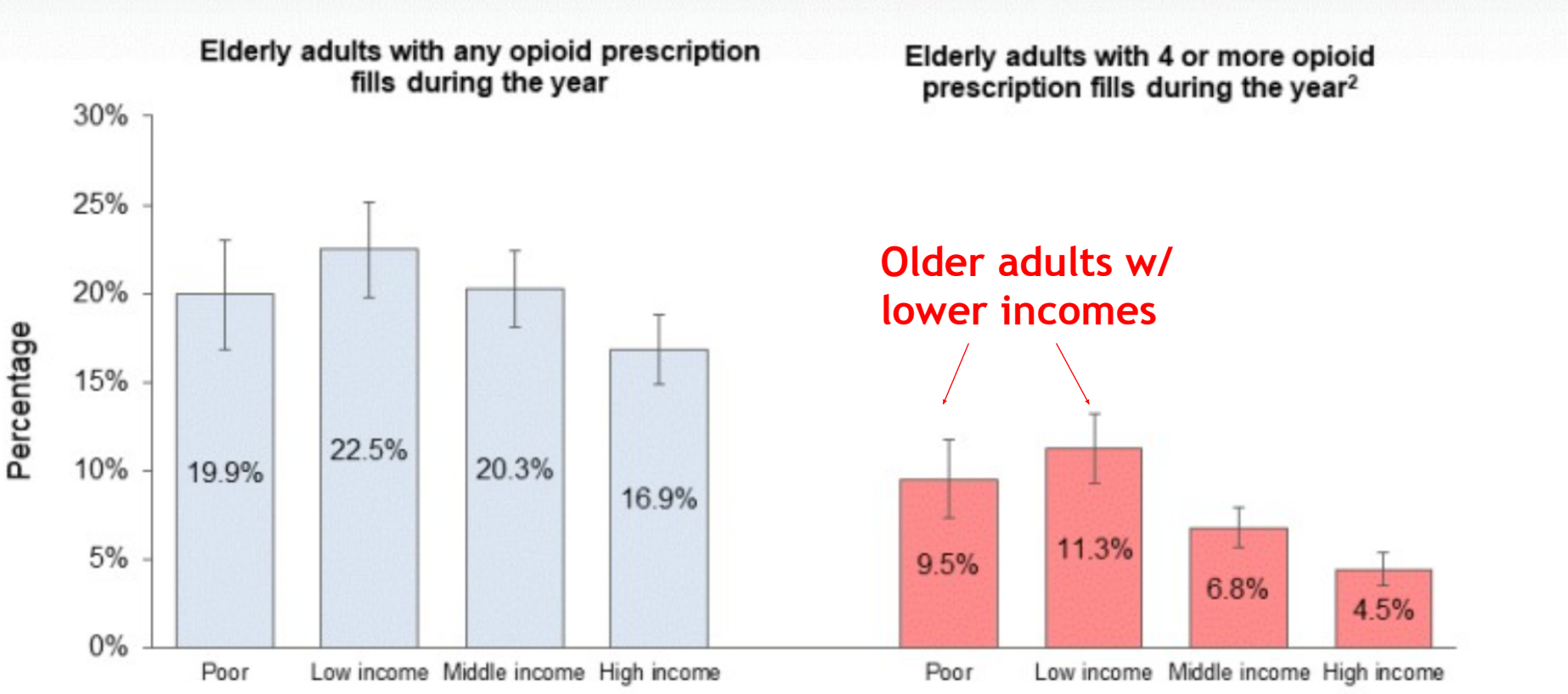
[6] Booker, S. & Herr, K. (2017). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine, 32(4), 677-692.*
[7] Fine, P. (2009). Chronic pain management in older adults: special considerations. *Journal of Pain and Symptom Management,* 38(2), S4-S14..

Integrate Conservative Approaches to Pain Management

- A **biomedical** approach to pain treatment focuses on external solutions and medication
- A **biopsychosocial** approach helps older adults understand what they can do to keep their pain under better control to minimize medication use
- Opioids may be an important part of some individuals' pain care plan – but opioids are one tool in the toolbox
  - Complementary and integrative treatments are available for free or at a low cost

[8] Moriya, A., & Miller, G. (2018). Statistical brief#515: any use and frequent use of opioids among elder adults in 2015-2016, by socioeconomic characteristics. *Agency for Healthcare Research and Quality*. Retrieve from: https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml.

Opioids as a Pain Reliever



[8] Moriya, A., & Miller, G. (2018). Statistical brief#515: any use and frequent use of opioids among elder adults in 2015-2016, by socioeconomic characteristics. *Agency for Healthcare Research and Quality*. Retrieve from: https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml.

