



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

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## 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

## Objectives

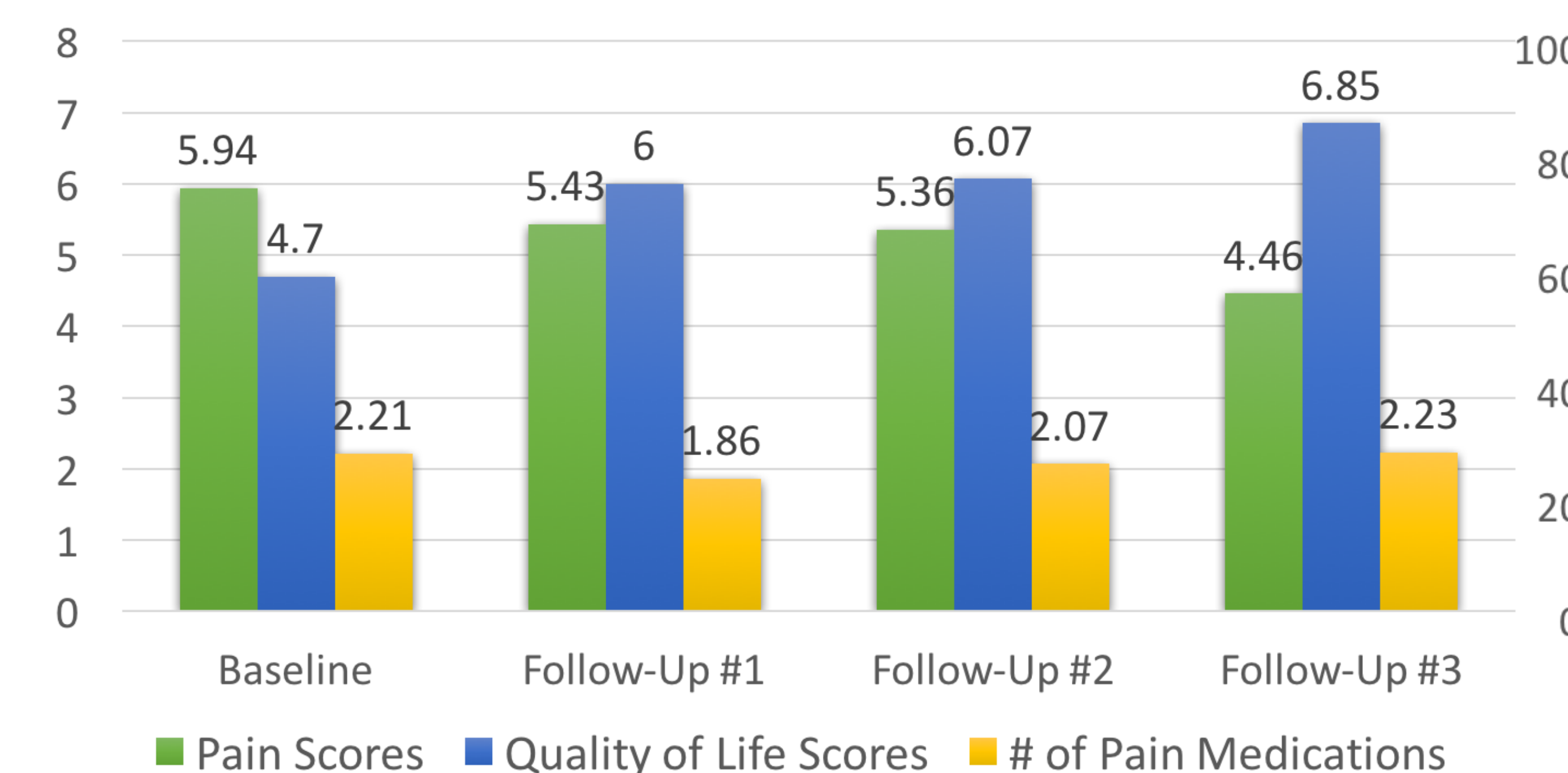
- To implement a Nurse Practitioner-led telephone follow-up guided by the 5A's framework in a primary care setting
- This pilot evidence-based project aimed to improve follow-up of self-care management among chronic pain veterans, resulting in decreased pain, increased quality of life, and decreased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

