

# Primary Care-Based Behavioral Treatment for Long-Term Opioid Users with Chronic Pain: PPACT Sustainability Learnings and Healthcare System Insights

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# The “Ask” from KP leadership / impetus for the trial...

How do we keep our primary care providers from burning out and leaving the health care system?

What do we do with the patients with complex pain who “belong to everyone and no one”?

Policies/guidelines ▶

NCQA, State Medical Boards, DEA opioid prescription mandates ▶

Changes in expectations ▶

Shifting marijuana laws & policies ▶

◀ Brief visits

◀ Complicated patients

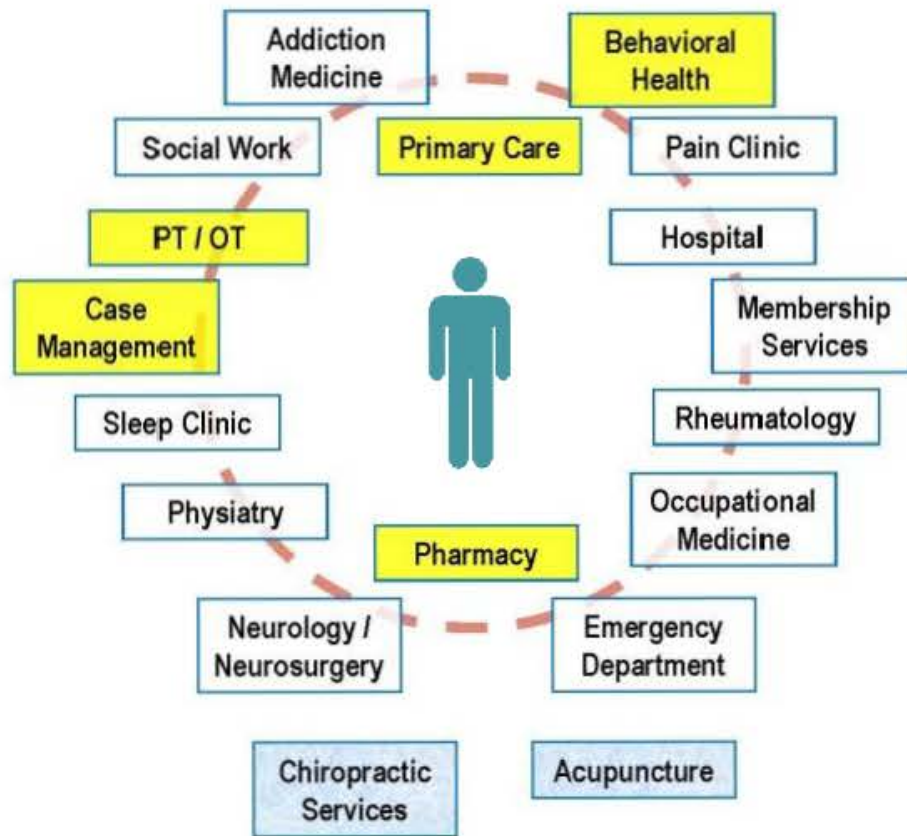
◀ Gaps in coordination with specialty care

