

BRIDGING THE GAP

INSIDE

A NEWSLETTER FOR PAIN PROFESSIONALS • WINTER, 2000



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P-3® TEST SUPPORTS PAIN CLINIC'S MULTIDISCIPLINARY APPROACH

Nationally-recognized anesthesiologists Bhupinder S. Saini, MD, and Nileshkumar Patel, MD, welcome a wide range of pain patients to their clinic, Advanced Pain Management, in Milwaukee, Wisconsin. Dr. Saini established his practice ten years ago and was joined by Dr. Patel at the clinic in 1998. Prior to joining Advanced Pain Management, Dr. Patel was a Clinical Professor of Anesthesiology with a pain management fellowship at the Cleveland Clinic Foundation.

According to the clinic's Executive Director, Vishal Lal, MBA, CPA, the doctors and their staff see approximately 25-30 patients each day at hospitals throughout Milwaukee. The majority of patients suffer from low back pain and headaches, receive treatment over a period of 2-3 months and have been referred by a physician.

In addition to their state-of-the-art procedures, Drs. Saini and Patel share a multidisciplinary approach to patient care. They work closely with patients and consult with other specialists to determine the underlying cause of the problem and the most complete course of care. Their approach may involve one or more options ranging from medication and surgery to physical and occupational therapy, psychotherapy and exercise.

P-3 Test Helps Assess the Psychosocial Factors Associated with Chronic Pain

A key component of their multidisciplinary approach is the P-3 (Pain Patient Profile) test by C. David Tollison, PhD, and Jerry C. Langley, DC. Published by NCS, the P-3 test helps screen for the presence of depression, anxiety and somatization—the factors most frequently associated with chronic pain.

Dr. Patel first became aware of the P-3 test four or five years ago while practicing at the Cleveland Clinic. He and his colleagues looked at nearly 70 instruments that assessed concurrent psychopathology in pain clinic patients who were not improving.

"We really liked the MMPI-2™ test, the Pain Inventory, the P-3 test and the BHI™ (Battery for Health Improvement) test," he explains. "Many of the others, however, didn't have a reference pain population. Instead, they compared everything to inpatient or outpatient psychiatric patients. That wasn't what I wanted. I wanted to know if my patients were more depressed, more anxious and had more somatization than the *average pain patient*."

Results Facilitate Treatment and Communication

Currently the P-3 test is the only test Dr. Patel uses unless other factors indicate that the MMPI-2 test, the Pain Inventory or the BHI test may be appropriate.

"I don't give the test to patients with obvious disk herniations, acute pain after an injury or cancer pain," he explained. "And I also don't routinely use it with elderly patients. But for pretty much any chronic pain patient, using the P-3 test is justified."



P-3[®] TEST (CONTINUED FROM FRONT PAGE)

Over the course of his use of the P-3 test, Dr. Patel has found several key features that help differentiate the test from others. These include:

■ Ease of use.

"The patient completes the questions as part of a normal history. It's so simple—I can feed the completed questionnaire into the computer immediately [using *MICROTEST Q™* Assessment System software from NCS] and by the time I see the patient, I have a good idea of his or her psychological make-up."

■ Understandable results.

"P-3 data is presented in a clear, tabulated form in a black-and-white chart that is easy for me and for the patient to digest."

■ Clear recommendations.

"The frequent recommendations are very easy to read and give to the patient and referring physician. Most of the patients are very grateful to know that there are other factors that can be addressed that may help them."

P-3 Results Can Help Improve Surgical Outcomes

According to Dr. Patel, the surgeons from whom he receives referrals value the information that the P-3 test can provide prior to surgery.

Citing a recent study,* Dr. Patel notes that patients with somatization are more likely to have false positive discography. If discogram results are misinterpreted, the surgical outcomes with fusion will also be poor. In populations with concurrent psychosocial barriers, he continues, the surgical outcomes from back surgeries are poor.

"Thus it is important to identify and address these issues prior to laminectomy, discectomy and fusion. Our referring surgeons are appreciative of the additional information since psychological issues do affect the results of diagnostic injections and outcomes from surgical treatments."

Test Helps Improve Overall Patient Care

Dr. Patel cites several benefits to his practice as a result of using the P-3 test.

"First, it enables me to identify psychosocial factors that I would otherwise have missed, especially depression and anxiety.

"The results also enable me to take better care of my patients. For example, with a workers compensation patient who has been mislabeled as malingering, P-3 results allow me to say in a reliable and objective way that the patient is being honest.

"The P-3 also enables me to make more efficient use of concurrent specialties. This helps to reinforce the fact that we are not just looking at the physical aspects and that we are concerned about the whole patient—mind, body and spirit.

"In that respect, the P-3 test helps payers, patients and the referring physicians to have additional confidence in us."

