

Scope and Target Population:

Scope: Assessment, diagnosis, and treatment of acute, subacute, and chronic pain in ambulatory settings.

Target Population: Adults age 18 years and older with non-cancer pain.

Exclusion: This guideline will not cover patients with migraines, active cancer, and/or those receiving palliative or hospice care. In addition, management of visceral pain is out of the scope of this guideline. Although much of the literature is overlapping with low back pain, this is not a primary focus of this guideline.

Aims:

1. Increase the percentage of patients with clinic visits for pain that have documentation of pain status and functional assessments at the visits.
2. Increase the percentage of patients with a chronic pain diagnosis who are undergoing physical therapy and have a reassessment of their functional status within 12 weeks of initiating physical therapy.
3. Increase the percentage of chronic pain patients with an opioid prescription who receive appropriate care.
4. Increase the percentage of patients with a new opioid prescription who are prescribed opioids appropriately.
5. Increase the percentage of chronic pain patients with a long-acting opioid prescription formulation where criteria for prescribing were met.
6. Increase the percentage of patients with new opioid prescriptions in dental, ED and urgent care setting where PMP is checked prior to prescribing.

Clinical Highlights:

- Conduct a comprehensive medical assessment initially, periodically, and whenever there is a lack of improvement. This assessment should include:
 - Use of validated tools to assess function, quality-of-life and pain
 - Determination of the pain generator
 - Assessment for comorbidities
 - Discussion of patient barriers
- Active patient engagement in the creation and execution of the biopsychosocial treatment plan is a critical factor of success.
- Develop a treatment plan for pain that uses all available modalities and that avoids making medications, especially opioids, the sole focus of treatment.
- Treatment should focus on restoration of function, not elimination of pain.
- Improved documentation of the assessment and plan will reduce duplication and guide other clinicians involved as part of the treatment team.