

# Welcome to UVM ECHO -- Chronic Pain

## Co-facilitators:

- Mark Pasanen, MD
- Liz Cote

## Faculty:

- Patti Fisher, MD
- Michael Goedde, MD
- Amanda Kennedy, PharmD
- Charles MacLean, MD
- Sanchit Maruti, MD
- Rich Pinckney, MD
- Carlos Pino, MD
- Jill Warrington, MD



# Introduction to ZOOM

- Mute microphone when not speaking
  - If using phone for audio, please mute computer
- Position webcam effectively (and please enable video)
- Test both audio & video
- Use “chat” function for:
  - Attendance—type name and organization of each participant upon entry to each teleECHO session
  - Technical issues
- We need your input!
  - Use “raise hand” feature; the ECHO team will call on you
  - Please speak clearly



# CME disclosures

Northern Vermont Area Health Education Center (AHEC) is approved as a provider of Continuing Medical Education (CME) by the New Hampshire Medical Society, accredited by the ACCME. Northern Vermont AHEC designates this educational activity for a maximum of 1.5 Category 1 Credits toward the AMA Physician's Recognition Award.

## Interest Disclosures:

- As an organization accredited by the ACCME to sponsor continuing medical education activities, Northern VT AHEC is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

# No relevant disclosures

## Planners:

- Elizabeth Cote
- Joan Devine, BSN, RN
- Sarah Morgan, MD, Medical Director Planner
- Mark Pasanen, MD
- Charles MacLean, MD

## Faculty:

- Mark Pasanen, MD
- Charles MacLean, MD
- Carlos Pino, MD
- Patricia Fisher, MD
- Richard Pinckney, MD
- Amanda Kennedy, PharmD
- Sanchit Maruti, MD
- Jill Warrington, MD



- RECORDING OF SESSION TO BEGIN



# UVM ECHO Chronic Pain: Functional Assessment in Patients with Chronic Pain

Presenter: Mark Pasanen, MD

Faculty:

Patti Fisher, MD

Michael Goedde, MD

Amanda Kennedy, PharmD

Charles MacLean, MD

Rich Pinckney, MD

Carlos Pino, MD

Jill Warrington, MD



The University of Vermont  
LARNER COLLEGE OF MEDICINE  
OFFICE OF PRIMARY CARE & AHEC PROGRAM

[www.vtahec.org](http://www.vtahec.org)



# Objectives

- Understand the importance of incorporating functional assessment into your care of patients with pain
- Review “toolbox” for assessing function
- Discuss implementation of functional assessment into busy patient care



# Vermont Department of Health

## For patients on opioids:

“Receive, and include in the patient’s medical record, a signed Controlled Substance Treatment Agreement from the patient, or, if the patient lacks the capacity to provide informed consent, from the patient’s legal representative.

This agreement must include **functional goals** for treatment, dispensing pharmacy choice, and safe storage and disposal of medication.”

- Quick reminder: Treatment agreement needs to be updated annually





# VDH Prescribing Rules

Prior to prescribing a dose of opioids, or a combination of opioids, that exceeds a Morphine Milligram Equivalent Daily Dose of 90 the prescriber shall document in the patient's medical record:

- 6.4.2.1 A reevaluation of the effectiveness and safety of the patient's pain management plan, including an assessment of the patient's adherence to the treatment regimen
- 6.4.2.2 The potential for the use of non-opioid and nonpharmacological alternatives for treating pain
- 6.4.2.3 A functional examination of the patient ...



# Vermont Department of Health

“Functional Examination” means an examination used to describe an individual’s ability to perform key daily activities and to evaluate changes in the activities of everyday life. It encompasses physical, social, and psychological domains, and covers outcomes from baseline functions through death.



# CDC Guidelines

## **When REASSESSING at return visit**

***Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.***

- Assess pain and function (eg, PEG); compare results to baseline.
- Evaluate risk of harm or misuse:
  - Observe patient for signs of over-sedation or overdose risk.
    - If yes: Taper dose.
  - Check PDMP.
  - Check for opioid use disorder if indicated (eg, difficulty controlling use).
    - If yes: Refer for treatment.
- Check that non-opioid therapies optimized.
- Determine whether to continue, adjust, taper, or stop opioids.
- Calculate opioid dosage morphine milligram equivalent (MME).
  - If  $\geq 50$  MME/day total ( $\geq 50$  mg hydrocodone;  $\geq 33$  mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid  $\geq 90$  MME/day total ( $\geq 90$  mg hydrocodone;  $\geq 60$  mg oxycodone), or carefully justify; consider specialist referral.
- Schedule reassessment at regular intervals ( $\leq 3$  months).



