Improving Cancer Pain Control through a Standardized Educational Telephone Intervention: A Quality Improvement Pilot Study

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INTRODUCTION

- With the prevalence of cancer patients experiencing pain estimated at 44.5%, more efforts are needed to address this common, yet debilitating symptomatic sequela.[1]
- Barriers to effective pain control include patients' lack of knowledge surrounding optimal pain management methods, ineffective communication with providers regarding pain, and fear of opioid/analgesic medication addiction/dependence.[2,3]
- Our project aimed to improve Fred Hutchinson Cancer Center (FHCC) patients' understanding of cancer pain management through education with the goal to reduce pain symptoms.

INTERVENTION

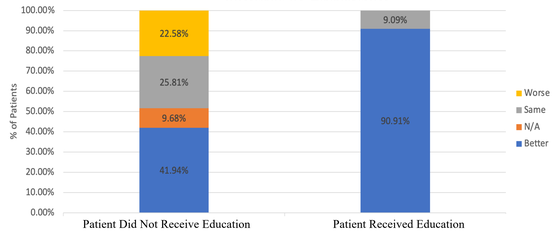
- A standardized patient education document was created to enhance understanding of opioid and analgesic use, foster self-advocacy during pain-related discussions, and integrate non-pharmacologic pain management approaches.
- A report of FHCC patients with pain Numeric Rating Scale (NRS) scores of 6+/10 during one week was generated.
- Following provider approval, supervised 4th year pharmacy students conducted 15-minute one-on-one educational telephone calls covering the topics above with eligible patients.
- Pain scores were collected via electronic medical record at contact and 4 weeks post-intervention for all approached patients.

RESULTS/CONCLUSION

- 42 patients were contacted and 11 (26.2%) opted into and completed the intervention.
- Of the 31 who did not get the education intervention, 5 patients declined, 16 patients did not respond to inquiry, 6 patients' care team declined, and 4 patients expressed interest but no-showed to session or did not respond to scheduling follow-up.
- 10 out of 11 (90.9%) patients who received the education and 13 out of 31 (41.9%) patients who did not, had decreased pain NRS scores 4 weeks post-intervention or contact. This difference was statistically significant ($P<0.05$) (*Figure 1*).

Targeted education focused on pain management in **cancer patients** is a **feasible, effective intervention** to improve and manage **pain symptoms**.

Figure 1 Change in Pain Scores Four Weeks Post Initial Patient Contact or Education



FUTURE DIRECTIONS

- Because this quality improvement project suggested a potential gap in cancer pain education, we plan to offer this intervention to a larger FHCC patient base.
- With recent trends at FHCC indicating an increasing cancer patient population seeking care through the emergency department (ED) for uncontrolled pain, future directions include exploring if this intervention decreases ED visits.

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