

Pain Management: Screening and Assessment of Pain as Part of a Comprehensive Case Management Process

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ABSTRACT

Purpose/Objective: Pain management, episodic and chronic, is a major issue in health care today, affecting more than 76 million people across care-delivery settings from acute care to rehabilitation, workers’ compensation to primary care. As a result, professional case managers occupy an important role within an interdisciplinary care team to address pain as part of a comprehensive case management process, from intake and assessment through care delivery and transitions of care.

Primary Practice Setting: Pain management, as part of the comprehensive case management process, is applicable across the case management spectrum, including hospitals, accountable care organizations, patient-centered medical homes, physician practices, clinics, occupational health clinics, workers’ compensation, and other settings in which case managers work with clients and their support systems.

Findings/Conclusions: The prevalence of pain across the care continuum, affecting individuals at various stages of an individual’s lifecycle, raises the importance of acute and chronic pain assessments as part of the overall case assessment. In addition to screening for pain, case management assessments must look for signs of depression, as well as the potential for abuse/misuse of opioid medications, which is an alarming public health threat. Given their clinical expertise, their roles as advocates, their ability to conduct a comprehensive client/patient assessment, and their expertise in using tools such as motivational interviewing, professional case managers—and particularly those who are board certified—occupy a central role in pain management as part of a patient-centered approach.

Implications for Case Management Practice: Case managers must understand the impact of both pain and pain medications on the client’s daily functions, from a health and safety perspective. Pain management should be examined through the lens of professional case management, and what a competent case manager can do to advocate for clients who are experiencing pain, whether acute or chronic, while facilitating the sharing of information among various members of an interdisciplinary care team and coordinating care.

Key words: *assessment, care coordination, case management, medication reconciliation, pain and depression, pain management, pain medication/opioids, transitions of care*

Pain is ubiquitous in health care, cutting across settings and diagnoses, and ranging from acute to chronic. Pain is also subjective; what is mild or bearable for one is excruciating for another. Given that subjectivity, what the client (meaning the individual or patient receiving case management services) reports matters most—a factor that calls for rapport to be established with the individual, who must be empowered and educated to improve self-care and adopt positive behaviors that can mitigate the impact of pain. Such requirements, particularly within the complex and highly fragmented health care system, underscore the importance of the professional case manager in managing pain.

Although pain management may be closely associated with certain case management settings such as occupational health and workers’ compensation, which deals with workplace injuries, pain crosses all boundaries in health care. In order to respond to the needs of individuals, particularly as millions of additional people are eligible for medical coverage with the

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The authors report no conflicts of interest.

DOI: 10.1097/NCM.0000000000000029

implementation of the Affordable Care Act, all professional case managers in every care setting—from workers' compensation to emerging models such as the patient-centered medical home and accountable care organizations—must become knowledgeable about the assessment of pain and effective pain management strategies, as well as screening for depression, which occurs frequently with pain. As this article shows, case managers must possess, at a minimum, a basic understanding of pain management and become aware of the red flags that indicate the potential for misuse/abuse of opioid pain relievers, which is an urgent and growing national health concern.

THE "FIFTH VITAL SIGN"

In 1996, the phrase "pain as the fifth vital sign" was introduced by the American Pain Society to raise awareness of the importance of pain assessment. As James Campbell, MD, said in the November 1996 presidential address to the American Pain Society, "Vital signs are taken seriously. If pain were assessed with the same zeal as other vital signs are, it would have a much better chance of being treated properly. We need to train doctors and nurses to treat pain as a vital sign. Quality care means that pain is measured and treated."

Since then, health care organizations have heeded the call to elevate awareness of pain and to more consistently and systematically measure and manage clients' pain. In January 2001, the Joint Commission put forth pain management standards for Joint Commission-accredited facilities across the health care spectrum. These standards stipulate that organizations must:

- recognize individuals' rights to appropriate assessment and management of pain;
- screen individuals for pain during initial assessment and periodic/ongoing reassessments (where required); and
- educate individuals and their support systems/families about pain management (Joint Commission, 2013, p. 1).

