Guideline Summary NGC-8653

Guideline Title

Adapting your practice: recommendations for the care of homeless adults with chronic non-malignant pain.

Bibliographic Source(s)

Wismer B, Amann T, Diaz R, Eisen D, Elder N, Ho C, Hwang S, Johnston M, Joslyn M, Kertesz S, Kushel M, Preston C, Solotoroff R, Thompson L, Silva F, Smith S, Zevin B, Meinbresse M, Post P, editor(s). Adapting your practice: recommendations for the care of homeless adults with chronic non-malignant pain. Nashville (TN): Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.; 2011. 119 p.

Guideline Status

This is the current release of the guideline.

Scope

Disease/Condition(s)

Chronic non-malignant pain

Guideline Category

Counseling

Diagnosis

Evaluation

Management

Prevention

Treatment

Clinical Specialty

Critical Care

Emergency Medicine

Family Practice

Geriatrics

Internal Medicine

Nursing

Pharmacology

Preventive Medicine

Psychiatry

Psychology

Intended Users

Advanced Practice Nurses

Allied Health Personnel

Emergency Medical Technicians/Paramedics

Health Care Providers

Nurses

Occupational Therapists

Pharmacists

Physical Therapists

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Public Health Departments

Social Workers

Guideline Objective(s)

- To provide helpful guidance to health care professionals serving adults with chronic non-malignant pain who are homeless or at risk of homelessness, and that they will contribute to improvements in both quality of care and quality of life for these patients
- To enhance understanding of optimal chronic pain management among experienced homeless services providers and among primary care providers who are less experienced in the care of homeless and other marginalized people
- To facilitate adherence to these standards in the care of impoverished, displaced persons with multiple medical and psychosocial problems

Target Population

Adults with chronic non-malignant pain who are homeless or at risk of homelessness

Interventions and Practices Considered

Evaluation/Screening

1. Fostering a therapeutic alliance with the patient
2. History, including physical and mental health (history of traumatic brain injury/substance abuse), history of chronic pain, living situation
3. Physical examination with trauma-informed care, including initial exam, comprehensive and serial, focused exams, and physical origin of pain
4. Assessment, screening and diagnostic testing, including urine drug testing

Management/Treatment

1. Establishment of patient-centered goals and treatment regimens
2. Reviewing concepts of pain management
3. Patient education program and self-management practices
4. Educating providers about prescribing practices
5. Non-pharmacologic treatment, including cognitive behavioral therapy (CBT) and acupuncture
6. Pharmacologic treatment, including use of opioids and non-opioids
7. Monitoring functional status
8. Nonjudgmental approach to behaviors outside the treatment plan
9. Follow-up care

Major Outcomes Considered

- Quality of life
- Functional status
- Opioid use/misuse

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

The development of these guidelines included a literature search of PubMed using the following key words:

- homeless + health
- chronic pain
- homeless + pain
- pain + stress
- stress + homeless

The timeframe of the literature search was approximately September 2009 to June 2011.

References were also identified through online searches of current pain guidelines, bibliographies of relevant reports and publications from the National Health Care for the Homeless Council (www.nhchc.org). References cited in the guidelines were ultimately selected by the advisory committee. Selection was based on the judgment of these experienced homeless services providers regarding the validity, significance, and usefulness of the publications to clinicians whose patients include individuals who are homeless or at risk of homelessness.

Number of Source Documents

This guideline is adapted from 6 primary sources.

Methods Used to Assess the Quality and Strength of the Evidence

Not stated

Rating Scheme for the Strength of the Evidence

Not applicable

Methods Used to Analyze the Evidence

Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Chronic pain management for homeless and other marginalized people was identified as a Network training priority in 2008. A literature review revealed knowledge gaps in this area and responses to a survey of homeless services providers conducted in 2010 revealed both knowledge and practice limitations. The 101 participants in this survey were from 26 states in the U.S. and one province in Canada. Results showed that these providers were uncomfortable prescribing opioid analgesics for pain, lacked access to nonpharmacological pain interventions, and lacked resources for optimal pain management. (A report of survey results can be found on the National Health Care for the Homeless [HCH] Council website at www.nhchc.org.) In 2011, an advisory committee comprised of 16 health and social service providers experienced in chronic pain management for underserved populations was convened to develop clinical and programmatic recommendations for the care of homeless adults with chronic non-malignant pain. These recommended practice adaptations reflect their collective judgment about optimal pain management interventions for this population.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

Published cost analyses were reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

The guideline developer's Advisory Committee identifies, in the original guideline document, the clinicians who reviewed and commented on the draft recommendations prior to publication.

