

Lessons Learned about Embedding Complex Pragmatic Trials in Delivery Systems: Collaborative Care for Chronic Pain

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PPACT Study Design & Rationale

The “ask” from clinical and health plan leadership...

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

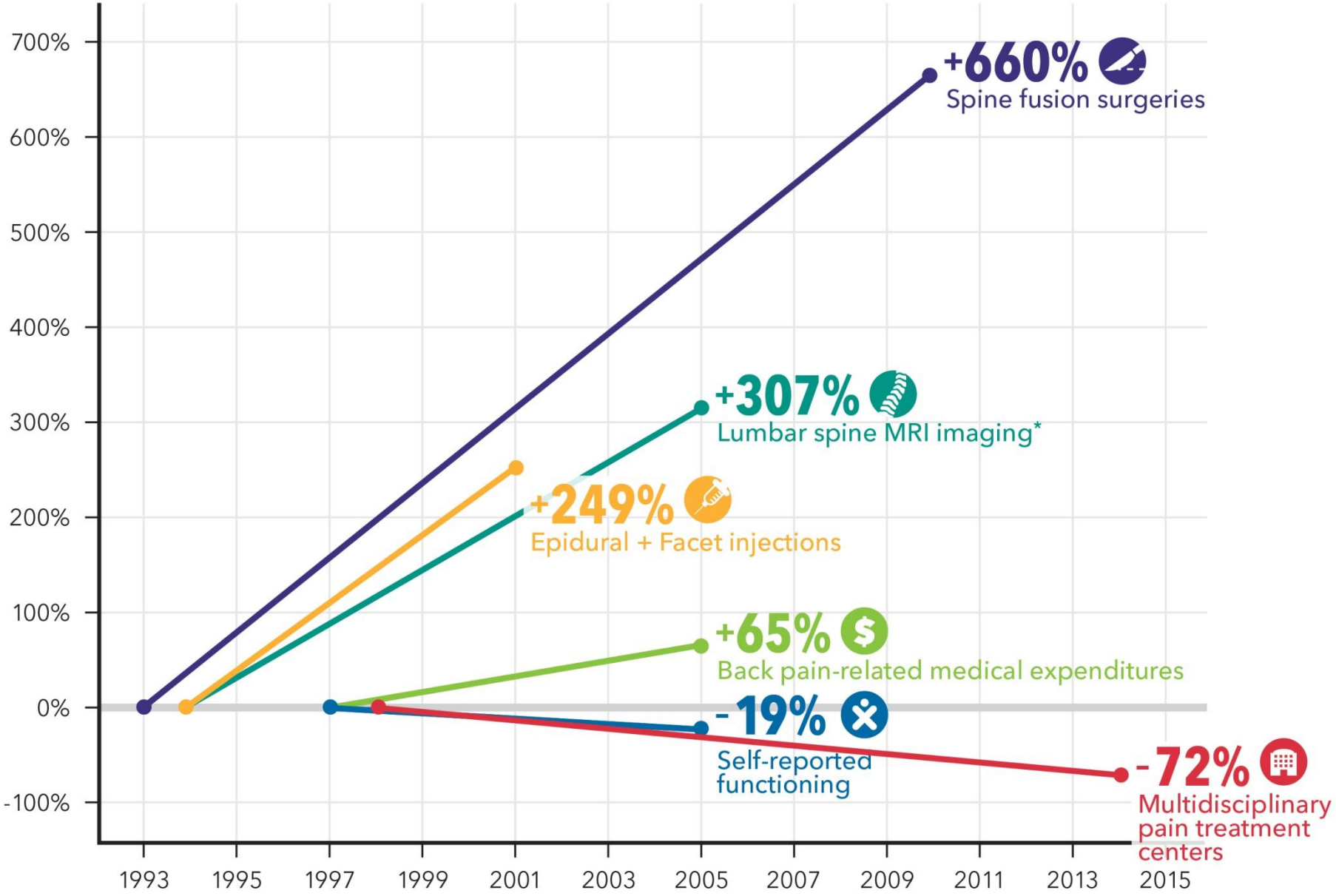
What do we do with the patients with complex pain who “belong to everyone and no one?”

