

TEAMING WITH YOUR PATIENT TO DEVELOP A TREATMENT PLAN THAT WORKS FOR THEM

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Patient involvement in healthcare decision-making may lead to improved outcomes and enhanced quality of life, as well as delivery of appropriate and cost-effective services.¹ When treating individuals with chronic pain, it's especially important to build a framework for collaborative, educational, patient-centered care.

In contrast to the traditional approach, physicians and patients can work together in a team format, jointly developing and carrying out a practical, stepwise chronic pain care plan. In my experience, this approach supports patients who lack understanding of their diagnosis and underlying pain-causing factors.

DEVELOPING A TREATMENT PLAN

Individual differences in sensitivity to pain can complicate treatment,² so my practice is to start treatment plan discussions early in the patient's initial evaluation. After establishing how long the patient has been experiencing pain and its severity, pain management physicians are trained to ask about any steps taken to alleviate pain (e.g., exercise, weight loss, medications, physical therapy).

Next, I typically present and explain potential treatment options, ranging from conservative to minimally invasive to aggressive. The goals for the chronic pain care plan appear as components along a pathway, with discussion determining where the patient can begin immediate treatment.



CASE IN POINT

Let's consider a hypothetical male patient, age 50, whose knee pain has gotten progressively worse over time. He's seen an orthopedic specialist and has had an X-ray, which shows fairly extensive degeneration of joints.

The pain management physician would naturally wonder whether the patient has any ligament-related issues or whether arthritis may be the cause of pain. The physician may also ask if the specialist ordered physical therapy to build up surrounding muscle, along with an oral anti-inflammatory.

Assuming the patient has started physical therapy, the physician would be able to review the therapist's notes to ascertain the extent of knee flexibility, the amount of weight the knee can withstand and the patient's subjective responses on pain scales. After sharing those notes with the patient, the physician can perform a physical examination of the knee for any signs of improvement or worsening as compared to the prior assessment.

At that point, the physician and patient may establish the ultimate treatment goal and desired health outcome: **reduced pain when the patient straightens his leg.**

The physician can then talk in detail about each available treatment option in pursuit of the mutually agreed-upon goal. In other words, the physician follows an algorithm so that if a certain mode of treatment fails to work, the plan can quickly move to the next step.

During the course of treatment, patient progress can be noted (e.g., patient lost 10 pounds). Concurrently, ongoing evaluation may indicate that more aggressive treatment appears necessary. For example, the physician may recommend a radiofrequency ablation (RFA) procedure to deactivate nerves sending pain signals to the brain and provide the patient with information on the procedure, including publicly available patient resources.

At the following office visit, the physician would prompt for any questions the patient may have formulated after reviewing any materials.

WHY A COLLABORATIVE TREATMENT PLAN IS ESSENTIAL

As shown in our example, collaborative care planning may enable the patient to know where he stands throughout the course



of treatment. He also understands which options remain viable – from conservative measures all the way up through RFA or knee surgery.

And while patients become active participants in their own care, caregivers and family members can play important roles, too. Caregivers and/or family can help by understanding the condition, knowing the limitations of treatments and maintaining momentum for the treatment plan.



In the end, both the patient and physician can reap the benefits of a successful recovery. A patient involved in his treatment plan may recognize that it may need to be altered over time. Moreover, he will be prepared and not unpleasantly surprised if changes are recommended along the way. Accordingly, the physician may generate high patient satisfaction scores, which factor significantly into the evolving value-based reimbursement environment.

Lay the groundwork for better patient outcomes through enhanced understanding and education. This will help you design a collaborative treatment plan along a logical pathway for each individual patient.

Jay Hurh, MD, has a consulting/speaking/financial relationship with Avanos Medical, Inc.

1. *Journal.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3964421/>.
2. Coghill RC. Individual Differences in the Subjective Experience of Pain: New Insights Into Mechanisms and Models. *Headache: The Journal of Head and Face Pain.* 2010;50(9):1531-1535. doi:10.1111/j.1526-4610.2010.01763.x.

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