

BRIDGING THE GAP

INSIDE

A NEWSLETTER FOR PAIN PROFESSIONALS • SPRING, 2000



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PSYCHOLOGISTS IN A PAIN CLINIC: SHOULD WE BE PSYCHED ABOUT IT?

Establishing a pain practice partnership of physician and psychologist has become a growing national precedent. The vast majority of teaching institutions have both physicians and psychologists on the pain faculty and an increasing number of private practices have joined the trend as well.

Why? Because pain physicians and psychologists need each other. The physician needs the psychodiagnostic skills, understanding of human behavior and psychological treatment skills of the psychologist—and the benefit of psychopharmacologic consultation. The psychologist, in turn, needs the medical diagnostic and treatment skills of the physician, as well as a resource for prescription medications.

If you've been giving some thought to inviting a psychologist to join your pain treatment team, here are some factors to keep in mind.

What are the benefits of a multi-disciplinary approach?

The advantages of creating a practice partnership between pain physician and psychologist include:

- Improved clinical outcomes through the in-house availability of psychological testing, behavioral assessment and remediation of patient compliance/motivation issues, diagnosis and treatment of depression/anxiety/somatoform and other disorders affecting treatment response, and consultation in the effective use of psychotropic medications.
- Practice expansion through the clinical services offering of comprehensive diagnosis and treatment of pain as a "one-stop shop."
- Enhanced market position of the pain practice through increased referral sources.
- Increased practice revenues through the delivery of psychological services. (Psychological services provided by licensed psychologists are reimbursed by Workers' Compensation, Medicare, personal injury and standard health insurance.)
- Expanded clinical research through the resource of a psychologist trained, in part, in experimental design and research statistics.

What qualifications should you recruit for?

For purposes of licensing, training, practice and reimbursement, you should recruit for a licensed clinical psychologist who specializes in pain and:

- Has completed a post-doctoral fellowship in pain diagnosis and treatment or, at a minimum, has significant experience and supervised training of pain as a full-time specialty.
- Has earned a degree from a training program approved by the American Psychological Association.
- Is experienced in hospital protocol and practice, qualifies for limited hospital privileges, is trained in psychopharmacology and is considered by state and federal law as an independent practitioner.

A mutually advantageous arrangement

A partnership between a pain physician and a psychologist can prove professionally rewarding for both practitioners, clinically rewarding for patients in pain and financially rewarding for your pain practice. Now, that's something to get psyched about!



C. David Tollison, PhD, is one of the leading pain psychologists in the country and author of numerous articles and textbooks dedicated to pain management. This article is available in its entirety on the website of The National Forum of Independent Pain Clinicians, <http://www.painforum.org/newsletter.html>.

PAIN CARE MODEL CREATES VIRTUAL NETWORK OF EXCELLENCE

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™ also will be featured at a number of these conferences.

Worldwide Pain Conference

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

Presentation:

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

American Psychological Association (APA)

August 4-8, 2000 Washington, D.C.
www.apa.org (800) 374-2721

Two Poster Sessions:

0-10 Pain Scale Complaints for Head Injured and Orthopedic Patients presented by Daniel Bruns, PsyD; written by J. Mark Disorbio, EdD and Daniel Bruns, PsyD.

Development of a BHI Faking Index presented by Daniel Bruns, PsyD; written by J. Mark Disorbio, EdD and Daniel Bruns, PsyD.

American Academy of Pain Management (AAPM)

September 21-24, 2000 Las Vegas, NV
www.aapainmanage.org (888) 582-2228

North American Spine Society (NASS)

October 25-28, 2000 New Orleans, LA
www.spine.org (877) SpineDr

American Pain Society (APS)

November 2-5, 2000 Atlanta, GA
www.ampainsoc.org (847) 375-4715

Breakfast Session Symposium:

Chronic Pain Patients Risk for Violent Behavior: Evaluation and Management in the Pain Facility Setting presented by Daniel Bruns, PsyD; written by J. Mark Disorbio, EdD and Daniel Bruns, PsyD

American Academy of Disability Evaluating Physicians (AADEP)

November 9-11, 2000 Miami, Florida
www.aadep.org (800) 456-6095

Pain practitioners interested in establishing a pain care center or making enhancements to an existing one may want to consider a new service offered by GE Medical Systems Healthcare Solutions and PainCare, LLC, a physician-led group. These organizations recently have formed an alliance to help develop pain care centers that will provide high-quality, evidence-based care.

