

Introduction: Background/Context

The connection between Chronic Pain, Diversity, and Equity

- Underserved patients tend to lack access to medical care, especially chronic pain treatments.
- 10%-15% of patients present to their primary care physician with chronic pain. (1)
- Primary care physicians often act as a patient’s chronic pain physician, and treat a large bulk of chronic pain issues, especially among underserved patients. (2)
- At Cedars-Sinai Medical Center, a large portion of our patients fall under Medicare or Medicaid.
- As a medical center with 886 licensed beds and 2100 physicians, Cedars-Sinai also treats the largest number of Medicare and Medicaid patients within Southern California.
- Although chronic pain anesthesiologists have expertise for managing pain, internal medicine residents and attendings act as the first point of contact for these underserved and diverse patient populations.

Aim / Purpose / Objective

- Facilitate collaboration between the Medicine Department and the Anesthesiology Department to create a reference guide for common pain pathologies.
- This reference guide will provide evidence-based guidelines on diagnosis, treatment and appropriate referrals.
- This reference guide will supplement internal medicine residents’ experience with chronic pain pathologies and controlled substances and improve their confidence with these clinical situations.

Methods: Interventions/Changes

- The Department of Medicine will identify common chronic pain pathologies observed in the outpatient setting.
- The Department of Anesthesiology, the Department of Emergency Medicine and the Department of Medicine will help develop evidence-based guidelines and educational resources for residents in the outpatient setting.
- Residents’ confidence and knowledge will be measure before and after distribution of these educational resources for chronic pain.

Methods: Measures/Metrics

- Resident’s knowledge and comfort with treating chronic pain pathologies can be measured before and after distribution of chronic pain educational resources.
- Continued discussions and interviews with residents can also provide subjective feedback and criticism to improve these educational resources and to identify other potential educational interventions.

Barriers/Strategies

- Each pain pathology has its own unique diagnosis and treatment.
- Identifying additional chronic pain pathologies may be needed before residents feel confident in treating most chronic pain patients in the outpatient setting.
- Ensuring that enough residents take surveys on their knowledge and comfort with treating chronic pain pathologies.
- Minimizing the effect of selection bias on surveys given to residents.
- Creating surveys with appropriate questions to more accurately assess residents’ knowledge and confidence in treating common chronic pain pathologies.

Discussion & Next Steps

- Compiling all current educational handouts on chronic pain pathologies.
- Presenting this chronic pain educational initiative to internal medicine residents and the Internal Medicine Residency Program. This will help residents fully engage and take advantage of this educational opportunity.
- Creating surveys with appropriate questions to accurately assess residents’ knowledge and confidence in treating common chronic pain pathologies.

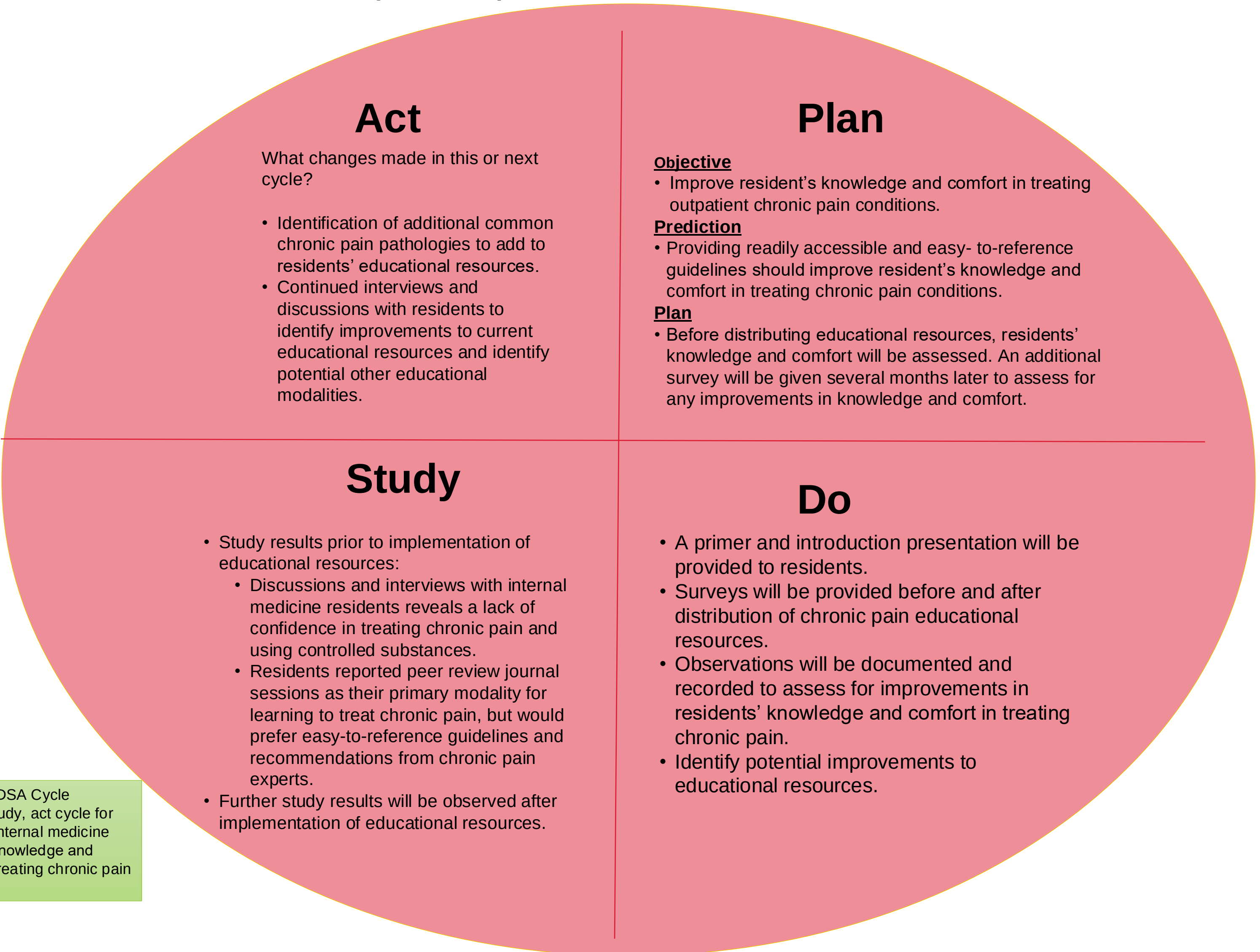


Figure 1: PDSA Cycle
Plan, do, study, act cycle for
assessing internal medicine
residents’ knowledge and
comfort in treating chronic pain
conditions.

References:

- 1) Mills S, Torrance N, Smith BH. Identification and Management of Chronic Pain in Primary Care: a Review. Curr Psychiatry Rep. 2016 Feb;18(2):22. doi: 10.1007/s11920-015-0659-9. PMID: 26820898; PMCID: PMC4731442.
- 2) Owen GT, Bruel BM, Schade CM, Eckmann MS, Hustak EC, Engle MP. Evidence-based pain medicine for primary care physicians. Proc (Bayl Univ Med Cent). 2018 Jan 8;31(1):37-47. doi: 10.1080/08998280.2017.1400290. PMID: 29686550; PMCID: PMC5903506.