

Chronic Pain Recovery Center

CARF Accredited
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CHRONIC PAIN PROGRAM OUTCOMES SUMMARY

Over the past three year we have been compiling data in regards to our chronic pain program. The data consists of measurements, required by CARF, of patient's pre and post pain program goal outcomes. The outcomes are registered into our database to extrapolate vital information for the stakeholders which include referring physicians, insurance companies, employers and supervising nurse case managers. We will present you with the most frequently asked outcomes measurements to help in the difficult decision making process of treatment for your clients. This survey has been extrapolated from completed patient data over a three month period

PARTICIPATION (96.89%)

Patient retention in the program is crucial to the positive outcome of the program. Failure to maintain patient's in the chronic pain program to reach sufficient treatment goals may result in poor outcomes.

Days requested and approved by insurance carrier and TPA's:	2216 total days
Days attended by patients in correlation to authorized days:	2147 total days
Overall patient attendance:	<u>96.89%</u>

OPIOID REDUCTION (66%)

Reduction of narcotics/opioids is essential for chronic pain program candidates to return to a normal level of daily functioning. As the medication cause medical and functional impairment, a primary goal of the program, for patients' prescribed opioids, is a significant reduction of usage of these medications.

Percentage of patients admitted to program with a 50% reduction in opioid usage:	<u>45%</u>
Percentage of patients admitted to program with a 75% reduction in opioid usage:	<u>27%</u>
Percentage of patients admitted to program with a 100% reduction in opioid usage:	<u>13%</u>
Percentage of patients admitted to program without opioid medication usage	<u>15%</u>
Overall reduction of opioids for this database (represented by gross reduction):	<u>66%</u>

PAIN REDUCTION/COPING (33%)

The goal of the chronic pain program is to assist the patient in physical and psychological coping of their pain condition. The achievement of this goal is gauged by various measurements, which include the Oswestry, GAF, patient self report, increased range of motion (provided by PT evaluations), BAI, BDI, FABQ and BBHI. For a representation gross pain reduction, the following is the reported reductions for the survey database group reporting any starting level:

Gross reported pain level for all survey patients admitted to the pain program:	<u>728 out of 1020</u>
Gross reported pain level for all survey patients completing the pain program:	<u>487 out of 1020</u>
Gross reported reduction in pain level for patients completing the pain program:	<u>241</u>
Percentage reduction of gross pain reported:	<u>33%</u>

RETURN TO WORK(RTW) or DARS (44%)

For workers' compensation patients, the ultimate goal of the chronic pain program is to return candidates back to work. Although many patient's cannot return to their original, more labor intensive jobs, they can be retrained and return to another form of gainful employment. The following is a representation of the post program status of the patients, in regards to either employment or DARS status.

Percentage of patients completing the pain program and returning to work:	18%
Percentage of patients completing the pain program and scheduled for DARS retraining:	7%
Percentage of patients completing the pain program and scheduled for DARS consult:	21%
Representation of pain program patient RTW: (Over 50% scheduled w/DARS)	<u>44%**</u>

PATIENT SATISFACTION (93.73%)

As the major stakeholder in the process, the patients' satisfaction with the pain program is crucial. We have derived a patient satisfaction survey based on various facets of the program. These items include quality of care, adherence to program schedule, cleanliness of facility, staff appropriateness, patient need response (by staff) and overall achievement of predetermined goals.

**David M. Dale
Administrator**

**Return to work representation assumption based on 50% of DARS consultations return to work and 75% of DARS retraining patients return to work.