- Policies/guidelines ▶
- NCQA, State Medical Boards, DEA opioid prescription mandates ▶
- Changes in expectations ▶
- Shifting marijuana laws & policies ▶



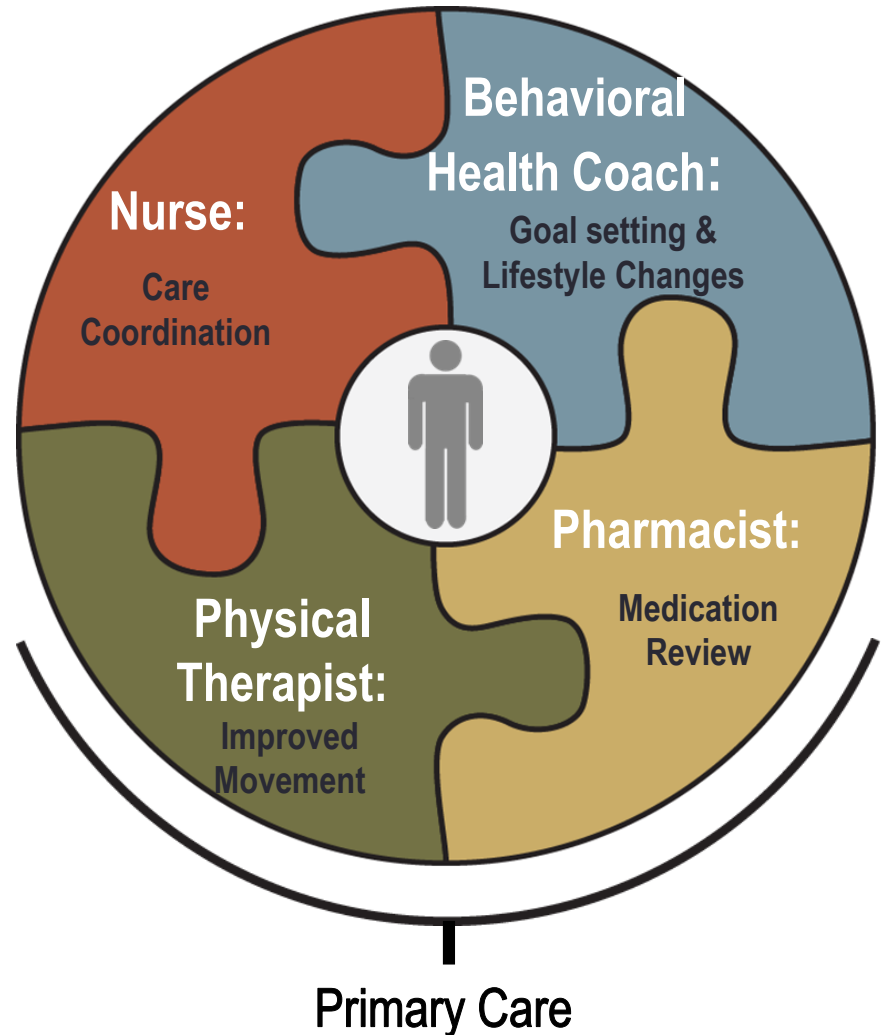
