

# Recommendations to Improve Pain Management in Wyoming

## **RECOMMENDATION 1: SUPPORT EFFORTS TO CONTINUE TO FUND AND IMPLEMENT THE WYOMING PAIN INITIATIVE TO REDUCE THE ECONOMIC AND PHYSICAL IMPACT OF PAIN IN WYOMING**

In order to continue to work on improving pain management in the state, efforts to sustain the Wyoming Pain Advisory Committee, and subsequent Pain Initiative must be prioritized. An expanded definition of the role and responsibilities of the advisory committee should be outlined. The Wyoming Pain Initiative (WPI) should serve as the vehicle which drives the pain management movement in Wyoming.

## **RECOMMENDATION 2: IMPROVE DATA COLLECTION AND SURVEILLANCE AT THE STATE AND LOCAL LEVELS TO OBTAIN A CLEAR PICTURE OF THE PAIN MANAGEMENT PROBLEM IN WYOMING**

Better data is needed to address pain management in Wyoming. A public opinion poll should be funded, developed, disseminated, and analyzed, in order to monitor Wyoming's "unanswered questions" with regard to attitudes, knowledge, and beliefs, about acute and chronic pain. Questions pertaining to prescription drug abuse, youth access, and responsible medication disposal also need to be addressed. In addition, the WPI recommends supporting initiatives that conduct comprehensive studies of patients, healthcare providers, insurance policies, and other pain management issues in Wyoming.

## **RECOMMENDATION 3: ENCOURAGE CONTINUING EDUCATION IN PAIN AND SYMPTOM MANAGEMENT FOR WYOMING PROVIDERS**

The WPI recommends all Wyoming healthcare providers be encouraged to obtain additional credit hours in pain management. This can be implemented by partnering with medical or licensing boards and providing CEU opportunities to interested physicians. Additionally, pain management education could be incorporated into physician and healthcare provider conferences statewide.

## **RECOMMENDATION 4: MODIFY EXISTING POLICIES, OR ADOPT NEW POLICIES, TO ENHANCE PAIN AND SYMPTOM MANAGEMENT IN WYOMING**

Achieving Balance in State Pain Policy: A Progress Report Card (Fourth Edition) was released in 2008 by the Pain and Policy Studies Group (PPSG). Wyoming received a C+ for its policies relating to pain and symptom management. This report utilizes evidence-based policy research to grade states' policies from A-F.

The WPI recommends the Wyoming Boards of Medicine, Nursing, and Pharmacy draft and implement a joint position statement on the prescribing and filling of controlled substances in treatment of chronic pain. This may help Wyoming address some of the key issues at the forefront of prescribing narcotics, such as: Affirming that opioids are part of professional practice, encouraging evidence-based pain management, addressing fear of regulatory scrutiny, representing the idea that efforts to reduce misuse of controlled substances should not interfere with appropriate medical practice, and that quality of life and patient functioning is a treatment goal.

## **RECOMMENDATION 5: ENCOURAGE AND SUPPORT DEVELOPMENT OF PUBLIC AND PROVIDER EDUCATION SURROUNDING PAIN AND SYMPTOM MANAGEMENT**

A public education campaign, with relevant materials, is the key to dispelling current myths surrounding chronic pain in the state. Wyoming culture is saturated with the notion that we must "cowboy up" or "deal with the pain." This way of thinking does not allow the pain patient an opportunity to embrace their treatment plan and work to overcome their pain problem. Better education about pain, pain assessment, and comprehensive pain treatment will be a new way of thinking for Wyoming citizens impacted by pain.

In addition, healthcare providers must be given evidence-based tools to help assess and treat chronic pain. The funding of a Pain Management Provider Pocket Tool, which would be developed by the WPI, would be a great way to assist Wyoming providers, who do not specialize in pain management, make good decisions for their patients.

## **RECOMMENDATION 6: PROVIDE CULTURALLY APPROPRIATE PAIN EDUCATION AND CARE ON THE WIND RIVER INDIAN RESERVATION**

Barriers to adequate pain management on the Wind River Indian Reservation are extremely challenging due to cultural beliefs and attitudes about pain and modern medicine. There is a lack of access to specialized pain management and hospice care. Families of terminally ill patients must decide whether to take a family member 80 miles away to hospice or keep them at home where pain medication is not available. Culturally, it is necessary for family to be together at the end of life. In addition, Indian Health Services, the tribal healthcare system, does not pay for hospice, thus creating a financial burden on the families of the Wind River Indian Reservation. Currently, 60% of patients utilizing the Wind River Cancer Resource Center report chronic pain and feel their pain is not adequately controlled. Working on access to hospice care and pain management on the Wind River Reservation is a priority for the WPI.