Key to the program's model is software created by PainCare that establishes a "virtual network" of providers, enabling them to continuously share information about their patients, determine treatment plans and track outcomes. Care providers also participate in regular staffings to assess the patient's status. One of the practitioners, typically a diagnostician or physiatrist, guides the individualized treatment plans. Plans are oriented toward functional recovery from chronic pain rather than the symptomatic treatment that is often conducted currently in managed care environments.

Designed to provide integrated care for the patient, the model helps reduce payors' costs and creates a readily accessible referral source for practitioners. In addition, the software component will provide a national database that tracks outcomes, enhancing treatment protocols for all chronic pain patients by helping to address the current deficiency of research-based data on chronic pain treatment.

What does the program provide?

Services include:

- Helping a facility develop an implementation plan.
- Setting up the database software on-site.
- Providing protocols for assessment, treatment and tracking outcomes.
- Credentialing staff to meet higher standards of care.
- Training practitioners and staff.
- Providing educational materials for patients.
- Helping a facility establish

contracts with employers and third-party payors to broaden the client base and increase revenues.

- Reviewing and refreshing the tailored model at each pain care center on an on-going basis.

A focus on research-based care

PainCare LLC, is a partnership of multi-credentialed pain management professionals. Founding partner J. Mark Disorbio, EdD, has been nationally recognized for his work in developing well-researched tools that enhance pain management care, including authorship of the BHI™ (Battery for Health Improvement) test. Published by NCS, this rigorously validated test helps identify the psychological and psychosocial factors that may interfere with patient's normal course of recovery from an injury and is the cornerstone of the program's assessment protocol.

Model helps practitioners meet new JCAHO standards

Another benefit of the program is that it will help facilities meet new standards for pain management that will be implemented next year by the Joint Commission on Accreditation of Healthcare Organization (JCAHO), the leading accreditor in health care. Specifically, PainCare's program will facilitate compliance with JCAHO's standards for assessment of pain and patient education for symptom management.

Consider the multiple benefits

Pain practitioners who are looking for ways to establish or enhance a pain care center and prepare for compliance with the new JCAHO guidelines may find the support they need in PainCare's model. Offering a comprehensive approach, the program can help organize a multi-disciplinary group of highly credentialed providers, trained in the most innovative treatment methods and procedures, into a network of excellence that is seamless to the patient—and can increase the practice's bottom line.

For more information

To learn more about the program, contact Michael E. Case, Assistant Vice President- GEMS Healthcare Solutions, at (303) 740-7779.

PHYSICIANS AND PSYCHOLOGIST TEAM UP ON PAIN MANAGEMENT

What are the benefits of including a psychologist on your pain management team? Just ask Eugene Mironer, MD, who shares a practice with three other physicians in South Carolina that focuses 100% on chronic pain management. He became attuned to the importance of a multi-disciplinary approach early on. "During my training in the specialty of pain management," he says, "one of the most important messages we received is that this is a multispecialty field—and that, after the leading physician, the psychologist is the second most important person on the team. When you deal with pain, you simply cannot do without psychologists."

Several years ago, the practice acted on this belief by forming cross-referral alliances with local psychologists. More recently, the group has brought C. David Tollison, PhD, on board full time as an in-house resource.

Partnering in care from diagnosis to follow-up

Dr. Mironer describes the role of a pain psychologist as multi-level. First, he is an integral part of the diagnostic process. "We are trying to find out what lies beneath what we see in the office," he says. "Behind the patient's behavior is suffering, behind the suffering is pain, and behind the pain is the medical condition. Dr. Tollison helps us look closely at each of those layers to help determine how much of the patient's behavior is due to psychological versus physical factors."

