

# Establishing an Acute Pain Service in Private Practice and Updates on Regional Anesthesia Billing



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## KEYWORDS

- Acute pain service • Postoperative pain • Private practice • Regional anesthesia • Billing

## KEY POINTS

- Pain management by an acute pain service (APS) can improve patient outcomes such as decreasing pain intensity, increasing patient satisfaction, shortening hospital length of stay, and decreasing risk of persistent postsurgical pain syndrome.
- An APS can implement and sustain perioperative pain management protocols that include regional anesthesia for postsurgical patients.
- Roles of an APS include individualized postoperative pain management, education of health care providers, assessment of patient safety and quality of care, and institution of established billing practices.
- A successful APS will require multidisciplinary collaboration as well as support from members of the anesthesiology group.
- When establishing a peripheral nerve block program, it is recommended to focus on 1 or 2 surgical patient populations and then gradually expand to other surgical specialties.

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## INTRODUCTION

Postoperative pain management is one of the primary concerns for patients undergoing surgery<sup>1,2</sup> and a cause of delayed hospital discharge.<sup>3</sup> Benefits of adequate postoperative pain control include decreased patient morbidity<sup>4–6</sup> and mortality<sup>7</sup> and potential reduction of persistent postsurgical<sup>8,9</sup> and chronic<sup>10</sup> pain. Although many opioid and nonopioid analgesic modalities currently exist for treatment of pain, it is recommended that such treatments occur within the context of an organized acute pain service (APS)<sup>11</sup> with additional emphasis on physicians with subspecialty training in acute pain medicine.<sup>12</sup> Implementation of an APS at nonacademic hospitals is not only feasible but necessary to ensure that patients are offered the highest quality of acute pain management.

## ROLES AND RESPONSIBILITIES OF AN ACUTE PAIN SERVICE

Since the initial descriptions of an APS,<sup>13,14</sup> hospitals worldwide have initiated analogous services for treating acute postoperative pain.<sup>2,15–18</sup> Although the roles of an APS have evolved over the years, the current practice of acute pain medicine involves assessment, treatment, and management of acute pain using multimodal analgesia<sup>11</sup> that may include interventional procedures. Regional anesthesia and acute pain medicine (RAAPM) is a rapidly developing subspecialty of anesthesiology, and anesthesiologists who are trained or have expertise in RAAPM are uniquely positioned to be leaders in their hospitals to develop, implement, and direct acute pain services.<sup>12</sup> Although the daily activities of an APS can differ depending on the practice setting, the general responsibilities of an APS typically involve consistent clinical practice of evidenced-based care, education of health care providers and patients, generation of revenue by instituting established billing practices, and performance of routine audits to assess quality of care and patient safety.

### *Patient Care*

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One of the most important roles of an APS is to develop surgery-specific pain management protocols and enhanced recovery pathways. Clinical pathways delineate sequence and timing of evidenced-based interventions and coordinate activities of physicians, nurses, and other health care providers.<sup>14</sup> Multimodal analgesic therapies are recommended<sup>11</sup> and can be integrated into clinical pathways. However, studies in Europe and United States have shown that postoperative pain management protocols are not commonplace<sup>15,16</sup> and utilization of multimodal analgesic therapies can vary dramatically depending on local hospital culture and physician preferences.<sup>17</sup> The added value of an APS is having dedicated specialists implement and sustain protocols or clinical pathways through daily care of surgical patients during the perioperative period. Having an APS was shown to be critical in adherence to an interdisciplinary clinical pathway for surgery<sup>18</sup> and is associated with statistically significant decrease in postoperative pain scores.<sup>19</sup>

The primary clinical responsibility of an APS is to perform daily assessments of acute pain patients and provide individualized treatment plans. This can include management of neuraxial or peripheral nerve block (PNB) procedures for hospitalized patients as well as making “telephone rounds” on patients at home with perineural catheter infusions. In regard to postoperative pain management, an APS can be available as a consultative service to assist “as needed,” or arrangements can be made with surgeons to routinely manage patients with history of difficult postoperative pain control or patients at risk for chronic opioid use after surgery<sup>20,21</sup> and persistent postsurgical pain syndrome<sup>22,23</sup> (Table 1). An APS can also serve as a consultative

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