

Role of the Advanced Practice Provider in Private Practice

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Learning Objectives

- Describe the role of the advanced practice provider in providing effective pain management in private practice
- Describe the tools APP's use to evaluate effectiveness of care
- Discuss how NP's and PA's collaborate within an interdisciplinary team

Advanced Practice Providers

➤ Nurse Practitioners

- Health care providers, mentors, educators, researchers, administrators, initiate and manage treatment plans

➤ Physician Assistants

- Experts in general medicine, diagnose, treat, prescribe medications, trusted health care providers and vital to the healthcare system

➤ Both

- Increase patient satisfaction and decrease healthcare costs
- Partners in health

Role of Advanced Practice Provider



Patient
Identification



Patient
Selection



Patient
Education



Patient
Advocate

The goal of pain control is to optimize comfort, improve function, improve the quality of life, and reduce morbidity.

An American flag waving against a clear blue sky, positioned on the left side of the slide.

Patient Identification

- ▶ 50 million Americans have chronic or severe pain
- ▶ Back pain is the 2nd most common cause of disability in the United States
- ▶ Evaluate severity, impact and type of pain the patient is experiencing

Patient Selection

- Acute vs Chronic Pain
- Neuropathic vs Nociceptive pain
- Has this patient tried conservative modalities such as physical therapy, acupuncture, massage, chiropractic therapy
- Is this patient a candidate for an interventional procedure



Interventional procedures- The right therapy for the right patient

- ▶ Epidural steroid injections
- ▶ Facet joint injections
- ▶ Joint injections: Shoulder, hip, knees, elbow
- ▶ PRP injections
- ▶ Nerve blocks: genicular, ilioinguinal, femoral, hypogastric, pudendal, coccygeal, occipital
- ▶ Lumbar sympathetic nerve block, stellate ganglion injection
- ▶ Traditional SCS vs DRG/Burst
- ▶ Surgical candidates



Patient Education

EXPECTATIONS
vs.
REALITY

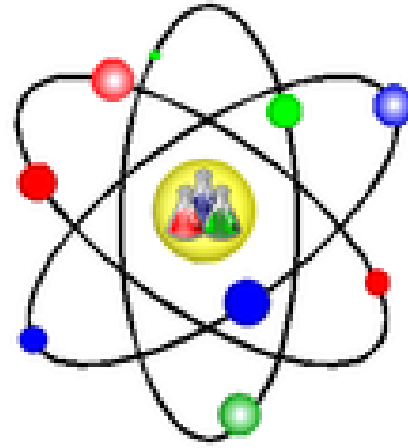
SET GOALS

- 1.
- 2.
- 3.



Advanced Practice Providers and Science

- Understand the science
- Credible
- Convincing
- Confident
- Competitive



Effective Education

- ▶ Articulate our role
- ▶ Patient component
 - Education, relationship
- ▶ Discuss the process
 - Selection, management, pre/postop, follow up
- ▶ Referrals
 - Networking
 - Communication and relationships

Patient Advocate

➤ Personal Commitment

▶ **Why am I an advocate for this therapy?**

- Science
- Outcomes
 - ❖ Decreased opioid use
 - ❖ Patient satisfaction
 - ❖ How I have seen my patients improve

Medication Safety

- ▶ Understand the psychosocial factors
- ▶ Health history
- ▶ Manage expectations
- ▶ Set goals, establish treatment plans and re-visit them frequently
- ▶ Screening tools/opioid risk assessment
- ▶ Treatment agreements
- ▶ Urine toxicology
- ▶ Monitor adherence to overall plan

Opioid Risk Tool



- ▶ 6 questions
- ▶ 5 minutes
- ▶ Specific to pain and opioid use
- ▶ Quantifies risk level
- ▶ Non-confrontational
- ▶ Easy to use

ORT is a self administered assessment that should be utilized on patients initial visit. It assesses for personal and family history of substance abuse, age, history of sexual abuse and for the presence of depression, ADD, OCD, bipolar disorder and schizophrenia.