# CDC Guidelines

## ASSESS BENEFITS OF OPIOID THERAPY

**Assess your patient's pain and function regularly. A 30% improvement in pain and function is considered clinically meaningful. Discuss patient-centered goals and improvements in function (such as returning to work and recreational activities) and assess pain using validated instruments such as the 3-item (PEG) Assessment Scale:**

- 1. What number best describes your pain on average in the past week?** (from 0=no pain to 10=pain as bad as you can imagine)
- 2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?** (from 0=does not interfere to 10=completely interferes)
- 3. What number best describes how, during the past week, pain has interfered with your general activity?** (from 0=does not interfere to 10=completely interferes)

**If your patient does not have a 30% improvement in pain and function, consider reducing dose or tapering and discontinuing opioids. Continue opioids only as a careful decision by you and your patient when improvements in both pain and function outweigh the harms.**



A

## PROGRESS NOTE

### Pain Assessment and Documentation Tool (PADT™)

Patient Stamp Here

Patient Name: \_\_\_\_\_ Record #: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

#### Current Analgesic Regimen

Drug name	Strength (eg, mg)	Frequency	Maximum Total Daily Dose
_____	_____	_____	_____
_____	_____	_____	_____

The PADT is a clinician-directed interview; that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioner, physician assistant, or nurse. The Potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except as noted.

#### Analgesia

If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?

1. What was your pain level on average during the past week? (Please circle the appropriate number)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

2. What was your pain level at its worst during the past week?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%) \_\_\_\_\_

4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?

☐ Yes☐ No

5. Query to clinician: Is the patient's pain relief clinically significant?

☐ Yes☐ No☐ Unsure

#### Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient's last assessment with the PADT.\* (Please check the box for Better, Same, or Worse for each item below.)

	Better	Same	Worse
1. Physical functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleep patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If the patient is receiving his or her first PADT assessment, the clinician should compare the patient's functional status with other reports from the last office visit.

(Continued on reverse side)

Copyright Janssen Pharmaceutica Products, L.P. ©2003 All rights reserved.

Reproduced with permission from Ortho-McNeil-Janssen Pharmaceuticals, Inc.<sup>98</sup>

B

## PROGRESS NOTE

### Pain Assessment and Documentation Tool (PADT™)

#### Adverse Events

1. Is patient experiencing any side effects from current pain reliever(s)? ☐ Yes ☐ No

Ask patient about potential side effects:

	None	Mild	Moderate	Severe
a. Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental cloudiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Patient's overall severity of side effects?

☐ None ☐ Mild ☐ Moderate ☐ Severe

#### Potential Aberrant Drug-Related Behavior

This section must be completed by the physician.

Please check any of the following items that you discovered during your interactions with the patient. Please note that some of these are directly observable (eg, appears intoxicated), while others may require more active listening and/or probing. Use the "Assessment" section below to note additional details.

- ☐ Purposeful over-sedation
- ☐ Negative mood change
- ☐ Appears intoxicated
- ☐ Increasingly unkempt or impaired
- ☐ Involvement in car or other accident
- ☐ Requests frequent early renewals
- ☐ Increased dose without authorization
- ☐ Reports lost or stolen prescriptions
- ☐ Attempts to obtain prescriptions from other doctors
- ☐ Changes route of administration
- ☐ Uses pain medication in response to situational stressor
- ☐ Insists on certain medications by name
- ☐ Contact with street drug culture
- ☐ Abusing alcohol or illicit drugs
- ☐ Hoarding (ie, stockpiling) of medication
- ☐ Arrested by police
- ☐ Victim of abuse

Other: \_\_\_\_\_

#### Assessment: (This section must be completed by the physician.)

Is your overall impression that this patient is benefiting (eg, benefits, such as pain relief, outweigh side effects) from opioid therapy? ☐ Yes ☐ No ☐ Unsure

Comments: \_\_\_\_\_

#### Specific Analgesic Plan:

- ☐ Continue present regimen
- ☐ Adjust dose of present analgesic
- ☐ Switch analgesics
- ☐ Add/Adjust concomitant therapy
- ☐ Discontinue/taper off opioid therapy

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's signature: \_\_\_\_\_

Provided as a service to the medical community by Janssen Pharmaceutica Products, L.P.