◀ Measurement and alert fatigue

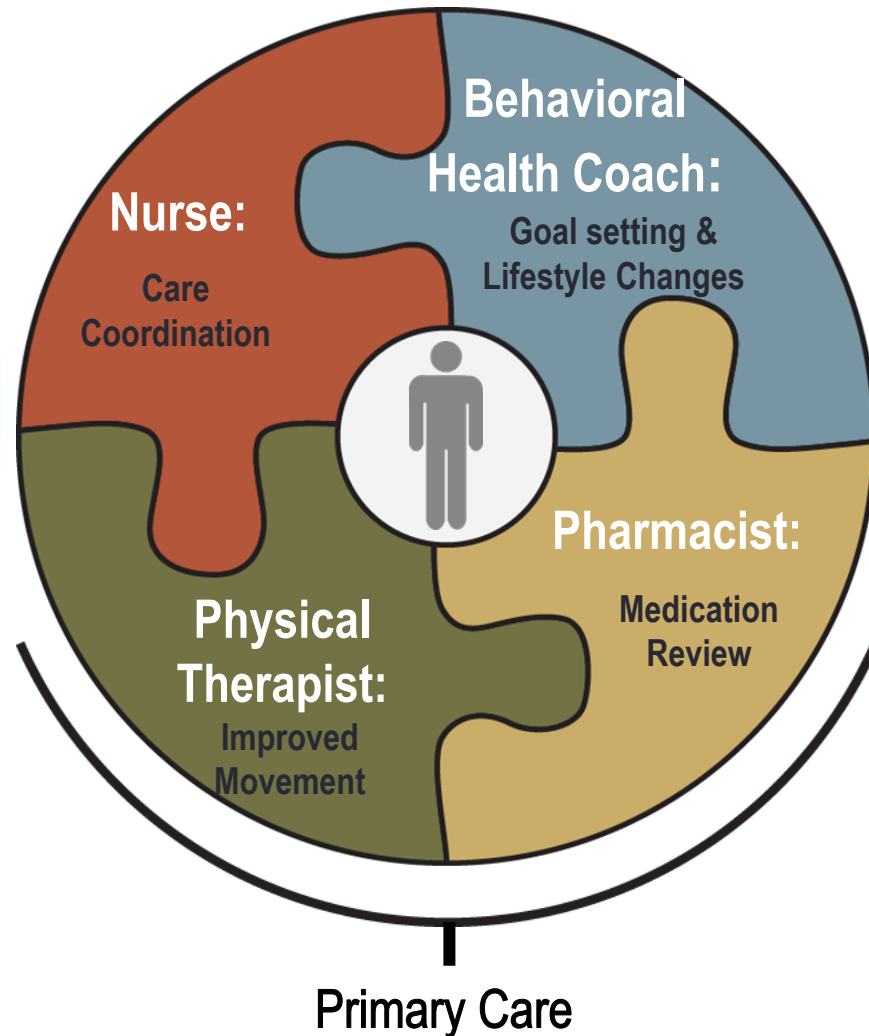
◀ Limited pain treatment options



## Pain Management in Usual Care



## Interdisciplinary Pain Management Embedded in Primary Care



# PPACT Overview

**AIM:** Integrate interdisciplinary services into primary care to help patients adopt cognitive behavioral therapy (CBT) based