In response to initiatives around pain and pain management, organizations have adopted various strategies addressing pain. For example, the Veterans Health Administration (VHA) developed a toolkit (<http://www.va.gov/painmanagement/docs/toolkit.pdf>) to support its comprehensive national strategy for pain management, in order to prevent pain and suffering in individuals who receive treatment within the veterans' health care system. Components of the strategy include:

1. providing a system-wide standard for pain management to reduce preventable pain;
2. performing pain assessments consistently;
3. treating pain promptly and appropriately;

4. ensuring that individuals and families are included in pain management;
5. providing an interdisciplinary, multimodal approach to pain management; and
6. assuring that clinicians within the VHA system are adequately prepared to assess and manage pain effectively.

As the VHA further stated in its toolkit, "VHA recognizes the importance of making pain 'visible' in an organization. Screening, assessing, and documenting pain routinely is an important first step in assuring that unrelieved pain is identified and treated promptly" (VHA, 2000, p. 5).

Implementation of the VHA's "Pain as the 5th Vital Sign Mandate" requires every VHA medical facility to take specific steps as part of a comprehensive approach for identifying and managing pain in patients. They include:

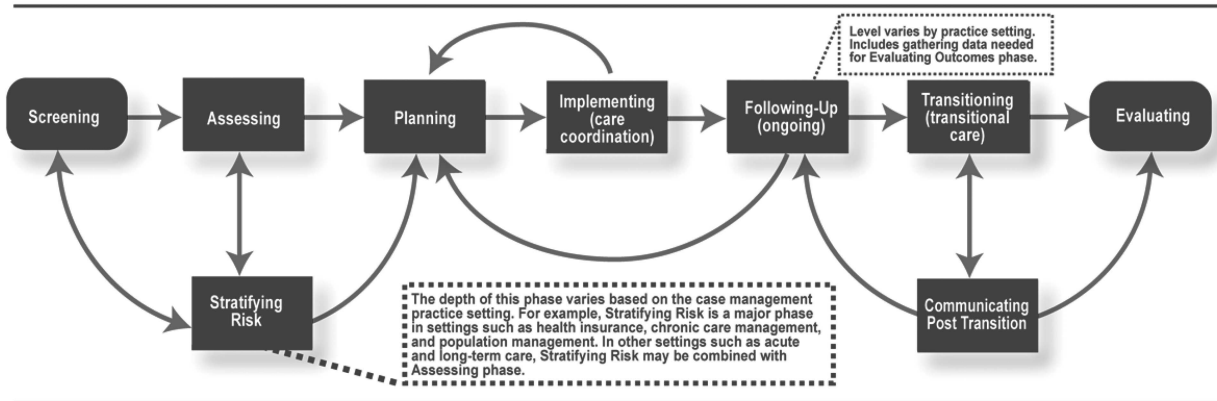
- developing a comprehensive implementation plan for each facility;
- planning and implementing methods for pain screening and assessment;
- documenting pain scores and assessments;
- educating health care providers (physicians and nurses, etc.) on how to conduct a comprehensive pain assessment, documentation procedures, and developing a pain management plan; and
- educating patients and families about pain screening, assessment, patient rights and responsibilities related to pain management, and available pain management and/or treatment options. (VHA, 2000, p. 7)

CASE MANAGER RESPONSE

The need for consistent pain assessment and appropriate pain treatment underscores the role of the professional case managers and the value of the case management process (see Figure 1), which is grounded in screening and assessment. On the basis of those findings, a care plan is devised and care is implemented (care coordination), which leads to follow-up, transitioning (i.e., to another care setting or postdischarge), and evaluation. At every phase, communication, education, and empowerment of the individual (known as the client, meaning the person receiving case management services) are crucial to improve buy-in and adherence to promote achievement of client-directed goals and health objectives.

