

Disease management: THE NEW FRONTIER IN COMMUNITY-BASED PAIN MEDICINE

By John V. Prunskis, MD

Every day throughout the state of Illinois, hundreds of patients complain to their primary care physicians about debilitating pain. While doctors do what they can to relieve their patients' suffering, in many cases, non-acute pain (pain lasting longer than two weeks) sometimes defeats standard approaches to treatment.

A treatment that may be optimal when pain arises out of a broken leg or a surgical procedure may be insufficient for dealing with persistent pain. An evolving approach to managing non-acute pain that is being met with increasing success across the country begins with recognition of a fundamental truth:

non-acute pain is frequently best treated using the disease management model of other chronic illnesses.

In the practice of modern pain medicine, non-acute pain is increasingly being viewed as a disease in and of itself, similar to diabetes and cardiovascular disease, where an ultimate "cure" is not the goal of the treatment strategy. This approach to pain management has evolved based on the increasing need—consistent with

other medical specialties—to effectively and efficiently manage pain symptoms over a "continuum of care" in order to avoid costly medical flare-ups while maximizing the functionality and quality of life for patients.

more than one in six people in Illinois miss nearly a month's worth of work each year due to non-acute pain.

A recent study published in the November 2003 *Journal of the American Medical Association* (JAMA) found that headaches,

back pain, arthritis and other muscle and joint pain syndromes cost the nation's employers \$61.2 billion a year in lost productivity.

According to the study, most of the costs are from sub-par job performance as a result of non-acute pain rather than absenteeism. The study suggests that many workers aren't receiving adequate pain treatment, resulting in unnecessary work-place costs.

A similar pain-cost study published in August 2002 by the University of Illinois, found that Bank One Corporation incurred approximately \$20 million a year in lost productivity due to headaches and other forms of pain affecting its employees.

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The financial and social costs of non-acute pain on our society are staggering. Study after study has revealed the scope of non-acute pain as one of our society's most pernicious diseases. About 20 percent of adults, and 40 percent of elderly Americans, suffer from non-acute pain. More than a third of working-age people—36 percent—miss work due to non-acute pain, and 35 percent of them miss more than 20 days of work per year. In other words,

are significantly disrupted by pain tend to engage in behaviors that are maladaptive. They anticipate more stress, spend more time resting, avoid activities that may trigger pain, and amplify sensations associated with pain in far greater amounts than non-sufferers do.

One of the most damaging aspects to patients' reaction to non-acute pain is they come to believe they have less and less ability to control their pain, ultimately leading to a lost sense of hope. A pain sufferer without hope is unlikely to undertake treatment that might lead to better control over non-acute pain.

A holistic approach

In response to the widespread devastating effects of non-acute pain, a new community-based model for pain care has taken shape. In the 1990s, new methods of caring for populations of patients with painful conditions began to evolve. These methods were based on the underlying concept that non-acute pain, like other chronic diseases or conditions, may not be cured, but could be controlled to allow patients to lead healthier, more productive lives.

For disease management approaches to be effective, they must emphasize the precise diagnosis of the underlying cause of pain before tailored treatment strategies can be devised to address the pain at its very source and, thus, manage pain symptoms over a continuum of care.

Precise diagnosis is the foundation by which disease management approaches to addressing non-acute pain should be developed because every patient's pain is different, and the more accurate the diagnosis,

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the better the long-term outcomes that specialists and primary care physicians will see with their patients.

At the Institute, disease management approaches are increasingly being used to address painful conditions and their impact on the community. Utilizing established concepts in the treatment of other diseases, pain management specialists are providing relief to patients, educating non-acute pain populations and their families, and serving as a resource to referring physicians and health-care organizations.

This approach is yielding vast improvements in quality of life in the communities where it is being implemented.

Treating non-acute pain as a disease requires an integrated, multi-disciplinary approach that may include a combination of medical management, interventional therapies, physical therapy and other methods, as well as ongoing care over the course of the disease process.

The disease management model for effectively addressing non-acute pain reflects the model for managing other diseases in four important ways:

- Practitioners must place an emphasis on care that reduces suffering and allows patients to function and maximize quality of life.
- The disease management

model takes a comprehensive and customized approach to treatment of a wide variety of pain problems, rather than assuming a "one-size-fits-all" solution to every problem.

- Treatment must be convenient to patients and close to their homes in order to avoid barriers to access. Pain is a community-based problem that requires a community-based resource.

- The disease management approach to non-acute pain must be fully integrated into the overall fabric of health care in the community for it to be truly effective.

Physician and community awareness a must

The community-based and primary care physician interaction aspects of pain management are vital to the success of applying a disease management model. Without proper awareness and support of area physicians and patients, community-based pain management centers cannot adequately connect with the populations who would benefit from a comprehensive approach.

Primary care physicians today provide the majority of pain care. As with many other medical conditions, a successful disease management approach to treating pain requires that interventional pain specialists ac-

tively support the work of primary care physicians in addition to providing direct patient care. Support for primary care physicians takes two general forms:

- Pain specialists provide education, clinical resources and consultative services to primary care physicians regarding pain management for their patients.

- Pain specialists provide education and lifestyle management resources to patients and their families to help them understand their responsibilities in the treatment of non-acute pain.

Optimal outcomes depend on the long-term management of the disease over time. Patient re-

sponsibility is a major contributor to ultimate success or failure in the treatment of many diseases, and pain is no exception. Primary care physicians also play a central role in recognizing connections between patients' health and the pain management process that may not be apparent to patients themselves.

Working together, primary care physicians and interventional pain specialists increasingly apply disease management concepts to the problems of non-acute pain, to the betterment of patients and communities. Education and resources are deployed in ways that ensure the right treatments reach the great-

est possible number of people in need of relief from pain.

The beneficiaries are patients with pain, their families, Illinois health-care providers and the communities that support this evolving medical approach. ■

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