

Using the Oncology Care Model to Manage Cancer Pain at an Outpatient Oncology Clinic

Mary-Jo Julin, DNP, RN, FNP-BC, Shannon Ochoa, DNP, RN, AGPCNP-BC, Denise Cooper, DNP, RN, ANP-BC, and Beverly Dabney, PhD, RN

BACKGROUND: Cancer prevalence and the incidence of cancer pain are increasing. Although individualized care plans have been proposed to help manage cancer pain, minimal research has evaluated their effectiveness.

OBJECTIVES: This quality improvement project assessed whether an education session on pain management guidelines from the Centers for Medicare and Medicaid Services Oncology Care Model (OCM) increased provider use of care plans and pain management options and patient satisfaction.

METHODS: A pre-/postintervention analysis was performed in an outpatient oncology clinic with patients reporting cancer pain. Staff received an education session on the OCM. Quizzes documented staff knowledge, and chart reviews documented use of care plans and pain management options. Patients' pain management satisfaction was assessed via survey.

FINDINGS: There was no significant increase in provider use of pain management care plans, and patients' pain scores increased in the postintervention period. These findings likely were affected by the COVID-19 pandemic. However, patients' pain management satisfaction scores and provider use of nonpharmacologic treatment options increased postintervention.

KEYWORDS

oncology care model; pain management; patient-physician collaboration

DIGITAL OBJECT IDENTIFIER

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MORE THAN 70% OF PATIENTS WITH CANCER with advanced stage illness experience cancer pain, and 90% of all patients with cancer report experiencing pain at some point in their disease process (Vuong et al., 2016). More than half of the patients involved in a study by Paice (2018) had pain on a weekly basis, and those with advanced disease reported that their pain was exacerbated. The COVID-19 pandemic has been a concern for the cancer community because it has delayed routine cancer screenings, which can lead to later-stage diagnoses for new patients. For example, during the COVID-19 pandemic through May 2020, breast cancer screenings were down by nearly 90% and colorectal cancer screenings by almost 85% (Vose, 2020). These statistics are alarming because, as Paice (2018) has demonstrated, later-stage disease is linked to increased pain.

Of the issues that arise when managing cancer pain, the most prevalent may be patients' fear of the pain (Kewkboom et al., 2020). These fears can be all-encompassing and affect patients, families, and providers alike. Patients can be hesitant to discuss pain management options because of fears of feeling they are not able to cope with their cancer diagnosis or that providers will view them as drug-seeking (Haverfield et al., 2018). Family members may worry their loved one will suffer, and providers often are concerned about prescribing and weaning opioids and keeping their patients' comfort at an appropriate level that meets their expectations (Haverfield et al., 2018). In addition, caregivers and patients worry about medication side effects and that they will mismanage the pain treatment regimen by not giving or taking the right medication at the proper time (Han et al., 2018). Such concerns can lead to unintentional cancer pain mismanagement.

To manage cancer pain appropriately, oncologists must be willing to view patients holistically within a patient-centered relationship. Oncologists and/or oncology advanced practice providers often see their patients regularly, sometimes weekly, during active treatment. As such, oncology providers are uniquely able to monitor patients closely throughout diagnosis and treatment (Haverfield et al., 2018). In addition to meeting with their oncologist or advanced practice provider regularly, patients see their oncology nurse even more frequently. For these reasons, a trusting and honest relationship can be formed quickly between patients and their healthcare team. However, communication problems can arise when the oncology provider is adept at developing a diagnosis treatment plan, but not an individualized care plan specific to pain management. This issue is concerning because research indicates that individualized care plans are more effective because they use the