Potential Pros and Cons of Prescribing Opioids Among Older Adults

- **Pros**
  - Results in pain reduction for some people
  - Can be an essential part of a comprehensive pain care plan (e.g., with self-management strategies, movement therapy, etc.)
  - For some people, opioids may support increased function; this varies by individual and should be monitored
- **Cons**
  - Potential for memory and cognitive effects
  - Increased risk of falls and fractures (especially among those with cognitive impairment who are medically frail)
  - Some individuals may find opioids highly rewarding, which can cause a depressed mood or passivity
  - Accidental overdose
  - Apnea and respiratory depression
  - Higher opioid doses increase all health risks described above
  - Constipation and confusion, which are typically the main symptoms of overdoses for most older adults.

Key Considerations for Opioid Prescribing

- Opioids should not always be a first line analgesic for chronic pain, but are appropriate for certain types of pain, such as acute pain from fractures, for older adults who may have concerns about using opioids appropriately for pain
- Opioid stigma is common – normalize older adults' fears and concerns and provide non-judgmental support if needed
- Person-centeredness is key; tailor care plan based on individual factors (not one-size-fits all)

Tips for Opioid Prescribing

- Always offer local behavioral treatments when available (e.g., education, self-management)
- Always offer online, print, and other behavioral resources (see tip sheets that accompany this webinar)
- Avoid binary thinking (e.g., medications **or** behavioral pain treatment)
- Be aware of opioid "guidelines" and policies that may not take individual needs into account, forced opioid tapering, and pharmacies that may refuse to fill opioid prescriptions
- Many older adults fear losing access to medications and having no effective alternatives; be aware of this fear and demonstrate compassion. Some may even seek out illegal drugs for pain control under dire circumstances

For more information, see the Checklist for Prescribing Opioids for Chronic Pain

Tips for Opioid Tapering

- Opioid de-prescribing to a pre-set dose is not supported by the Centers for Disease Control & Prevention
  - Individuals with depression and other mental health conditions are at risk for psychiatric destabilization, suicidal ideation, and suicide
- Forced opioid tapering (against will of older adult) should always be avoided
- When tapering is done in partnership, work with older adults to gain their trust and willingness to try a very slow opioid taper
- For consensual tapering, monitor older adults very closely for changes in pain, mood and distress
  - Integrate behavioral support when possible, such as visits with a psychologist or social worker if needed
  - Follow-up every three weeks in clinic or by phone
  - Encourage contact if mood or symptoms worsen, or if suicidal ideation develops

For more information on de-prescribing, please refer to Resources for Integrated Care's recent webinar on Safe and Effective Use of Medications in Older Adults.

[9] Centers for Disease Control and Prevention. (2019). Guidelines for prescribing opioids for chronic pain: recommendations. Retrieved from https://www.cdc.gov/drugoverdose/prescribing/guideline.html

THE BIOPSYCHOSOCIAL MODEL OF PAIN

Geriatric Pain Assessments

- Assess the whole person: pain is a multidimensional experience that is impacted by sleep, mood, activity, and other factors
- Use a validated pain assessment tool based on the older adult's ability to communicate verbally or nonverbally to self-report pain
- Use assessment approaches that include both self-report and observational measures when possible
- Among older adults with cognitive impairment, solicit the assistance of caregivers (with permission) and use modified assessment tools
- Re-assess for pain consistently over time, and use the same assessment tools under consistent circumstances (e.g., during a structured program of physiotherapy)
  - Also, re-assess for pain upon the occurrence of certain triggers such as a recent hospitalization

[10] Darnall, B. (2018). To treat pain, study people in all their complexity. *Nature,* 557(7703), 7.
[6] Booker, S. & Herr, K. (2017). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine, 32(4), 677-692.*
[7] Fine, P. (2009). Chronic pain management in older adults: special considerations. *Journal of Pain and Symptom Management,* 38(2), S4-S14..

Questions to Ask During Geriatric Pain Assessments

- In addition to assessing the intensity of pain using a validated assessment tool, it is important to determine certain characteristics of the pain
- Good questions to ask include:
  - What is the location and quality (e.g., sharp, dull) of the pain?
  - How does the pain limit you in various activities?
  - What prior treatments have been tried and failed?
  - What has worked the best?
  - What treatment and coping strategies are you using now?
  - Have you had any intolerable adverse effects from specific treatments?

[4] Ayres, E., Warmington, M., & Reid, M. (2012). Managing chronic pain in older adults: 6 steps to overcoming medication barriers. *The Journal of Family Practice,* 61(9): 16-21.


There's nothing I can do about my pain. It is only going to get worse!

There are several things I can do right now to soothe myself and feel better.

Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP)

- Gold standard in biopsychosocial treatment of chronic pain
- Tips for CBT-CP
  - Build strong rapport by striking balance between being compassionate and directive (e.g., providing safe environment, but also clear guidance)
  - Among older adults—particularly those who are reluctant to try behavioral treatments—communicate that using both non-drug and drug treatments is the widely accepted standard of care
  - With consent of the older adult, involve family members, spouses, and significant others in the CBT-CP process
    - Spousal participation specifically has been shown to enhance emotional well-being and reduce pain levels

[11] Reid, M. C., Eccleston, C., & Pillemer, K. (2015). *Management of chronic pain in older adults. BMJ (Clinical research ed.), 350*, h532. doi:10.1136/bmj.h532.
[12] Murphy, J.L., McKellar, J.D., Raffa, S.D., Clark, M.E., Kerns, R.D., & Karlin, B.E. (2014). Cognitive behavioral therapy for chronic pain among veterans: Therapist manual. Washington, DC: U.S. Department of Veterans Affairs.

Educate Older Adults and Encourage Self-Management

- A passive approach to pain care does not work well. Remind older adults:
  - They will have better outcomes by learning and using active skills throughout their treatment
  - If someone else needs to be present to help them feel better, they are limited in their means of obtaining relief
- If behavioral support is not available, YOU ARE their point of support
  - At each visit, ask individuals what they are doing daily to self-manage
  - Minimize focus on medications during visits
- Offer pain self-management resources
  - The American Chronic Pain Association has free support groups
  - The Pain Toolkit (https://paintoolkit.org) offers a wealth of free and low-cost pain self-management resources (e.g., $1-2) for older adults and their providers
  - Multiple different types of simple pain management workbooks
- Low-cost or free evidence-based self-management programs: http://www.eblcprograms.org/evidence-based/map-of-programs/

Evidence-Based Treatment Approaches

- Empowered Relief is a single-session, two-hour behavioral pain medicine class (https://empoweredrelief.com)
  - Scalable, accessible, low-cost - may be offered to older adults free of charge
  - Any healthcare clinician may become certified (see link above for workshop information)
- Longer-course behavioral treatments may include:
  - Eight-week Cognitive Behavioral Therapy for Chronic Pain (evidence-based)
  - The Chronic Pain Self-Management Program is peer-led group treatment (available for free in many municipalities and senior centers, see link for more information: http://www.eblcprograms.org/evidence-based/map-of-programs/)

Behavioral Pain Medicine Strategies

- Recommend movement therapies that are effective for pain management and social support (e.g., Arthritis Foundation pool classes)
- Encourage walking and participation in gentle yoga
- Host a free American Chronic Pain Association (ACPA) peer support group in your clinic or organization
  - For more information: https://www.theacpa.org/

- **Also:** Screen and monitor for depression
  - Depression may impede engagement in pain self-management and may require specialty referral for individual treatment

Non-Pharmacologic Pain Management

- First, determine cause of pain and provide support in modifying the older adult's activity and environment (before medication use)
- Focus on non-pharmacologic management strategies, including lifestyle interventions. For example:
  - Comfortable positioning (especially in bed/chair-bound individuals)
  - Adjustments to sensory stimuli (e.g., noise, temperature), cold packs and warm compresses
  - Lifestyle management techniques (e.g., sleep, diet, regular exercise)
  - Relaxation techniques (e.g., warm baths and activities that lead to laughter)

[13] Byrd, L. (2013). Managing chronic pain in older adults: a long-term care perspective. *Annals of Long-Term Care,* 21(12):34-40.

Pharmacologic Pain Management

- Elicit concerns that older adults may have about using analgesic medications and discuss them openly
- Ensure that the older adult (or caregiver) understands what adverse effects might occur, and create a plan to address them
- Establish how often and when communication should occur regarding adverse effects
- Assess and encourage engagement in behavioral treatments to avoid medication becoming the only pain relief strategy
- Start low and go slow
  - If treatment goals are not met, advancing the dose is reasonable before trying another intervention

[4] Ayres, E., Warmington, M., & Reid, M. (2012). Managing chronic pain in older adults: 6 steps to overcoming medication barriers. *The Journal of Family Practice,* 61(9): 16-21.

