

How technology driven pain management solutions are increasing patient satisfaction and cost savings: Q & A with Fred Davis, MD

Written by Mary Rechteris | January 25, 2017 | [Print](#) | [Email](#)

Fred Davis, MD, president and CMO of ProCare Pain Solutions, a company of North American Partners in Anesthesia (NAPA), discusses the ramifications of failing to address pain and how data-driven solutions will help providers efficiently manage pain in a value-based healthcare system.

Question: Why is pain management important and what are some core implications of failing to manage pain?

Dr. Fred Davis: Pain is a powerful, emotional and physical experience that can cause a tremendous burden for patients and their families. It cuts across all cultures and all races – affecting millions of individuals.

Treating pain costs our country \$635 billion a year due to longer hospital stays, increased re-hospitalization and outpatient visits – along with lost workdays and productivity. Pain itself, is a disease and is associated with many other illnesses including diabetes and heart disease.

While pain is in the top three common reasons patients visit their primary care provider, most medical students only receive a brief education about pain – a mismatch between the level of training and the patients' needs. Pain, especially chronic pain, can be very complex and it is frustrating for PCPs to treat because of the limited resources and time constraints with patients.

Another important issue is that opiates are helpful for certain people and types of pain but not others. There are a significant number of people who misuse prescription opiates or become dependent post-surgery, dental work or trauma. This can be a point of frustration for surgeons and PCPs as they know prescribing opiates is a risk but don't have access to other options to manage that risk.

What value does ProCare bring to NAPA's chronic pain management practices?

ProCare is strategically focused on managing and growing NAPA's national pain management network with a commitment to patient excellence. Our track record for delivering strong clinical outcomes and high patient satisfaction while lowering costs is the model we are offering all of our pain management practices. Together, our combined organization will focus its efforts on helping patients manage and alleviate chronic pain and work to implement a shared vision of building systems and processes that shape the future of chronic pain management. As part of a larger company, we now have the ability to work with practices within NAPA as well as with independent community based pain practices. ProCare currently manages 40 hospital and office-based chronic pain management locations.

Q: What makes ProCare Pain Solutions unique?

FD: We incorporate a value-based approach to provide whole-person, data-informed precision care.

One of the most powerful tools that ProCare offers its client practices is the PRISM care management system, a robust clinical intelligence suite with several components. The first element, the Patient Assessment Matrix, (PAM) assesses the overall disease burden of our patients. This is important so that our practices and payers can understand the complexity of the individuals and populations we treat.

Then, there is the Pain Health Assessment (PHA), a multidimensional patient reported outcomes tool which is a whole person view of the pain experience including psychosocial, and functional impairment, quality of life, and patient satisfaction. The information gathered is analyzed in real time and displayed on a highly graphical dashboard page in the EHR. Within this feature, we have developed Clinical Decision Support (CDS) tools that help physicians make better decisions for how to care for patients and determine which resources to use. For example, there is the Narcotic Risk Manager (NRM) that assesses the risk of opioid misuse and dependence in patients.

The PRISM dashboard can be used educate patients as well as physicians to help with joint decision making. By doing so, PRISM helps foster the physician-patient relationship and allows them to mutually determine which areas are most important to treat and to set realistic therapeutic goals. In an era of mass production and depersonalized care, those moments in the office where a patient and physician can meet one-on-one moves us to the future of personalized medicine.

Currently the PRISM database has over 240,000 unique data sets on over 90,000 patients. The data is being used for clinical effectiveness research through innovative collaborative relationships with academic partnering institutions. This peer reviewed published outcomes research is effective in advocating on behalf of our patients and practices. By harnessing the voice of their patients our physicians are truly able to practice evidence based medicine.

As part of our model, we provide a full range of practice management services including: revenue cycle management, billing, scheduling, IT- EHR, recruiting, Human Resources, compliance, and marketing. Additionally we have experience in collaborating with emerging Clinically Integrated Networks and HMOs.

Q: Can you give us an example of one of your initiatives and the benefit it provides to your clients?

FD: One of the most important initiatives we are pursuing is using our systems to help our practices establish mutually beneficial relationships with emerging Clinically Integrated Networks, large healthcare organizations and HMOs. One of our client practices in Western Michigan is in the 5th year of a program working with most complex pain patients that have the highest disease burden in a large regional HMO. Due to the benefits of our data systems, Priority Health, offering health plans to Michigan residents , has lifted their restrictions on the types of medicine and treatments the practice can use, which has allowed them to provide the best care while tracking outcomes and costs.

By tracking the data over the past five years, we have found that the practice has achieved between 40 and 60 percent improvements in quality of life measures, 88 percent patient satisfaction rates and saved the HMO approximately \$3,000 per patient per year in global healthcare costs. These patients are not going to the ED and getting readmitted, and not continuing to seek multiple outside consultations, or tests. As a result of this program, the practice is now entering a gainsharing relationship with the HMO.

Programs like these represent how ProCare Pain Solutions provides resources to progressive pain management practices, allowing them to provide the best care to individuals and populations of patients with pain. This ultimately results in achieving mission critical goals for specialty care: securing referral streams and being paid reasonably for what they do. ProCare is now using that experience to help other practices facing the same challenges.

Q: With change in political power, what is the outlook for value-based healthcare?

FD: We are entering into a new era with a new administration and changes occurring in healthcare. We don't know what the future holds. My feelings with regard to pain is whether we move toward a market-based approach or a more centralized-approach to medicine, it doesn't matter because we will all need to practice more efficiently, providing the best treatment, and the best patient experience at the best price. The movement towards value-based healthcare will continue no matter what happens politically and economically.

Providing value is what ProCare Pain Solutions and NAPA are all about. We provide tools, systems, solutions and expertise to pain practices across the country.

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