

SOC Planner: Chronic Pain

Present?
0-2

1. Well-defined health problem	2	From CP-IDT (Chronic Pain-Interdisciplinary Team) Problem Statement and Objectives. High prevalence of opiate dependence. Need for NRHA (New River Health Association) guidelines and SOC for chronic pain. (A1)
2. Standards of Care that are evidence-based	1.25	None available for chronic non-malignant pain. CP-IDT has collected, reviewed, and adapted guidelines from WV Board of Medicine and national organizations. See also NRHA Chronic Pain Guidelines. (A2)
3. Staff Agreement on Objectives and Interventions Analysis of Costs and Preparation of Budget by Management	1.75	Meetings held with NRHA staff in 1994 and 1997 to discuss (DUCS) criteria and Draft Guidelines.
4. Decision whether to Proceed		
5. Interdisciplinary Team with clear staff roles	1.75	CP-IDT meets monthly. Much student participation. Better differentiation of roles and more active consultation between meetings are goals.
6. Well-defined patient education modules and patient involvement	1	Multiple tools have been created and are in use. Opiate withdrawal (A3), Benzodiazepine withdrawal (A4), and Intervention Contract (A5). Chronic Pain Support Group 2/96.
7. Presence of necessary tools to accomplish care 7a. Mechanism for case-finding	1.25	DUCS Audits, IDT and Meetings, Chronic Pain Library and Resource List (A6). Intervention process and contract. Case register and records. Full case finding is difficult.
8. Care provided according to standards	1.5	Care is ongoing and is continuously monitored by the NRHA interprovider audit and monthly CP-IDT case reviews.
9. System of care coordination in place with tracking	0	Limited care coordination provided by CP-IDT via monthly case presentations, care plans, and tracking. Care coordination of entire population at risk is not feasible.
10. Periodic measurement and reports	.75	CP-IDT monthly case conferences and follow-ups, occasional studies: 1994 Rohrer and Oyco (A8). NRHA interprovider audit.
11. Regular staff education and program revision based on evaluation from step 10	1.25	Problem Statement and Objectives revised 9/95, 10/96, 2/97, 4/97. Provider curriculum under continuous development (A9) and partly presented to staff 12/11/96.

(0=not at all; 1=partly; 2=fully)

Original: 6/7/97

Items in bold are required for a Basic SOC.

Items not in bold are added over time to achieve an Advanced SOC.

Rankings in Column 2 ("Present 0-2") are based on independent rankings of NRHA CP-IDT members. 3/96 (N=4)

Letters (A1-A9) in parentheses refer to separate documents and instruments that would be attached to this cover sheet for full SOC documentation.