Key Takeaways

- Assess the “whole person” and consider all biopsychosocial factors when conducting geriatric pain assessments
- Take into account the type and cause of pain when identifying treatments
- At the outset of care, provide education and local and online resources for older adults to self-manage pain and symptoms
- Screen for depression and refer for individual treatment, as depression often impedes engagement in pain self-management
- Encourage older adults to engage in CBT-CP, complementary and integrative therapies, and non-pharmacological approaches to pain management
- Start low and go slow when using pharmacological pain approaches
- Since opioids are more likely to be prescribed in dually eligible patients…
  - Be aware of risks, benefits to select patients, and need for careful monitoring
  - Employ an integrated approach to pain relief beyond opioids

Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs: A Licensed Professional Counselor Perspective

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Core Strategies to Support Older Adults with Pain Management Needs

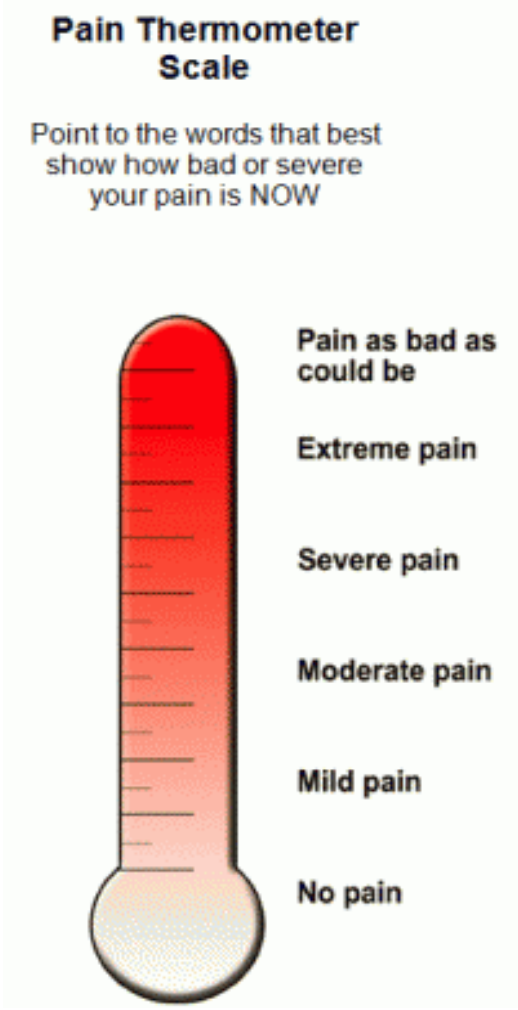
1. Comprehensive Geriatric Pain Assessment
2. Polypharmacy Review
3. Psychological Interventions
4. Substance Use Assessment and Interventions
5. Self-Management Programs
6. Linkage to Resources

Comprehensive Geriatric Pain Assessment

[14] National Institutes of Health. (2011). Seniors and chronic pain. *Medline Plus.* Retrieved from https://magazine.medlineplus.gov/pdf/MLP_Fall_11.pdf.

Comprehensive Geriatric Pain Assessment: Sensory Pain Assessment

- Works to help person communicate pain factors and list coping skills
- Can be modified to address all aspects of pain assessment
- Add in coping skills:
  - Mild pain: take a walk around the block
  - Moderate pain: complete extra set of PT exercises, call a friend
  - Severe pain: Call doctor, take pain medication



[15] Herr, K., & Mobily, P. (1993). Comparison of selected pain assessment tools for use with the elderly. *Applied Nursing Research, 6*(1), 39-46.

Comprehensive Geriatric Pain Assessment: Emotional Impact

- Pain is a complex psychological, sensory, and emotional experience
  - Some individuals with less severe diseases may have excruciating pain, whereas others with more severe diseases may have minimal complaints
- Strategies to manage the emotional impact of pain in older adults:
  - Provide support in managing depression and anxiety with psychotherapy, meditation, and medication
  - Support the older adult in establishing a solid support system including relatives, friends, and caregivers
    - This is particularly important among older dually eligible beneficiaries, who may not have as many natural supports
    - Ask the older adult: Are there neighbors, friends in their building, faith communities, or peer support groups available?

Comprehensive Geriatric Pain Assessment: Functional Impact

- An older adult's level of function is important as it affects degree of independence, need for caregivers, and overall quality of life
  - Assess activities of daily living (e.g., eating, bathing, dressing) and instrumental activities of daily living (e.g., light housework, shopping, managing money, preparing meals)
  - After a diagnosis, outline a person-centered treatment plan that includes approaches to decrease pain perception and increase function
- Focus on supports that can be put in place to help (e.g., a home aid, a friend making meals 2x week, a housekeeper)
  - Some older adults feel threatened by loss of independence and do not wish to ask for assistance
  - Emphasize that these supports can be put into place on a temporary basis to help alleviate stress and pain

Comprehensive Geriatric Pain Assessment: Sleep

- Getting enough good quality sleep helps maintain brain health, physical health, and mood
- If an older adult is having difficulty sleeping, it is important to make sure that untreated pain isn't contributing to the problem
- Don't ask: "How many hours of sleep do you get per night," as this leads to general and unspecific information
  - Instead ask: "What time do you get in bed? What show is on when you tend to doze off in your chair? Do you fall asleep before dinner? Do you sometimes miss medications because you fall asleep watching your show?"