Regardless of the practice setting or types of services being provided, we recommend that pain assessment be part of the case management assessment, in which in-depth information about the client and a particular health episode or condition is gathered. The case management assessment, itself, is broad,

CASE MANAGEMENT PROCESS High Level



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FIGURE 1

The case management process. Used with permission. Copyright CCMC 2011. All rights reserved. All permission requests for this image should be made to the copyright holder.

addressing past and current health conditions, service utilization, socioeconomic and financial status, insurance coverage, condition and safety of the home, availability of services, physical/emotional/cognitive functioning, psychosocial network, access to community resources, knowledge and ability to perform self-care, and readiness for change (CMBOK, 2012). As a component of a comprehensive case management assessment, the presence of pain, its severity, and the impact it has on the client's ability to function in daily life should be evaluated. Information gathered about prescription drugs (particularly opioids) and nonprescription (over-the-counter) medications that the individual is taking, as part of medication reconciliation, can prevent accidental overdose or misuse, and identify those individuals who might be at higher risk of dependence or abuse of controlled narcotic substances.

Case managers do not need to be experts in pain management, but they should have a foundation of appropriate knowledge to assess for pain. To facilitate acute pain screenings, a numeric rating scale has been widely adopted to provide guidance to clients who are asked to self-report their experience of pain (or pains, if in multiple locations in the body). The numeric rating scale (see Figure 2) opens the conversation between the case manager and the individual to further discussion. For example, if the individual

reports that pain is a “10” and interferes with sleeping and eating, the case manager can then explore the issue more deeply, such as how often and where the pain is experienced. From these responses, the case manager may be better able to discern if the individual's experience is consistent with his/her illness or injury, or if there is a risk that this person is drug-seeking, and at risk for dependence or abuse. Screening and assessment for chronic pain should focus on the individual's functional status, the impact of pain on the performance of the activities of daily living, and the individual's goals.

PAIN MANAGEMENT AND THE CLIENT-CENTERED APPROACH

As this discussion illustrates, the pain management component of case management is consistent with, and supportive of, client-centered care. As a deliberate and purposeful approach to care delivery, client-centered care puts the focus on the needs and goals of the individual. Rather than looking only at a particular episode of care, client-centered case management is holistic—not episodic. Taking into account all relative information about a person's health status (current and past), the case manager is better able to identify critical problems that impact the client, as well as the client's support system. Then, acting as an

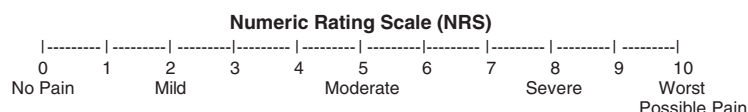


FIGURE 2

The numeric rating scale. Source: VHA, Pain as the 5th Vital Sign Toolkit.

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advocate, the professional case manager seeks to provide access to available and appropriate resources, so that the client is empowered and educated about those resources to advance his/her health goals.

A pain assessment begins with the basic questions: Is the client experiencing pain? If so, how does it rate on the numeric rating scale, from 0 (no pain) to 10 (worst possible pain)? On the basis of the individual's responses, the case manager will ask additional questions, probing more deeply into certain areas (such as pain management) or revisiting certain questions by asking them in different ways. At the same time, a clinical assessment must be conducted, taking into account biometrics and behaviors (blood pressure, pulse, range of motion, and "guarding" behavior of the injured or painful area of the body). If there seems to be a disconnect between what the client reports and the clinical assessment, the case manager will need to dig more deeply to find the reason(s), which are discussed further.

Pain assessments generally will differ on the basis of whether a client experiences chronic or acute pain. One of the main differences is that acute pain (such as postoperative) is expected to lessen over time. Chronic pain, however, may intensify or subside, but often never completely goes away. During flare-ups chronic pain can be managed through a variety of approaches and therapies, which might include massage, exercise, prescription medication, biofeedback, and/or cognitive behavioral therapy.

