EMPOWER: Addressing Barriers to Pain Management

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The Issue

- 85-100% of pain can be treated
- HOWEVER -- seriously ill patients still suffer with inadequate pain management

- Patient/family concerns identified as the most significant barrier to pain management:
  - Families unable to implement/maintain treatments
  - Families do not want the treatments
Eight Major Concerns

- 8 patient/family concerns about pain and pain management in palliative care:
  1. Addiction
  2. Tolerance
  3. Side effects
  4. Stoicism
  5. Stigma
  6. Not wanting to be a bother
  7. Overdose
  8. Fatalism
Other Complicating Factors

- Gaps in Communication
- Challenges with Adherence
- Cultural issues
Minorities

Regarding pain and pain management, African American and Hispanic individuals tend to report:

- More concerns
- Higher levels of concern
Our Role

- Major barriers to pain management in palliative care are psychosocial – and thus within the wheelhouse of social work!
The EMPOWER Approach

- **EMPOWER** (Effective Management of Pain: Overcoming Worries to Enable Relief) program
  - Educate the entire hospice team
  - Assess concerns:
    - Early (i.e., at admission)
    - Cover all 8 barriers
    - Both patient AND caregiver
The EMPOWER Approach (cont.)

- Tailored Education
  - EMPOWER Brochure
  - Address concerns identified during assessment
  - Discuss adherence

- Follow-up
  - Add to care plan
  - Revisit as needed
Changing Behavior

- When introducing a new medication regimen, we are asking patients/families to alter their behavior – and behavioral change is very difficult.

- EMPOWER included tips for improving adherence.
Facilitating Adherence

- Identify responsible person(s)
- Determine need for reminders
- Evaluate knowledge/education level
  - Assess current adherence
  - Provide information (e.g., basic pain assessment, dosing)
Is EMPOWER Effective?

- We tested EMPOWER with a small, randomized trial of hospice users:
  - 55 in the intervention group
  - 71 in the control group
EMPOWER Outcomes

- Participants in the intervention group had:
  - Better knowledge (p<.001)
  - Fewer concerns (p=.001)
  - Lower levels of patient pain (p=.001)

- EMPOWER appeared especially beneficial for African American families at:
  - Reducing stigma
  - Increasing self-efficacy
Caregiver Concerns at 2 Weeks

- Level of concern for 8 barriers to pain management

*Notes on the graph:
- *p<0.05; **p<0.001; ***p<0.0001
- Note: Ratings ranged from 0 = “Not concerned at all” to 10 = “Very concerned.”
- Means are unadjusted.
- Sample size at 2 weeks post-admission: Intervention N=55; Control N=71.
Caregiver Concerns at 3 Months

- Level of concern for 8 barriers to pain management

*Note: Ratings ranged from 0 = “Not concerned at all” to 10 = “Very concerned.”
Means are unadjusted. Sample size at 3 months post-admission: Intervention N=18; Control N=26.
Patient pain

- Patient’s pain level over the past week

\[ P < .05; \text{Subjects’ response to the question: “Over the past week, how much pain do you feel [the patient] had?” 0=No pain; 10=A great deal of pain. Sample size at 2 weeks post-admission: Intervention N=55; Control N=71. Sample size at 3 months post intervention: Intervention N=18; Control N=26.} \]
Take Home Messages

1. Pain treatments are useless if people don’t feel comfortable enough to give/take them
2. Concerns about pain medications are a major impediment to pain management
3. EMPOWER is a promising, evidence supported approach to addressing common barriers to pain management
4. Rely on the strengths of your interdisciplinary team
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