

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

ER



Hospital

OR/PACU

Inpatient units

Discharge

Do YOU do pain management in your
practice?

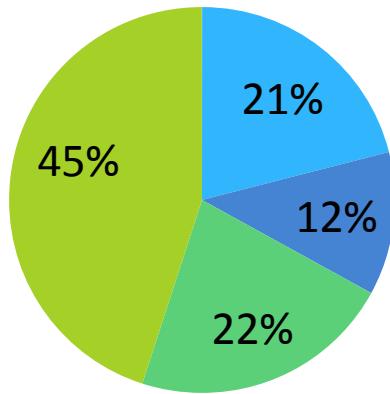
YES

NO



Pharmacist involvement in pain management

Practice sites



- Community hospitals
- Federal hospitals
- Hospice
- Other

Hospital settings

- ❖ 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



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



What are the outcomes?

- ❖ Clinic setting¹
 - ❖ Generated > \$100,000 annual true revenue
 - ❖ Saved health plans > \$455,000 annually
 - ❖ Reduce pain scores
 - ❖ Managed maintenance monitoring
- ❖ Opioid refill clinic²
 - ❖ Reduced drug costs
 - ❖ Reduced utilization of health care services
 - ❖ Provider satisfaction
 - ❖ Improved patient behavior

1. Dole EJ, et al. Am J Health-Syst Pharm. 2007; 64:85-9. 2. Wiedemer NL, et al. Pain Medicine 2007;8(7):573-84

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