Comprehensive Geriatric Pain Assessment: Attitudes and Beliefs

- Individuals can have different attitudes that affect their pain intensity and outcomes
- **Recommend:**
  - Coping strategies such as relaxation, meditation, prayer, and attention-diversion techniques (e.g., listening to music, audio books, reading, drawing, puzzles, crafts, walking)
    - Develop an attention-diversion plan in advance so that older adults have it on hand for when they need it
  - Adjustments to socio-environmental variables to help the older adults cope with pain (e.g., social activities and interaction, group exercise, natural light, plants, pictures)
    - Environmental and social enrichment lessens feelings of pain
  - Mind-body practices, like yoga and meditation, as they have a protective effect on the brain

[16] Bushnell, M., Case, L., Ceko, M., Cotton, V., Gracely, J., Low, L., … & Villemure, C. (2015). Effect of environment on the long-term consequences of chronic pain. *Pain, 156*(1), S42-9.

Comprehensive Geriatric Pain Assessment: Coping Styles

- Coping styles are impacted by age, culture, and family dynamics
- Coping strategies need to be sensitive to cultural and ethnic differences, as well as values and beliefs of older adults and their families
- **Recommend:**
  - Ask a lot of questions to understand how age, culture, and family affect coping styles (e.g., "Are there things that your family or friends do that help you feel better when you are in pain or feeling down?")
  - Coping strategies might include – but aren't limited to - mindfulness skills training, chair yoga, Silver Sneakers, meditation, prayer, and online chat and support groups

[17] Cavalieri, T. (2007). Managing pain in geriatric patients. *The Journal of the American Osteopathic Association 107*, ES10-ES16.

Polypharmacy Review

- **Polypharmacy** (the use of multiple drugs or more than are medically necessary) is a common concern for dually eligible older adults
- **What is the purpose of a polypharmacy review?**
  - Identity negative drug interactions, excessive medication, or dosing problems
  - Share the polypharmacy review results with the prescriber(s) and have a discussion about potential adjustments

[6] Booker, S. & Herr, K. (2017). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine, 32(4), 677-692.*
[18] Mortazavi, S., Mohsen, S., Keshtkar, A., Malakouti, S., Bazargan, M., & Assari, S. (2016). Defining polypharmacy in the elderly: a systematic review protocol. *BMJ open, 6*(3), e010989.

Polypharmacy Review (cont'd)

- **Ask for a polypharmacy review:** A review should be done by the 1) older adult's pharmacist and 2) primary care provider or specialist (whomever is primarily treating and prescribing for the individual)
  - A pharmacy claims review captures all medications being covered by insurance
  - A review only by the primary care provider may lead to medications from other clinicians being missed
  - Ask about over-the-counter supplements, herbs, oils, etc.

Psychological Interventions

- Cognitive-Behavioral Therapy
- Operant Conditioning Therapy
- Mindfulness
- Hypnotherapy
- Acceptance and Commitment Therapy (ACT)
- Geriatric Psychiatry

[12] Murphy, J.L., McKellar, J.D., Raffa, S.D., Clark, M.E., Kerns, R.D., & Karlin, B.E. (2014). Cognitive behavioral therapy for chronic pain among veterans: Therapist manual. Washington, DC: U.S. Department of Veterans Affairs.

Cognitive-Behavioral Therapy

- Cognitive-behavioral therapy (CBT) helps provide pain relief in a few ways, including:
  - Changing the way people view their pain
  - Changing physical responses in the brain that worsen pain (e.g., pain causes stress which affects pain control chemicals in the brain; CBT reduces the arousal that impacts these chemicals)
- CBT has a strong track record as a successful technique in treating chronic pain
- Delivering CBT requires training. If you're not trained, ask the older adult about CBT as a treatment option and make an appropriate referral to someone trained in this technique

Mindfulness

- Basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us
- Growing research shows that training your brain to be mindful actually remodels the physical structure of your brain
- **Tips:**
  - When you meet with the client, start each meeting with a brief mindfulness exercise to help reduce stress and pain
    - Can be as simple as deep breathing exercises and focusing on gratitude over pain
  - Search online for mindfulness strategies; they are readily available!
  - Consider free mobile apps for engaging in mindfulness exercises (e.g., Headspace, Calm, Insight Timer)
  - Practice makes perfect!

