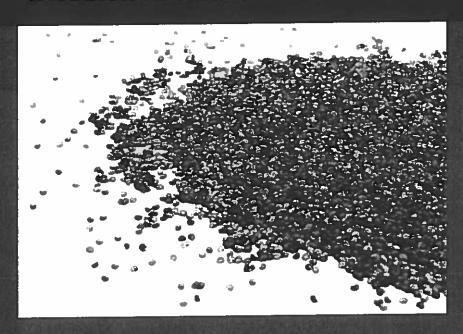
EARLY INTERVENTION IN CHRONIC PAIN AND DELAYED RECOVERY

MICHAEL COUPLAND, CPSYCH, CRC Integrated Medical Case Solutions





INTEGRATED MEDICAL case solutions

National Panel of Psychologists

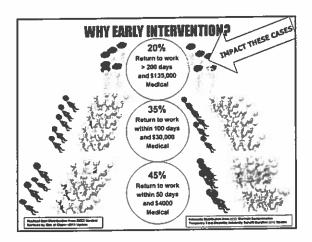
- Biopsychosocial Pain Evaluations
- Functional Psychological Evaluations
- Opioid Assessment and Intervention
- Early Identification of Chronic Pain and Delayed Recovery

Michael Coupland, CPsych, CRC

Charter and Registered Psychologist (AB) specializing for 30 years in Occupational testing and measurement;

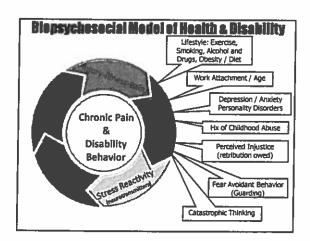
Developer of the AssessAbility Functional Evaluation (FME) system utilized in over 150,000 functional evaluations

Author: AMA text on Functional Evaluation / IAIABC Article Chronic pain Expert to the Federal Government Social Security Disability Determination projects;



	ţ
10	<u>,</u>
<u></u>	
	ife

to er	able provide	ers / adjusters / c
		sk for chronic pa
elayed	recovery an	d opioid abuse
W-03-20	Bur Sanda	
- 2	AND DESCRIPTION	
		The Children Com to Terra Charles the last
100	SCHOOL SERVICES	the last the fire the fact
90 · · · ·	THE STATE OF THE PARTY AND ADDRESS.	Per Set Sea Sec Sea Sea
· · · · · · · · · · · · · · · · · · ·	en white a remark man	Per Set Sea Sec Sea Sea
31	THE STATE OF THE PARTY AND ADDRESS.	TANKS OF THE STATE OF
27		TANKS OF THE STATE OF
	Here I are all those thanks a product of the second of the	TANKS OF THE STATE OF
	See St. Act of Bras Heart Constitution See St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	Per See See See See See See See See See S



How to Treat Biopsychosocial Factors without Buying' an unwarranted Psych Claim

Health and Behavior Assessment CPT 96150 Health and Behavior Intervention CPT 96152

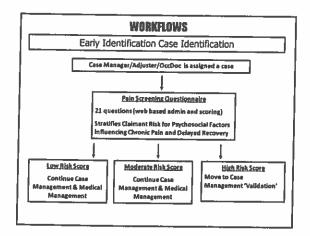
Reasonable and necessary for the patient (CMS Definition):

- Biopsychosocial factor affecting the treatment or medical management of an illness / injury
- Documented need from the patient's attending physician to resolve the psychological barriers to the management of his/her physical disease and activities of daily living

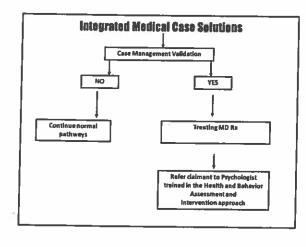
Coupland, M. Psychosocial Interventions for Chronic Pain Management. The International Journal of Industrial Accident Boards and Commissions; Fall 1909

