Welcome to UVM ECHO: Treatment of Chronic Pain

Facilitators: Mark Pasanen, MD
Charles MacLean, MD
Elizabeth Cote

July 12, 2019
Introduction to ZOOM

• Mute microphone when not speaking
• Position webcam effectively
• Test both audio & video
• Communicate clearly during clinic:
  • Can use “raise hand” feature to comment
  • Speak clearly
  • Use chat function for technical issues
CME disclosures

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No relevant disclosures

Planners:
- Elizabeth Cote
- Mark Pasanen, MD
- Charles MacLean, MD

Faculty/Guest Faculty:
- Mark Pasanen, MD
- Patti Fisher, MD
- Charles MacLean, MD
- Carlos Pino, MD
- Jon Porter, MD
- Mac Abernathy, MD
- Rich Pinckney, MD, MPH
• RECORDING OF SESSION TO BEGIN
UVM ECHO Chronic Pain: Functional Assessment in Patients with Chronic Pain

Presenter: Mark Pasanen, MD
Objectives

• Understand the importance of incorporating functional assessment into your care of patients with pain

• Review “toolbox” for assessing function

• Discuss implementation of functional assessment into busy patient care
Prior to prescribing an opioid for the treatment of chronic pain, the prescriber shall consider and document in the patient’s medical record:

• a signed Controlled Substance Treatment Agreement from the patient, or, if the patient lacks the capacity to provide informed consent, from the patient’s legal representative. This agreement must include **functional goals for treatment**, dispensing pharmacy choice, and safe storage and disposal of medication.

• ... a **functional examination** of the patient

Quick reminder: Treatment agreement needs to be updated annually
“Functional Examination” means an examination used to describe an individual’s ability to perform key daily activities and to evaluate changes in the activities of everyday life. It encompasses physical, social, and psychological domains, and covers outcomes from baseline functions through death.
What does functional assessment mean?

• Impact of pain on **Quality of life and Function**

• Physical function:
  • ADL’s
  • Ability to exercise/Ability to perform duties at work

• Social:
  • Doing things you like/need to do
  • Relationships

• Mood:
  • Impact on mood, personality or energy

• Sleep
How can we measure/track it?

• Let’s see what everyone is doing currently ...
When REASSESSING at return visit

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

☐ Assess pain and function (eg, PEG); compare results to baseline.

☐ Evaluate risk of harm or misuse:
  • Observe patient for signs of over-sedation or overdose risk.
    – If yes: Taper dose.
  • Check PDMP.
  • Check for opioid use disorder if indicated (eg, difficulty controlling use).
    – If yes: Refer for treatment.

☐ Check that non-opioid therapies optimized.

☐ Determine whether to continue, adjust, taper, or stop opioids.

☐ Calculate opioid dosage morphine milligram equivalent (MME).
  • If ≥ 50 MME/day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  • Avoid ≥ 90 MME/day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone), or carefully justify; consider specialist referral.

☐ Schedule reassessment at regular intervals (≤ 3 months).
CDC Guidelines

ASSESS BENEFITS OF OPIOID THERAPY

Assess your patient’s pain and function regularly. A 30% improvement in pain and function is considered clinically meaningful. Discuss patient-centered goals and improvements in function (such as returning to work and recreational activities) and assess pain using validated instruments such as the 3-item (PEG) Assessment Scale:

1. What number best describes your pain on average in the past week? (from 0=no pain to 10=pain as bad as you can imagine)

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life? (from 0=does not interfere to 10=completely interferes)

3. What number best describes how, during the past week, pain has interfered with your general activity? (from 0=does not interfere to 10=completely interferes)

If your patient does not have a 30% improvement in pain and function, consider reducing dose or tapering and discontinuing opioids. Continue opioids only as a careful decision by you and your patient when improvements in both pain and function outweigh the harms.
5As Plus: Please mark the best answer for each question