[19] Walton, A. (2015). 7 ways meditation can actually change the brain. *Forbes*. Retrieved from https://www.forbes.com/sites/alicegwalton/2015/02/09/7-ways-meditation-can-actually-change-the-brain/#3ddd8f671465

Substance Use Assessment and Intervention

- More than one million older adults had a substance use disorder (SUD) in 2014
  - Opioid use disorder (OUD) is a particular concern among dually eligible older adults with chronic pain
- Tips for supporting older adults with SUD and OUD:
  - As with any client, validate their feelings and struggles
  - Ask the right questions: “Have you ever taken more of your medication than is prescribed? When does that happen? What usually leads up to you needing a higher dose?”
  - Education is paramount. Many do not understand how they can manage their chronic pain without opioids (or with fewer opioids). It is important to provide other treatment options when appropriate
  - When possible, group older adults into age-specific cohorts for support groups

[20] Mattson, M., Lipari, R., Hays, C., Van Horn, S. (2017). A day in the life of older adult: substance use facts. *The CBHSQ Report*. Substance Abuse and Mental Health Services Administration.

Self Management Programs

- Self management programs address physical, psychological, and social dimensions
  - Teach participants coping strategies to reduce pain by changing their behavioral, cognitive, and emotional pain responses
- For example: Exercise interventions for older adults with chronic pain are evidenced-based, underutilized, and should be a core component of most long-term treatment plans
  - Silver Sneakers and Gym Memberships are often offered by health plans serving dually eligible older adults

Linkage to Resources

- Senior centers:
  - Serve as a gateway to the nation's aging network—connecting older adults to vital community services that can help them stay healthy and independent
  - Offer a wide variety of programs and services (e.g., meals and nutrition programs, transportation, and social and recreational activities)
- Use the Eldercare Locator: https://eldercare.acl.gov/Public/About/Aging_Network/Index.aspx

Case Example: Fritz

- 77 year old dually eligible male
- Chronic spine and shoulder pain from a car accident, atrial fibrillation, hypertension, hypersensitivity lung disease, depression, alcohol use disorder, unsteady gait, frequent falls
- Living alone in an independent living complex for older adults
- Area Agency on Aging services in place for home chores, shopping, and bathing, but he was not answering the door for them
- Challenges with transportation, frequently missed his primary care physician and cardiologist appointments
- Poor nutrition, but refused group meals and activities in his building
- Refused substance use services and behavioral health interventions
- No natural supports involved

Case Example: Interventions for Fritz

- Agreed to meet with only one provider, but it was a start
- Refused full medical work-up and formal geriatric pain assessment, but identified source of pain
- Discovered isolation and loneliness were key barriers to improving quality of life
- Learned that Fritz was not refusing to answer the door, but had hearing loss and was not hearing them knock → hearing aid and door bell buzzer
- Discovered Fritz could not read the small print on the medication bottles, thus not taking as prescribed → new glasses

Case Example: Interventions for Fritz (cont'd)

- Began to address excessive alcohol use (i.e., was not ready to quit, but was willing to decrease use)
- Supported Fritz in reuniting with niece who came back in to his life and has been a great support to him
- Eventually agreed to attend two group meals a week (the hope being he would meet some peers and want to attend more in the future)
- Started receiving in-home services (primary care provider, behavioral health counselor, medication delivery, physical therapy)

Case Example: Outcomes for Fritz

- Fritz has improved his health and pain significantly:
  - Safety issues addressed
  - Medical and behavioral health issues addressed with great improvements at times, and setbacks at other times
  - Overall improvements in pain and quality of life
- Fritz needs continued support and attention to maintain progress and work on issues that have not yet been addressed

Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs: Behavioral Health Care Manager Perspective

Melissa Myers, ACSW, MSW

Behavioral Health Care Manager
Inland Empire Health Plan,
Integrated Pain Program

Inland Empire Health Plan's (IEHP) Integrated Pain Program

- IEHP has partnered with Desert Clinic Pain Institute and Summit Institute to establish Centers of Excellence to meet the needs of our dually eligible older adult members with complex pain needs
- Integrated Pain Program is based on the Biopsychosocial Model for the treatment of chronic pain
- This interdisciplinary approach to pain management is associated with minimal adverse complications as compared to a traditional pain management approach (e.g. surgery, long term opioid therapy)
- The Integrated Pain Program treats members whose pain has not been treated by traditional pain management methods.

Pathway to Integrated Pain Program

- Integrated Pain Program is designed for highest risk, highest need members
- All dually eligible members have a health risk assessment
  - Completed for within 45-90 days of enrollment, identifies highest risk members with pain needs
  - Stratified by Episodic, Basic, General, Complex
- If member is eligible for Integrated Pain Program, then they are offered support via an Interdisciplinary Care Team (ICT)
  - Individualized Care Plans are developed with each member
  - Care plan is accessible by the member's primary care physician
- Member is then identified and assessed by the Complex Pain Team and referred for an in-depth, multidisciplinary pain assessment at the Center of Excellence

