

Lessons from the Front Line:

Caring for Chronic Pain Patients in the Primary Care Setting

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Integrating best practices

- AMGA website and tools
- Use a standard pain agreement modified to our practice – resigned yearly
- Put together a global assessment, incorporating the Opioid risk tool
- Produced a two paged ongoing pain assessment incorporating, CAGE-AID, PHQ-9, MED, assessment of function and pain
- Opioid pain calculator, PMP website

Avoiding escalating doses

- Discuss dependence, addiction, changing pain management paradigm, MED, alternative options, current laws
- Discuss psychological pain vs physical pain
- Discuss other medication treatments, referral to pain specialists.
- Discuss experience with other patients

PMP integration

- Walk-in clinic – PMP review before prescribing narcotics
- Regular clinic- at least yearly PMP review, and if any red flags recheck again.
- Printed out before visit and incorporated into chart
- Discuss any irregularities and what I expect to see

Communication of aberrant behaviors

- Chronic pain assessment form has questions for aberrant behaviors.
- If I am concerned, will read the questions and their responses aloud, reinforce expectations.
- If lost, early, accelerate use on own, will review the pain agreement, my unwillingness to accommodate their lapses. One time warning, remind them withdrawal is uncomfortable but not deadly.