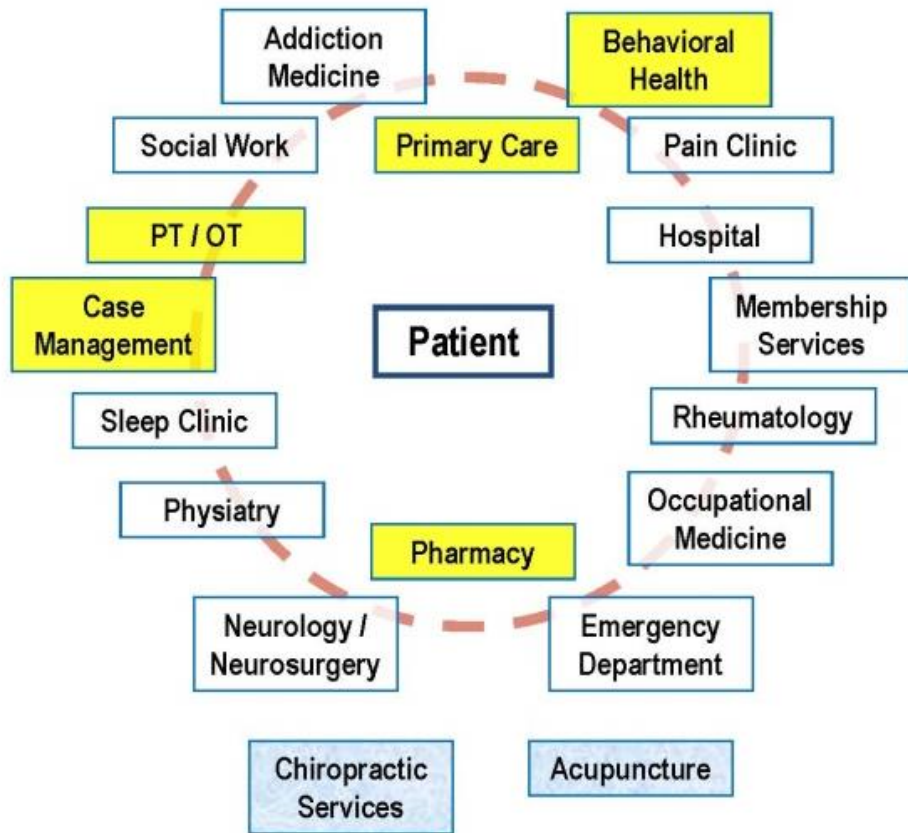
- ◀ Brief visits
- ◀ Complicated patients
- ◀ Gaps in coordination with specialty care
- ◀ Measurement and alert fatigue
- ◀ Limited pain treatment options