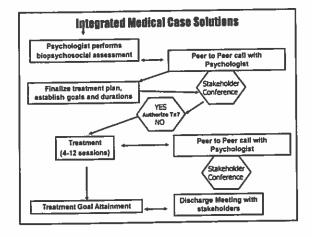
Early Identification of BioPsychoSocial Risk Factors	
1. Psychosocial risk factors have been valued	
a. Meta Analyses	
b. Prospecti dies c. Control gratudia	
2. A Pain So. Juesti hi. Jated	
Score	
3. Brief cognitive em papy CBT) interventions can succeivefully intervented	
less time loss / madical spend / greater function	
Early Intervention Screening]
1	
PSQ-Pain Screening Questionnaire (Linton)	
PSQ 21 Questions (5 minutes) •Pain Attitudes, Beliefs and Perceptions	
Pain Attitudes, Bellers and Perceptions Catastrophizing	
Perception of Work	
•Mood/Affect	
Behavioral Response to Pain	
•Activities of Daily Living	
	7
Early Intervention Screening	
PSQ-Pain Screening Questionnaire (Linton)	(€
Sample QuestionsOn a Scale of 1 to 10	
How would you rate the pain you have had during the past week	
In your view, how large is the risk that your current pain may become permanent?	
An increase in pain is an indication that I should stop what I'm doing until the pain decreases	

•I should not do my normal work with my present pain.



WORKFLOWS ...OR CLAIMS INDICATORS a. Inadequate or delayed recovery; chronic pain. b. Medication issues and / or drug problems: c. Problems with compliance / adherence with prescribed medical treatment d. Significant psychosocial factors negatively impacting recovery e. Catastrophic Injuries with significant pain related or other dysfunction, e.g. spinal cord injury. f. Cases for which certain procedures are contemplated, e.g. back surgery, pump, stim.





Health and Behavior Assessment

Patient Interview (45 minutes)

- •Medical / Psychiatric History
- •Psychosocial History
- Mental Status Exam
- Current symptoms reported
 - Onset History
 - Aggravating factors
 - •Relieving factors
 - Interference with tasks
- Medications
- •Current Vocational Status, Work Attitudes



Health and Behavior Assessment

Patient Testing (30 minutes)

- •Catastrophic Thinking
- •Fear Avoidant Behavior
- •Perceived Injustice Scale
- •Alcohol and Drug Abuse / Opioid Abuse Risk
- History of Stress / Trauma / Abuse
- •Depression and Anxiety
- Social Support / Stress
- •Work Attitudes /RTW Beliefs
- •Health Locus of Control



Health and Behavior Assessment

Telephonic Peer to Peer Consult (10 minutes)
Discussion of

- 1. Assessment Results
- 2. Appropriateness / Barriers
- 3. Treatment Goals
- 4. Duration



Treatment

Integrated Care

- Case Management
- Guidelines-based Medical Management
- Cognitive Behavioral Therapy
- Active Exercise Rehabilitation
- Return to Work Coordination



Treatment

Health and Behavior Intervention Plan

- ✓ Specific Functional Intervention Goals (i.e.)
 - Fear of re-injury
 - Sleep hygiene
 - Work issues
 - Engagement in Activities
- ✓Intervention Duration (4-12 sessions)
- **√**Barriers



Goal Attainment Scaling

Coupland, M. Psychosocial Interventions for Chronic Pain Management The International Journal of Industrial Accident Boards and Commissions; Fatl 2009

BioPsychoSocial TreatmentCognitive Behavioral Therapy (CBT)

Dr. Kee is going to present much more on this approach.



Pain is inevitable Suffering is options.

Treatment

RTW Outcomes

	Control Group	Intervention Group	
	High Risk and Very High Risk	High Rlak	Very High Risk
Sample Size	36	62	109
% claims closed at 26 weeks	33%	78%	62%
% working at 26 weeks	17%	68%	39%
Avg claim duration at 26 weeks	24 weeks	18.7 weeks	20.2 weeks



Coupland, M., Margison, D. Early intervention in Psychosocial Risk Factors for Chronic Pain, Musculoskeletal Disorders and Chronic Pain Conference, Feb 2011, Los Angeles, CA

Treatment

Outcomes @26 wks+

High Risk vs. Low Risk Psychosocial

- 9% Fewer Pt. get Physical Therapy
- 10% Fewer Pt. get Imaging Studies
- 13% Fewer Pt. get Injections
- 6% Fewer Pt. get Surgeries
- 5% More Pt. get Vocational Rehabilitation



Coupland, M., Mergison, D. Early intervention in Psychosocial Risk Factors for Chronic Pain, Musculoskeletal Disorders and Chronic Pain Conference, Feb 2011, Los Angeles, CA

MMI/RTW

- MMI by physical medicine physician
- No MMI / PIR by psych when treatment is under H&B codes, as physical diagnosis is the compensable diagnosis



Questions? <u>www.imcs.us</u> [866] 678-2924

