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A novel multidisciplinary perioperative pain medicine program: Redefining the scope of the acute pain service to minimize perioperative opioid utilization

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Introduction: Increased utilization of prescription opioids for the management of chronic pain has led to a nationwide public health crisis with alarming rates of addiction and opioid-related deaths in the United States. Opioid prescriptions in the postoperative period have been implicated in the opioid epidemic. A multidisciplinary approach to perioperative pain management is essential to improving quality of recovery following surgery. We present a novel approach to perioperative pain management involving a multidisciplinary team approach starting with a patient consultation a month before surgery and follow up care extending into 3 months following discharge.

Concept: The development and implementation of an innovative population health initiative piloted at Johns Hopkins Hospital with plans for implementation across our health system is presented. Key features of our Perioperative Pain Program includes a multidisciplinary team of anesthesiologists, psychiatrists, integrative medicine specialists, physical medicine and rehabilitation services, along with a novel pain management infrastructure for triage and management. The program model consists of a combination of outpatient and inpatient services and comprises a preadmission, admission and post-discharge phase. Opioid dependent patients scheduled for surgery are referred to the clinic 4 weeks before surgery for the initial perioperative pain management planning consultation and are seen by a multidisciplinary team in a biopsychosocial model of care. The same team involved in the In-patient Acute Pain Service management the patient during admission. Following discharge, the patient is seen in the follow up clinic for 3 months and a “warm handoff” is then made to the primary care physician or pain specialist managing the patient.

Projected Outcome: Featured program goals are centered on key areas that will add value to patient outcomes: reductions in adverse events related to pain during the index hospitalization, reduced length of stay associated with uncontrolled pain, reduced pain-related readmissions, reduced inpatient and outpatient opioid utilization and improved patient and family satisfaction.

Biography

Marie N Hanna is currently working as an Associate Professor of Anesthesiology in Johns Hopkins University at USA. She is also the Chief of the Division of Regional Anesthesia and Acute Pain Management. She is a Medical Director of Perioperative Pain Program.

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