

Managing Chronic Pain in Patients Who are Homeless: Results from a Survey of Homeless Health Care Clinicians

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BACKGROUND

The Health Care for the Homeless (HCH) Clinicians' Network is a membership group within the non-profit National Health Care for the Homeless Council. The Steering Committee of the HCH Clinicians' Network sets the clinical agenda for the Council to address priorities and challenges in the provision of health care for those who are homeless. In 2008, pain management was identified as an important clinical topic. A literature review revealed a gap in research, resources and clinical guidelines relevant to chronic pain management practices with individuals experiencing homelessness and other marginalized populations. Therefore, a task force of clinicians set out to develop a survey to examine the current practices, available resources, attitudes and perceived needs in providing pain management for homeless patients in health care for the homeless settings. The results of that survey are presented here as well as recommendations to address needs and gaps. For more information, contact Molly Meinbresse at mmeinbresse@nhchc.org or visit the National Health Care for the Homeless Council website at www.nhchc.org.

METHODOLOGY

In May 2010, all clinicians with email addresses (780) from the HCH Clinicians' Network and the Respite Care Providers' Network (another membership group within the Council) were invited to participate in an online survey regarding chronic pain management with individuals who are homeless. For this study, *pain* was specified as chronic, non-malignant pain.

The survey instrument was developed using Survey Monkey. Email addresses and computer IP addresses were not documented to ensure anonymity of responses. The survey included 31 total multiple choice and open-ended questions. Quantitative data were analyzed using PASW Statistics 18 software. Qualitative data were reviewed and categorized into major themes (in vivo).

RESULTS

A total of 121 individuals accessed the online survey out of the 780 individuals who were sent an email survey invitation. Responses from 20 individuals were removed for analysis because of incomplete or missing data, so the final participant count was 101. Unless otherwise noted, the response rate for most questions was above 95 percent.

Participants

Participants were from 26 states in the U.S. and 1 province in Canada. The top five clinical roles represented were: advanced practice nurses, non-psychiatric physicians, nurses, social workers and case managers. [Table 1]. The length of time participants have provided health care for individuals who are homeless ranged from less than one year to 30 years (median was 7 years). The most frequently reported work settings were HCH grantees within Community Health Centers (34%), HCH grantees that were stand alone entities (30%) and shelters (23%). Other settings included but were not limited to medical respite programs, mobile units, HCH projects within public health departments and HCH projects within hospitals.

Table 1. Clinical roles of survey participants (N=101)

	Percentage
Advance Practice Nurse	30%
Physician (non-psychiatric)	25%
Nurse	16%
Social worker	13%
Case manager	10%
Physician assistant	7%
Mental health specialist	5%
Outreach worker	3%
Substance abuse counselor	3%
Physician (psychiatric)	2%
Other - Psychologist (2), Program Director, Clinical manager, Acupuncturist	5%

*Percentages may not add up to 100 as one individual may hold more than one clinical role.

RESULTS

Pain Management Programs

Primary care providers (e.g. MD, NP, PA) were the most commonly reported clinicians routinely involved in the care team for chronic pain management (89%), with nurses a distant second (64%). The third most commonly reported group of clinicians included social workers (45%), psychologists/psychiatrists (41%), substance abuse counselors (41%) and case managers (39%).

All participants were asked to estimate the percent of visits in which they managed chronic pain (89 responded). Responses ranged from 0 to 80 percent with a median of 20 percent. Sixty percent of the respondents reported that they were licensed to prescribe opiates. These clinicians were asked to estimate the percent of patients with chronic pain to whom they prescribed opiates (52 responded). Responses ranged from 0 to 90 percent with a median of 10 percent.

Participants were asked to choose what structures, processes and materials of a predetermined list were available at their sites to assist with pain management. A large minority of participants reported no available resources for pain management [Table 2]. The most commonly reported resources were general policies and procedures and patient/provider agreement for treatment with opiates.

Table 2. Resources to assist with pain management

	Percentage
General policies and procedures	59%
Patient/provider agreement for treatment with opiates	58%
Case management	48%
Case conferences	39%
Informed consent for use of opiates	36%
Addiction medicine specialist on staff	33%
Trainings	22%
Standardized progress notes for patients on opiates	20%
Registry or list of patients on opiates	16%
Special guidelines for clients from substance abuse rehabilitation facilities	12%
Pain management specialist on staff	8%
Pain groups	2%
None	19%
Other	5%

*Percentages do not add up to 100 as participants were given the option to check all that apply.

Participants were asked to report which pharmacologic treatments they prescribed and/or dispensed and which non-pharmacologic interventions were available at their sites. Based on the responses, pharmacologic treatments appeared to be more available to patients at the participating sites than non-pharmacologic interventions [Chart 1 and 2].

