Consultation and Co-Management
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State Boards of Medicine and Managed Care Organization (MCO) Medical Directors agree that primary care physicians should coordinate healthcare access and delivery. To be sure, most State Medical Board members or MCO medical directors are not trained in chronic pain management. MCO Medical Directors are especially concerned when expenses are encountered for such care without evidence-based treatment plans. It behooves all providers, specialty and primary, to provide the most reasonable care within a framework of prudent, legitimate clinical expectations, end points and alternatives.

Chronic non-malignant pain management does not support the expectation that all pain can be relieved, i.e., "cured." Most chronic pain can, however, be reduced to reasonable levels. Chronic pain, like all chronic diseases, should be managed with an eye on the long-term. Intense, short courses of therapy aimed at "finding and fixing the problem" are best offered during early evaluation and assessment interludes.

Once the assessment phase is complete, a treatment plan should be developed to manage the pain and associated conditions. Consultants frequently propose concurrent treatment, so coordination of care should include communication, education, intervention, reassessment and redirection. Simple care may be more effective than complex interventions when dealing with chronic disease.

Consultations with a pain specialist can help primary providers manage chronic pain patients even better. Often, a pain specialist may clarify the diagnoses and validate care, both pharmacologic and non-pharmacologic. Periodic request for consultation or reevaluations by a pain specialist demonstrate that the primary physician is committed to assuring appropriate care for his/her patient. The specialist can (and should) validate treatment provided by the primary doctor is justified by the diagnosis. Furthermore, the specialist may opine whether therapeutic regimens are medically reasonable and also compliant with the local State Board of Medicine Guidelines for Managing Chronic Pain. The pain specialist should offer treatment plan suggestions that may include addition or deletion of medications or modalities from the current regimen. The treatment plan suggestions and written communication should empower primary physicians to treat (rather than avoid) patients suffering from chronic painful syndromes. By seeing the patient once or twice per year and effectively communicating with the primary physician, the consultant pain specialist becomes a co-manager with the primary physician. This approach preserves the primary physician-patient relationship while amplifying access to relatively scarce pain management physicians (only about 3,500 Board Certified Pain Medicine physicians are actively engaged in pain management in the U.S. today – about the same total number as neurosurgeons currently practicing in the U.S.). It is inappropriate to
assume that narcotic prescriptions and "pain management" should only be provided by a "pain specialist." This is no more appropriate than assuming that only an endocrinologist should prescribe insulin or only a cardiologist should prescribe anti-coagulants. Pharmacists and case managers are also integral to the co-management process because of their community-wide respect, commitment to patient education and concern for legitimate prescriptive practices by patients and licensed providers.