# The Massachusetts Medical Society

**Proposal for a Pain Consultation Program for Primary Care Providers Massachusetts Access Program for Pain**

**MAP for Pain or MAPP**

The Massachusetts Medical Society is pleased to present for your consideration a proposal for an innovative program to improving pain management in Massachusetts. The enclosed proposal outlines the Massachusetts Access Program for Pain, modeled on the successful Massachusetts access program for child psychiatry (MCPAP), to establish an expert peer-to-peer consultation and education program for physicians providing pain management to their patients.

The epidemic of non-medical opioid use is one of the most pressing public health issues facing society today. One fundamental step in helping curb the crisis in Massachusetts is to reduce the number of opioids prescribed throughout the state, thereby reducing one of the sources of potential diversion and misuse. We know that the vast majority of physicians prescribe opioids responsibly, but we also believe that expert input from pain specialists could allow for reductions in prescribed opioids while still effectively managing pain.

In response to the opioid epidemic, the Massachusetts Medical Society has initiated a comprehensive educational campaign, which includes prescribing guidelines for physicians, free continuing education for prescribers and public education around the safe storage and disposal of medications. To complement these efforts, we have developed this proposal for a program we believe will help to further educate primary care providers in the safe prescribing of opioids and treatment of pain.

The attached proposal, developed by the Massachusetts Medical Society Task Force on Opioid Therapy and Physician Communication, is intended to help primary care providers access timely consultations with pain specialists. The proposed program is loosely based on the very successful MCPAP program that has helped to address the shortage of child psychiatrists. Similarly, this program that we named, MAP for Pain (MAPP), is intended to address the shortage of pain specialists by establishing a network to provide expert clinical support to primary care providers treating chronic pain.

Our goal in developing this program proposal is to assist physicians and their patients find safe and effective treatments for pain. We also want to change the culture of treating chronic pain by emphasizing both behavioral and medical alternative therapies. It is our hope that by doing so, we will have contributed to the solution of this public health crisis.

# MAP for Pain or MAPP Massachusetts Access Program for Pain

**Introduction**

This proposal is for a program designed to provide clinical support via consultation for primary care providers who are treating adult patients with chronic non-cancer pain. Its primary goal is to coordinate timely consultations for primary care providers with board certified pain specialists. It is not intended to be a central referral service for providers who are seeking to refer patients to pain or addiction specialists.

# The Issue

Pain is one of the most common reasons patients seek medical care. As medicine has improved the outcomes for many diseases, more people are living with chronic conditions often leaving many with pain and diminished quality of life. Over the last 20 years, there has been greater awareness of poorly assessed and treated chronic pain, which has created a formidable public health issue. In 1999, pain was declared the 5th vital sign by JCAHO, followed by the Veteran’s Administration in 2000. This pivotal decision altered the response to pain, advising prescribers to more aggressively initiate treatment to stay ahead of pain. Undoubtedly, this thinking contributed to an increase in prescribing opioids for chronic non-cancer pain. Pharmaceutical companies also seized upon this new culture of treating pain and aggressively marketed through education that was patently wrong. Unethical and illegal pill mills in many states were allowed to develop and expand using the need for increased access to pain management as a cover.

This approach has taken a significant health and economic toll on patients and society as evidenced in the increase in opioid prescriptions and rising statistics of misuse and dependence. During just the last 10 years the number of opioids prescribed and sold in the US has quadrupled, yet the report for overall pain remains unchanged. It has become apparent that healthcare professionals could benefit from increased access to educational opportunities and training in recognizing how to assess and treat chronic pain adequately and safely. Given the frequency of pain as a symptom, most people with chronic pain are being treated by healthcare providers who are not fellowship trained, board certified pain specialists. Instead, the burden has fallen on primary care providers who are frequently asked to treat and manage patients’ complex pain issues.