<table>
<thead>
<tr>
<th>Values By</th>
<th>0 (No Pain)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 (Pain as bad as you can imagine)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEG Pain Screening</strong></td>
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<td>What number best describes your pain on average in the past week:</td>
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<td>What number best describes how, during the past week, pain has interfered with your enjoyment of life?</td>
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<td>What number best describes how, during the past week, pain has interfered with your general activity?</td>
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<td><strong>PEG Score</strong></td>
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<tr>
<td><strong>Additional Assessment Questions</strong></td>
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<tr>
<td>What number best describes how, during the past week, pain has affected your mood?</td>
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<tr>
<td>How often in the last year have you used your prescription medication for non-medical reasons?</td>
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<tr>
<td>How often do you use your prescription more often than prescribed?</td>
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<td>Are you having any constipation or difficulty with bowel movements?</td>
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<tr>
<td>Are you having any other side effects from your medication?</td>
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<td>Yes</td>
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</tbody>
</table>
Brief Pain Inventory (Short Form)

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
   - [ ] Yes
   - [ ] No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.

   Front
   - Right
   - Left

   Back
   - Left
   - Right

3. Please rate your pain by marking the box beside the number that best describes your pain at its worst in the last 24 hours.
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Pain As Bad As You Can Imagine

4. Please rate your pain by marking the box beside the number that best describes your pain at its least in the last 24 hours.
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Pain As Bad As You Can Imagine

5. Please rate your pain by marking the box beside the number that best describes your pain on the average.
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Pain As Bad As You Can Imagine

6. Please rate your pain by marking the box beside the number that tells how much pain you have right now.
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Pain As Bad As You Can Imagine

7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please mark the box below the percentage that most shows how much relief you have received.

   0%
   - 10%
   - 20%
   - 30%
   - 40%
   - 50%
   - 60%
   - 70%
   - 80%
   - 90%
   - 100%

   No Relief

9. Mark the box beside the number that describes how, during the past 24 hours, pain has interfered with your:

   A. General Activity
   - [ ] 0 Does Not Interfere
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Completely Interferes

   B. Mood
   - [ ] 0 Does Not Interfere
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Completely Interferes

   C. Walking ability
   - [ ] 0 Does Not Interfere
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Completely Interferes

   D. Normal Work (includes both work outside the home and housework)
   - [ ] 0 Does Not Interfere
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Completely Interferes

   E. Relations with other people
   - [ ] 0 Does Not Interfere
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Completely Interferes

   F. Sleep
   - [ ] 0 Does Not Interfere
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10 Completely Interferes

   G. Enjoyment of life
## PROGRESS NOTE

### Pain Assessment and Documentation Tool (PADT™)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Strength (eg, mg)</th>
<th>Frequency</th>
<th>Maximum Total Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

The PADT is a clinician-directed interview that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioners, physician assistants, or nurse. The Potential Aberrant Drug-related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except as noted.

### Analgesia

- **If zero indicates “no pain” and ten indicates “pain as bad as it can be,” on a scale of 0 to 10, what is your level of pain for the following questions?**

  1. What was your pain level on average during the past week? (Please circle the appropriate number)

    - **No Pain:** 0 1 2 3 4 5 6 7 8 9 10
    - **Pain as bad as it can be**

  2. What was your pain level at its worst during the past week?

    - **No Pain:** 0 1 2 3 4 5 6 7 8 9 10
    - **Pain as bad as it can be**

  3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%)

  4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?

    - **Yes**
    - **No**

  5. Query to clinician: Is the patient’s pain relief clinically significant?

    - **Yes**
    - **No**
    - **Unsure**

### Activities of Daily Living

- Please indicate whether the patient’s functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient’s last assessment with the PADT® (Please check the box for Better, Same, or Worse for each item below.)

  1. Physical functioning
  2. Family relationships
  3. Social relationships
  4. Mood
  5. Sleep patterns
  6. Overall functioning

*If the patient is receiving his or her first PADT assessment, the clinician should compare the patient’s functional status with other reports from the last office visit.

