



# Developing A Multi-Modal Approach to Pain Management

Jessica Westwood

Ramapo College of New Jersey, Mahwah, NJ, 07430

## Background

- The RWJBarnabas Health Institute for Prevention & Recovery (IFPR) has provided substance use treatment and prevention services, system-wide, for over 30 years.
- The RWJBarnabas Health Tackling Addiction Task Force is dedicated to combatting substance use through education, prevention, treatment, and recovery
- IFPR has collaborated with the RWJBarnabas Health Tackling Addiction Task Force to lead a system-wide initiative to enhance the treatment of pain and substance use disorder
- The Deliberate Reduction of Opioid Prescribing (DRO) initiative determines and implements best practices through a collaborative multi-disciplinary, multi-modal approach

## Opioid Reduction Options (ORO)

- First stage of DRO implemented in 7 hospitals
- Goal was to reduce the rate of opioid prescriptions leaving the Emergency Department (ED) by 10%
- Piloted new hospital order sets for the top 5 pain diagnoses that traditionally received an opioid prescription in the ED.
- Developed a pilot for the use of IV Lidocaine in patients experiencing a sickle cell crisis

## ORO Results

- A decrease of opioid prescriptions by 25,380 in 18 months
- Use of both pharmacological and non-pharmacological alternatives in treatment
- 2.51% prescribing average with the national average being 17%

## Emergency Department Alternatives to Opioids Program (ED-ALT)

- Second phase of the initiative implemented in 1 hospital
- Established a system-wide pain collaborative, with representatives from multiple disciplines
- Two patient navigators respond to referrals in the ED, made by medical staff, for patients presenting due to 1 of the top 5 diagnoses
- Completion of pain scales with patients to establish a functional assessment of pain
- Consult with medical team on prognosis and treatment options
- Assistance with linking patients to appropriate aftercare services to address both pain and other social needs
- Consistent follow ups to determine continued needs
- 30 day follow up with reassessment of pain scales

## Pain Scales

- Brief Pain Inventory (BPI) and Pain Catastrophizing Scale (PCS)
- Establish patient's overall pain, as well as how their pain affects their lives

## Goals

- Continued multidisciplinary collaboration to establish best practices in the treatment of pain
- Appropriate use of both pharmacological and non-pharmacological treatments
- Use of opioids to treat pain through best practices established
- Education of staff throughout the system
- Determine gaps in patients obtaining medical and social needs, through the patient navigation process
- Decrease hospital readmissions through appropriate community referrals

**Institute for  
Prevention  
and Recovery**

**RWJBarnabas  
HEALTH**