self-management skills to:

- Manage chronic pain (decrease pain severity / improve functioning)
  - Limit use of opioid medication
  - Identify exacerbating factors amenable to treatment

*Focus on feasibility and sustainability*

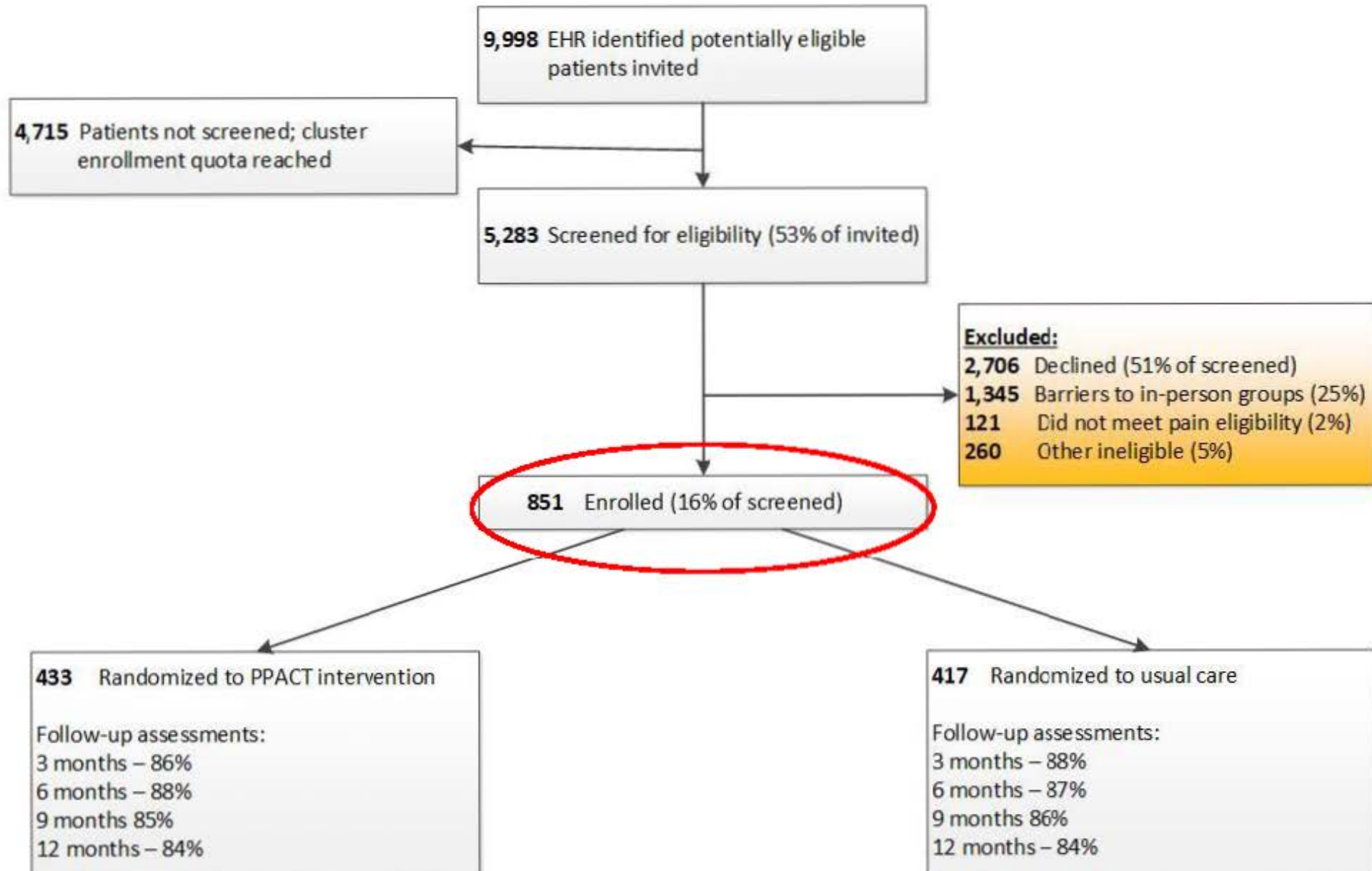
**DESIGN:** Cluster (PCP)-randomized PCT (106 clusters, 273 PCPs, 850 patients)