(Continued on reverse side)

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**PROGRESS NOTE**
**Pain Assessment and Documentation Tool (PADT™)**

<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Potential Aberrant Drug-Related Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is patient experiencing any side effects from current pain reliever(s)?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Ask patient about potential side effects:</td>
<td>Please check any of the following items that you discovered during your interactions with the patient. Please note that some of these are directly observable (e.g., appears intoxicated), while others may require more active listening and/or probing. Use the “Assessment” section below to note additional details.</td>
</tr>
<tr>
<td>None</td>
<td>□</td>
</tr>
<tr>
<td>Mild</td>
<td>□</td>
</tr>
<tr>
<td>Moderate Severe</td>
<td>□</td>
</tr>
<tr>
<td>a. Nausea</td>
<td>□</td>
</tr>
<tr>
<td>b. Vomiting</td>
<td>□</td>
</tr>
<tr>
<td>c. Constipation</td>
<td>□</td>
</tr>
<tr>
<td>d. Itching</td>
<td>□</td>
</tr>
<tr>
<td>e. Mental cloudiness</td>
<td>□</td>
</tr>
<tr>
<td>f. Sweating</td>
<td>□</td>
</tr>
<tr>
<td>g. Fatigue</td>
<td>□</td>
</tr>
<tr>
<td>h. Drowsiness</td>
<td>□</td>
</tr>
<tr>
<td>i. Other</td>
<td>□</td>
</tr>
<tr>
<td>j. Other</td>
<td>□</td>
</tr>
<tr>
<td>2. Patient’s overall severity of side effects?</td>
<td>□ None □ Mild □ Moderate □ Severe</td>
</tr>
</tbody>
</table>

**Assessment:** (This section must be completed by the physician.)
Is your overall impression that this patient is benefiting (e.g., benefits, such as pain relief, outweigh side effects) from opioid therapy? □ Yes □ No □ Unsure

Comments:

**Specific Analgesic Plan:**
- □ Continue present regimen
- □ Adjust dose of present analgesic
- □ Switch analgesics
- □ Add/Adjust concomitant therapy
- □ Discontinue/taper off opioid therapy

Date: ____________________________  Physician’s signature: ____________________________

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*Provided as a service to the medical community by Janssen Pharmaceutical Products, L.P.*
5 A’s