As part of the assessment, the case manager seeks to determine whether there are times and/or situations when the pain is more intense. A client experiencing acute pain, for example, might report that 4 hours after taking a pain medication he or she begins to feel achy and then becomes more irritable. Or the pain

might become sharper with certain movements such as bending. With chronic pain, the individual might report changes due to factors such as stress, fatigue, or even the weather. The objective is to identify the triggers that exacerbate the pain so that a more effective management plan can be implemented. The inverse is also important—identifying what has worked in the past to alleviate pain (e.g., exercise and/or rest).

As part of the assessment, asking the client how pain impacts his or her life and ability to perform daily functions provides insight into the effectiveness of the current pain management plan. For example, if a person's pain medications are not effective in decreasing pain, improving function, or have unwanted side effects, the current drug regime may need to be changed. Or, if a person cannot perform daily self-care (bathing, showering alone, or making a light meal) due to pain, this is an indication that additional resources may be needed, whether an unpaid family member or home care assistance, in addition to addressing medication for pain control.

For both acute and chronic pain, the case manager needs to identify how it is being managed by the individual and care providers. Education is important to set expectations for the client. The expectation with acute pain is often that it will lessen over time, with healing and increased activity. With chronic pain, the patient needs support to learn how to modify life activities, with an understanding of what makes the pain worse and what alleviates it. Although medications and injections/procedures may be appropriate components of the treatment plan, they are not the only answer. Exercise, stretching, and rest are simple examples of components of a pain management plan that must be developed on an individual basis for each client, utilizing the guidelines and evidence available as to what is effective and what is not, and what is potentially harmful and what is not.

As part of the assessment, the case manager must identify what prescription and nonprescription drugs the individual is taking for pain. Is there current or past use of opioids? What other medications is the individual taking to treat other medical conditions (high blood pressure, cholesterol, diabetes, and so

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forth)? Just as with the individual's experience of pain, the case manager needs to know how medications and/or medication interaction are impacting the person's ability to function.

Data sources are important resources for the case manager, particularly around the usage of prescription pain medication. For example, if a case manager has access to the client's insurance claims history, past pharmacy claims will reveal how many medications the individual is taking and how often they are refilled. A hospital-based case manager will be able to check the client's emergency room (ER) visit history. A case manager in primary care, an accountable care organization, or patient-centered medical home may be able to obtain a utilization-based report from payer sources or utilize the electronic health record to find important information about clinical treatment and results.

By reviewing the data, the case manager is able to construct a more detailed picture of the client's pain management—and to uncover possible red flags. If the client's history shows repeated visits to the emergency room (two or more within 6 months) for pain and/or to obtain pain medication, is the person exhibiting drug-seeking behavior or is the pain just poorly controlled? Drug-seeking behavior can be intentional or unintentional. It may be the result of a failed attempt at weaning after a physician has refused to prescribe any more narcotic medication. If a case manager suspects drug-seeking behavior, an addiction specialist, pain management specialist, or psychiatrist may be brought in to assess for addiction and the need for a detoxification program or other support mechanisms.

Even if an individual is not abusing a narcotic drug, taking multiple medications for pain and/or for other medical conditions raises the issue of drug interactions. Pharmacists are more frequently becoming members of the health care team and are increasingly working closely with the professional case manager, nurses, and physicians to provide invaluable input on a Medication Treatment Plan.

Pharmacists are an expert source of drug interaction information, to avoid misuse (intentional or accidental) by the individual—for example, taking a

narcotic pain medication along with a drug like promethazine for nausea. If the individual were to consume alcohol with that drug combination, the result could be a medical emergency or even death. Utilizing a pharmacist as part of the health care team will help reduce medication errors. Medication reconciliation, accounting for the medications ordered by providers and the list of medications that patient is taking, can help avoid drug interactions and adverse side effects. With a pharmacist resource available to the team, complex medication reconciliation that involves multiple prescription drugs, over-the-counter medications, homeopathic, naturopathic, or home remedies, as well as “self-medication” with alcohol, marijuana, or illegal substances can be enhanced.