Are We Using an Acute Care Model for A Chronic Condition?



Interdisciplinary Pain Management Embedded in Primary Care

Pain Management in Usual Care



PPACT Overview

AIM: Integrate interdisciplinary services into primary care to help patients adopt 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, 851 patients)

ELIGIBILITY: Chronic pain, long-term opioid tx (prioritizing ≥ 120 MED, benzodiazepine co-use, high utilizers [≥ 12 visits in 3 months])

INTERVENTION: Behavioral specialist, nurse case manager, PT, and pharmacist team; 12 week core CBT + adapted movement groups

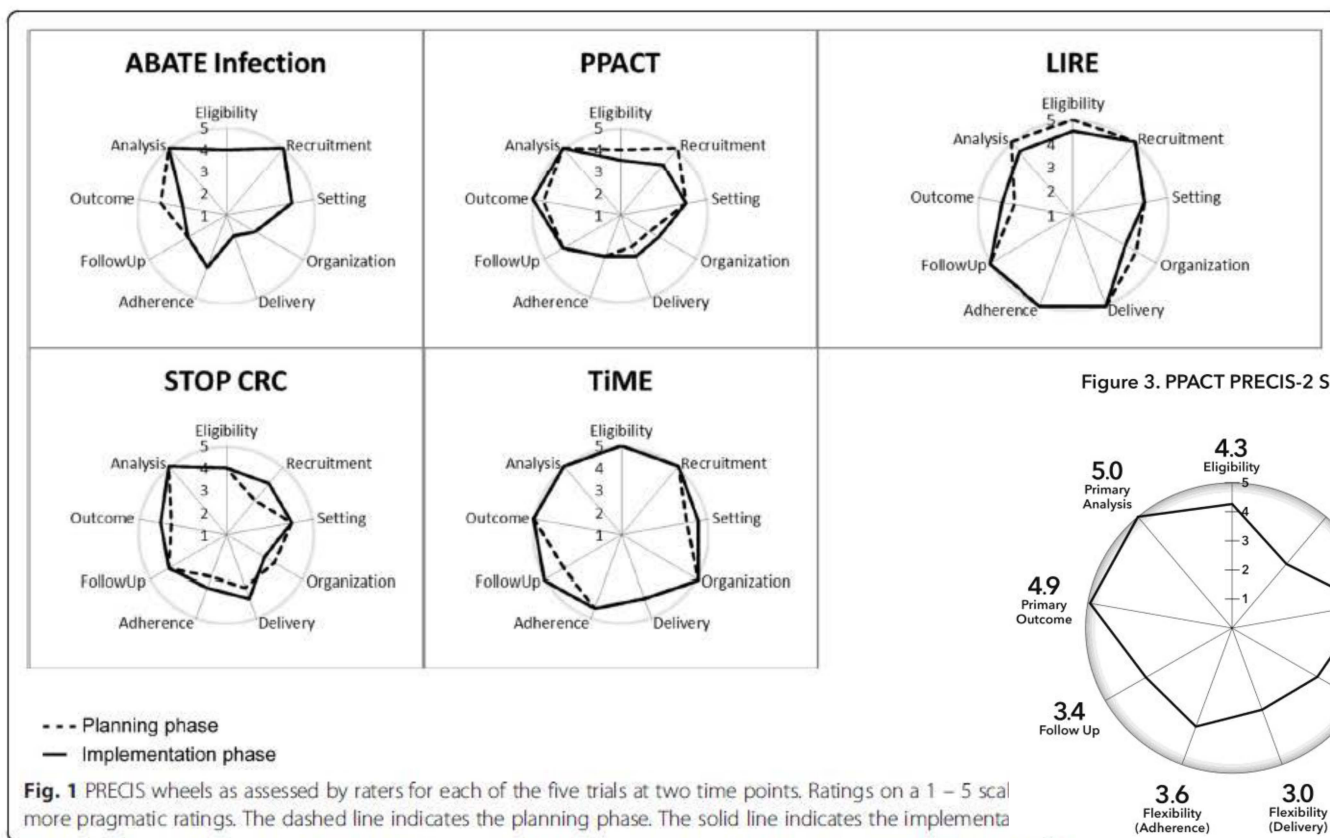
OUTCOMES: Pain (3-item PEG), opioid MED, pain-related health services, and cost



Use of PRECIS ratings in the National Institutes of Health (NIH) Health Care Systems Research Collaboratory

Trials

Karin E. Johnson^{1†}, Gila Neta^{2†}, Laura M. Dember³, Gloria D. Coronado⁴, Jerry Suls², David A. Chambers², Sean Rundell⁵, David H. Smith⁴, Benmei Liu², Stephen Taplin², Catherine M. Stoney⁶, Margaret M. Farrell² and Russell E. Glasgow⁷



Barriers Scorecard

Barrier	Level of Difficulty				
	1	2	3	4	5
Data collection and merging datasets					
Regulatory issues (IRBs and consent)	X				
Stability of control intervention					
Implementing/Delivering Intervention Across Healthcare Organizations					

1 = little difficulty
 5 = extreme difficulty

“Opioids are what I would consider an adjunctive treatment. Everything we know about pain is that this is a **complex biopsychosocial phenomenon**, and that we need to address the **psychosocial contributors to pain.**”

- Roger Chou (interviewed for Medscape, 5/1/2017)