**Activity:**
- Sitting/standing tolerance
- Walking ability
- ADLs

**Analgesia:**
- Average pain?
- Worst pain?
- How effective are pain meds?

**Adverse Effects:**
- Constipation/nausea
- Dizziness
- Drowsiness

**Aberrant behavior:**
- Taking as prescribed?
- Any signs of misuse/abuse?

**Affect:**
- Impacting mood
- Depression or anxiety
Table 2: Sample of standardized tools for chronic pain assessment

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number of Items</th>
<th>Domain assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unidimensional pain measures</strong></td>
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<tr>
<td>Numerical Rating Scale (NRS)</td>
<td>1</td>
<td>Pain intensity using a numbered scale (e.g. 0–10, 0–100)</td>
</tr>
<tr>
<td>Verbal Rating Scale (VRS)</td>
<td>1</td>
<td>Pain intensity using verbal descriptors (e.g. mild, moderate, severe)</td>
</tr>
<tr>
<td>Visual Analog Scale (VAS)</td>
<td>1</td>
<td>Pain intensity using 10 or 100 mm line, anchored by no pain and worst possible pain</td>
</tr>
<tr>
<td>Facial Pain Scale (FPS)</td>
<td>1</td>
<td>Pain intensity using a range of facial expressions</td>
</tr>
<tr>
<td>Pain thermometer</td>
<td>1</td>
<td>Pain intensity using a depicted thermometer to rate pain</td>
</tr>
<tr>
<td><strong>Pain quality and location</strong></td>
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<tr>
<td>McGill Pain Questionnaire (MPQ)</td>
<td>20</td>
<td>Pain quality, location, exacerbating, and ameliorating factors</td>
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<tr>
<td>Short-form McGill Pain Questionnaire-2 (SF-MPQ-2)</td>
<td>22</td>
<td>Pain quality, location, exacerbating, and ameliorating factors</td>
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<tr>
<td>Neuropathic Pain Scale (NPS)</td>
<td>10</td>
<td>Neuropathic pain qualities</td>
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<tr>
<td>Regional Pain Scale (RPS)</td>
<td>19 Sites</td>
<td>Extent of body pain</td>
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<tr>
<td><strong>Pain interference and function: general</strong></td>
<td></td>
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<td>Pain Disability Index (PDI)</td>
<td>7</td>
<td>Pain disability and interference of pain in functional, family, and social domains</td>
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<tr>
<td>Brief Pain Inventory (BPI)</td>
<td>32</td>
<td>Pain intensity and interference of pain with functional activities</td>
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<tr>
<td>PROMIS pain interference and pain behaviours item banks</td>
<td>Interference Bank=41; Behaviours Bank=39</td>
<td>Pain interference and behaviours related to the impact of pain</td>
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<td>Functional Independence Measure</td>
<td>18</td>
<td>Physical and cognitive ability, burden of care</td>
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<td><strong>Pain interference and function: disease specific</strong></td>
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<td>Western Ontario MacMaster Osteoarthritis Index (WOMAC)</td>
<td>24</td>
<td>Pain and function in people with osteoarthritis</td>
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<tr>
<td>Fibromyalgia Impact Questionnaire (FIQ)</td>
<td>20</td>
<td>Health status for people with fibromyalgia</td>
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<td>Roland-Morris Disability Questionnaire (RDQ)</td>
<td>24</td>
<td>Pain and disability for people with back pain</td>
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<td><strong>HRQOL</strong></td>
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<td>Medical Outcomes Study Short Form Health Survey (SF-36)</td>
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<td>Mental and physical health</td>
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<td>West Haven-Yale Multidimensional Pain Inventory (MPQ)</td>
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<td>Pain severity, interference, mood, activities, sense of control, support, quality of life</td>
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<td>EuroQOL (EQ-SD)</td>
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<td>Health status, pain, and mood</td>
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<td>Sickness Impact Profile (SIP)</td>
<td>136</td>
<td>Physical and psychosocial dysfunction</td>
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<td><strong>Psychosocial measures</strong></td>
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<td>Beck Depression Inventory (BDI)</td>
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<td>Depressive mood</td>
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<td>Profile of Mood States (POMS)</td>
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<td>Mood and emotional functioning</td>
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<td>Symptom Checklist-90 Revised (SCL-90R)</td>
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<td>Multiple domains of psychological functioning</td>
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<td>Pain Catastrophizing Scale (PCS)</td>
<td>13</td>
<td>Catastrophic thoughts related to pain</td>
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<td>Coping Strategies Questionnaire (CSQ)</td>
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<td>Coping strategies for chronic pain</td>
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<td><strong>Observational pain assessment</strong></td>
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<tr>
<td>Pain Behaviour Checklist (PBC)</td>
<td>16 Categories</td>
<td>Observational measure to assess patient’s pain behaviours</td>
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<tr>
<td>Real-time assessment of pain behaviour</td>
<td>5 Categories</td>
<td>Real-time assessment of pain behaviours integrated with a standardized assessment</td>
</tr>
</tbody>
</table>
Modified Oswestry LBP Disability

**Pain Intensity**
- I can tolerate the pain I have without having to use pain medication.
- The pain is bad, but I can manage without having to take pain medication.
- Pain medication provides me with complete relief from pain.
- Pain medication provides me with moderate relief from pain.
- Pain medication provides me with little relief from pain.
- Pain medication has no effect on my pain.

**Personal Care (e.g., Washing, Dressing)**
- I can take care of myself normally without causing increased pain.
- I can take care of myself normally, but it increases my pain.
- It is painful to take care of myself, and I am slow and careful.
- I need help, but I am able to manage most of my personal care.
- I need help every day in most aspects of my care.
- I do not get dressed, I wash with difficulty, and I stay in bed.

