



Multidisciplinary Intervention for Patients with Pain Medication and Addiction Issues: Pain Blitz Initiative

Substance abuse and addiction to alcohol, tobacco, illicit drugs, and prescription drugs account for approximately one in five deaths in the United States (more than half a million people each year). A growing population of chronic pain patients is falling into this category, either having or being at risk for prescription drug addiction problems. Within UPMC, these patients over utilize medical resources through a revolving door of visits to multiple health care providers for high-dose opioids. Ultimately, life-threatening narcotic overdose, patient dissatisfaction with care, and diminished quality of life result from the lack of relief from chronic pain. The problem also stresses an already burdened health care system and increases costs.

A multidisciplinary Pain Blitz Initiative team, led by Dr. Doris Cope, professor and vice chair, Department of Anesthesiology, and director, Interprofessional Program for Pain, and consisting of specialists in pain medicine, psychiatry/addiction medicine, emergency medicine, primary care, and information technology, and representatives of UPMC Health Plan, was created to focus specifically on patient and health care provider behavioral changes to help better serve this at-risk patient population. This population-specific, interdisciplinary project is thought to be the first of its kind in the field of pain medicine.

The Pain Blitz Initiative team has designed a six-month pilot to begin February 1, 2009, enrolling 12 patients in an outpatient clinical intervention protocol to discuss and outline each patient's individual treatment options, including medication dosing, psychiatric support, and drug detoxication/withdrawal. The focus of the pilot is on enabling patients to limit their life-threatening behavior. Pilot patients will be selected based on three specific criteria:

- UPMC Health Plan participant
- minimal acute pathology, with one emergency department visit per month or three hospital admissions over six months
- chronic or continuing history of substance abuse (including methadone program patients)

Eligible patients will receive a letter explaining the pain pilot program. Enrolled patients will be offered pain and psychiatry/addiction medicine services and will receive a documented treatment plan for their specific care needs. Health care providers of pilot patients will be contacted directly by Dr. Cope and will receive letters indicating their patients have been enrolled in the program, along with copies of the treatment plans. The intent is for each of these patients to receive a continuum of care throughout the UPMC system.

When a pilot patient enters the UPMC system for care, a text pager alert will be sent to a Pain Blitz Initiative physician through the Theradoc electronic surveillance program. The Pain Blitz physician will then contact the ED attending physician directly for real-time, point-of-care clinical intervention based on the predetermined medical regimen specific to that patient. Pre- and post-pilot metrics will include: patient clinical outcomes, frequency of service use, average monthly cost of all health care (including medical diagnostic and therapeutic resources), and patient and health care staff satisfaction.

By improving communication and access to information across departments for this patient population, emergency care providers, primary care physicians, and other health care providers will have access to a variety of resources and tools, and will be able to develop an understanding of treatment options to meet the pain management needs of this challenging population. Anticipated outcomes of this approach include an improvement in the quality of treatment for patients with chronic pain medication addiction, as well as increased patient and health care provider satisfaction and decreased health care costs. The long-term intent of the Pain Blitz Initiative is to expand this care model to additional patients throughout the UPMC system, improving patients' quality of life through safe, effective care.