

UCPMK Patients and Services (1-5)

1. *What types of patients do you see?*

- We evaluate and treat patients with chronic pain who want to reclaim relief and functional quality of life through targeted pain treatment

2. *What type of services do you provide?*

- We provide accurate diagnosis and targeted treatment of pain using a multi-modal approach including
 - (1) Medications (targeted at the physiologic cause or mechanism of the pain)
 - (2) Interventions (Targeted at the physical or anatomic cause of the pain)
 - (a) These include everything from exam room procedures such as trigger point and bursa injections, through basic fluoroscopically guided injections (epidural injections, joint injections, etc) to advanced procedures such as radiofrequency ablation and spinal cord stimulation.
 - (3) Physical therapy (targeted at the functional limitation causing or caused by the pain)
 - (4) Psychosocial treatment/referral (targeted at the psychosocial component of the pain)

3. *What is the difference between “interventional” and “comprehensive” management?*

- **Interventional** management involves all components of the above multimodal treatment *except* controlled substance (pain medication) prescription management. These patients may receive non-narcotic medications targeted at the source of their pain, along with any indicated procedures, therapy or other referrals.
- **Comprehensive** management involves everything included in “interventional” management with the additional option of prescribing controlled substances to the patient. Because of strict state and federal guidelines, these patients must undergo the same thorough evaluation as our interventional patients, with the addition of urine drug screening, opioid risk assessment, and controlled substance monitoring database consultation. Additionally, there are guidelines that recommend against certain patients being prescribed controlled substances based on either documented behavior, UDS results, or other current prescriptions (specifically benzodiazepines). We take all of these factors into consideration when determining what treatment options or medications we can offer these patients. We also determine independently what we will prescribe that patient – i.e. we do not automatically continue any previous pain prescriptions, and reserve the right to refuse, reduce, or change any opioid prescriptions according to medical necessity and physician judgement.
- **EXCLUSION CRITERIA FOR COMPREHENSIVE MANAGEMENT:** Patients meeting the following criteria will NOT be candidates for *comprehensive* pain management.
 - (1) Current benzodiazepines use/prescription. (per FDA recommendations to avoid co-prescription of benzodiazepines and opioids)
 - (2) Dismissal from another practice for aberrant or belligerent behavior.
 - (3) History of illicit drug use or IV drug abuse
 - (4) Addiction management (or opioid maintenance therapy for history of addiction).

4. *If I think my patient may benefit from pain medicine, but they are not currently on medication, what type of referral should I submit?*
 - Submit a **comprehensive** referral. This will ensure that all of the required information (including UDS, risk assessment, and CSMD) is gathered and assessed appropriately so that we can determine the best targeted treatment options for that patient.
5. *If I think my patient may benefit from injections, and they are not interested in any pain medication, what type of referral should I submit?*
 - Submit an **interventional** referral. This will indicate that the patient does not desire any controlled substance prescriptions and we can then focus on accurate diagnosis and targeted treatment of pain using non-narcotic treatment options.

❖ The Referral Process (prior to the first appointment) (6-13)

6. *How do I refer a patient to you?*
 - We accept referrals from any provider within University Physician’s Association (UPA). You can download a referral form from our website www.ucpmk.com (Click the referral form button under “Referring Physicians” on the home page)
7. *What documentation do you require in the initial referral? Why?*
 - Our referral coordinator reviews every referral and interviews every patient to ensure that we can schedule and treat patients as effectively and efficiently as possible. To expedite the processing and scheduling of the referral, we require detailed information about the patient, their pain complaint, and necessary supporting documentation.
 - Patient info: complete referral form - current demographics, contact, and insurance information
 - Pain complaint info: recent, relevant clinic notes
 - Supporting documentation: Recent imaging of affected area (and other relevant studies)
8. *I sent my patient’s referral but have been told you need more information (insurance info, notes, imaging, other records) before the referral can be processed/scheduled. Why is that?*
 - A complete referral packet (Patient info, pain complaint info, supporting documentation) allows us to efficiently contact and schedule patients and get them treated as soon as possible. If we do not have the requested information, it will delay scheduling and treatment.
9. *I sent my patient’s complete referral packet several weeks ago and they have yet to be scheduled. Why is that?*
 - Upon receipt of complete referral packet, our referral coordinator contacts every patient for an *interview* to confirm details and gather additional necessary information. Each patient is also required to complete a new patient questionnaire prior to scheduling the appointment (to facilitate expedited check-in and processing on day of consult.). If there is a delay in scheduling the first appointment, it is usually for one of the following 5 reasons:
 - 1. Unable to contact patient
 - 2. Waiting on patient to return signed records release if info from other providers is required.
 - 3. Waiting on other providers to send the requested information (records from previous pain management, imaging from other facilities, etc).

