

Title: Education on a New Pain Consult Tool to Enhance Psychiatry Involvement in the Treatment of Chronic Pain



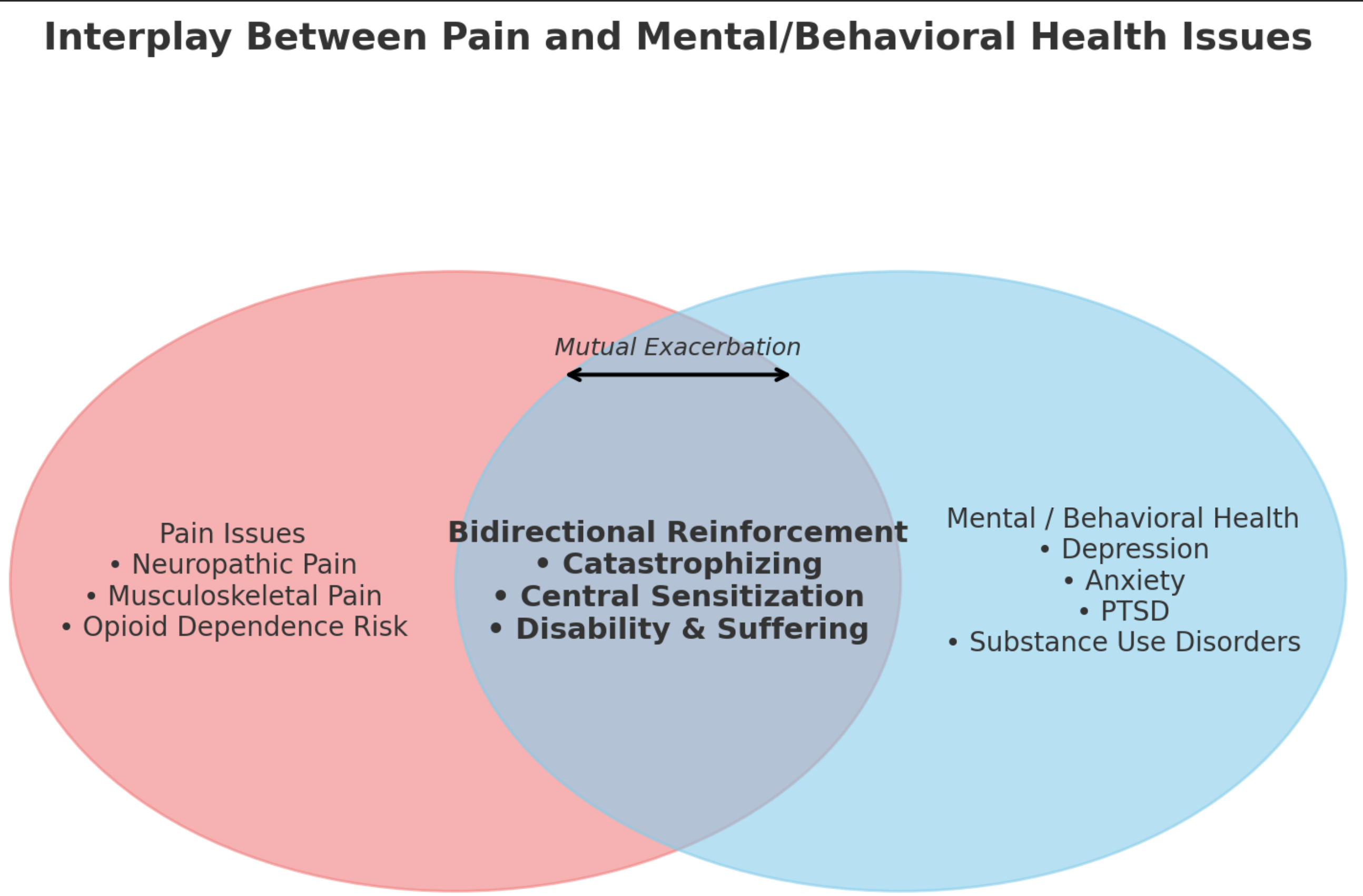
BACKGROUND: Psychiatric patients often have comorbid chronic pain; psychiatrists undertrained in pain management; lack of awareness of VA pain resources.

OBJECTIVES: Evaluate psychiatry providers’ understanding, attitudes, and awareness of chronic pain + consult tool.

METHODS

- 1. Site: Atlanta VA Medical Center
- 2. Participants: ~50 residents (MSM, Emory) + attendings
- 3. Pre/post surveys (17 Qs, 5–7 mins, online)
- 4. Intervention: Tiered consult tool + brief education (emails + meetings)
- 5. Timeline: 6 months

DECREASED FAMILIARITY WITH AVAILABLE RESOURCES AND DEFICIENT TRAINING IN PAIN MANAGEMENT MAY PREVENT PSYCHIATRISTS FROM HEALTHILY ADDRESSING PATIENT PAIN



Atlanta VAHCS Tiered Pain Consult

Step 1: Education, Whole Health, Self Management <i>(Consider trial of at least 2 options from Step 1 before proceeding to Step 2)</i> • Pain Coach Mobile App (educational link) • Medication Management: APAP, NSAIDs, Topicals (educational link) • Pain Education Class (Psychoeducational Only) • Whole Health Step 2: Devices, Medications, PT/OT, and Behavioral Pain Management Options <i>(Consider trial of at least 2 options from Step 2 before proceeding to Step 3)</i> • Device Trial: TENS, Alpha Stim, etc (Link to PM&R Tens consult, and ANES alpha stim consult) • Physical Therapy • Occupational Therapy • Pain Pharmacotherapy E-Consult • Refer to Behavioral Pain Management List Step 3: Complementary and Integrative Health Consults <i>(whole health consult needs placed prior to acupuncture and medical massage consults. Do not place acupuncture and medical Massage concurrently)</i> • Medical Massage • Acupuncture (do not order concurrently with medical massage)	Step 4: Specialty Interventional Pain Medicine <i>(imaging required, PT/OT needs completed, has a thorough history or physical been done prior to ANES/Pain or PM&R)</i> • Pain Clinic (Anes/Pain or PM&R) • Referral to Complex Pain Case Conference (occurs 4th Mondays at 1400 via Teams contact Dr. Potru to be added for discussion) • Chiropractic Care Step 5: Complex <i>(Utilize for high risk patients (eg. high dose opioid with MH/SUD comorbidities) that have failed previous stepped care options)</i> • Complex Pain Clinic (Interdisciplinary CARA PMT)	Behavioral Pain Management List Primary Care Options • PC-MHI Referral (can assess if pain is primary concern or if other mental health symptoms are priority) Primarily Group Based Interventions • Telepain EVP (30 hours: 10 ACT; 10 PT; 10 Mindful Awareness and Self-Compassion) • AMP (16 total hours, 2 hours per group: 8 CBT; 8 PT) Individual and Group Interventions • Chronic Pain (Psychology Consult) Interfacility Residential and IOP interventions • Interfacility consult TAMPA VA (CRP 3 week inpatient/residential pain management program) • PEAK Virtual IOP program
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EXPECTED RESULTS:

- ↑ Recognition of chronic pain as a diagnosis
- ↑ Knowledge of VA pain resources
- ↑ Confidence in co-treatment & consult submissions
- ↑ Perceived teamwork across psychiatry & pain medicine

DISCUSSION:

- Training gap: psychiatrists lack structured pain management exposure
- Consult tool simplifies referrals, strengthens collaboration, esp. with SUD cases
- Future: Model can inform broader VA and academic psychiatry systems

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