# Proposal for Primary Care Pain Board

June 2019

The management of pain within the primary care center has continued to evolve. In light of the opioid epidemic, and the awareness of harms related to possible overprescribing of opioids within primary care, there has been a shift to multiple modalities of treatment for pain. Patients with chronic pain often have complex biological, psychological and social needs. This can be challenging for any single provider to manage effectively. In our work within the Opioid Taskforce we have observed a number of complex issues for patients and providers, where both could potentially benefit from a multidisciplinary input.

We are therefore proposing a monthly multidisciplinary Pain Board for Primary Care. This will be a scheduled meeting where primary care providers or the opioid task force can propose discussion of complex cases which will be reviewed by the multidisciplinary pain board.

The members of the pain board would include:

\* Opioid Task Force leads – MD, Pharm Tech leads, RN leads

\* Pain Pharmacist – \*\*\* PharmD

\* Social Work

\* a Pain specialist (ideally from our Pain management clinic) – they may be able to join remotely if needed

\* Psychiatry or addiction medicine

\* Peer recovery specialist

\* invitations would also be made to the Bridge clinic leads.

\* Key specialists (such as rheumatology) – may also be invited.

In general, the primary care provider would present the case, which would then be discussed.

There would be 15 minutes per case.

Benefits:

\* help/support for providers managing complex patients

\* better integration / alignment of management across primary care / pain and psychiatry

\* trust building between the groups where we are often co-managing patients together.

Costs:

\* Time

\* Location

Questions:

Could there be RVU for this for the staff? For the pain specialists?