

## Integrative Pain Treatment Center Programs Scope of Services

The Integrative Pain Treatment Center at Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, offers two specialized 21-day outpatient programs to meet patients' needs: a full-day Comprehensive Pain Management Program and a Comprehensive Flex Program for Pain Management. Both programs are intended for individuals who are experiencing significant downtime and lifestyle alterations due to pain. These programs are designed to increase an individual's level of daily functioning and endurance, and to decrease the reliance on medications. The programs' goals are to decrease pain, improve quality of life and teach the use of lifelong pain management skills.

The **Comprehensive Pain Management Program** focuses on managing chronic pain to restore a lifestyle of function and mobility. Under the direction of a physiatrist, patients participate for six to seven hours per day in programming designed to address their chronic pain issues. This includes education, individualized and group physical therapy, pain psychology, biofeedback, medical management, and case management.

The **Comprehensive Flex Pain Management Program** is designed for individuals who are not able to tolerate the longer, more intensive program, or for people who are at a higher functional level and do not require all the services offered in the comprehensive program. These patients participate for four to five hours per day, which may allow individuals to continue to work.

While participants are provided with individually tailored therapy programs within each discipline, they generally attend therapies as a group and follow a structured daily schedule. Participants are expected to attend all therapies, thus benefiting from a comprehensive focus on pain management and gaining the ability to maintain progressively higher levels of activity. The "open group" format allows new participants entering the program to join at various stages in their rehabilitation. In this way, group dynamics – instillation of hope, sharing of problems, imparting of information, positive imitative behavior, interpersonal learning and group cohesiveness – are incorporated into the overall treatment approach.

Family members and significant others are given the opportunity to participate in the program to gain a greater understanding of pain management, as well as to help program participants implement new strategies for pain management. Family education is conducted as needed to meet patient needs.

### **Definition of Diagnostic Categories of Patients Seen**

Pain is defined by the International Association for the Study of Pain as "an unpleasant sensory and emotional experience." Pain can be influenced by a wide variety of factors, including:

- Cultural and social background
- Life experience
- Motivation
- Emotional state
- Vocational/educational status
- Perceptions and beliefs about pain

## Integrative Pain Treatment Center Programs Scope of Services (continued)

For the purposes of the programs at Marianjoy, "chronic pain" is defined as an ongoing problem with pain that:

- A. Is due to an underlying condition, which is not amenable to "cure."
- B. Has an antecedent history of ineffective medical and/or surgical interventions for the pain problem.

Patients presenting to the pain management programs may include the following **medical diagnostic categories**:

- A. Biomechanical
  - Facet joint dysfunction
  - Temporomandibular joint dysfunction
  - Sacroiliac joint dysfunction
  - Failed surgical spine syndrome
  - Chronic post-surgical pain
  - Pain secondary to chronic disease
- B. Soft tissue
  - Myofascial pain
  - Fibromyalgia
  - Chronic post-surgical pain
  - Pain secondary to chronic disease
  - Organ system pain
- C. Neuropathic
  - Chronic radicular pain of spinal stenosis, arachnoiditis, herniated disc
  - Peripheral neuropathy
  - Complex regional pain syndrome (CRPS) (RSD)
  - Chronic headaches
  - Central pain (such as phantom limb pain, post-stroke pain)
  - Spinal cord injury pain
  - Neuroma
  - Failed surgical spine syndrome
  - Chronic post-surgical pain
  - Pain secondary to chronic disease
- D. Psychosocial dysfunction related to pain
  - Adjustment to pain due to chronic disease
  - Chronic post-surgical pain
  - Anxiety
  - Depression
  - Medication misuse
  - Substance abuse

### Admission Criteria

- A. Candidates for admission to both the **Comprehensive Chronic Pain Management Program and the Comprehensive Flex Pain Management Program** should meet the following criteria:
  1. Pain has persisted beyond the expected duration of acute pain of a particular diagnosis.
  2. Pain is attributable to a nonmalignant physical cause.
  3. Psychiatric symptoms, if present, are not of an intensity that interferes with progress in the program.
  4. Complete diagnostic work-up has been performed, and medical records pertaining to previous diagnostic testing and treatment intervention have been reviewed.
  5. Usual methods of treatment intervention have not been successful in alleviating the pain, and further surgical interventions are not indicated or acceptable to the potential participant.
  6. The patient is unable to cope with the pain.
  7. Medications have been ineffective.
  8. The patient understands and demonstrates a willingness to pursue pain management versus cure of pain.
  9. Sleep dysfunction may be present.
  10. The patient is able to follow through with learned tools at home and can be independent in exercise program.
- B. Candidates for admission to the **Comprehensive Chronic Pain Management Program** should also meet most of the following criteria:
  1. There has been alteration in lifestyle in at least two areas of impairment, including loss of functional independence; alteration in social, vocational, or recreational activities; and decreased sense of autonomy.
  2. A significant portion of the patient's day is non-productive time spent resting secondary to pain.

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C. Candidates for admission to the **Comprehensive Flex Pain Management Program** are not appropriate for the Comprehensive Chronic Pain Management Program (full-day program) due to:

1. Deconditioning (inability to tolerate the full-day program)

OR

2. High level of function
  - The patient is able to continue to participate in some form of work or social activity despite pain.
  - The patient is at risk for decline of current functional level (at work and home).