Overall, Dr. Patel agrees that the biggest obstacle to accepting the P-3 test is that many physicians "feel that they can predict concurrent psychopathology simply by talking to the patient. The reality is most of us don't have the time to go into the psychological issues and we're poor predictors because we're not trained for it."

"Yet the patient must be seen as a whole," he concludes, "and until you address the psychological issues, it is unlikely you will have any long-term improvement in your patients. "

*O'Neill, Conor, Derby, Rick and Kenderes, Laura. (1999). Precision Injection Techniques for Diagnosis and Treatment of Lumbar Disc Disease. *Seminars in Spine Surgery*, 11, #2, 104-118.

To learn more about psychological assessments for use by medical professionals, stop by the NCS booth at the following conferences.

The authors of the BHI™ and the P-3® tests also will be featured at these conferences.

American Academy of Pain Medicine (AAPM)

February 23-27, 2000 www.painmed.org
New Orleans, LA 847-375-4731

Poster Presentations:

Ideation and Physical Rehabilitation Patients by Daniel Bruns, PsyD.

Diagnosis Specific Norms for the 0 - 10 Pain Scale by J. Mark Disorbio, EdD.

Association of Applied Psychology and Biofeedback (AAPB)

March 29-April 2, 2000 www.aapb.org
Denver, CO 800-477-8892

Workshop:

Integrated Care: The Psychological Assessment and Treatment of Medical Patients by Daniel Bruns, PsyD, and J. Mark Disorbio, EdD.

The National Forum of Independent Pain Clinicians (NFIPC)

April 28-30, 2000 www.painforum.org
Houston, TX 864-583-0053

Presentation:

Psychological Evaluation of the Patient in Pain by C. David Tollison, PhD.

Worldwide Pain Conference

July 15-21, 2000
San Francisco, CA 800-713-3411
www.painconference2000.com

Presentation:

Psychological Testing for the Chronic Pain Patient: Pros and Cons of Various Tests Administered - presented by J. Mark Disorbio, EdD; written by J. Mark Disorbio, EdD and Daniel Bruns, PsyD.

Presurgical Psychological Evaluation of Patients Considered for Neural Blockade and Dorsal Column Stimulator Procedures presented by J. Mark Disorbio, EdD and Jim Hagen, MS.

JOIN EXPERTS AND TEACHERS AT THE WORLD WIDE PAIN CONFERENCE

The leading experts and teachers in the field of pain medicine are gathering July 15-18, 2000, in San Francisco, California for the **Worldwide Pain Conference**. This meeting, co-hosted by the International and American Neuromodulation Societies, the World Society of Pain Clinicians, and the World Institute of Pain, is a "not to be missed" event. This international pain conference will encompass the major issues and principles that will impact the field of pain medicine as we move into the century of proactively addressing the needs of the pain patients worldwide.

Elliot Krames, MD, Worldwide Congress President and Chairman, has designed a meeting that promises to be all encompassing including internationally known faculty, breakout sessions, symposia, poster presentations and interactive clinical sessions. Concurrently, the World Institute of Pain will host a hands-on, interventional cadaver course. A comprehensive exhibition showcasing pharmaceutical, medical manufacturers and others who have a interest in the field of pain medicine will provide partici-

pants a unique networking opportunity between industry and clinic.

Additionally, **The National Pain Foundation** (NPF), a non-profit organization dedicated to education of pain patients, their families, providers and payers about the resources available in the field of pain medicine, will debut their website at the Worldwide Pain Conference. NCS is a proud sponsor of this organization.

The National Pain Foundation was created in 1998 by founders Drs. Daniel Bennett, Elliot Krames and James Hagen to address the issues of education and accessibility of resources in the field of pain medicine. The organization has attracted many of the foremost leaders in the field of pain management as well as a significant network of financial supporters representing medical manufacturers, pharmaceutical companies, individuals, foundations and corporations. The primary focus of efforts in the initial stages of development is on patient education programs. The NPF has partnered with the

Advanced Distributed Simulation Research Consortium, a research group comprised of six universities throughout the country, to develop a new technology engine to drive the website operations. This new technology, expected to be completed in July, 2001, will allow the organization to mine information from the site that will be instrumental in identifying trends in the field and further substantiating tried and proven techniques in the field of pain management. The foundation's initial education programs will be introduced at the Worldwide Pain Conference in July 2000. If you would like additional information contact:

Elliot Krames, MD
Congress President and Chairman
Worldwide Pain Conference
415/567-1219

Mary Pat Aardrup
Executive Director
The National Pain Foundation
303/756-0889

PRESURGICAL EVALUATION TO BE FEATURED AT WORLDWIDE PAIN CONFERENCE

Join the co-author of the BHI™ (Battery for Health Improvement) test at the Worldwide Pain Conference (see article above) to learn more about presurgical evaluation of patients considered for neural blockade and dorsal column stimulator procedures.