- 4. Referral needs to be reviewed by a physician prior to scheduling.
- 5. New patient paperwork not yet completed/received.
- Our referral coordinator regularly updates the status of all referrals as the necessary information is received, and schedules them as soon as possible.

10. I am told that my patient's referral is in "physician review". What does that mean?

- Comprehensive referrals (where opioid medication management may be considered) require special review by our physicians. This is to ensure that:
 - 1. There is an indication for comprehensive pain evaluation (i.e. a likely anatomical or physiological source for the patient's pain complaint), and
 - 2. There are no contra-indications to prescribing controlled substances (e.g. aberrant behavior (from clinic notes or CSMD report), concurrent benzodiazepine prescriptions, etc).
- Once the referral has been reviewed and approved by a physician, the referral coordinator will contact the patient to complete the scheduling process.

11. I sent in a "comprehensive" referral but I was told the patient was scheduled as "interventional." Why is that?

- During physician review, a physician may determine that a patient referred for "comprehensive" management is not a candidate for controlled substance therapy through UCPMK, but may benefit from non-narcotic, multimodal pain management (including interventions and non-narcotic medications). We will then offer these patients an interventional consultation, and inform them that controlled substances will not be considered as part of their treatment plan.

12. What can I do to expedite the scheduling of my patient?

- 1. Submit a complete referral packet with the requested patient information, pain complaint information and supporting documentation. (a complete initial referral packet allows us to contact and interview the patient very efficiently)
- 2. Encourage the patient to complete their new patient paperwork and return it to us as soon as possible.

13. Who can I contact if I have further questions about the UCPMK referral process?

- Our referral coordinator is Gretchen Crowell: gcrowell@utmck.edu. Tel: 865-305-7759. (direct line)

❖ The First Appointment (14-18)

14. What should my patient expect on his/her first appointment?

- Each patient will receive a complete consultation and physical exam by one of our board certified pain physicians. The physician will explain the diagnosis and treatment plan options to each patient and answer any questions. Comprehensive patients will also be required to complete an opioid risk assessment and urine drug screen, which will be evaluated both at point of care and sent for definitive testing.

15. Will my patient receive any prescriptions on the first visit?

- We do not prescribe any controlled substances at the first visit. The physician may however choose to prescribe non-narcotic medications that will target the source of the pain (e.g. muscle relaxers, neuromodulators (gabapentin, lyrica), anti-inflammatory medications, etc). Any prescriptions will be discussed with the patient prior to being sent to the pharmacy.

16. I wrote my patient enough pain medication to get them through to their first appointment with you, but now they are calling me for a refill on their pain medication. Why is that?

- Due to the Tennessee Controlled Substance Guidelines recommendations regarding initiation of chronic opioid therapy, we do not prescribe controlled substances on the first visit. We first complete our initial assessment of the patient, including establishing the pain diagnosis, assessing risk for abuse (opioid risk assessment, Urine drug screen, CSMD review), and establishing goals for treatment. Once the above steps have been completed, the patient may be considered for controlled substance management, at the drug and dosing of the physician's choosing (which may not be what the patient was previously taking). Because of this we recommend that patients do not discontinue any previous prescribing relationship until we have initiated a new controlled substance therapy agreement with the patient.

17. Will my patient receive any injections on the first visit?

- With very few exceptions, most injections require insurance authorization prior to scheduling. Because of this we typically do not perform injections on the first visit.

18. Should I tell my patient to stop their anticoagulant before their first appointment?

- No. Because we do not typically perform injections on the first visit, it is recommended that patients continue all their medications (including anticoagulants) until instructed by our office to discontinue them for procedures.

❖ The UCPMK Team and treatment approach (19-22)

19. Who performs the initial consultation?

- We have 5 board certified pain specialists who perform the initial consultations for patients. Our physicians do participate in training Anesthesiology resident physicians, who may also participate in the patient's care, under the direction of the Attending physician.

20. Who performs the procedures?

- Fluoroscopically guided and other advanced procedures are performed by our 5 board certified pain specialists. Our physicians do participate in training Anesthesiology resident physicians, who may also participate in the patient's care, under the direction of the Attending physician.
- Trigger point injections and other non-fluoroscopically guided minor injections may be also performed by one of our specialty trained nurse practitioners.

21. Who typically sees the patients during follow-up visits?

- Follow up patients are typically seen by one of our specialty trained nurse practitioners.

22. Comprehensive patients only: Will my patients have to give a urine sample for testing every visit?

- Frequency of urine drug testing is determined by the patient's opioid risk assessment classification, last UDS results, CSMD history, and any clinical information that may indicate a need for testing. Most patients do not require urine drug testing every visit, but we will test as clinically necessary.