## Framework/EBP Model

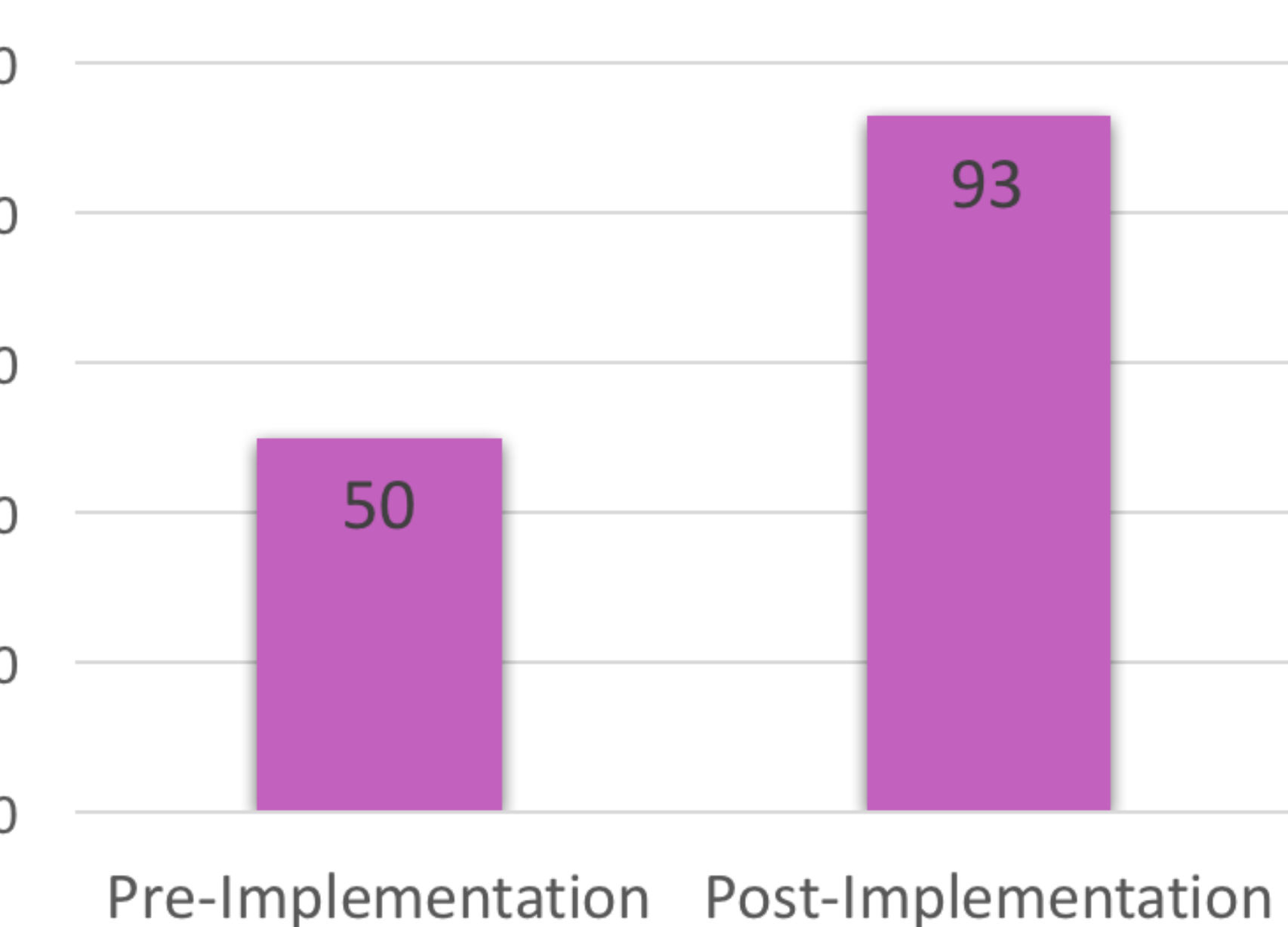
The Iowa Model of Evidence-Based Practice to Promote Quality of Care guided this project

## Results

Comparison of Average Pain Scores, Quality of Life Scores, and Number of Pain Medications



Follow-Up Completion (%)



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, .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.