These recommendations of the Healthcare for the Homeless (HCH) Clinicians' Network were approved by the Advisory Committee on Adapting Clinical Practice for Homeless Adults with Chronic Non-Malignant Pain, whose members have expertise in homeless health care, treatment of chronic pain, and addiction medicine.

Recommendations

Major Recommendations

Recommended Clinical Practice Adaptations

History

- Focus primarily on fostering a therapeutic alliance at the initial encounter, recognizing that this may be the only opportunity to engage a homeless patient in ongoing care. Use the initial visit as a critical opportunity to engage the patient and establish trust.
- Ask about physical and mental health (including history of traumatic brain injury/substance use), history of chronic pain, and living situation (including residential stability).

Physical Examination

- Defer the physical examination to the second visit, if needed, or keep the initial exam focused on the area of concern. Perform serial focused exams (as tolerated), if needed. Look for evidence of occult alcoholism or addiction.
- Practice trauma-informed care during the physical examination and in all patient encounters, recognizing that individuals who are homeless are likely to have experienced some form of previous trauma.

Assessment, Screening and Diagnostic Testing

- Assess every chronic pain patient for substance use and mental health issues. Based on prevalence of behavioral health issues in the patient population served as well as provider and staff resources and experience, weigh benefits and costs of using standardized screening tools.
- Use urine drug tests (UDT) as an additional tool in initial assessment for substance use disorders and in the ongoing evaluation of patient outcomes. Use UDT and pill counts carefully and strategically to monitor treatment adherence and to minimize diversion, misuse, and abuse for patients on chronic opioid therapy (COT). Use a universal precautions approach to initial and ongoing assessment of all patients with persistent pain, particularly those receiving opioid analgesics.

Plan of Care

- Jointly identify indicators of functional improvement with the patient to help determine whether the plan of care is "working." Develop a plan emphasizing holistic treatment with multiple modalities; assure patient understanding of the treatment plan; modify in response to functional change or if problems arise.
- Determine the patient's stage of change and how behavioral health problems are contributing to chronic pain. Include a behavioral health care plan in the plan of care.
- Plan for safe storage of medication and adaptation of prescribing/dispensing practices, as needed.

Education, Self-Management

- Review fundamental concepts of chronic pain management at every visit.
- Consider group visits as a vehicle for patient education; develop a core curriculum for all patients supplemented by special groups for those with higher needs.
- Educate providers about prescribing opioid analgesics to homeless persons with substance use disorders and adaptation of prescribing/dispensing practices, as needed.
- Emphasize setting reasonable, attainable, short-term self-management goals while working toward long-term goals. Use motivational enhancement techniques to help patients resolve ambivalence about behavioral change.

Treatment, Management

- Select treatment based on context and available resources (e.g., street/shelter, bare-bones poorly resourced health center, full-service ambulatory clinic with access to specialists, well-equipped hospital/medical respite program).
- Encourage early and ongoing non-pharmacologic treatment. Address psychosocial needs.
- Choose non-opioid pharmacologic interventions based on etiology of pain, co-morbid conditions, medications, and other factors, some of which are more common among homeless people.
- Apply other guidelines cited in this document on use of opioids for chronic pain, with particular attention to identifying psychosocial factors that may complicate their use for homeless persons; structure monitoring and follow-up to address those factors.
- To promote successful use of opioid analgesics by homeless patients, use a written treatment plan, patient provider agreement/informed consent (assuring that patients understand them), a multidisciplinary care team, and a consistently nonjudgmental approach to behaviors outside treatment plan.

