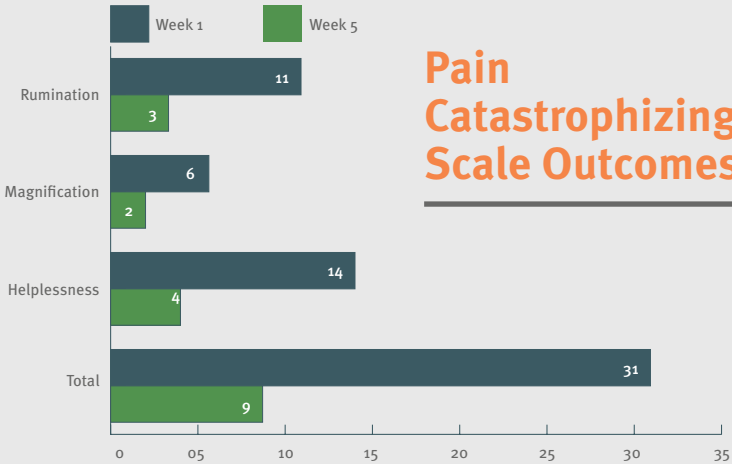


Ashley's Pain Recovery Program

Patient-Reported Outcomes

While participating in the Pain Recovery Program (PRP), patients' chronic pain and their relationship to it can tremendously improve. We collect the patient-reported outcomes through a validated outcomes measure, the Pain Catastrophizing Scale (PCS). Results are not tracked post-discharge, but each patient receives a specialized continuing care plan that includes similar services to those received during the PRP, i.e., aqua therapy, physical therapy, massage therapy, etc. The goal is for the patient to continue these services and see further progress once they leave our care. Through these outcomes, we have found that patients' relationships with chronic pain improve tremendously, and they gain an understanding of how the different services offered impact the chronic pain they live with.

This study looks at Pain Recovery Program patients in our care from July 1, 2019, to June 30, 2020. These 50 patients completed the entire PRP's length of stay (LOS). During their inpatient treatment, they completed two PCSs. The PCS is a patient-reported measure of the rumination, helplessness, and magnification of maladaptive thought patterns associated with chronic pain that can increase a patient's suffering and negatively impact recovery. An ideal PRP treatment plan includes patients completing an initial and a final PCS to assess, treat, and monitor these negative thought patterns.



FY 2020 PRP PCS Outcomes

The Pain Catastrophizing Scale has a total score of 52. High scores reflect increased maladaptive thought patterns related to pain. Overall for this time period, we saw improvements in total PCS scores for our PRP patients that averaged a decrease of 22.78. This average decrease in total PCS scores shows a clinically significant improvement in pain-related maladaptive thought processes. Significant improvements in all three measured areas of the PCS were evident.

Why Utilize Patient-Reported Outcome Measures (PROMs)?

Patient-Reported Outcome Measures (PROMs) are different from the usual process measures. PROMs measure a patient's perceived progress and improvement instead of, e.g., LOS, or care coordination. From a chronic pain patient's perspective, their progress and improvement level is much more important than other aspects of the treatment. "Use of PROMs supports patient-centered care because it recognizes patients as participant consumers who should be active in plans and decisions about treatment options (Christian U. Krägeloh, 2015)." PROMs allow both the patient and the clinician to make informed treatment decisions with more effective interventions, demonstrating value and transparency with patients. Decisive is also that PROMs "attempt[] to capture patients' view about whether they are progressing and helps patients appraise themselves and reflect on their recovery journey (Christian U. Krägeloh, 2015)." This highlights and increases the enabling quality of our care.

The Pain Catastrophizing Scale, The Evidence in Treatment

Pain catastrophizing is an important predictor of functioning and disability among individuals with chronic pain. Modifying catastrophic

interpretations of pain is a proposed treatment mechanism of pain rehabilitation (Craner, Sperry, & Evans, The Relationship Between Pain Catastrophizing and Outcomes of a 3-Week Comprehensive Pain Rehabilitation, 2016). Craner's study adds further proof that pain catastrophizing negatively impacts a person's adaptation to their pain, but that this maladaptive thought process can be successfully modified in treatment. Improvements in pain catastrophizing scores can be directly related to the positive adjustment in quality of life.

Summary

- We use a validated PROM called PCS.
- The PCS measures catastrophizing thought patterns, like rumination, helplessness, and magnification.
- Our data shows consistent improvements in pain catastrophizing scores in all patients who participated in the program and completed the initial and final PCS.
- We currently track the outcomes while patients are in inpatient treatment but not post-discharge.
- We include specialized services, similar to those received in the PRP, in the patients' continuing care plans post-discharge to ensure further improvement.

Works Cited

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