Support for patients with chronic pain

Providers do a tremendous amount of work to support their patients living with chronic pain. Ensuring the safety of patients taking long-term opioids poses additional challenges. The Care Management for Chronic Pain (CMCP) program offers **evidence-based support for high-risk patients on MEDD 90-119 mg.**

CMCP program benefits

A social worker and pharmacist partner with a member's primary care provider to provide up to 6 months of **biweekly telephonic pain management support** for patients on MEDD 90-119 mg. This support includes:

- **Medication management and taper support:** Tailored recommendations based on patient history and comorbidities with longitudinal follow-up to adjust pace of taper and optimize non-opioid medications
- **Evidence-based pain management resources:** Cognitive Behavioral Therapy for Chronic Pain, plus self-management education and support
- **Care coordination:** Navigational assistance to identify available physical therapy and complimentary therapies, plus linking patients to social and mental health resources

Evidence

Care management programs improve pain, function, and satisfaction for patients with chronic pain when compared with usual care[1],[2]. Using pharmacist-led programs to taper opioids safely and meaningfully can reduce chronic opioid use, with over half of participants in one study reducing their daily opioid use by 50% or more[3],[4].

How to refer

The CMCP team proactively reaches out to providers who care for members on MEDD 90-119 mg. Providers then introduce the program and benefits to eligible patients. If the patient agrees to learn more, the provider places a referral to CMCP by emailing CMCP@kp.org. **The CMCP team will contact members within two weeks of referral.** This program has grant funding so patients can participate at no cost.

Contact us for more information

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Fax: 855-524-3241

[1] Kroenke K, Krebs EE, Wu J, Yu Z, Chumbler NR, Bair MJ. Telecare collaborative management of chronic pain in primary care: a randomized clinical trial. *Jama.* 2014;312(3):240-248

[2] Skelly AC, Chou R, Dettori JR, Brodt ED, Diulio-Nakamura A, Mauer K, Fu R, Yu Y, Wasson N, Kantner S, Stabler-Morris S. Integrated and Comprehensive Pain Management Programs: Effectiveness and Harms. Comparative Effectiveness Review No. 251. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 75Q80120D00006.) AHRQ Publication No. 22-EHC002. Rockville, MD: Agency for Healthcare Research and Quality; October 2021. DOI: 10.23970/AHRQEPCCER251

[3] Kuntz JL, Schneider JL, Firemark AJ, et al. A pharmacist-led program to taper opioid use at Kaiser Permanente Northwest: Rationale, design, and evaluation. Perm J 2020;24:19.216. DOI: https;//doi.org/10.7812/TPP/19.216

[4] Kuntz JL, Schneider JL, Firemark AJ, et al. Factors associated with opioid-tapering success: A mixed methods study. Journal of the Merican Pharmacists Association. 21 December 2020. DOI: https://doi.org/10.1016/j.japh.2020.12.019