Without adequate resources to properly manage pain, physicians are often times faced with a risky challenge many feel ill prepared to meet. The growing public awareness of opioid misuse and the ensuing effort to educate providers through continuing medical education and responsible prescribing guidelines are useful initiatives. While these measures may alleviate pressure to prescribe opioids in some instances and encourage providers to explore other alternatives for pain relief, there remains the need to know when and how to safely support opioid therapy. Providers would frequently like and need more help and support in identifying and managing the appropriate treatment of chronic pain in individual patients. Additionally, recent prescribing guidelines suggest providers consult with a pain specialist when a patient has been receiving opioids for 90 days. Given the scarcity

of experienced and accessible pain specialists in the state, providers can be expected to have difficulty finding a specialist for consultation. A consultation and referral program would enable primary care providers to access pain specialists in a timely manner. In many cases this would also enable primary care providers to maintain established relationships with patients, but when necessary refer them for further evaluation and specialized care in pain management.

# 2 Models

MCPAP

The Massachusetts Child Psychiatry Access Project (MCPAP) has been an extremely successful program that supports primary care providers treating children with mental health issues. In response to a shortage of child psychiatrists and a growing

demand for pediatric mental health services, MCPAP was established in 2004 and funded through the MA Department of Mental Health. The program provides timely phone access to psychiatrists who provide clinical guidance to primary care

providers treating children with mental health problems. Six regional teams

(Baystate Medical Center, UMASS Medical Center, Northshore Medical Center, Massachusetts General Hospital, Tufts Medical Center/Boston Children’s Hospital, McLean Hospital-Southeast) located within major academic medical centers work with local PCPs who enroll in the program. These teams are available for consultation by telephone within thirty minutes for participating PCPs.

In 2014, the MCPAP for Moms component was added to promote screening and treatment for perinatal and postpartum depression. This program has been very effective. MCPAP for Moms has three centers, UMASS Medical Center, Baystate Medical Center and Brigham and Women’s Hospital, which share call. The MCPAP for Moms program has 3 core components: training and toolkits for providers, real time psychiatric consultation and care coordination, and links to community based resources. Both MCPAP programs are available Monday - Friday from 9am - 5pm.

The MCPAP model has become so successful it has served as a national model NNCPAP (National Network of Child Psychiatry Access Programs) for other states facing shortages of child psychiatrists. Currently, over thirty states have replicated a MCPAP type program. This model has extended PCPs’ capacities to care for and treat

patients and, when needed, helped patients find referrals for care within their communities.

PCSS-O

In response to the national opioid epidemic the Provider’s Clinical Support System for Opioid Therapies (PCSS-O) was developed to provide training and mentoring for

providers without clinical expertise in pain management who are treating patients with opioid therapies. PCSS-O is a national model with a network of providers with expertise in opioid therapies, opioid use disorder, pain management and clinical education. These experts are available by email, telephone or in person if logistically

possible. The program offers three levels of support: 1) ask a colleague a simple practice related question; 2) short term support designed to answer specific

questions about how to handle complex situations relating to prescribing opioid therapy; or 3) in depth colleague support which is expected to last over a period of

time with regularly expected interactions. In addition to the mentoring program, PCSS-O provides extensive educational programs for providers. The training and education are offered through web-based modules, webinars, online resources and small meetings when requested. All of the PCSS-O services are free. In addition to PCSS-O, another program was added (PCSS-MAT medication assisted therapies) that

focuses on the treatment of addiction. Both of these programs are funded for 3 years from SAMSHA grants. In 2014, PCSS-O program was extended for another 3 years.

Both MCPAP and PCSS-O are models that potentially could be adapted to address the scarcity of pain specialists in the Commonwealth, and provide much needed guidance and education to primary care physicians treating patients with chronic pain.

# Proposed Program MAP for Pain

In order to adequately address the expected demands of PCPs in the Commonwealth seeking pain consultations, and provide the level of training and education needed, a program designed with the understanding of local practices and demands is preferred. The proposed program is called MAP for Pain (Massachusetts Access Program for Pain, MAPP) and would serve primary care providers practicing in the state who wish to have a timely consult with a pain specialist for adult patients (over 18 years old) with chronic non-cancer pain. MAPP would only serve primary care providers treating patients with well-established non-cancer chronic pain and exclude patients with known addiction issues. This program’s focus would be to provide clinical guidance to physicians who are seeking safe and effective treatment plans for individual patients with chronic pain. MAPP would also encourage the use of alternative therapies, especially for those whose pain has not been well controlled after 90 days on analgesics. However, for patients receiving opioid therapy, the importance of a well-monitored program would be emphasized while providing expert clinical guidance to PCPs.