A large volume of research has been conducted on pain conditions that result from tissue damage and/or structural disorders. Often surgical interventions are used to correct many conditions where the patient's primary continued complaint is pain. Presurgical evaluation, treatment and preparation of these patients is essential for identifying appropriate candidates for such procedures. This presentation will provide a new model of assessment and preparation related to neural blockade and neuroaugmentation from a psychological readiness perspective.

The protocol includes:

1. Psychological testing: These measures, including the BHI and SF-12 tests, help assess psychological, environmental, somatic and functional factors that relate to surgical outcome.
2. Psychophysiological stress profile: A measure of how EMG and thermal variability occurs under an induced stressful condition. Physiological reactivity is evaluated.

A well-defined treatment plan will also be presented so attendees can see the overall appropriateness and effectiveness of the protocol.

If you're interested in information regarding this presentation, contact Dr. John Mark Disorbio, 390 Union Blvd, Suite 230, Lakewood, CO 80228, 1-303-985-1232.

PAIN MANAGEMENT RESOURCES

The BSI® 18 Test Now Available!

A shortened form of the BSI instrument, the BSI 18 test, by Leonard R. Derogatis, PhD, is designed to serve as a highly sensitive screener for psychological distress with oncology and general medical patients. Scales include depression, anxiety, somatization and a Global Severity Index. Call Kelly Robbins at 1-888-627-7271 to order or to find out more information.

Learn More about Psychological Testing

Basic Workshop on the MMPI-2™ Assessment

March 9, 2000, Durham, NC
May 17, 2000, Minneapolis, MN
To register, call 612-625-2879
www.umn.edu/mmpi

Association of Oncology Social Workers (AOSW)

April 26-29, 2000, Vancouver, BC
A session highlighting the new BSI 18 instrument, *Putting It All Together: Mechanics of a Comprehensive Psychosocial Screening Program* will be presented by Craig M. Hooker, BS, Michael C. Hibler, BA, and James R. Zabora, ScD, MSW.

Functional Capacity Evaluation Course

Sponsored by VerNova, LLC and presented at Virginia Commonwealth University, this course is designed to

increase the knowledge and clinical skills of clinicians who perform Functional Capacity Evaluations.

The presentation includes a section on psychosocial screening and the use of the BSI test.

Upcoming dates include:

March 24-25, 2000 in Toronto, Ontario
April 14-15, 2000 in Houston, TX
May 19-20, 2000 in Orlando, FL
June 23-24, 2000 in Philadelphia, PA
Call Kelly Zagursky at 1-800-532-7266 for brochures or registration.

7th Annual Millon Conference

Sept. 15-17, 2000, Scottsdale, AZ
Sessions will include a presentation on the soon-to-be released Millon™ Behavioral Medical Diagnostic assessment. Call 1-800-627-7271, ext. 5225 for more information.

We'd Like Your Feedback...

NCS is considering sponsoring a forum on our website for our customers. The forum would give you an opportunity to ask questions about psychological testing and to talk to other test users. We'd like your feedback on the topics or areas of interest you would find most useful to you and your practice, such as workers compensation evaluations, pre-surgical evaluations, expert testimony, etc. Email your suggestions to kheisick@ncs.com.

Case Studies Available

NCS offers complimentary copies of the following profiles of clinics or programs using pain assessments. Current topics include:

The Use of the VIP™ and P-3® Assessments to Support Disability Evaluations

The Use of the P-3 Test in a Hospital-based Pain Clinic

The Use of the P-3 Test in Medical Practice

The Use of the BHI™ Test in a Large Managed Care Organization

Your Input Welcome!

If you would like to share research you have conducted in medical, pain or rehab settings, please contact Kelly Robbins at NCS, 1-888-627-7271. We also welcome articles for this newsletter and any feedback on how we can make the newsletter better.

Visit Our Website!

<http://assessments.ncs.com/medical>

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NCS
PO Box 1416
Minneapolis, MN 55440

Address Service Requested

Testing Support On-Site

NCS representatives can help you set up testing programs in the following clinics or programs:

- Chronic pain
- Physical rehabilitation
- Workers Compensation evaluations
- Disability evaluations
- Cardiac rehabilitation
- Oncology services
- Chronic illness

Related Websites

American Academy of Disability Evaluation Physicians
<http://www.aadep.org>

American Academy of Pain Management
<http://www.aapainmanage.org>

American Pain Society
<http://www.ampainsoc.org>

American Psychological Association
<http://www.apa.org>

American Society of Regional Anesthesia
<http://www.asra.com>

Association for Applied Psychophysiology & Biofeedback
<http://www.aapb.org>

Health Psychology & Rehabilitation
<http://www.healthpsych.com>
NCS
<http://assessments.ncs.com>

North American Spine Society
<http://www.spine.org>

Worldwide Congress on Pain
<http://www.pain.com>