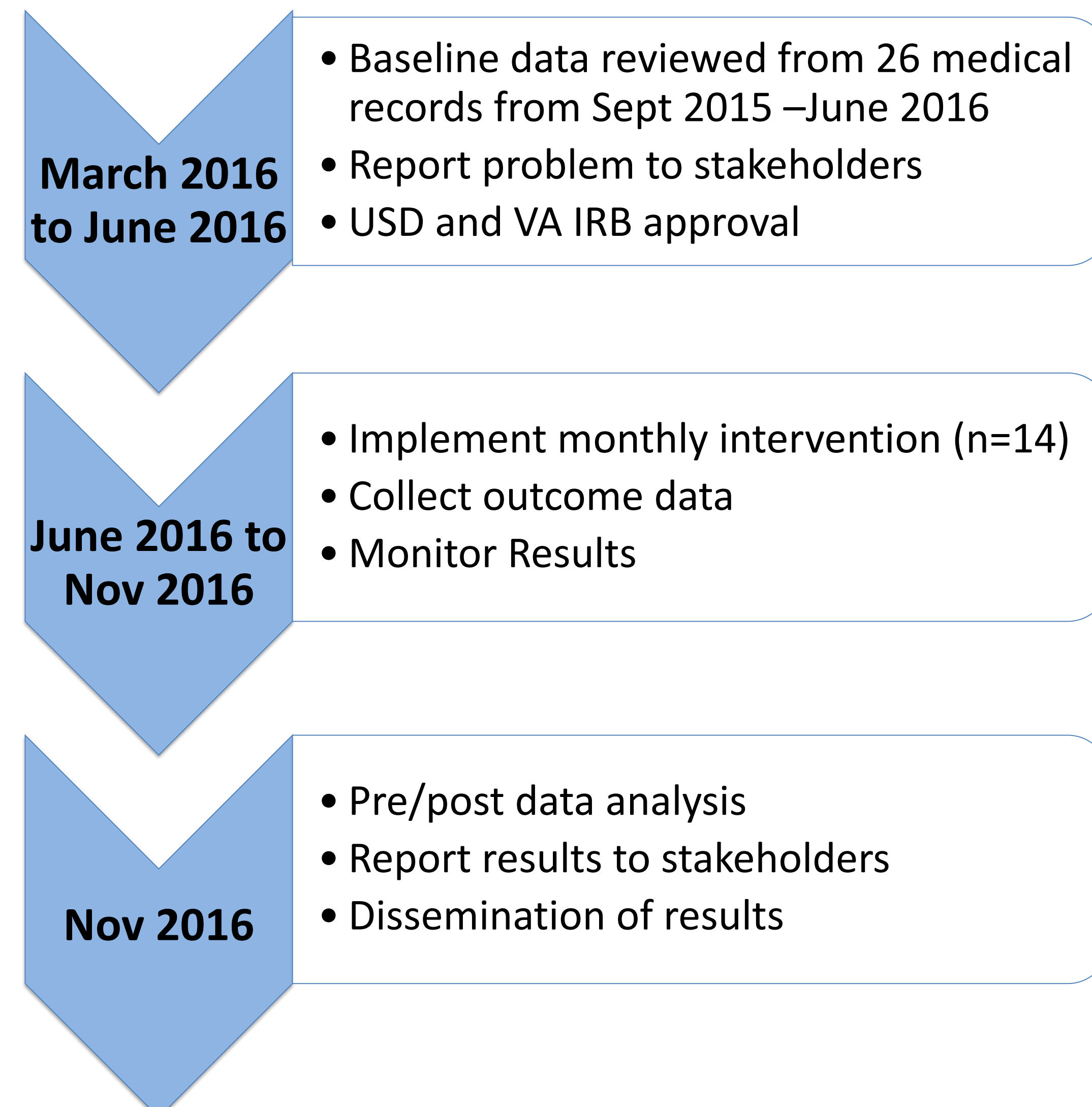
## Evidence of Problem

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

## Project Plan Process



## 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

## 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

## 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