## Recommendations for Improving Pain and Symptom Management in Wyoming

A White Paper of the Wyoming Pain Initiative

January 2009

## Introduction

### REDUCING THE IMPACT OF CHRONIC AND ACUTE PAIN IN WYOMING

Untreated and undertreated pain is a serious public health concern in Wyoming and the United States. While assessment and symptom management are an integral part of medical practice, they are complex. They depend on multiple factors that are interdependent for the successful management or treatment of pain. These factors include: patient self report, health care provider bias, assessment skill and practice, availability of treatment options and institutional, state and federal policies.

The Wyoming Pain Initiative (WPI) was founded as a result of the Wyoming Cancer Control Act of 2007 (Senate Enrolled Act 92). A Wyoming Pain Advisory Committee was authorized to research issues relating to pain management in Wyoming and to provide programmatic and policy recommendations to various audiences, including the Director of the Wyoming Department of Health, other state agencies and licensing boards of healthcare professionals who manage acute and chronic pain patients. Representatives of the Wyoming Boards of Medicine, Nursing, and Pharmacy were appointed to provide knowledge and expertise in the area of pain control. Additionally, the Wyoming Comprehensive Cancer Control Program, the Wyoming State Pharmacist, and a member of the public were appointed to provide additional information to ensure all pain-related assets, barriers, challenges, and needs with regard to improving pain control in Wyoming were heard. The Wyoming Department of Health led the project by coordinating meeting schedules and ensuring input from a diverse audience. The Wyoming Pain Advisory Committee brought together a larger stakeholder group in order to show a more accurate picture of pain in the Equality State.

Over sixty stakeholders representing a multitude of agencies, organizations, and individuals, have come forward to address this important public health issue. This document represents the findings and recommendations of those stakeholders.

In meeting the requirements set forth in the Cancer Control Act, the WPI submits this document and recommendations to the Wyoming State Legislature, the Director of the Wyoming Department of Health, and to all those interested in improving pain management in Wyoming.

## Economic Impact of Pain in Wyoming

### PAIN COSTS WYOMING MILLIONS IN HEALTHCARE EXPENSES AND LOST WAGES

Undertreated pain drives up the cost of healthcare, because it extends the length of stays in hospitals, increases emergency room visits, and leads to unplanned clinic visits. According to the Wyoming Medicaid 2006 APS Healthcare Annual Report, 30.5% of enrollees surveyed reported a diagnosis of chronic pain. The data points below show only a fraction of the cost of pain in Wyoming.

- Pain costs in the United States are approximately \$100 billion per year, including medical costs and lost work days.
- Wyoming medical costs relating to pain as collected through hospital discharge data demonstrated 6,544 discharges with a primary or secondary diagnosis of pain totaling almost \$115 million in 2006 alone.
- In 2007, Medicaid costs relating to prescriptions for Analgesics and Opioids were approximately \$862,000.
- Wyoming Worker's Safety and Compensation pays out claims for medical costs and lost wages relating to pain. In 2006, the total amount paid in claims exceeded \$54 million dollars.

### Top 5 Wyoming Workers' Compensation Bills Paid in 2006 (by site)

Description	Number of Bills	Cost
Pain in Joint/ Shoulder	10,099	\$2,456,359.92
Pain in Joint/ Lower Leg	6,092	\$1,556,011.25
Pain in Soft Tissue of Limb	3,538	\$1,076,300.42
Unspecified Backache	2,600	\$968,030.67
Pain in Joint/ Forearm	1,567	\$394,116.60
<b>TOTAL</b>	<b>23,896</b>	<b>\$6,450,818.86</b>

## Pain Education and Awareness

More education needs to be provided to the general public and healthcare providers relating to chronic pain and its treatment modalities in the United States and in Wyoming. A widespread pain education campaign would include addressing the lack of knowledge surrounding chronic and acute pain, assessment of pain, fears about tolerance and addiction, and the cultural beliefs relating to pain management that often impede good diagnosis and treatment. The WPI recommends public education and outreach focusing specifically on dispelling addiction myths and communicating appropriate pain treatment practices, such as treating pain before it becomes severe. In addition, the education should include efforts to keep Wyoming families protected by addressing safety issues such as locking up medications and ensuring pain patients are following prescribed pain treatment plans.