**Lifting**
- I can lift heavy weights without increased pain.
- I can lift heavy weights, but it causes increased pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

**Walking**
- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile (1 mile = 1.6 km).
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can walk only with crutches or a cane.
- I am in bed most of the time and have to crawl to the toilet.

**Sitting**
- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

**Standing**
- I can stand as long as I want without increased pain.
- I can stand as long as I want, but it increases my pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

**Sleeping**
- Pain does not prevent me from sleeping well.
- Pain prevents me from sleeping well only by using pain medication.
- Even when I take medication, I sleep less than 6 hours.
- Even when I take medication, I sleep less than 4 hours.
- Even when I take medication, I sleep less than 2 hours.
- Pain prevents me from sleeping at all.

**Traveling**
- I can travel anywhere without increased pain.
- I can travel anywhere, but it increases my pain.
- My pain restricts my travel over 2 hours.
- My pain restricts my travel over 1 hour.
- My pain restricts my travel to short necessary journeys under 1/2 hour.
- My pain prevents all travel except for visits to the physician/therapist or hospital.

**Employment / Homemaking**
- My normal homemaking/job activities do not cause pain.
- My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming).
- Pain prevents me from doing anything but light duties.
- Pain prevents me from performing any job or homemaking chores.

---

**FOR OFFICE USE ONLY**

**Score:** $50 \times 100 = \text{__% points}

**Scoring:** For each section the total possible score is 5; if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows:

**Example:**

- $50 \times 100 = 32$

If one section is missed or not applicable the score is calculated:

- $16 \times 100 = 33.5$

Minimum Detectable Change (90% confidence): 10% points (Change of less than this amount may be attributed to error in the measurement.)

Please complete questionnaire on other side.
### Interpretation of scores

<table>
<thead>
<tr>
<th>% Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% to 20%: minimal disability</td>
<td>The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.</td>
</tr>
<tr>
<td>21%-40%: moderate disability</td>
<td>The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.</td>
</tr>
<tr>
<td>41%-60%: severe disability</td>
<td>Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.</td>
</tr>
<tr>
<td>61%-80%: crippled</td>
<td>Back pain impinges on all aspects of the patient's life. Positive intervention is required.</td>
</tr>
<tr>
<td>81%-100%</td>
<td>These patients are either bed-bound or exaggerating their symptoms.</td>
</tr>
</tbody>
</table>
1. Ask the patient to complete questions 1, 2, and 3 while in the waiting room prior to his/her visit.

2. For question 1, add up the scores in questions A-J only (questions K-M have been found to be informative, but are not scored formally). Use the formula in the box on the right to calculate the formal score (0-10). Enter this score as an evaluation of the patient’s functional status (FN).

3. For question 2, enter the raw score (0-10) in the box on the right as an evaluation of the patient’s pain tolerance (PN).

4. For question 3, enter the raw score (0-10) in the box on the right as an evaluation of the patient’s global estimate.

5. Add the total score (0-30) from questions 1, 2, and 3 and enter them as the patient’s RAPID 3 cumulative score. Use the final conversion table to simplify the patient’s weighed RAPID 3 score. A patient who scores between 0–1.0 is defined as near remission (NR); 1.3–2.0 as low severity (LS); 2.3–4.0 as moderate severity (MS); and 4.3–10.0 as high severity (HS).
**Routine Assessment of Patient Index Data**

The RAPID includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3). RAPID scores are quickly tallied by adding subsets of the MD-HAQ as follows:

### 1. Please check the one best answer for your abilities at this time:

<table>
<thead>
<tr>
<th>Over the last week were you able to:</th>
<th>Without any difficulty</th>
<th>With some difficulty</th>
<th>With much difficulty</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Dress yourself, including tying shoelaces and doing buttons?</td>
<td>X 0</td>
<td>_1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>b. Get in and out of bed?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>c. Lift a full cup or glass to your mouth?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>d. Walk outdoors on flat ground?</td>
<td>X 0</td>
<td>_1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>e. Wash and dry your entire body?</td>
<td>X 0</td>
<td>_1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>f. Bend down to pick up clothing from the floor?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>g. Turn regular faucets on and off?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>h. Get in and out of a car, bus, train, or airplane?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>i. Walk two miles or three kilometers, if you wish?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>j. Participate in recreational activities and sports as you would like, if you wish?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>k. Get a good night's sleep?</td>
<td>X 0</td>
<td>_1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>l. Deal with feelings of anxiety or being nervous?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
<tr>
<td>m. Deal with feelings of depression or feeling blue?</td>
<td>_0</td>
<td>X 1</td>
<td>_2</td>
<td>_3</td>
</tr>
</tbody>
</table>