**JANSSEN**  Pharmaceutica Products, L.P.



**Table 2** Sample of standardized tools for chronic pain assessment

Measure	Number of items	Domain assessed
<b>Unidimensional pain measures</b>		
Numerical Rating Scale (NRS) <sup>20</sup>	1	Pain intensity using a numbered scale (e.g. 0–10, 0–100)
Verbal Rating Scale (VRS) <sup>22</sup>	1	Pain intensity using verbal descriptors (e.g. mild, moderate, severe)
Visual Analog Scale (VAS) <sup>22</sup>	1	Pain intensity using 10 or 100 mm line, anchored by no pain and worst possible pain
Facial Pain Scale (FPS) <sup>45</sup>	1	Pain intensity using a range of facial expressions
Pain thermometer <sup>46</sup>	1	Pain intensity using a depicted thermometer to rate pain
<b>Pain quality and location</b>		
McGill Pain Questionnaire (MPQ) <sup>26</sup>	20	Pain quality, location, exacerbating, and ameliorating factors
Short-form-McGill Pain Questionnaire-2 (SF-MPQ-2) <sup>27</sup>	22	Pain quality, location, exacerbating, and ameliorating factors
Neuropathic Pain Scale (NPS) <sup>47</sup>	10	Neuropathic pain qualities
Regional Pain Scale (RPS) <sup>25</sup>	19 Sites	Extent of body pain
<b>Pain interference and function: general</b>		
Pain Disability Index (PDI) <sup>34</sup>	7	Pain disability and interference of pain in functional, family, and social domains
Brief Pain Inventory (BPI) <sup>48</sup>	32	Pain intensity and interference of pain with functional activities
PROMIS pain interference and pain behaviours item banks <sup>49 50</sup>	Interference Bank=41; Behaviours Bank=39	Pain interference and behaviours related to the impact of pain
Functional Independence Measure <sup>51</sup>	18	Physical and cognitive ability, burden of care
<b>Pain interference and function: disease specific</b>		
Western Ontario MacMaster Osteoarthritis Index (WOMAC) <sup>35</sup>	24	Pain and function in people with osteoarthritis
Fibromyalgia Impact Questionnaire (FIQ) <sup>52</sup>	20	Health status for people with fibromyalgia
Roland-Morris Disability Questionnaire (RDQ) <sup>36</sup>	24	Pain and disability for people with back pain
<b>HRQOL</b>		
Medical Outcomes Study Short Form Health Survey (SF-36) <sup>33</sup>	36	Mental and physical health
West Haven-Yale Multidimensional Pain Inventory (MPI) <sup>53</sup>	60	Pain severity, interference, mood, activities, sense of control, support, quality of life
EuroQOL (EQ-5D) <sup>54</sup>	5	Health status, pain, and mood
Sickness Impact Profile (SIP) <sup>55</sup>	136	Physical and psychosocial dysfunction
<b>Psychosocial measures</b>		
Beck Depression Inventory (BDI) <sup>39</sup>	21	Depressive mood
Profile of Mood States (POMS) <sup>40</sup>	65	Mood and emotional functioning
Symptom Checklist-90 Revised (SCL-90R) <sup>56</sup>	90	Multiple domains of psychological functioning
Pain Catastrophizing Scale (PCS) <sup>57</sup>	13	Catastrophic thoughts related to pain
Coping Strategies Questionnaire (CSQ) <sup>58</sup>	10	Coping strategies for chronic pain
<b>Observational pain assessment</b>		
Pain Behaviour Checklist (PBC) <sup>44</sup>	16 Categories	Observational measure to assess patient's pain behaviours
Real-time assessment of pain behaviour <sup>59</sup>	5 Categories	Real-time assessment of pain behaviours integrated with a standardized assessment



# Modified Oswestry LBP Disability

## Pain Intensity

- ☐ I can tolerate the pain I have without having to use pain medication.
- ☐ The pain is bad, but I can manage without having to take pain medication.
- ☐ Pain medication provides me with complete relief from pain.
- ☐ Pain medication provides me with moderate relief from pain.
- ☐ Pain medication provides me with little relief from pain.
- ☐ Pain medication has no effect on my pain.

