Connecting the Silos for Complex Pain Patients

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Disclosure

No commercial interests to disclose

Objectives

- To increase the understanding of a new collaborative model in working with mental health and chronic pain
- To demonstrate how the interdisciplinary collaborative team uses a self-management model
- To demonstrate integration of shared mental health care within a specialized clinic and within the primary care network

Alberta Primary Care Networks

- Joint Venture between AHS and Physician NPC
- Infrastructure Support for the Medical Home
- 4 Goals – Improved access, improved prevention, promotion, care of the complex and chronic patient, improved coordination and use of multidisciplinary teams.
- 42 networks – local responsiveness to needs
- 80% uptake

Shared Mental Health Care

Shared Care (Calgary Model)

- Consultation, education and mentoring program for family physicians to enhance mental health services in primary care
- 'Physician in the Room'
  Behavioral Health Consultation
- Integrated behavioral health model

Primary Care Chronic Pain Clinic

- Extended team for the patient's medical home
- Connections with chronic pain, mental health, rheumatology, psychiatry and medical home
- Partnership with patient, education, new paradigm for chronic pain, integrated multidisciplinary team
- Mental Health Care

Case Presentation

- 43 year old woman presenting with chronic pain
- 20 years ago was in MVA, developed neck and lower back pain
- Managed with OTC and intermittent physio
- 5 years ago – problems with ovaries, had surgery which resulted in post operative infection and nerve damage to left groin. Impacted left leg and ability to walk

Case presentation

- Family doctor referred to CFPCN Pain clinic
- Patient on multiple medications – gabapetin, oral cannabinoid, nortiptyline, zopiclone, duloxetine, cyclobenzaprine, OTC (ibuprofen and tylenol)
- Symptoms at time of presentation – total body pain with poor walking, poor memory and executive skills, poor sleep, PHQ-9 of 24.
- Socially isolated with multiple stressors.

Case Presentation

- Past history of multiple consultations with the health system with generally unsatisfactory results
- Patient was angry with the system for its lack of ability to help her
- Past history of rape 25 years ago but still a major element in her life

Question

Where would you begin with this patient?

Lack of Progress

- Patient was not able to utilize the resources of the pain clinic, not able to hear the message or participate
- Broken relationship with the family physician and distrust of other health care providers
- Low mental health resiliency
- Life purpose and self definition revolved around her previous trauma (rape)
- Legal system involvement
- Strong attitudes and beliefs about mental health and the mental health system

Lack of Progress

- Question of what diagnosis played into her issues
- Patient was seen in consultation through Shared Mental Health Care

Questions

What do you think were the themes that emerged from this first consultation?

What would be your therapeutic direction?

Three months Later

- Significant decrease in medication
- Patient was able to engage with the program on many levels. She had described the previous months as a ‘fog’
- Developed a level of trust and comfort with the members of the pain team and shared mental health
- Shift of thinking – recognition of the interplay between physical health and mental health, could see that things could be different, had ownership, autonomy and control of her health

Questions

What made the difference?

What are the factors in combining a shared mental health care consultant with a primary care consultant that contributed to these changes?

Reintegration into the Community

- Transition back to the family physician
- Identification of residual pain locus, referral and some resolution
- Improved clarity of communication – improved ability to articulate issues, openness to others, decreased anger and decreased defensiveness

Question

What were the core themes in the therapeutic relationship with the health care providers?

Conclusions

- Strength of the total person viewpoint
- Shift from multidisciplinary team to interdisciplinary team
- Benefits and drawbacks

Alberta Health Services

Primary Care Network
CALGARY FOOTHILLS

Questions/Comments

Resource

www.familyhealthonline.ca