Associated Problems, Complications

- Monitor functional status closely and investigate any decline, which has a broad differential diagnosis but may indicate active substance abuse.
- Use a nonjudgmental approach to explore behaviors outside the treatment plan, which may indicate diversion or misuse of medications, and a harm reduction approach when addressing them. Recognize that a more structured treatment plan and/or discontinuation of opioids is/are sometimes indicated.

Follow-Up

- Determine frequency of follow-up based on stability of the patient and his/her living situation and risk of misuse. For patients with comorbid behavioral health issues who are receiving COT, more frequent visits with random urine drug tests may be necessary. In general, opioid prescriptions should be of shorter duration (1 month or less) to help reduce risk of diversion/overdose/loss of medications.
- At each visit, assess for behaviors outside the treatment plan, including a psychosocial assessment. Consider causes related to homelessness — missed appointments due to competing priorities or unexpected events (e.g., in jail, delayed by another appointment), stolen medications (e.g., assault, theft in shelter).
- Refer homeless patients to medical respite/convalescent care facilities and facilitate entry into permanent supportive housing, to reduce problems and complications associated with chronic pain.

Recommended Programmatic Adaptations

Service Delivery Design

Optimum design includes the following:

- Use integrated care and multidisciplinary clinical teams.
- Given the challenges and risks of opioid analgesics, the central role of behavioral approaches in chronic pain management, and the benefits of non-pharmacologic interventions, develop and utilize strategies for effective pain management other than or in addition to chronic opioid therapy. Consider combining opioids with non-opioids for synergistic or additive effects.
- Ensure that all clinical service providers know the basics of chronic pain management and have appropriate skills to work with persons experiencing homelessness, including trauma-informed care.
- Develop policies and procedures to improve treatment effectiveness, clinic safety, and satisfaction of staff and patients, including patient registries and case review mechanisms to promote appropriate tracking and follow up, identify/address repeated behaviors outside the treatment plan, and provide support for staff.
- Develop relationships with outside partners and/or hire/train staff to provide services – e.g., pharmacy or program that can dispense medications weekly or more often, addiction medicine specialist, pain clinic, cognitive behavioral therapist, physical/occupational therapist, acupuncturist.

Outreach and Engagement

- Focus on the pain, not the pill. Where pain medicines are sought, explore the patient's expectations, experience, and potential to benefit.
- Consider using a member of the care team other than the primary care provider (behavioral health counselor, acupuncturist, panel manager, occupational therapist, nurse, social worker, case manager) as the primary contact person for the patient, to lower potential access/communication barriers.

Standards of Care

- Adapt clinical practices to optimize care for patients who are homeless or at risk of becoming homeless, considering the recommendations contained in this guide.
- Integrate service with advocacy to improve access for homeless people to a broader range of interventions for chronic pain management. Address structural causes of homelessness. Involve service providers and recipients in advocacy.

Transitions of Care

From hospitals to medical respite/recuperative care:

- Confirm that long- and short-acting pain medications are prescribed by the hospital discharge team, and that at least a 7-day supply of medication is dispensed to the patient at discharge.
- Coordinate appropriate follow-up care for community provider(s) who will be prescribing medication before accepting the patient into a medical respite program following hospital discharge.

Clinical Algorithm(s)

None provided

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The practice adaptations recommended in this document are based on a comprehensive review of published reports and consensus opinion of clinicians with expertise in homeless health care, treatment of chronic pain, and addiction medicine.

The primary sources for these recommendations are six sets of guidelines for chronic noncancer pain management (see the "Adaptation" field for full citations).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate evaluation and management of non-malignant pain in homeless adults

Potential Harms

Adverse effects from opioid medications include falls, oversedation, overdose requiring emergency services, drug-drug interactions, constipation, itching, nausea/vomiting, mental cloudiness, sweating, fatigue, and drowsiness.

See the table "Non-opioid Medications for the Management of Chronic Pain" in the original guideline document for additional cautions regarding non-opioid medication use in specific populations.

Qualifying Statements

Qualifying Statements

- The information and opinions expressed in the guideline are those of the Advisory Committee on Adapting Clinical

Practices for Homeless Patients, not necessarily the views of the U.S. Department of Health and Human Services, the Health Resources and Services Administration, or the National Health Care for the Homeless Council, Inc.