## Personal Care (e.g., Washing, Dressing)

- ☐ I can take care of myself normally without causing increased pain.
- ☐ I can take care of myself normally, but it increases my pain.
- ☐ It is painful to take care of myself, and I am slow and careful.
- ☐ I need help, but I am able to manage most of my personal care.
- ☐ I need help every day in most aspects of my care.
- ☐ I do not get dressed, I wash with difficulty, and I stay in bed.

## Lifting

- ☐ I can lift heavy weights without increased pain.
- ☐ I can lift heavy weights, but it causes increased pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (e.g., on a table).
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

## Walking

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile. (1 mile = 1.6 km).
- ☐ Pain prevents me from walking more than 1/2 mile.
- ☐ Pain prevents me from walking more than 1/4 mile.
- ☐ I can walk only with crutches or a cane.
- ☐ I am in bed most of the time and have to crawl to the toilet.

## Sitting

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting for more than 1 hour.
- ☐ Pain prevents me from sitting for more than 1/2 hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

## Standing

- ☐ I can stand as long as I want without increased pain.
- ☐ I can stand as long as I want, but it increases my pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than 1/2 hour.
- ☐ Pain prevents me from standing for more than 10 minutes.
- ☐ Pain prevents me from standing at all.

## Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using pain medication.
- ☐ Even when I take medication, I sleep less than 6 hours.
- ☐ Even when I take medication, I sleep less than 4 hours.
- ☐ Even when I take medication, I sleep less than 2 hours.
- ☐ Pain prevents me from sleeping at all.

## Social Life

- ☐ My social life is normal and does not increase my pain.
- ☐ My social life is normal, but it increases my level of pain.
- ☐ Pain prevents me from participating in more energetic activities (e.g., sports, dancing).
- ☐ Pain prevents me from going out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of my pain.

## Traveling

- ☐ I can travel anywhere without increased pain.
- ☐ I can travel anywhere, but it increases my pain.
- ☐ My pain restricts my travel over 2 hours.
- ☐ My pain restricts my travel over 1 hour.
- ☐ My pain restricts my travel to short necessary journeys under 1/2 hour.
- ☐ My pain prevents all travel except for visits to the physician / therapist or hospital.

## Employment / Homemaking

- ☐ My normal homemaking / job activities do not cause pain.
- ☐ My normal homemaking / job activities increase my pain, but I can still perform all that is required of me.
- ☐ I can perform most of my homemaking / job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming).
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chores.

## FOR OFFICE USE ONLY

Score:  $/50 \times 100 = \underline{\hspace{1cm}} \% \text{ points}$

**Scoring:** For each section the total possible score is 5; if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows:

Example:  $\frac{16}{50} (\text{total scored}) \times 100 = 32\%$

If one section is missed or not applicable the score is calculated:

$\frac{16}{45} (\text{total scored}) \times 100 = 35.5\%$

Minimum Detectable Change (90% confidence): 10%points (Change of less than this amount may be attributed to error in the measurement.)

Please complete questionnaire on other side.





# Oswestry LBP Disability Questionnaire

## Interpretation of scores

<b>0% to 20%: minimal disability:</b>	The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.
<b>21%-40%: moderate disability:</b>	The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.
<b>41%-60%: severe disability:</b>	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.
<b>61%-80%: crippled:</b>	Back pain impinges on all aspects of the patient's life. Positive intervention is required.
<b>81%-100%:</b>	These patients are either bed-bound or exaggerating their symptoms.



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PDR Oswestry Neck Pain Questionnaire**

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each Section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **Please circle the one choice which closely describes your problem right now.**

**Section 1 – Pain Intensity**

- A. I have no pain at the moment.
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate
- D. The pain moderate and does not vary much.
- E. The pain is severe, but comes and goes.
- F. The pain is severe and does not vary much.