**SETTINGS:** KP Georgia, KP Hawaii, KP Northwest

**ELIGIBILITY:** Mixed chronic pain conditions, long-term opioid tx (prioritizing  $\geq 90$  MME, benzodiazepine co-use, high utilizers [ $\geq 12$  visits in 3 months])

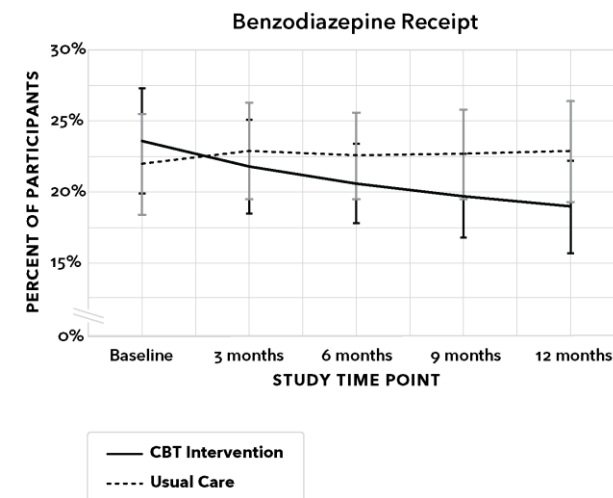
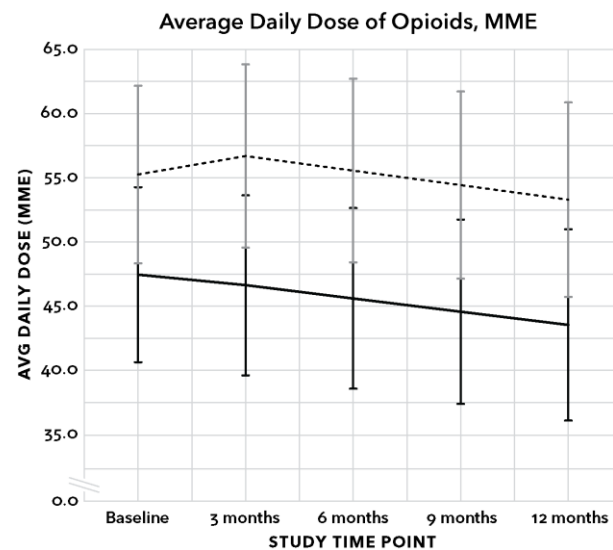
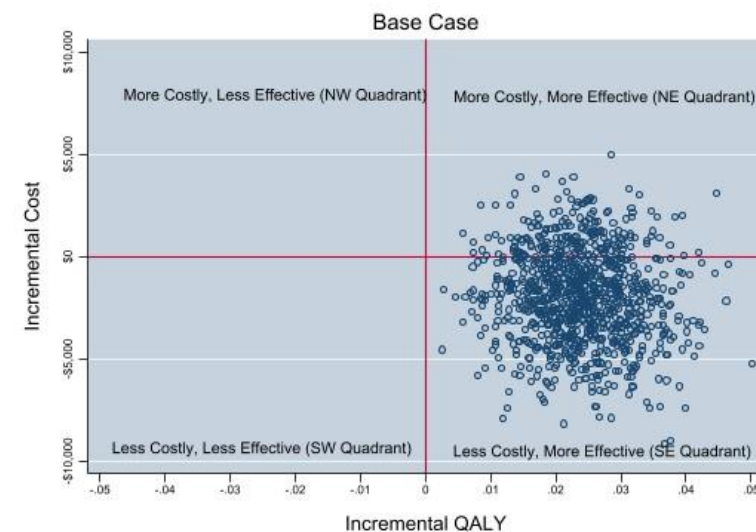
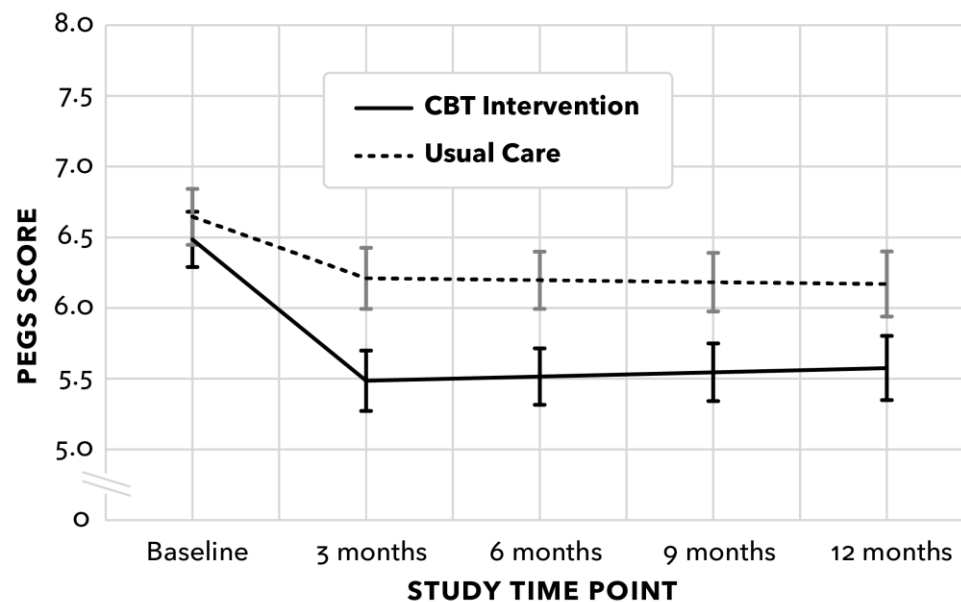
**INTERVENTION:** Core 12-week CBT + yoga-based adapted movement groups led by behavioral specialist / nurse case manager, 2 physical therapy patient consultations (intake & mid-treatment), pharmacist medication review; PCP support

# PPACT Participant Flow





# PPACT Outcomes



# Sustaining PPACT

## KPNW (and KPWA) – Uptake of shorter variant

- 3-5 sessions delivered by primary care-integrated behavioral health providers
- Challenge: Sustaining adequate therapist training/support; competing priorities and needing teams to support generalist needs

## KP Hawaii – Malama Ola adaptation

- 6-week variant with whole health/wellness in Integrated Phys. Rehab. Dept.
- Challenge: LOTS of content and few visits

## KP Georgia – No direct uptake

- Regional focus on health care system restructuring at study conclusion



***Broad psychoeducation approaches with brief and limited contacts are common***

# PPACT Implementation Learnings

**Patient/clinician experience and story critical – Positive clinical and cost outcomes important but not enough to drive sustained adoption**

Logistic feasibility can “make or break” – Embedded primary care w/frontline staffing and group formats unrealistic for sustained delivery of sufficiently potent intervention

For highly stigmatized conditions, standard “study recruitment” insufficient to enroll those in need, undercutting potential impact for both patients and their PCPs

The “why” of health care system’s needs should guide planning and can morph over time – Iterative HCS communications and recalibration critical for success