Dr. Tollison's participation is also important in determining whether a patient qualifies for receiving an implantable pain reduction device such as a spinal cord simulator or an intrathecal pump. "Before we take such a step," says Dr. Mironer, "we need to have a very good understanding of whether this procedure will in fact address the pain problem. Through the psychological evaluation, we may discover, for example, that the majority of the patient's pain issue is psychological, not physical, making psychological counseling the best first step. In other instances, the psychological findings may confirm that the patient's pain is primarily due to physical causes and that, therefore, the patient will be likely to realize the benefits of the medical procedure."

Another advantage of having a psychologist on the team is

that, although he can't prescribe medications, he can make recommendations—for example, whether antidepressants or anxiety treatment drugs are the most appropriate for the patient. Plus, he is involved on an as-needed basis with continued treatment for the patient, such as helping the patient develop pain coping skills and adjust to medical implants for pain management.

P-3 test: A key feature of the multi-disciplinary approach

Dr. Mironer notes that a significant component of their protocol 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.

"The P-3 assessment is a great product that very quickly gives us a good idea of the patient's situation," says Dr. Mironer. "The test is fairly short and does a good job of helping us determine, in conjunction with the physician's initial clinical assessment, whether a psychological evaluation is warranted. We use the test as standard protocol with any patient we are thinking of referring to Dr. Tollison. After all, not every pain patient needs to see a psychologist. If the physician clearly doesn't see a psychological need and the P-3 test supports that assessment, we can avoid overwhelming the patient with an unneeded consultation—and prevent unnecessary costs."

In-house or external?

Since many insurance programs don't cover psychological services, Dr. Mironer notes that developing an alliance with an external psychologist may be the best avenue for many clinics—especially those that don't generate high volumes of chronic pain patients.

For practitioners who are able to do so economically, Dr. Mironer recommends hiring a psychologist full-time. "Having Dr. Tollison on staff facilitates better communication among all concerned parties, has improved patient outcomes and has expanded our practice through cross-referrals," says Dr. Mironer. "My only regret is that we weren't able to bring him on board earlier."



NEW SERVICE CREATES READY ACCESS TO PSYCHOLOGICAL CARE

In order to help physicians set up behavioral health programs, clinical psychologist Rick Harris, PsyD, has founded Collaborative HealthCare, Inc. He was motivated to initiate the service based on his strong personal belief in the importance of integrating psychological and medical services. "Research shows that 60% of medical visits are for primary psychosocial disorders," he notes, "and as much as 80% when stress-related disorders are factored in. I saw a real need to contribute toward improvements in this area."

Dr. Harris has spent 16 years in private practice, served as Director of Behavioral Medicine for a large practice management company, and has in-depth experience developing and implementing programs that introduce psychologists into physician practices.

Clearing the path to better service

By adding a psychologist to the team, Collaborative HealthCare creates "clinical pathways" to ensure that patients receive the psychological help they need. The model developed by Dr. Harris is applicable to all fields of medicine. The program's comprehensive services include:

- Conducting a needs assessment of the practice and its patients.

- Analyzing the practice's financial picture to determine feasibility.
- Recruiting locally for a qualified psychologist.
- Credentialing the psychologist.
- Developing research-based assessment, treatment and follow-up protocols tailored to the needs of the practice.
- Setting up and managing billing and collections for the practice.
- Supervising psychologists on a continuous basis to ensure they are meeting the program's standards and the practice's needs.

Protocols integrate NCS assessments

A number of tests published by NCS are a standard part of the protocols used by Collaborative HealthCare, including the BSI®, the Health Status Questionnaire, the P-3®, the MCMI-III™, the MBHI™, the SCL-90-R® and the BSI 18 assessments. "These tests are well-researched, efficient and patient-friendly," says Dr. Harris. "They're very good tools for identifying issues that warrant treatment and for follow-up to determine treatment outcome."

For more information about Collaborative HealthCare, contact Dr. Rick Harris at 1-800-292-2696.

PAIN MANAGEMENT RESOURCES

Visit Our Website!

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

Additional Websites

American Academy of Pain Management
www.aapainmanage.org

Health Psychology & Rehabilitation
www.healthpsych.com

American Society of Regional Anesthesia
www.asra.com

Association for Applied Psychophysiology & Biofeedback
www.aapb.org

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

Learn More about Psychological Testing

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.

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