- The recommendations in this document specify what experienced clinicians know works best for patients experiencing homelessness, with the realistic understanding that limited resources, fragmented health care delivery systems, and loss to follow-up often compromise adherence to optimal clinical practices. We hope these recommendations provide helpful guidance to health care professionals serving adults with chronic non-malignant pain who are homeless or at risk of homelessness, and that they will contribute to improvements in both quality of care and quality of life for these patients.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Implementation Tools

Chart Documentation/Checklists/Forms

Foreign Language Translations

Resources

Staff Training/Competency Material

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Wismer B, Amann T, Diaz R, Eisen D, Elder N, Ho C, Hwang S, Johnston M, Joslyn M, Kertesz S, Kushel M, Preston C, Solotoroff R, Thompson L, Silva F, Smith S, Zevin B, Meinbresse M, Post P, editor(s). Adapting your practice: recommendations for the care of homeless adults with chronic non-malignant pain. Nashville (TN): Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.; 2011. 119 p.

Adaptation

This guideline is adapted from the following primary sources:

- Chou R, Fanciullo GJ, Fine PG, Adler JA, Ballantyne JC, Davies P, et al.; American Pain Society-American Academy of Pain Medicine (APS-AAPM) Opioids Guidelines Panel. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. Journal of Pain. 2009;10(2):113-130. http://www.jpain.org/article/S1526-5900%2808%2900831-6/fulltext
- Berland DW, Rodgers PE, Green CR, Harrison RV, Roth RS; University of Michigan Health System (UMHS) Clinical Care Guidelines. Managing Chronic Non-Terminal Pain – Including Prescribing Controlled Substances. http://www.med.umich.edu/1info/fhp/practiceguides/pain.html
- Institute for Clinical Systems Improvement (ICSI). Assessment and Management of Chronic Pain. 2009. http://www.icsi.org/guidelines_and_more/gl_os_prot/musculo-skeletal/
- Labby D, Koder M, Amann T; prepared for CareOregon, Inc. Opioids and Chronic Non-Malignant Pain: A Clinician's Handbook. 2003. http://www.careoregon.org/Res/Documents/Providers/Opioids_Pain_Management.pdf
- U.S. Department of Veterans Affairs, Department of Defense (VA/DoD). Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010. http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp
- Washington State Agency Medical Directors' Group (AMDG), Washington State Department of Labor and Industries. Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010. http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf, http://www.agencymeddirectors.wa.gov/opioiddosing.asp

Note: In general, treatment recommendations found in these standard practice guidelines are not restated in this document except to clarify a particular practice adaptation or to emphasize practices that are especially important in homeless health care.

Date Released

2011

Guideline Developer(s)

National Health Care for the Homeless Council, Inc. - Nonprofit Organization

Source(s) of Funding

National Healthcare for the Homeless Council, Inc.

Guideline Committee

Advisory Committee on Adapting Clinical Practice for Homeless Adults with Chronic Non-Malignant Pain

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Financial Disclosures/Conflicts of Interest

The Heath Care for the Homeless (HCH) Clinicians' Network has a stated policy concerning conflict of interest. First, that all transactions will be conducted in a manner to avoid any conflict of interest. Secondly, should situations arise where a member is involved in activities, practices or other acts which conflict with the interests of the Network and its Membership, the member is required to disclose such conflicts of interest, and excuse him or herself from particular decisions where such conflicts of interest exist.

It is the policy of the National Health Care for the Homeless Council to require authors of its educational publications to disclose financial relationships with relevant commercial entities and to identify and resolve any related conflicts of interest. The authors reported no such relationships or conflicts of interest. The content of this document is educational and based on clinical experience or rigorous scientific evidence. It was developed independent of commercial influence.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the National Health Care for the Homeless Council, Inc. Web site.

Print copies: Available from the National Health Care for the Homeless Council, Inc., P. O. Box 60427, Nashville, TN 37206-0427; Phone: (615) 226-2292

Availability of Companion Documents

Case studies are available in the original guideline document.

A variety of tools and forms, including patient consent forms in several languages, mental health and substance abuse screening tools, nursing assessment forms, and a drug formulary, are available in the appendices to the original guideline document.

Patient Resources

None available

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