Chart 1. Pharmacological interventions prescribed and/or dispensed at sites

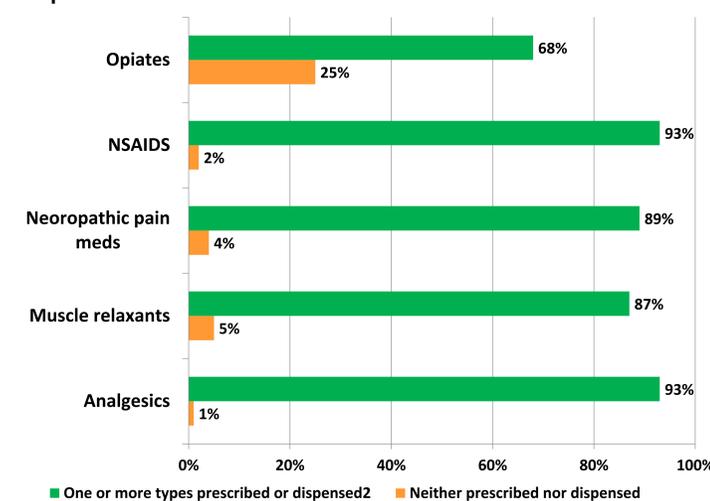


Chart 2. Non-pharmacological interventions available at sites

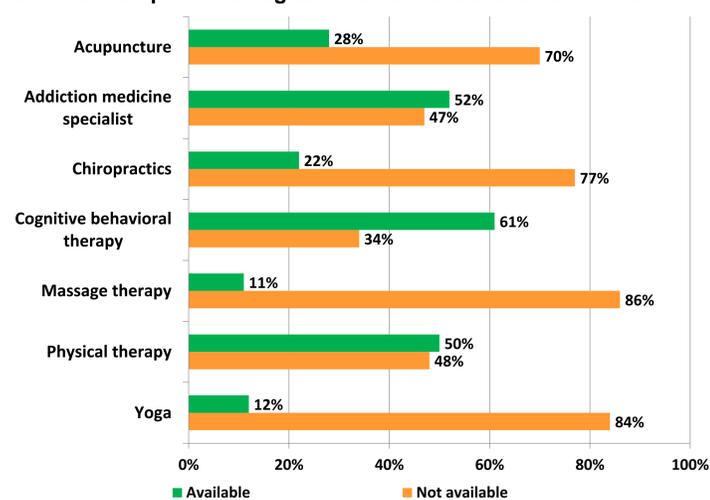


Table 3. Clinician attitudes towards pain management

	Agree	Not sure	Disagree
It is difficult to manage pain in patients with a history of addiction.	91%	6%	3%
Pain management is a significant issue in my practice.	91%	6%	3%
I frequently struggle with issues surrounding pain management.	79%	7%	14%
I find successful pain management gratifying.	75%	14%	11%
It is difficult to distinguish between managing pain and addiction.	69%	11%	20%
Managing chronic pain is a priority at my site.	49%	25%	26%
We adequately manage pain at my site.	23%	38%	39%

Clinician challenges and needs

The top reported challenge in managing chronic pain with patients experiencing homelessness was: medication misuse by patients, including addiction to prescribed pain medications (28%), diversion (26%) and current addiction to or use of non-prescribed substances (20%). Another major challenge for respondents was ensuring continuity of care, including patient follow up and adherence (22%), integration of care (17%), providers following established guidelines or treatment plans (14%), access to specialty services like pain clinics (12%), communication between providers (11%) and coverage of services (10%). Other challenges in managing chronic pain included evaluating chronic pain (17%), use of non-pharmacological treatments for chronic pain (17%), medication storage for patients (17%) and gaining support for opiate prescribing (11%).

The top five reported gaps in chronic pain management provider knowledge and patient services were the following: availability and accessibility of non-pharmacological treatment options, availability of specialty consultation services, evidenced-based treatment options for patients with substance abuse issues, continuity of care with providers at other sites and consistent prescribing practices between providers.

KEY FINDINGS

In general, the results show that chronic pain is common in homeless patients and a significant issue for clinicians. However, many clinicians manage chronic pain alone, without structures or processes in place, and without enough access to specialty and non-pharmacologic care. Challenges include working with patients with past or current substance use and determining and managing addiction and diversion. Clinicians have difficulty managing chronic pain in patients with a history of addiction and find it difficult to distinguish between the two. Prescribers experience discomfort around discussing treatment plans, diversion, and discontinuing opiates, as well as managing addiction and diversion. Despite this, most clinicians find successful pain management gratifying.

The number one way respondents reported that the HCH Clinicians' Network could assist them in their pain management needs was to develop adapted clinical guidelines for the treatment of chronic pain. The second most reported way the Network could assist was to provide examples of pain management policies, procedures and forms.

RECOMMENDATIONS

The main recommendations identified by the task force are to:

- Develop chronic pain management programmatic guidelines, which would include clinical guidelines (in progress)
- Develop a policy statement in collaboration with the Council Policy Committee regarding pain management funding and resource needs
- Develop a research project in collaboration with the HCH Practice-Based Research Network to evaluate implementation of a model pain management program, which may include qualitative interviews with providers and consumers
- Prepare a manuscript of survey results for publication