#1 Barrier.... Tackling the Mind-Body Divide

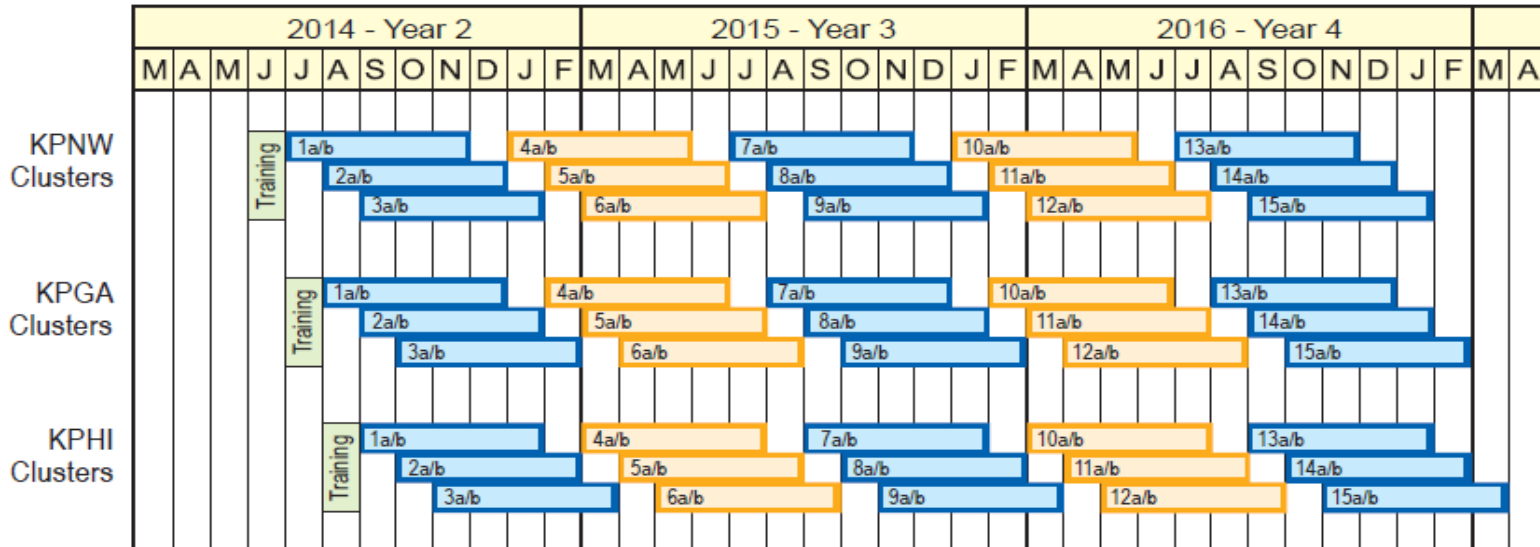
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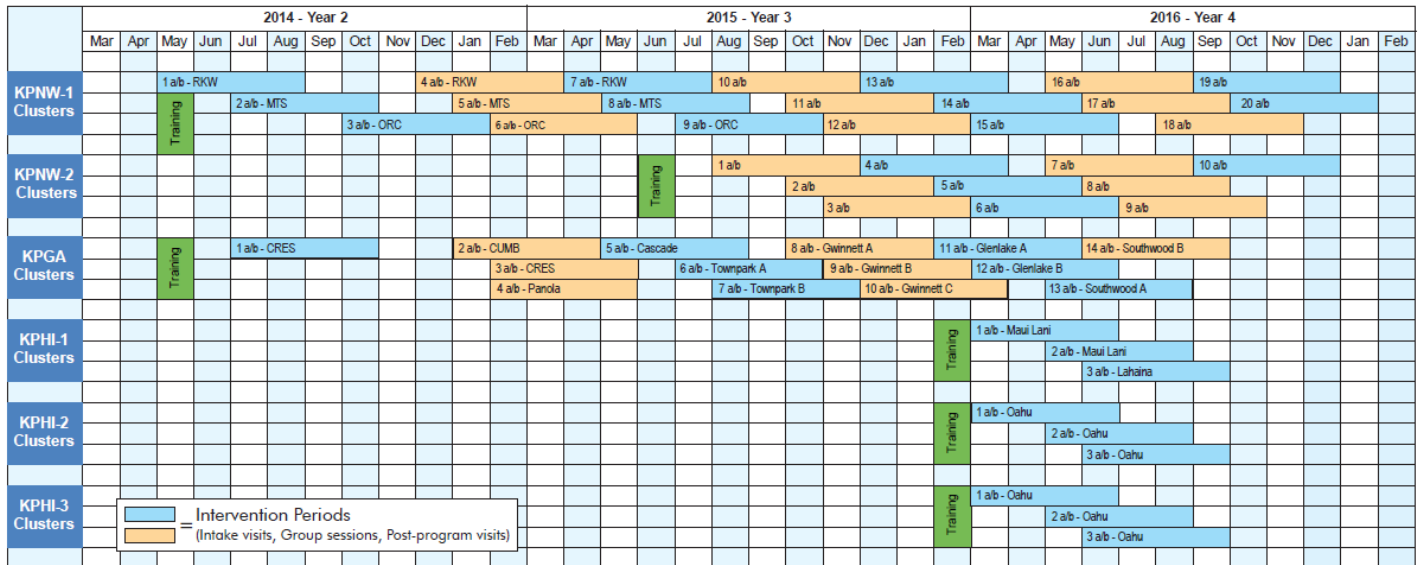
BIO

