Supporting Self-Care in Veterans with Chronic Pain: Nurse Practitioner-led Telephone Follow-Up

Joseph Burkard, DNSc, CRNA; Marissa A. Munsayac, RN, BSN, DNP, FNP; Diane Fatica, DNP, ANP/FNP-BC; David Bittleman, MD

Introduction
- Veterans are disproportionately affected by chronic pain due to combat experiences
- Over 1 million veterans in the U.S. use opioids to treat pain; half use opioids chronically
- 50% of male veterans report chronic pain in primary care alone
- Conventional pain management includes opioid analgesics and lacks emphasis on self-care management
- 5A's is an evidence-based approach shown to improve self-care management for chronic conditions

Evidence of Problem
In Sept. 2015, VA Primary Care clinic in San Diego implemented a quality improvement project using a self-care model among veterans with chronic pain. Evaluation of the data revealed:
- Average NPR Pain Score = 5.94
- Average ACPA QOL Score = 4.7
- Average pain medication use = 2.21
- 50% of patients did not have follow-up plan

Evaluation: Increase follow-up of self-care management in order to monitor compliance and improve outcomes

Objectives
- To implement a Nurse Practitioner-led telephone follow-up guided by the 5A's framework in a primary care setting
- This pilot evidence-based project aimed to improve follow-up of self-care management among chronic pain veterans, resulting in decreased pain, increased quality of life, and decreased pain medication use

Framework/EBP Model
The Iowa Model of Evidence-Based Practice to Promote Quality of Care guided this project

Project Plan Process
- March 2016 to June 2016
  - Baseline data reviewed from 26 medical records from Sept 2015 –June 2016
  - Report problem to stakeholders
  - USD and VA IRB approval
- June 2016 to Nov 2016
  - Implement monthly intervention (n=14)
  - Collect outcome data
  - Monitor Results
- Nov 2016
  - Pre/post data analysis
  - Report results to stakeholders
  - Dissemination of results

Cost-Benefit Analysis
- Total project cost: $20 for printed materials
- VA Primary Care providers are able to bill for telephone encounters which may increase overall reimbursement
- Reimbursement amount depends on multiple factors including veterans’ age, service connection, and VERA rank
- Many chronic pain veterans are evaluated for service-connected conditions and comorbidities which require frequent follow-up

Results

Evidence-Based Interventions
- Monthly telephone follow-up by Nurse Practitioner (NP)
- 5A’s framework to develop patient-centered care plan and follow-up
  - Ask, Assess, Advise, Assist, Arrange
- Assessment of pain, quality of life, and number of pain medications used
  - Numeric Pain Rating Scale (NPR) & American Chronic Pain Association Quality of Life Scale (QOL)
- Reinforce self-care model for chronic pain

Implications for Clinical Practice
- 5A’s is an evidence-based framework that can be adapted to promote self-care of chronic pain
- Telephone follow-ups may serve as substitute for routine chronic pain follow-up visits or as a supplement to improve quality of care
- Future research may look to improve practice by implementing scheduled telephone follow-up appointments in a primary care setting

Conclusions
- This pilot evidence-based project revealed a monthly NP-led telephone follow-up may improve overall quality of care among chronic pain veterans
- Results showed decreased average pain scores, increased average quality of life scores, and no significant change in average pain medication use compared to baseline
- 5A’s framework helps promote self-care and establish goals for follow-up
- Limitations include: length of study and timing of phone calls due to variable schedules of veterans and providers

Evaluation of pre/post project implementation data: The NP-Led telephone follow-up significantly decreased the veterans pain and increased QOL. The veterans pain decreased on average 1.44 (95% confidence interval, 0.605, 2.27) and was statistically significant at p < .003. The veterans QOL increased on average 2.08 (95% confidence interval, 1.0, 3.15) and was statistically significant at p < .001. 13 out of 14 veterans (93%) completed all 3 telephone follow-ups.