

# Session V: Patient Journeys and Clinician Perspectives in Treatment and Management of Chronic Pain

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# Patient Case

BC 55yo AAF reports chronic bilateral knee and low back pain. She describes the pain as constant, dull, throbbing, and achy. She rates the pain as 10/10.

Imaging:

Severe right knee medial compartment  
osteoarthritis with posttraumatic/surgical change

Moderate left knee medial and patellofemoral  
compartment osteoarthritis with trace effusion

Medical: DM2, HTN, Obesity, GERD, Depression

Pain medications: Lidocaine patch

Relevant labs: SCR 1.13

# Pharmacist Collaboration

- Disease state focused
  - Less time constraints
  - Education
- Medication experts
    - Drug-drug interactions
    - Improved adherence
    - Side effect identification/monitoring
    - Prior authorizations
    - Insurance formularies

# Pain Management Challenges

- No clear guidelines
  - Subjective nature of pain scores
- Limited time
  - Pain assessments
  - Education
  - Monitoring
- Disengaged patients
  - Catastrophizing
- Funding/insurance
  - In network pain providers
  - Non-pharm options
    - CBT
    - Pain coaching
- Inadequate transitions of care
  - Access to previous medical records
  - Provider willingness to prescribe opioids
- Medication access
  - Analgesic shortages
  - Insurance formularies
  - Prior authorizations
  - Cost
- Comorbid conditions
  - Substance use disorder
  - Psychiatric illness
- Transportation
- Stereotypes and stigma

# Establishing Patient Trust

- Be prepared for the appointment
  - Review past notes/imaging
  - Review PDMP
  - Develop risk assessment
    - Opioid risk tool
    - Arrest tool
- Believe the patient
  - “pain is not in your head”
- Show empathy
- Trust but verify
  - Lay out expectations (CS agreement)
  - Urine drug screens
  - Medication counts
- Frame treatment plan differences based on safety impact