Opioid Risk Tool

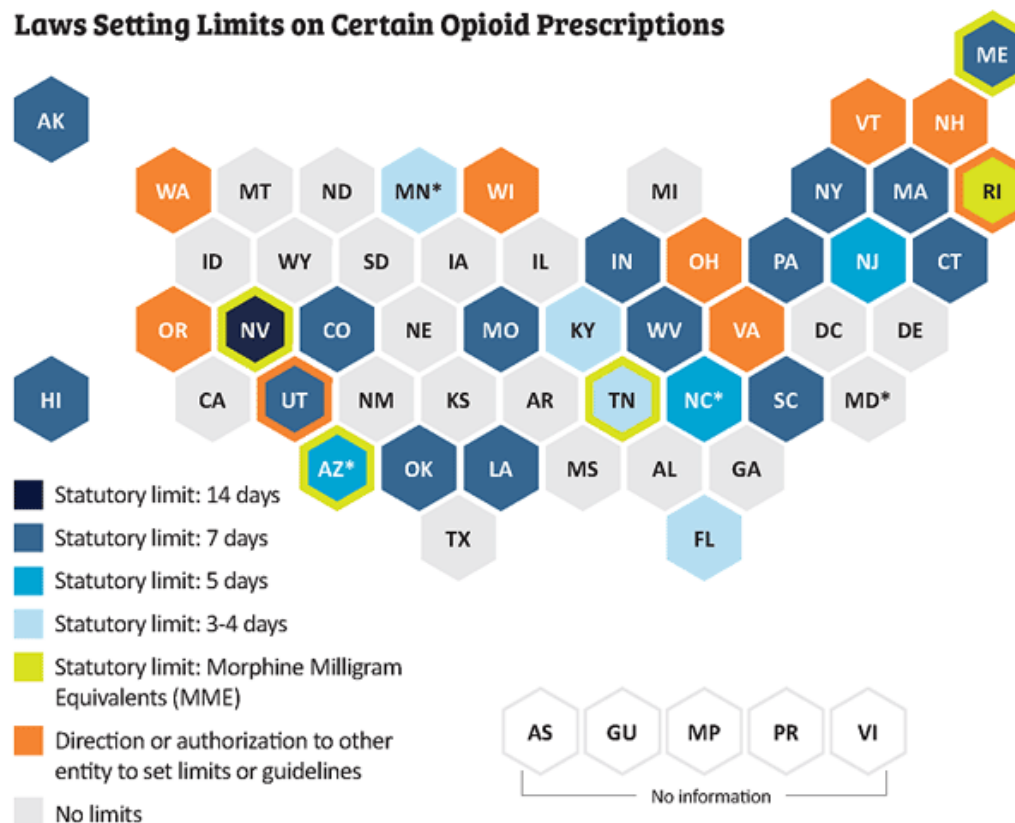
This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

PMP (Prescription Monitoring Program)

- Review any additional records available
- Compare with patients charts
- Contact prescribers or pharmacies listed, for more details
- Trust your instinct
- **Texas PMP- As of March 2020 all prescribers will be required to check the PMP history before prescribing opioids.**

Laws Setting Limits on Certain Opioid Prescriptions



*** Note:** The map displays the state's primary opioid prescription limit and does not include additional limits on certain providers or in certain settings. Arizona allows prescriptions up to 14 days following surgical procedures and North Carolina allows up to seven days for post-operative relief. Maryland requires the "lowest effective dose." Minnesota's limit is for acute dental or ophthalmic pain. The map also does not reflect limits for minors that exist in at least eight states.

Source: NCSL, StateNet

Reimbursement

- ▶ **MEDICARE**- Federally regulated program, direct reimbursement
- ▶ **MEDICAID**- state regulated program
- ▶ **THIRD PARTY PAYERS**- application into provider groups

Building and Maintaining Partnerships

We are part of a team

- If you have a question, ask

Managing Relationships

- Relationship building
- Company support
- Referral sources

Be Accessible

- Available for questions
- Resource



Come for a visit!

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