Integrated Pain Program Centers of Excellence

- Leverage interdisciplinary team approach
  - Pain management specialist, clinical psychologist, chiropractor, acupuncturist, nutrition specialist, addiction counselor, nurse care manager, community health workers, and health plan
- Consider wide range of potential pain management approaches to optimize patient outcomes
  - Psychotherapy, behavioral medicine, narcotic/medication use evaluation and counseling, medication assisted treatment, and multidisciplinary educational/support groups
- Schedule and arrange for other types of visits and group activities before or after primary appointment or visit
- Provide close monitoring, urine drug screens, and consultation (up to weekly)
- Ensure that evidence-based clinical guidelines (such as cognitive-behavioral therapy) are integrated in program operations
- Members participate in the program for one year

Four Core Components of The Center of Excellence Integrated Pain Program

- Four essential components of complex pain program:
  - **Medical Treatment**
  - **Behavioral Therapy and Support**
  - **Physical Reconditioning**
  - **Complementary and Integrative Therapies**

Medical Treatment

- Begin formulating a treatment plan for the older adult with an initial evaluation and diagnostic workup
- Cater treatments to an individual's needs based on this evaluation
  - Dually eligible older adults may require more involved coordination with primary care providers and specialists due to higher likelihood of comorbidities
  - For example: for a member with type II diabetes → connect to naturopath, address nutrition needs, and suggest exercise; if needed, help member identify free or low-cost food options in community
- Consider medication management interventional treatments (e.g., injections, medication assisted treatment)
- Provide education to each individual about the nature and prognosis of pain conditions

Behavioral Therapy and Support

- Assess risk related to opioid use (Opioid Risk Tool), as well as substance use (DAST, AUDIT) and mental health (PHQ-9, GAD-7)
  - Administer opioid risk assessments and monitor levels of opioid risk
- Suggest appropriate behavioral therapies
  - Cognitive-behavioral therapy (CBT) and operant behavioral therapy (OBT) can be helpful for managing pain
  - Offer strategies to help individuals recognize and address maladaptive responses to pain (e.g., opioid hyperalgesia)
- Connect members to support systems
  - Groups are offered in clinic, but extend outside clinic as well
  - Peer support groups (e.g., for fibromyalgia, chronic musculoskeletal pain) can provide a sense of community
- Recommended additional trainings
  - Stress management training includes strategies such as progressive muscle relaxation
  - Skills training (e.g. problem solving) can help with pain management

Physical Reconditioning

- Primary goal is to increase function (e.g., range of motion, strength)
- Types of treatment for physical reconditioning:
  - Passive modalities (e.g., ultrasound, electrical stimulation, massage)
  - Graduated activity exposure (i.e., pacing)
  - Physical therapy (PT) and/or occupational therapy (OT)
  - Osteopathic manipulative treatment (OMT) (i.e., manual adjustments, such as chiropractic care)
- As is the case for the other components, education is an integral part of physical reconditioning
  - Offer time to individuals for 1:1 coaching on the purpose of reconditioning treatments
  - Ensure that individuals understand proper home exercise techniques
  - When PT and OT are offered, education is particularly important (e.g., provide education on the spine, ensuring ergonomic set up at home)

Complementary and Integrative Therapies

- Complementary and integrative therapies for pain management can reduce the need for medication as well as avoidable ER and hospital visits. Consider the following:
  - Acupuncture
  - Chiropractic Care
    - May include spinal manipulation, manual therapies, and therapeutic exercises
  - Naturopathic/homeopathic consults

- Offer "mind sessions" on certain days where members can do mindfulness, meditation, acupuncture, and behavioral health services in one visit
  - This service has received high positive member feedback

Complementary and Parallel Teams

- IEHP Team – The IEHP Team consists of a behavioral health (BH) care manager, BH specialist, nurse care manager, and medical director (for oversight)
  - Most interactions with members done telephonically

- Point of Care (POC) Team – The POC Team includes the interdisciplinary care team: Medical, Behavioral Health, Physical Reconditioning, and Alternative Therapy providers; Nurse Care Manager; and Community Health Worker
  - Team at the member's designated clinic, most of interactions done in-person

IEHP Team: Identification, Outreach, and Engagement

- Identify dually eligible complex pain patients with behavioral health co-morbidities who would benefit from the Center of Excellence (COE):
  - Clinically review patient's history, medication use, and behavioral health assessment and linkage
  - Review criteria for voluntary entry into the Integrated Pain Program (criteria include current high dose opioid use, not responding to usual pain interventions, comorbid behavioral health diagnosis)
  - If criteria are met, the behavioral health care manager reaches out to the member to discuss their current pain treatment approach

- Tips for identification, outreach, and engagement:
  - Approach member without judgement, make time to listen to story
  - Utilize empathic communication and reflective listening, and acknowledge older adult's autonomy
  - Ask if older adult is open to trying something new

