Managing Pain – Anywhere!
The Role of the Pharmacist

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Outline

1. Patient care settings
2. Barriers to pharmacist involvement
3. Establishing a practice
4. Qualifications, resources
5. Benefits/outcomes
Where is the Pain?

- Outpatient clinics
- OR/PACU
- ER
- Inpatient units
- Discharge
Do YOU do pain management in your practice?

YES  NO
Pharmacist involvement in pain management

Practice sites
- Emergency Department – acute pain
- Outpatient clinics – chronic pain
- Inpatient units – acute and/or chronic pain
- Critical care
- Palliative Care
- Oncology
- Surgery
- Adult Medicine
- OR/PACU – acute pain

Hospital settings
- Community hospitals
- Federal hospitals
- Hospice
- Other
Where do PPC pharmacists come from?

- Providers perceive need
- Pharmacy department initiative
- Sentinel events, safety issues
- Drug diversion/enforcement concerns
- Joint Commission mandates
- Gradual practice transition (fam med, hem-onc)
- Pain management practice model shift
Which of the following is something that a PPC pharmacist might do?

a. Prescribe opioids
b. Order urine toxicology
c. Obtain medication histories
d. Write orders for post-op pain in the PACU
e. All of the above
What are the barriers?

- Pharmacist lack of knowledge, expertise
- Budgetary constraints
- Resistance from medical staff
- Providers unfamiliar with qualifications
- Ignorance of nursing, medical, pharmacy staff
- Unclear role of the pharmacist
- Previously established methods
- Lack of mentorship
What are the qualifications?

- PGY-2 Pain and Palliative Care residency
- Certified Pain Educator (ASPE)
- ASHP PPC traineeship
- American Academy of Pain Management
- Certificate programs
- Experience and interest

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What are the outcomes?

- Clinic setting\(^1\)
  - Generated > $100,000 annual true revenue
  - Saved health plans > $455,000 annually
  - Reduce pain scores
  - Managed maintenance monitoring

- Opioid refill clinic\(^2\)
  - Reduced drug costs
  - Reduced utilization of health care services
  - Provider satisfaction
  - Improved patient behavior

My practice site(s)

- Acute Pain Service (PCU)
  - Pre- and post-op planning
- Inpatient Consult Service (PCU)
  - First and follow-up
- Palliative Care
  - Consultant
- Outpatient Clinic
  - Pain Medication Management Clinic
Acute Pain Transitions in Care

- Pre-op medication reconciliation
- Peri-op planning for difficult patients
- Post-op follow-up
- Post-discharge follow-up
Operating Room/PACU

- Pre-op/peri-op planning for
  - Opioid tolerant patients
  - Patients with severe allergy/ADE with opioids
  - Complex patients not responding to 1st line tx

- Write PACU pain orders
- Write PCA and transfer to floor orders
Inpatient Consults

- Med management for acute-on-chronic pain
- Multiple co-morbidities
  - Psychiatric
  - Organ impairment
- Chronic opioid patients
- Intrathecal pump trials
Palliative Care

- Round with Interdisciplinary Team
- Medication reconciliation
- Review med lists daily
- Identify select patients with medication issues
- Manage/monitor complex regimens
  - Ketamine, lidocaine, etc.
- Ongoing pain management for cancer survivors
Pain Medication Management Clinic

- Practice model change
- Several interventional physicians
- Needed medication management service
- Previous experience in pharmacist-run anticoagulation and pharmacotherapy clinic
- Developed a collaborative practice agreement
- Marketing!
Do pharmacists have a role in PPC?

Yes  No
“Those who look only to the past or the present are certain to miss the future”

John F Kennedy