An Online Curriculum for Health Care Providers on the Interface of Pain and Addiction (#86)

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Purpose

Pain management providers need training and practice resources to better manage co-morbid substance misuse and addiction or risk for addiction in patients suffering from pain.

The majority of pain management **providers did not receive adequate training** to detect, prevent, and manage patients at the interface of pain and addiction.

1) Existing training programs give little attention to the problem of substance misuse and addiction in pain patients,
2) Addiction risk is not seen as a comprehensive understanding of the varying risk in addiction potential, severity, type, history, impact, or duration,
3) Existing training typically focuses on knowledge acquisition rather than skills training, and,
4) Pain treatment providers have little time; they need quick and simple access to high quality addiction resources when managing pain patients.

Core Program + Practice Curriculum

1) Chronic Pain and Opioids: What's the Plan?
2) Communicating with Patients: Assessing Risk and Creating a Shared Approach
3) Minimizing Diversion and Overdose Risk: Dealing with Unique Challenges of Opioid Treatment
4) Remote Live Standardized Patient Interview
   - Practice clinical applications
   - Interviewing patient actors via live online chat
   - 10 to 20 minute interview in 1 hour course
   - Receive feedback and targeted learning material
   - Use an on demand period or schedule a time

Public Health Relevance of the Topic

The majority of providers in the pain practice community did not receive adequate training to detect, prevent, and manage patients at the interface of pain and addiction. Without this training, many providers do not follow evidence-based and clinical consensus recommendations for preventing, recognizing, and managing substance misuse and addiction in pain patients, even though recommendations are not difficult to understand, resources exist, and the risk of mistreatment is obvious [and deleterious for the physician as well as the patient].

Methods

During 2008 we assembled a panel of 12 pain and addiction expert consultants, including physicians, nurses, researchers, and a psychologist. A **needs analysis** was conducted with primary care providers and with pain and addiction experts (N=56); they provided feedback about: 1) the target audience's educational needs and online learning preferences and 2) the proposed education plan.

Usability tests were conducted during 2009 with two different groups of pain management providers: 1) physicians, and 2) nurse-practitioners. **The primary focus was to assess the interface of the online "chat-based" standardized patient (SP) interview experience** using mixed methods including "think aloud", qualitative surveys and open ended interview questions. Additionally, participants were asked to provide feedback on a "self-assessment" tool which will be included in the training program.

Iterative rounds of **Expert Review** from employed to assess the educational content of the continuing education modules, SP cases, and the informational Guides. Resources were added to an online database based on expert recommendation, Google(R), and PubMed searches.

Results

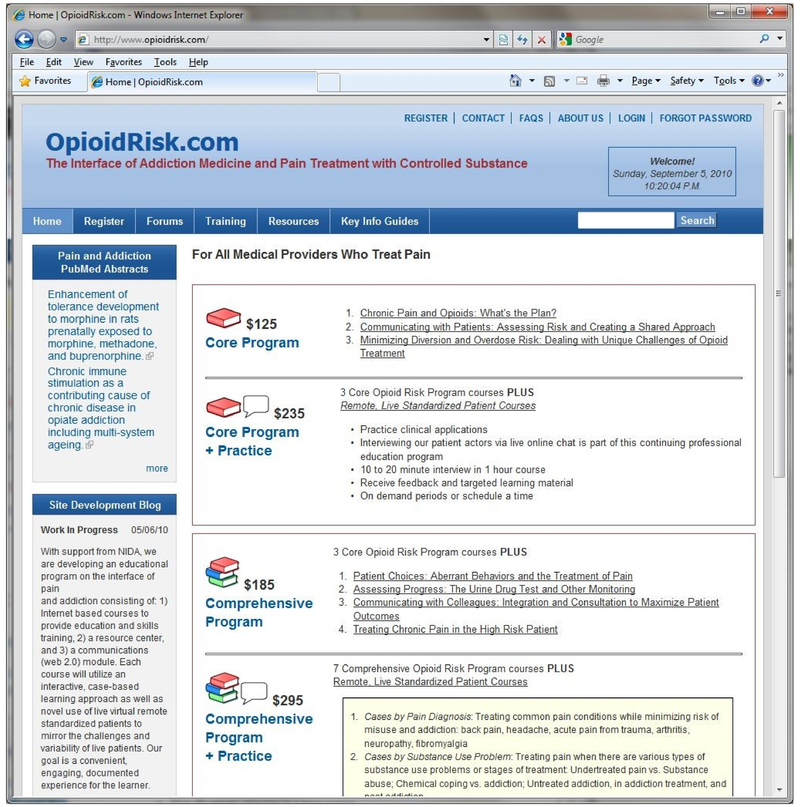
Using contract funding from the **National Institute on Drug Abuse**, we have created an online environment for pain management providers that provides a unique combination of skills training/continuing education, resources, and collaboration related to the topic of pain and addiction. Pain managers can use the website to collaborate, answer point of care questions, and/or receive CME credit on a just-in-time basis or via standard educational curricula.

The skills training involves a **novel SP educational experience** available via Internet chat with a live SP performing the role of a patient with issues relevant to both pain and addiction.

A functional online resource has been created that responds to the usability recommendations and needs analysis work. Six online educational courses and 2 SP cases have been reviewed by experts and will be available for CME credit in Fall 2010. Over 200 resources are available, each with a short annotation, and the ability for the user to provide an additional critique.

Future Work: A summative evaluation of the curriculum starting in September will assess if the clinician will be able to:

1) reduce the risk of misuse of prescribed substances,
2) recognize and assure adequate treatment of substance misuse and addiction in chronic pain patients, and
3) provide pain management in patients with substance use disorders.



Conclusion

The project has successfully built a suite of skills training courses with supportive content that offers real world challenges in the form of brief cases, more complicated cases, and standardized patients. The curriculum includes a catalog of quality resources and a quick and simple search engine.

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Citation and Communication

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