The MAP for Pain Program would provide three services:

1. Consultation with a Board Certified Pain Specialist
2. Education and Training
3. Referral Resources

Two Levels of Consultation

The purposes of the consultations are to assist PCPs in identifying appropriate treatments, adjustments, and alternatives to current therapy, or simply confirm the appropriateness of a therapy. Consultations may be either a simple practice related question or a more involved interaction regarding a specific patient. In order to facilitate response time, simple practice related questions could be submitted via email to the MAPP “Help Desk” and responded to via email within the day by a pain specialist. This may be a simple, limited email interaction or lead to a more involved consult. In this case, the PCP would then be directed to a central care coordinator to arrange for a more involved consultation. The central care coordinator would take a brief overview of the physicians concerns and within 36 hours have identified an available regional pain specialist and scheduled a telephonic consultation. Requests for consultations would be available Monday – Friday, 9am-5pm. If necessary, any further follow up would be coordinated between the PCP and pain specialist.

1. Education and Training

For physicians seeking consultations, pertinent training and education would be offered and provided by a regional MAP for Pain staff person. Further education and training would be two fold, first to help PCPs better assess a patient’s risk for abuse and addiction if opioid therapy is being considered and second to teach PCPs more about the growing use of alternative therapies both medical and behavioral. MAPP would make available appropriate assessment and monitoring tools to assist PCPs. Some of the educational tools and resources would be available on a website or through small in-person training sessions when necessary.

1. Referral Resource

For some patients, a referral may be needed for a pain specialist, addiction specialist, or other professional who may complement a treatment plan. Consults are not intended to take over care of individual patients, but rather help guide PCPs, and when necessary help a PCP find appropriate specialists. Regional teams would gather and develop relationships with community-based resources so they could refer patients in a timely manner when necessary.

Regional Teams

MAPP would engage 4 regional academic medical centers to serve primary care providers in its catchment area. The identified medical centers could be University of Massachusetts, Worcester; Baystate Medical Center, Springfield; MGH, Boston; BU Medical Center, Boston. There are two Boston centers identified because there are pain fellowship programs within each that may help with coverage and resources. Since there are no major academic medical centers in the southeastern and northeastern parts of the state, one of the Boston centers may service areas where resources and personnel are limited. However, satellites of the larger academic medical centers may be able to cover these areas, such as North Shore Medical Center, Salem and Cape Cod Hospital, Hyannis. The four identified centers would share call for the “Help Desk” where daily answers to simple clinical questions would be answered. As mentioned, regional teams would develop community based referral sources to further support PCP’s.

Staffing

Each regional MAP for Pain team would include physicians who have completed a pain fellowship and are board certified in pain management. A patient care coordinator would be needed for administrative tasks, coordinating consultations with team members, and initiating community outreach to physicians who are interested in the program. A nurse educator could be a valuable member of the team to oversee the development of educational programs. In addition to the regional teams, a medical director would be needed to oversee the functioning of the regional teams as well as a central care coordinator who would take the initial request for a consultation and identify the best regional team to meet the needs of the PCP. Additional part time and consulting staff may be needed to further support the promotion of alternative therapies.

Funding and Management

The current annual MCPAP budget including MCPAP for Moms is 3.7 million dollars. MCPAP is managed by the Massachusetts Behavioral Health Partnership (MBHP). PCSS-O is a three-year grant funded by Substance Abuse and Mental Health Services Administration (SAMSHA). It is a collaborative project led by American Association of Addiction Psychiatry (AAAP) with a coalition of other groups who help support the development of educational programming.

It is expected the management of MAP for Pain would be through the office of the Secretary, Executive Office of Health and Human Services. The annual budget for MAP for Pain would be similar to that of the MCPAP program, but would be largely dependent on how many staff members are needed to meet the demands of each of the regional centers.