### 2. How much pain have you had because of your condition over the past week? Please indicate below how severe your pain has been:

<table>
<thead>
<tr>
<th>No pain</th>
<th>0.5</th>
<th>1.0</th>
<th>1.5</th>
<th>2.0</th>
<th>2.5</th>
<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
<th>4.5</th>
<th>5.0</th>
<th>5.5</th>
<th>6.0</th>
<th>6.5</th>
<th>7.0</th>
<th>7.5</th>
<th>8.0</th>
<th>8.5</th>
<th>9.0</th>
<th>9.5</th>
<th>10</th>
</tr>
</thead>
</table>

### 3. Considering all the ways in which illness and health conditions may affect you at this time, please indicate below how you are doing:

<table>
<thead>
<tr>
<th>Very Well</th>
<th>0.5</th>
<th>1.0</th>
<th>1.5</th>
<th>2.0</th>
<th>2.5</th>
<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
<th>4.5</th>
<th>5.0</th>
<th>5.5</th>
<th>6.0</th>
<th>6.5</th>
<th>7.0</th>
<th>7.5</th>
<th>8.0</th>
<th>8.5</th>
<th>9.0</th>
<th>9.5</th>
<th>10</th>
</tr>
</thead>
</table>

**Conversion Table**

- Near Remission (NR): 1-0.5; 2-0.7; 3-1.0
- Low Severity (LS): 4-1.3; 5-1.7; 6-2.0
- Moderate Severity (MS): 7-2.3; 8-2.7; 9-3.0; 10-3.3; 11-3.7; 12-4.0
- High Severity (HS): 13-4.3; 14-4.7; 15-5.0; 16-5.3; 17-5.7; 18-6.0; 19-6.3; 20-6.7; 21-7.0; 22-7.3; 23-7.7; 24-8.0; 25-8.3; 26-8.7; 27-9.0; 28-9.3; 29-9.7; 30-10.0

Project ECHO University of Vermont
How to do it?

• If possible, have patient filling out in advance
  • Assures compliance
  • Reaffirms commitment to goal of improved function
  • Get quite a bit of information in short time
    • But can open up new areas of concern

• Have it become an expectation
  • “We have all of our patients with pain fill this out ...”

• Develop system to track over time (like a vital sign)
Questions
• RECORDING TO BE STOPPED
Cases/HIPAA

DO NOT SEND

• Name
• Address
• DOB
• Phone/Fax #
• Email address
• Social Security #
• Medical Record #
Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study

Tae Woo Park,1 Richard Saltz,2 Dara Ganoczy,3 Mark A Ilgen,3,4 Amy S B Bohnert3,4

Unadjusted death rates for drug overdose by benzodiazepine prescription history and daily opioid dose. Error bars represent 95% confidence intervals. Unadjusted overdose death rates are estimates for entire source population.
Figure 1. National Drug Overdose Deaths
Number Among All Ages, by Gender, 1999-2017

Figure 8. National Drug Overdose Deaths Involving Benzodiazepines, by Opioid Involvement,
Number Among All Ages, 1999-2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018
ECHO Reminders

• Volunteers to present cases
  • Use the case presentation form template

• Please complete evaluation forms for each session
  • CME will be processed once session evaluation form is received at UVM

• UVM Project ECHO materials available at www.vtaheec.org

• Please contact us with any questions/suggestions
  • Mark.Pasanen@uvmhealth.org
  • Elizabeth.Cote@uvm.edu
  • ahec@uvm.edu