CASE STUDY: CHRONIC PAIN MANAGEMENT

A 40-year-old woman, who has had a history of intermittent low-back pain since falling off a bicycle 2 years ago, calls her patient-centered medical home. In the past, she has self-managed episodes of pain flare-ups with decreased activity and non-steroidal anti-inflammatory drugs, such as over-the-counter ibuprofen and naproxen. Her pain began to escalate 3 days ago while she was making a bed. Now, as she tells the intake clerk at the medical home, the pain is so severe, she thinks she should go to the emergency room at the local hospital to get a prescription for pain medication if they cannot prescribe something over the phone. An appointment is made for a doctor to see the woman the next day. However, because of the potential ER visit and the request for prescription pain medication, a “red flag” referral is sent to a professional case manager at the medical home through the electronic health record system; the intake clerk tells the woman to expect a call within 2 hours.

When the case manager reviews the electronic health record, she sees an MRI of an L4-L5 disc bulge with some thecal impingement in the history. The case manager calls the woman, who reports that she is “extremely uncomfortable,” describing her pain as a “5” at rest and a “7” with any movement. She is not experiencing any relief, despite her usual home remedy of rest, stretching, application of heat and cold, and over-the-counter pain relievers. The woman tells the case manager that she does not think she can handle another day of pain, and as soon as her husband comes home from work, she is going to ask him to drive her to the ER because she cannot drive herself and she could not get an office appointment until the next day.

The case manager then asks the woman to come into the office that day to be examined, instead of going to the ER. She says she is not sure what time she can get there, because she must wait for her husband.

Pain is defined as being an emotional condition as well as a physical sensation, affecting thought, mood, behavior, and mobility, and potentially drug dependence. Pain is closely linked with depression, which can cause and intensify pain.

The case manager informs the woman that there are extended office hours for urgent care, and to call the case manager's direct line when she is on her way so that she can be brought directly into an examining room instead of having to sit in the waiting room.

A few hours later, escorted directly into the examination room, the woman is seen by a nurse practitioner and diagnosed with lumbar radiculitis. She is prescribed short-acting narcotics and a COX-2 inhibitor for the pain and a referral for short-term physical therapy after the pain subsides. The nurse practitioner also advises the woman to return for follow-up in 2 to 3 weeks, at which time they will discuss a consultation with other specialists, such as an orthopedist for possible surgical intervention or epidural steroid injections, if indicated.

After the appointment at the medical home, the case manager stays in contact with her to ensure that the prescribed medication is effective, that physical therapy is initiated, and that the client returns for the follow-up appointment. If a specialist visit is pursued, the case manager will coordinate the referral and ensure communication between the primary care and the specialist office. The case manager will also maintain contact with the client, whereas the specialist manages her treatment, in anticipation of her future return to the medical home for her ongoing care.

As this example shows, individuals are increasingly receiving care through new and emerging models, including the patient-centered medical home. In these care settings, the presence of a professional board-certified case manager is often a new resource for some team members. Regardless of the care setting, a client-centered approach solidifies the role of professional board-certified case managers as the "go-to-resource" across the health care continuum. A board-certified case manager is vital to appropriate intervention, on the basis of the individual's needs, and to see that care and resources are optimized in a cost-effective and efficient way to maximize outcomes—in this instance, the case manager was able to work with the client to ensure she received timely care, follow-up, and referrals without a costly and avoidable emergency room visit.

DEPRESSION AND PAIN: A CLOSE LINK

A client-centered approach, particularly with the client screening positive for pain, should also include a depression screening. Pain is defined as being an

emotional condition as well as a physical sensation, affecting thought, mood, behavior, and mobility, and potentially drug dependence. Pain is closely linked with depression, which can cause and intensify pain. People who have chronic pain are said to have three times the average risk of developing psychiatric symptoms, such as mood or anxiety disorders. In addition, individuals with depression face three times the average risk of developing chronic pain (Harvard, 2004, p. 1).