IEHP Team: Care Coordination

- IEHP Team coordinates:
  - Care for high risk members with the POC Team
  - Care with substance use disorder treatment and specialty mental health care
  - Care with an IEHP nurse care manager for complex needs outside the scope of the Point of Care Team
  - Interdisciplinary Care Team meetings and develops training materials for IHEP team members

- Tips for coordination:
  - Maintain close communication with the POC Team, share information regarding members' individuals goals to reinforce progress
  - If member needs surgery, plan a program hold until recovery is complete and members are able to transition back into the program

Point of Care Team: Treatment Planning

- Review, assess, and monitor treatment plan monthly
  - Update plan every 3, 6, 9 and 12 months
  - Create discharge plan to set up and coordinate appropriate care after program
- Help set up measurable short and long-term goals, monitor progress towards goals, and adjust goals as needed with the member
- Prepare for discharge during all stages of the program
- Utilize a pain relapse prevention plan, incorporate movement in daily lives, connect to community resources
- Conduct daily “scrums” at beginning of day
  - Treatment team looks at schedule and develops plans for the day
  - Also does quick check-ins with each member to get an idea of their status at beginning of visit and adapt. For example:
    - If having extremely emotional day, bring to behavioral health team first
    - If presenting any new pain symptoms, do massage before chiropractor

Point of Care Team: Provide Care and Support

- Track attendance and follow up on all missed appointments, support older adults in coordinating and scheduling as needed
- Monitor and track medications, urine drug screen, changes in medical state, and obstacles to treatment
- Share progress in achieving treatment goals with the member
- Build relationships with the members (this is the POC Team's specialty)
  - Allows older adult to be open about issues with medication utilization, lack of social supports, or negative social circumstances that may be interfering with progress
- Train staff to improve competencies by providing learning opportunities and implementing needed changes to improve outcomes

Key Engagement Strategy: Motivational Interviewing

- Use motivational interviewing to build relationships with members
  - Train staff and use at all levels of care from reception to providers
- Engage with empathy, ask open-ended questions, use reflective listening, and acknowledge the autonomy of the member
- Assess member's readiness for change by utilizing 10-point scale
  - This is also helpful when approaching an older adult about medication usage and assessing where they are in terms of self-management
  - When readiness for change is low, "roll with resistance"

Case Study: Stacey

- 59 year old female
- Pain originated from a motor vehicle accident in 1999
- Chronic low back pain with co-morbid depression, hypertension, substance use disorder, and seizure disorder
- Has mixed connective tissue disease (Raynaud's disease and fibromyalgia) that exacerbates her pain
- Stacey’s goals: manage pain, correct back alignment, and reduce anxiety

Case Study: Stacey

- As part of the Integrated Pain Care program, Stacey engaged in support groups, chiropractic care, acupuncture, individual and group therapy, a mindfulness group, yoga, and had two naturopathic consults
- Stacy was also seen biweekly for medication evaluation
- Since her engagement into Integrated Pain Care Program:
  - Stacey has reduced pain, depression, and anxiety; she reported that acupuncture has helped her manage her pain
  - Stacey has reduced her morphine equivalent dose from 90 to 40
  - Stacey is also managing her hypertension much better
- Stacy's Nurse Care Manager will continue to monitor her ability to self-manage and link her to community resources in preparation for her transition to a lower level of care

Promising Practices for Supporting Dually Eligible Older Adults with Complex Pain Management Needs: A Consumer Perspective

Randy

Consumer

Questions

RESOURCES FOR INTEGRATED CARE
Resources for Plans and Providers for Medicare-Medicaid Integration

Thank You for Attending!

- The video replay, slide presentation, and a summary of the Q&A will be available at: https://www.resourcesforintegratedcare.com
- If you are applying for NASW CE credit, you must complete the post-test in order to receive credit: https://www.surveymonkey.com/r/ComplexPain_PostTest
- For more information about obtaining CEUs via CMS' Learning Management System, please visit: https://www.resourcesforintegratedcare.com/sites/default/files/BH_Complex_Pain_Prewebinar_Continuing_Education_Credit_Guide.pdf
- If you would like more information on behavioral health and substance use disorders in older adults, you can view previous webinars here:
  - Supporting Older Adults with Substance Use Disorders: https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/SUD
  - Promising Practices for Meeting the Behavioral Health Needs of Dually Eligible Older Adults: https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Behavioral_Health_Needs
  - Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Substance Use Disorders: https://resourcesforintegratedcare.com/Behavioral_Health/2019_BH_Webinar/Older_Adults_with_SUD
- Questions? Please email RIC@lewin.com
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Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately a minute after the conclusion of the presentation.
- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources: https://www.research.net/r/MVGNWVJ

Resources

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