MEDICAL

The plan, the reality, & generalizable lesson learned



PPACT UH3 Intervention Timeline



If we knew then what we know now...the one predictable constant is change

- A sense of clinical urgency can lead to quick and sometimes unstable program shifts to which you may need to adapt
- Difference between “good” and “bad” contextual features can be a matter of timing (e.g., PCMH, behavioral health integration)
- Stakeholder engagement is a continuous and intensive activity, requires two-way communication, and needs to be both top down and bottom up

Advice?... know what you are stepping into

- Local champions / surveillance invaluable
- Challenging the status quo requires persistent and **vertical** health care system partnership
- Rethink your process evaluation toolkit

PPACT STUDY - Weekly Implementation Journal

Date: _____ Name: _____

Please include anything you think might help us understand barriers and facilitators to PPACT implementation.

Reminders:

- Goal is to reveal the stories and ongoing processes of implementation.
- Please be specific and include details (how, who, what & when) whenever possible.
- Note the feedback source (i.e. nurse, clinic administrator, clinician, etc).
- Use square brackets when sharing your insights and interpretations
- Use quotation marks for verbatim quotes.

Potential topics for your feedback log:

- ✓ Implementation (day-to-day logistics)
- ✓ Stakeholder engagement
- ✓ Communication (formal and informal)
- ✓ Tools (BPI, intervention materials, scheduling tools)

Journal entry:

- ✓ Surprises, challenges, solutions
- ✓ Unresolved or ongoing issues
- ✓ Other feedback that you think is relevant

We listen
to patients' perspectives on pain.

We assess
patients' health & medication use.

Together, we plan
for 3 months of active coping & training.

PPACT Postcard #2, June 2013

We've started testing the PPACT intervention in one KPNW clinic. Together with PCPs in the Mt. Scott clinic, we identified patients who would benefit from this program. Comprehensive evaluations were conducted by a physical therapist, clinical nurse specialist, physical therapist, and pharmacist.

Patients in an individualized care plan that team throughout the 3-month program. Patients that speak to their individual needs because it identifies their various efforts to manage pain, and reflect their priorities.

Physician teams to create patient-specific care plans. Patients tell us they like it.

[Signature]

Bar, PhD & the PPACT team at the Center for Health Research (Mail, Georgia, Northwest)

PPACT Team
Kaiser Permanente
USA

3130 6/13 04

Unique Benefits of the Collaboratory

- Very supportive group of investigators, CoC, and NIH personnel candid about challenges
- Great sounding board for helping one to construct most rigorous and interpretable trial possible
- Unique learnings from building partnerships with those in very different science domains