# Conclusion

Primary care providers are most often asked to treat chronic pain, yet often lack access to the expertise of pain specialists. This program gives physicians a place to go to evaluate treatment plans with expert clinical guidance. It is intended to create a culture of empowerment and confidence for primary care providers who want to ensure they are treating patients safely and adequately. MAPP would facilitate much needed consultations and help to strengthen the clinical skills of PCPs treating chronic pain. It would also guide providers to appropriate resources and referrals that could enhance the care of their patients. Most importantly, MAP for Pain hopes to change the culture of treating pain by emphasizing the use of alternative medical and behavioral therapies, while ensuring patients receive safe and effective treatments for chronic pain. The Massachusetts Medical Society believes this program is another step towards reducing the number of opioids prescribed in the Commonwealth.

# Massachusetts Access Program for Pain (MAPP): A Proposed Pilot Program

The Massachusetts Medical Society eagerly supports a pilot program that would facilitate access to the expertise of pain specialists in the Commonwealth. We believe it will help primary care providers and ultimately their patients access the highest quality of care for chronic pain. Since the MAP for Pain proposal is based primarily on the very successful MCPAP model, a pilot program similar to the MCPAP pilot done at UMASS could be a useful way to initiate and develop the larger MAPP model. Ideally, the pilot program would be within an academic medical center with an existing pain program, well versed in addiction issues. Both Boston University and UMASS are potential centers with established programs and staff with demonstrated training and skills. A pilot program would replicate the services provided by one of the proposed regional centers of MAP for Pain. This would include the following:

* 1. Consultations

The MAPP pilot would also provide two levels of consultation, online email questions or a more in-depth phone/ in person consultations. On line practice related questions would be answered via email within the day, Monday-Friday. The purpose of the “help-desk” is to provide a quick response to simple practice related questions. This would also be a way to gather information regarding educational needs of PCPs. The requests for in-depth consultations would be received by an intake coordinator who would gather necessary information and arrange for a phone, or if possible an in person consultation with one of the pain specialists on the team. The intake coordinator would be available to take requests, Monday – Friday, 9 am - 5pm. Once the initial consultation has taken place, the pain specialist would arrange for any further follow-up with the PCP.

* 1. Education and Training

Educational materials would be available for PCPs on a website that could include risk assessment tools, pain management alternatives, and addiction related information. In addition, training to help PCPs gain more skills in risk assessment, motivational interviewing would also be available. Training would be an important aspect especially in the area of risk assessment and patient monitoring. The goal would be to help PCPs develop skills that strengthen their abilities and confidence. A nurse educator could be the coordinator of this part of the program.

* 1. Referral Resources

The purpose of this program is not to act solely as a referral service. Some patients will need to see a pain specialist and/or other providers, so the ability to provide a variety of community based resources is essential. Therefore, both the intake coordinator and a nurse educator could be responsible for developing and

maintaining a list of resources for PCPs. This list would include, but would not be limited to pain specialists, physical therapists and acupuncturists. The referral list would also be developed to help PCPs seek and support other behavioral and medical therapies.

MAPP Team

The team would include board certified pain specialists, an intake coordinator who would also act as the program administrator, and a nurse educator available for training and education. A medical director would also be needed to oversee the functioning of the program. It may be necessary to expand the team to include ancillary staff, such as counseling and supportive therapies.

Funding

In order to develop the pilot program and maintain it for one year, an estimate of 1.5 to 2 million dollars would be needed. This is loosely based on MCPAP and PCSS-O figures. Funding estimates are contingent on staffing needs as well as what kind of educational programs may be developed by MAPP.

Conclusion

A MAPP pilot program would serve to identify the needs of the larger MAPP model while testing its effectiveness and use with primary care providers. It is expected the pilot program could be implemented in a much shorter time frame and therefore would begin addressing the much-needed access to pain specialists. As well, a pilot program would help identify the practice needs of primary care providers from which educational programming and resources could be developed. The Massachusetts Medical Society believes the MAP for Pain pilot is a physician centered effort that if implemented could help ensure that our physicians are responsible prescribers.