CASE STUDY—PAIN AND DEPRESSION

Consider the example of John, a 70-year-old man who visits his primary care physician to manage his diabetes. He has been meeting with a nurse case manager who has been working with him on diet, exercise, and medications, aspects of self-care that have challenged him. On his most recent visit, he complained of a new onset of leg pain that keeps him awake at night. John self-reported pain being a "6" at the moment, and sometimes as bad as an "8." In addition, the nurse case manager observed a change in his attitude and a lack of adherence with his treatment plan. Suspecting the onset of depression, she used a validated screening tool, which confirmed her impression. She immediately alerted John's primary care provider about the positive screening for pain and depression during her case management assessment.

A commonly used depression screening tool is the Patient Health Questionnaire (PHQ-9 and PHQ-2). The PHQ-9 has been used in a variety of care settings and is appropriate to use in conjunction with pain assessments. The PHQ-2 consists of the first two items of the PHQ-9, to determine the degree of depression and anhedonia (inability to experience pleasure from activities) that the person has experienced over the past 2 weeks. The purpose of these tools is not to determine a final diagnosis or severity of depression, but rather to screen for depression. Patients who screen positive for depression from the PHQ-2 are then further assessed with the PHQ-9, to determine whether there are indications of a depressive disorder (American Psychological Association, 2014, p. 1).

THE CLIENT-CENTERED APPROACH

A client-centered, interdisciplinary approach is paramount for pain management. As a member of an

interdisciplinary team, the professional case manager looks beyond the episode at hand (e.g., an individual complaining of severe pain) and ensures the flow and sharing of information, and advocates for the provision of the right care and right treatment resources at the optimal time, by the right provider in the right setting in support of the client's self-determined goals for health, functioning, and wellness.

The message to all stakeholders, and especially in pain management, is that professional, board-certified case managers have the breadth and depth of expertise necessary to help clients navigate what can be a complex and fragmented system and obtain the care and interventions they need. Therefore, the role and expertise of the case manager is imperative, in order to establish and maintain an orientation to outcomes.

Pursuit of client-directed outcomes calls to mind the "triple aims" of care, health, and cost, as described by Dr. Donald Berwick, a well-regarded thought leader in health care who previously led the Centers for Medicare and Medicaid Services and the Institute for Health Improvement. As Berwick wrote, "Improving the U.S. health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capital costs of health care" (Berwick, Nolan, & Whittington, 2008, p. 759). Effective pain management can contribute to all three by improving the client's health and functioning, by reducing avoidable emergency room visits for acute pain management, facilitating appropriate specialty referrals, and/or managing prescription drugs to avoid overuse of opioids that lead to abuse or dependence.

OPIOID USE AND MISUSE

The fastest-growing drug abuse problem in the United States is abuse of prescription drugs. Among all the classes of prescription drugs that are being abused, a growing and often deadly problem is opioid abuse. According to government statistics, from 1997 to 2007, use of prescription opioids increased by 402%, from 74 mg per person to 369 mg. Retail pharmacies dispensed 257 million prescriptions for opioids in 2009, an increase of almost 48% from 2000 when 174 million prescriptions were dispensed. Opiate overdoses, once blamed almost exclusively on heroin, are now increasingly reported due to prescription painkillers (White House, 2011, p. 1).

In response to rising abuse of prescription painkillers, the U.S. Food and Drug Administration has recommended imposing severe restrictions on the prescribing of commonly used narcotic painkillers. Earlier, an advisory committee had recommended

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limiting the amount of such medicines containing hydrocodone without a new prescription. Hydrocodone combination products, which are largely sold as generic drugs, are commonly known by brand names such as Vicodin (Burton & Martin, 2013, p. 1).