**Section 2 – Personal Care**

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get undressed, I wash with difficulty and stay in bed.

**Section 3 – Lifting**

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, But I can manage if they are conveniently positioned (e.g on a table)
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift only very light weights.
- F. I cannot lift or carry anything at all.

**Section 4 – Reading**

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want to with slight pain in my neck.
- C. I can read as much as I want to with moderate pain in my neck.
- D. I cannot read as much as I want to because of moderate pain in my neck.
- E. I cannot read as much as I want to because of severe pain in my neck
- F. I cannot read at all.

**Section 5 – Headache**

- A. I have no headaches at all.
- B. I have slight headaches that come infrequently.
- C. I have moderate headaches that come infrequently.
- D. I have moderate headaches that come frequently.
- E. I have severe headaches that come frequently.
- F. I have headaches almost all the time.

**Section 6 – Concentration**

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

**Section 7 – Work**

- A. I can do as much work as I want to.
- B. I can do my usual work but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

**Section 8 -- Driving**

- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive at all because of severe pain in my neck.
- F. I cannot drive my car at all.

**Section 9 – Sleeping**

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

**Section 10 – Recreation**

- A. I am able to engage in all my recreational activities, with no neck pain at all.
- B. I am able to engage in all of my recreational activities, with some pain in my neck.
- C. I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- D. I am able to engage in only a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.



# RAPID3

## ROUTINE ASSESSMENT OF PATIENT INDEX DATA

The RAPID3 includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3). RAPID3 scores are quickly tallied by adding subsets of the MD-HAQ as follows:

1. PLEASE CHECK THE ONE BEST ANSWER FOR YOUR ABILITIES AT THIS TIME				
OVER THE LAST WEEK, WERE YOU ABLE TO:	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
a. Dress yourself, including tying shoelaces and doing buttons?	___ 0	___ 1	___ 2	___ 3
b. Get in and out of bed?	___ 0	___ 1	___ 2	___ 3
c. Lift a full cup or glass to your mouth?	___ 0	___ 1	___ 2	___ 3
d. Walk outdoors on flat ground?	___ 0	___ 1	___ 2	___ 3
e. Wash and dry your entire body?	___ 0	___ 1	___ 2	___ 3
f. Bend down to pick up clothing from the floor?	___ 0	___ 1	___ 2	___ 3
g. Turn regular faucets on and off?	___ 0	___ 1	___ 2	___ 3
h. Get in and out of a car, bus, train, or airplane?	___ 0	___ 1	___ 2	___ 3
i. Walk two miles or three kilometers, if you wish?	___ 0	___ 1	___ 2	___ 3
j. Participate in recreational activities and sports as you would like, if you wish?	___ 0	___ 1	___ 2	___ 3
k. Get a good night's sleep?	___ 0	___ 1.1	___ 2.2	___ 3.3
l. Deal with feelings of anxiety or being nervous?	___ 0	___ 1.1	___ 2.2	___ 3.3
m. Deal with feelings of depression or feeling blue?	___ 0	___ 1.1	___ 2.2	___ 3.3

  

2. HOW MUCH PAIN HAVE YOU HAD BECAUSE OF YOUR CONDITION OVER THE PAST WEEK? PLEASE INDICATE BELOW HOW SEVERE YOUR PAIN HAS BEEN:	
NO PAIN	PAIN AS BAD AS IT COULD BE
0	10

  

3. CONSIDERING ALL THE WAYS IN WHICH ILLNESS AND HEALTH CONDITIONS MAY AFFECT YOU AT THIS TIME, PLEASE INDICATE BELOW HOW YOU ARE DOING:	
VERY WELL	VERY POORLY
0	10

1. a-j FN (0-10):

1=0.3 16=5.3  
2=0.7 17=5.7  
3=1.0 18=6.0  
4=1.3 19=6.3  
5=1.7 20=6.7  
6=2.0 21=7.0  
7=2.3 22=7.3  
8=2.7 23=7.7  
9=3.0 24=8.0  
10=3.3 25=8.3  
11=3.7 26=8.7  
12=4.0 27=9.0  
13=4.3 28=9.3  
14=4.7 29=9.7  
15=5.0 30=10

2. PN (0-10):

3. PTGE (0-10):

RAPID3 (0-30)

1. Ask the patient to complete questions 1, 2, and 3 while in the waiting room prior to his/her visit.

2. For question 1, add up the scores in questions A-J only (questions K-M have been found to be informative, but are not scored formally). Use the formula in the box on the right to calculate the formal score (0-10). Enter this score as an evaluation of the patient's functional status (FN).