## Physician Prescribing and Law Enforcement

Many healthcare professionals have little or no training in pain management and are unable to effectively respond to patients reports of pain. Professional education is the key to increasing provider knowledge. Many states have enacted legislation mandating Continuing Education Units in pain management. It is the intent of the WPI to promote CEU opportunities to interested providers that can be easily managed with their busy schedule.

A barrier that has become more newsworthy across the nation is the overly restrictive regulatory policies that impede pain relief to legitimate pain patients. Concerns about regulatory scrutiny may lead healthcare professionals to underutilize opioid analgesics for pain.

Wyoming currently has seen a recent increase in drug abuse and diversion with regard to prescription pain killers. From 2000-2008, there has been a rise in drug diversion cases in the State of Wyoming (from 5 cases in 2000 to 22 cases in 2008). In addition, the Medicaid Pharmacy Lock-in Program, which is housed at the Wyoming Department of Health, reports to have locked approximately 285 Medicaid patients into one pharmacy in order to monitor drug abuse and diversion. Eighty-one percent of lock-in clients are female.

Work of many partners involved with the WPI will be essential in finding the critical balance needed to prevent abuse and diversion of pain medications and must be handled in a way that does not interfere with patient care.

## Complimentary Treatment in Pain Management

Complimentary or alternative therapies offer an array of effective pain relief options. These therapies are not often considered by patients or healthcare providers due to lack of professional education or awareness. Complementary or alternative therapies used alone or in conjunction with traditional medical approaches are available to effectively control pain. Complementary approaches to pain control are numerous. There is reliable evidence that some therapies are effective. However, adequate evidence to prove the effectiveness on many of these therapies has not been collected or documented. Until more studies have been completed to evaluate the effectiveness and method of action for some of these therapies, care should be taken. Treatment options should be investigated carefully for safety and any serious side effects or risks, and should be discussed with healthcare providers prior to their initiation.

## Palliative and End of Life Care

During the 1960's, in the United Kingdom, a group of pioneers developed and established the Hospice Movement. This movement effectively changed quality of life for the terminally ill by providing symptom-related palliative care utilizing a comprehensive nursing approach and aggressive medical management of pain and other symptoms. Hospice came to the United States in the 1970's, and in the last three decades has defined itself as primarily a home-based care system for the terminally ill in the last six months of life.

As we look geographically at Wyoming, 47% of the state has been designated as "frontier." This access to care barrier limits Wyoming men, women, and children from obtaining hospice and other home health services and limits access to adequate pain control when necessary.

In the last decade, a discipline in medicine, palliative care, has arisen as an outgrowth of the Hospice Movement. Palliative care, as a discipline, hopes to expand the knowledge concerning end of life care, addressing many complex issues that confront the chronically ill, terminally ill, and the dying patient and his or her family. Larger medical research institutions have instituted fellowship programs to educate providers addressing end of life care utilizing a multidisciplinary approach. Wyoming currently has no access to a palliative care center which specializes in pain management.

In order to change the current status of pain control in Wyoming, we must look at hospice as a "system" and find solutions to improve end of life care. In addition, we must look at systems development with regard to pain management by instituting top of the line evidence-based care through the implementation of Pain Centers of Excellence.

## Data Collection and Surveillance

Data relating to acute and chronic pain specific to Wyoming can be challenging to obtain. We have a multitude of financial data to represent the cost of treating pain in Wyoming and the impact it has had on state government. We also have data through Workers' Safety and Compensation pertaining to lost productivity and wages. A missing link is the data that represents knowledge, attitudes, and beliefs about pain, and enhanced data to represent the "pain patient" and the impact on Wyoming families. In addition, more Wyoming data is needed pertaining to insurance companies and their policies with regard to pain medications and therapies as they relate to the pain patient. This includes coverage for alternative therapies and a review of whether pain patients are disenrolled from coverage at a higher rate than those with other medical issues. The defining goal of the WPI is to reduce the financial and physical impact of pain on Wyoming men, women, and children.