The front line of intervention against misuse and abuse of opioids is education, starting with prescribers, to address the issue of overprescription of these medications. Professional case managers, too, must be part of the education effort, among the health care team; for example, all members of the treatment team (i.e., primary care physicians and specialists to whom the client is referred) must know what medications are being prescribed. A chronic and rising problem among abusers of prescription drugs is soliciting prescriptions from multiple care providers.

In reviewing the individual's record, the case manager can also look for instances where the individual was prescribed an opioid for a relatively minor episode (e.g., a person would normally not be prescribed a narcotic pain reliever for a toothache). Frequent usage or multiple prescription of opioids is a major red flag, which can be identified by claims or insurance data and shared with treatment providers.

Furthermore, when an individual is legitimately prescribed a narcotic pain reliever, he/she must understand that this prescription has a high "street value," which puts that person at risk for criminal or predatory behavior. The case manager can educate the client to ensure he/she understands dosage and frequency of taking the medication, the importance of secure storage, and the risk of unauthorized use of the medication, including by other family members. The case manager can stress the need for the client to not casually mention that he/she has narcotics to further prevent potential criminal activity or abuse/misuse by family, friends, and coworkers.

PAIN MANAGEMENT AND MOTIVATIONAL INTERVIEWING

The complex issues surrounding pain, pain management, and pain medication must be addressed with trust and candor. Otherwise, the case manager will not be able to obtain as accurate and complete a story as possible, around the person's experience of pain, ability to cope with pain, use of medications (prescription and nonprescription), and interest in

exploring alternative approaches such as relaxation, meditation, and acupuncture.

One of a case manager's most effective techniques for discussing pain and related issues is with motivational interviewing techniques, whereby in-depth information and insights are gathered about a client's situation, including social, financial, emotional, and health status. Through motivational interviewing, professional case managers can establish collaborative, respectful, trusting, and individualized relationships with their clients/support systems in order to design a comprehensive and effective case management plan of care that supports the individual's goals. Motivational interviewing is important because it builds upon information that may already have been collected by members of the health care team, such as findings from a prior screening or review of client records. With a client-centered approach, motivational interviewing explores clients' concerns and questions, and uncovers lifestyle and risk behaviors, such as potential overuse/misuse of prescription and illicit medications, excessive alcohol consumption, and so forth. In addition, when applied effectively, motivational interviewing ultimately elicits the individual's readiness for and ability to change, including behaviors around pain and pain management (Tahan & Sminkey, 2012, p. 169).

With motivational interviewing, the conversation shifts from recording an individual's self-reported experience of pain as a "6" or an "8" or even a "10" on the numeric scale, to following up using open-ended questions. *How does your pain affect your daily life? How are you managing to function with that pain? How often do you take your pain medications? What impact are they having on your life (ability to work, drive, take care of children, or disruption of sleep patterns)?*

When a trusting and respectful connection is established, communication flows between the case manager and the client. The client knows that the case manager is interested in more than his/her current problem; the case manager wants to compile a broader, deeper, and more comprehensive picture of what is impacting the client's health, including pain.

SUMMARY

Across the spectrum of care delivery, professional case managers are increasingly working with individuals who experience pain, whether episodically or chronically. Given their knowledge, expertise, and skill set, particularly around assessment and care planning, professional case managers play an important role in identifying, assessing, and managing pain, while also being on the alert for co-occurrences of depression and the potential for prescription drug abuse.

Professional case managers need not be experts in pain management, but as part of their overall competence in assessment and care coordination they should be able to effectively screen for pain and the highly correlated risk of depression, using validated assessment tools. Techniques such as motivational interviewing allow case managers to explore more fully the impact that pain and use of pain medication is having on the individual's life and daily functioning, including health and safety issues. Moreover, as part of an interdisciplinary care team, the professional case manager raises issues of pain management to the forefront of discussion, to ensure that individuals receive appropriate treatment, while also mitigating risks, in pursuit of the client's health goals.

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