3. For question 2, enter the raw score (0-10) in the box on the right as an evaluation of the patient's pain tolerance (PN).

4. For question 3, enter the raw score (0-10) in the box on the right as an evaluation of the patient's global estimate

5. Add the total score (0-30) from questions 1, 2, and 3 and enter them as the patient's RAPID 3 cumulative score. Use the final conversion table to simplify the patient's weighted RAPID 3 score. A patient who scores between 0–1.0 is defined as near remission (NR); 1.3–2.0 as low severity (LS); 2.3–4.0 as moderate severity (MS); and 4.3–10.0 as high severity (HS).

### CONVERSION TABLE

Near Remission (NR): 1=0.3; 2=0.7; 3=1.0

Low Severity (LS): 4=1.3; 5=1.7; 6=2.0

Moderate Severity (MS): 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0

High Severity (HS): 13=4.3; 14=4.7; 15=5.0; 16=5.3; 17=5.7; 18=6.0; 19=6.3; 20=6.7;

21=7.0; 22=7.3; 23=7.7; 24=8.0; 25=8.3; 26=8.7; 27=9.0; 28=9.3; 29=9.7; 30=10.0

# RAPID 3 EXAMPLE

## ROUTINE ASSESSMENT OF PATIENT INDEX DATA

The RAPID includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3).

RAPID scores are quickly tallied by adding subsets of the MD-HAQ as follows:

1. PLEASE CHECK THE ONE BEST ANSWER FOR YOUR ABILITIES AT THIS TIME:				
OVER THE LAST WEEK, WERE YOU ABLE TO:	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
a. Dress yourself, including tying shoelaces and doing buttons?	<u>X</u> 0	___ 1	___ 2	___ 3
b. Get in and out of bed?	___ 0	<u>X</u> 1	___ 2	___ 3
c. Lift a full cup or glass to your mouth?	___ 0	___ 1	___ 2	<u>X</u> 3
d. Walk outdoors on flat ground?	<u>X</u> 0	___ 1	___ 2	___ 3
e. Wash and dry your entire body?	<u>X</u> 0	___ 1	___ 2	___ 3
f. Bend down to pick up clothing from the floor?	___ 0	<u>X</u> 1	___ 2	___ 3
g. Turn regular faucets on and off?	___ 0	___ 1	<u>X</u> 2	___ 3
h. Get in and out of a car, bus, train, or airplane?	___ 0	___ 1	<u>X</u> 2	___ 3
i. Walk two miles or three kilometers, if you wish?	___ 0	<u>X</u> 1	___ 2	___ 3
j. Participate in recreational activities and sports as you would like, if you wish?	___ 0	<u>X</u> 1	___ 2	___ 3
k. Get a good night's sleep?	<u>X</u> 0	___ 1.1	___ 2.2	___ 3.3
l. Deal with feelings of anxiety or being nervous?	___ 0	___ 1.1	___ 2.2	<u>X</u> 3.3
m. Deal with feelings of depression or feeling blue?	___ 0	___ 1.1	<u>X</u> 2.2	___ 3.3

  

2. HOW MUCH PAIN HAVE YOU HAD BECAUSE OF YOUR CONDITION OVER THE PAST WEEK? PLEASE INDICATE BELOW HOW SEVERE YOUR PAIN HAS BEEN:	
NO PAIN	PAIN AS BAD AS IT COULD BE
● 0	● 10
● 0.5	● 8.5
● 1.0	● 7.5
● 1.5	● 6.5
● 2.0	● 5.5
● 2.5	● 4.5
● 3.0	● 3.5
● 3.5	● 2.5
● 4.0	● 1.5
● 4.5	● 0.5
● 5.0	● 0
● 5.5	
● 6.0	
● 6.5	
● 7.0	
● 7.5	
● 8.0	
● 8.5	
● 9.0	
● 9.5	
● 10	