### Discharge Criteria

Individuals who have attained maximum benefit from either program will, at the time of discharge, demonstrate the following:

1. Increased tolerance for functional activities, including sitting, standing and walking.
2. Increased tolerance for functional activities that facilitate return to work, school and/or daily activities.
3. Independent performance of the prescribed home exercise program.
4. Understanding and use of principles of pacing with daily activities.
5. Understanding of the relationship between stress and pain along with the ability to use stress management skills appropriately.
6. Understanding of the impact of pain behavior on interpersonal relationships and the ability to modify behavior appropriately.
7. Understanding and use of proper principles of body mechanics with all functional activities.
8. Maximal therapeutic benefit from appropriate pain medications, along with the elimination of the use of all nonessential medications.
9. Understanding of pain management tools and the ability to translate them into decreased use of the medical system.

### Criteria for early discharge

Every effort is made to adequately screen individuals prior to admission to a program in order to minimize the occurrence of inappropriate admissions. Following admission, however, participants may manifest problems or behaviors that make ongoing participation in the program not beneficial to them and/or potentially detrimental to other participants in the program. When these situations occur, the treatment team may decide that early discharge is appropriate. Examples include:

1. Three or more unexcused absences.
2. Refusal or inability to actively participate in the program.
3. Presence of acute or pre-existing medical or psychiatric condition that requires treatment in another setting.
4. Disruptive and or inappropriate behavior that negatively impacts other program participants or staff.
5. Noncompliance with medication contract.
6. Noncompliance with any component of the program.
7. Failure to embrace the philosophy of management strategies after a reasonable period of time.
8. Non-acceptance of responsibility for self-care.
9. Not making measureable progress from the first to the second staffing.

If early discharge occurs, the pain management team will make recommendations for the patient for other appropriate treatments.

### Follow-Up/Transition Among Levels of Care

- A. At the discharge conference (staffing), the team makes recommendations for follow-up outpatient therapy, purchase of equipment, support groups and fitness/wellness activities.
  1. Follow-up by the physiatrist will be scheduled on an as needed basis. In addition, individuals will be instructed to return for follow-up with referring physicians involved in their care.
  2. Follow-up with physical therapy and psychology will be scheduled as needed.

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- B. Functional outcomes will be completed at discharge.
- C. Long-term outcomes will be monitored via a telephone survey approximately three months after discharge.

### Characteristics Of The Population Served

The Comprehensive Pain Management Program and Comprehensive Flex Pain Management Program are designed to serve those persons whose lives have been disrupted as a result of chronic, non-malignant pain. The level of disruption often includes moderate to severe physical deconditioning with loss of function, strength, mobility and endurance; altered function at work, home and leisure; psychological distress of varying severity; interpersonal dysfunction; and a general inability to enjoy life.

- The program is designed for people at least 18 years of age whose pain has persisted beyond the expected duration of acute pain for a particular diagnosis.
- Some patients have different cultural needs. The Pain Management Team is sensitive to these cultural needs. Interpreters are made available to non-English-speaking patients and the hearing impaired. Many educational materials are available in Spanish or can be translated to other languages.
- Primary payors for Pain Management Program patients at Marianjoy are commercial insurance, workers' compensation and Medicare.

### Services Offered by the Integrative Pain Treatment Center

The core treatment team consists of representatives from:

- **Physiatry** - The attending physiatrist sees each patient two to three times per week in order to maintain medical stability and help ensure progression in the pain program. A physician or physician extender is available during program hours. On-call physician is available after hours.
- **Physical Therapy** - Physical therapists focus on improving physical and functional status, maximizing physical fitness and activity tolerance, promoting reduction of pain, instructing in management and self-treatment strategies, and facilitating return to work and/or daily activities.

- **Nursing** - The nurse monitors and promotes optimal wellness, function and independence through pain management education.
- **Neuromuscular Re-education Therapy and Biofeedback** - Biofeedback is used to teach relaxation, neuromuscular re-education and pain control through breathing and other physical parameters. Patients are taught techniques to have a healthier response to stress.
- **Psychology** - The psychologist focuses on the psychosocial/behavioral aspects of living with chronic pain to help the individual improve quality of life, enhance relationships, and regain meaning and purpose in their life. The psychologist coordinates a monthly pain management support group.
- **Case Management** - A case manager coordinates the pre-admission process and care for each patient, helping ensure adequate communication with the patient, family and third-party payor. The case manager also provides for discharge planning, including post-discharge referrals and information on resources.
- **Social Work** - The social worker provides group education regarding pain management. The social worker is available to educate patients about financial and community resources, disability, Medicare options, long-range planning, and return-to-work resources and modifications as needed.
- **Spiritual Care** - Weekly topics include life balance, meditation and therapeutic touch. These sessions include lecture, discussion and experiential learning.

Other disciplines and programs involved as needed are:

- Applied Rehabilitation Technology (ART)
- Neuropsychology
- Driver Education
- Occupational Therapy
- Speech Language Therapy
- Prosthetics/Orthotics

External referrals may be arranged for:

- Work Conditioning
- Work Hardening
- Nutrition Counseling
- Vocational Services
- Wellness Services

# Integrative Pain Treatment Center Programs Scope of Services (continued)

**Arrangements for diagnostic imaging (X-ray) and laboratory services:** Patients can have these services performed Northwestern Medicine Convenient Care Glen Ellyn (630.348.6200) or at a hospital convenient to their home.

**Arrangements for pharmacy services:** Patients are advised to choose a pharmacy that is conveniently located for them. All patients in both programs sign an agreement to use only one pharmacy to ensure medication safety.

## Hours of Service

- A. The Comprehensive Pain Management Program operates Monday through Friday from 8:30 am to 5:00 pm. Schedules will vary from day to day. The anticipated length of stay is 21 treatment days.
- B. The Comprehensive Flex Pain Management Program operates Monday through Friday from 8:00 am to 2:30 pm. The anticipated length of stay is 21 treatment days.
- C. Patients maintain a structured schedule during the operating hours of the program, with group and individual sessions provided by various members of the team.