  

3. CONSIDERING ALL THE WAYS IN WHICH ILLNESS AND HEALTH CONDITIONS MAY AFFECT YOU AT THIS TIME, PLEASE INDICATE BELOW HOW YOU ARE DOING:	
VERY WELL	VERY POORLY
● 0	● 10
● 0.5	● 9.0
● 1.0	● 8.5
● 1.5	● 7.5
● 2.0	● 6.5
● 2.5	● 5.5
● 3.0	● 4.5
● 3.5	● 3.5
● 4.0	● 2.5
● 4.5	● 1.5
● 5.0	● 0.5
● 5.5	● 0
● 6.0	
● 6.5	
● 7.0	
● 7.5	
● 8.0	
● 8.5	
● 9.0	
● 9.5	
● 10	

1. a-j FN (0-10):

3.7

1=0.3 16=5.3  
2=0.7 17=5.7  
3=1.0 18=6.0  
4=1.3 19=6.3  
5=1.7 20=6.7  
6=2.0 21=7.0  
7=2.3 22=7.3  
8=2.7 23=7.7  
9=3.0 24=8.0  
10=3.3 25=8.3  
11=3.7 26=8.7  
12=4.0 27=9.0  
13=4.3 28=9.3  
14=4.7 29=9.7  
15=5.0 30=10

2. PN (0-10):

2.5

3. PTGE (0-10):

1.0

RAPID3 (0-30)

7.2

### CONVERSION TABLE

Near Remission (NR): 1=0.3; 2=0.7; 3=1.0

Low Severity (LS): 4=1.3; 5=1.7; 6=2.0

Moderate Severity (MS): 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0

High Severity (HS): 13=4.3; 14=4.7; 15=5.0; 16=5.3; 17=5.7; 18=6.0; 19=6.3; 20=6.7;

21=7.0; 22=7.3; 23=7.7; 24=8.0; 25=8.3; 26=8.7; 27=9.0; 28=9.3; 29=9.7; 30=10.0

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

## 5As Plus: Please mark the best answer for each question

Values By

### ▼ PEG Pain Screening

What number best describes your pain on average in the past week:

☐ 0 (No Pain) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

10 (Pain as bad as you can imagine)

What number best describes how, during the past week, pain has interfered with your enjoyment of life?

☐ 0 (Does not interfere) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

10 (Completely interferes)

What number best describes how, during the past week, pain has interfered with your general activity?

☐ 0 (Does not interfere) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

10 (Completely interferes)

PEG Score

### ▼ Additional Assessment Questions

What number best describes how, during the past week, pain has effected your mood?

☐ 0 (Does not interfere) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

10 (Completely interferes)

How often in the last year have you used your prescription medication for non-medical reasons?

☐ 0 (Never) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Frequently)

How often do you use your prescription more often than prescribed?

☐ 0 (Never) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Frequently)

Are you having any constipation or difficulty with bowel movements?

☐ 0 (No constipation) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

10 (Severe constipation)

Are you having any other side effects from your medication?

☐ Yes ☐ No




# How to do it?

- If possible, have patient filling out in advance
  - Assures compliance
  - Reaffirms commitment to goal of improved analgesia and function
  - Get quite a bit of information in short time
    - But can open up new areas of concern
- Have it become an expectation
  - “We have all of our patients with pain fill this out ...”
- Develop system to track over time (like a vital sign)

Questions



- RECORDING TO BE STOPPED





# Cases/HIPAA

## DO NOT SEND

- Name
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



# ECHO Reminders

- Volunteers to present cases
  - Use the case presentation form template
- Please complete evaluation forms for each session
  - CME will be processed once session evaluation form is received at UVM
- UVM Project ECHO materials available at [www.vtahec.org](http://www.vtahec.org)
- Please contact us with any questions/suggestions
  - [Mark.Pasanen@uvmhealth.org](mailto:Mark.Pasanen@uvmhealth.org)
  - [Elizabeth.Cote@uvm.edu](mailto:Elizabeth.Cote@uvm.edu)
  - [ahec@uvm.edu](mailto:ahec@uvm.edu)