

Collaborative Care for Chronic Pain in Primary Care: Overcoming Patient, Provider, Data, and System Challenges in Implementing the Pragmatic Trial

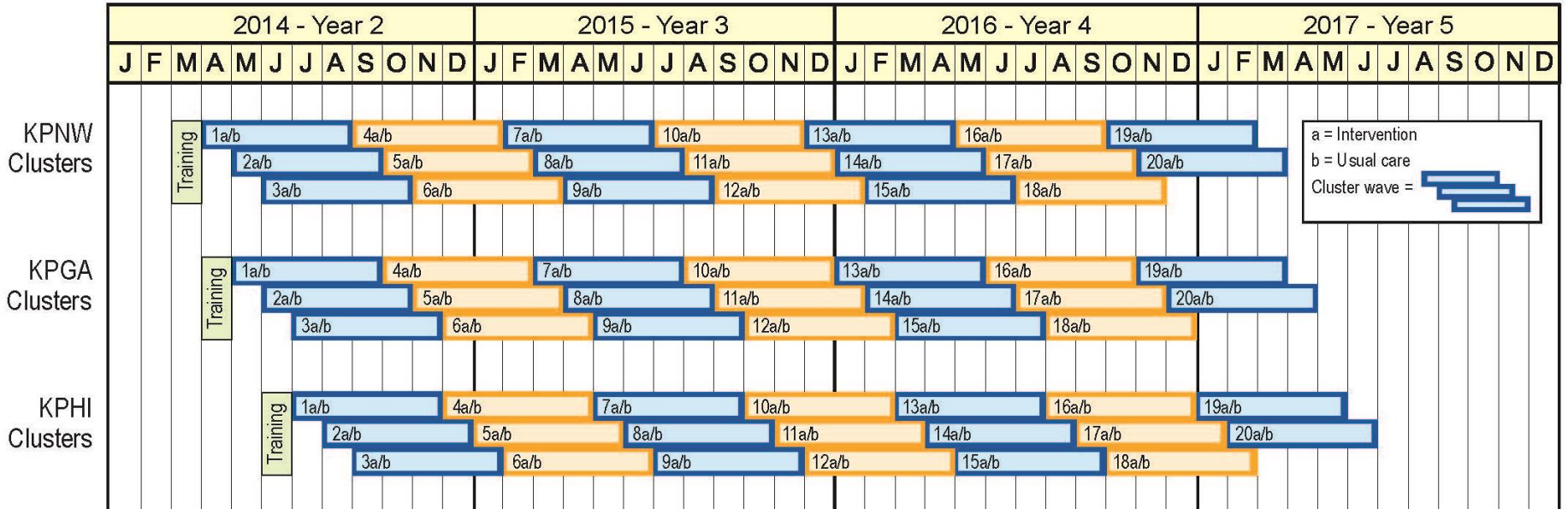
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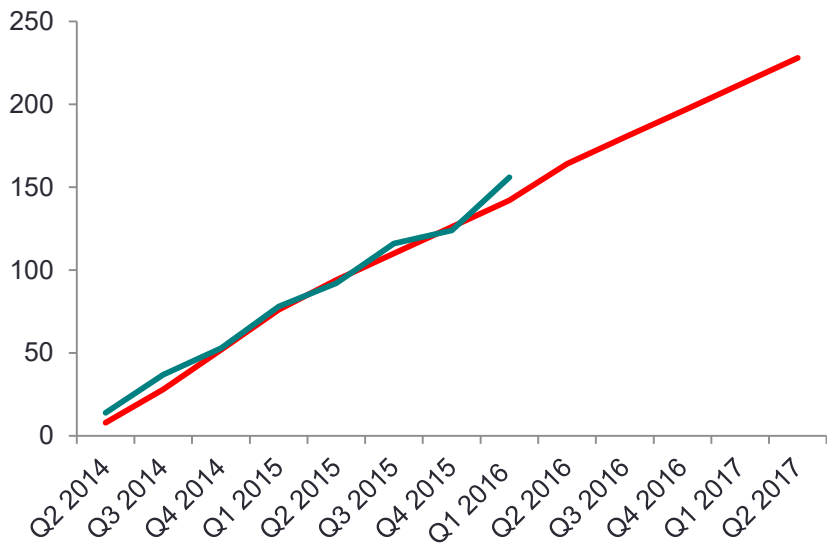
Overall Study Aim and Approach

Coordinate and integrate services for helping patients adopt self-management skills for managing chronic pain, limit use of opioid medications, and identify exacerbating factors amenable to treatment that are feasible and sustainable within the primary care setting

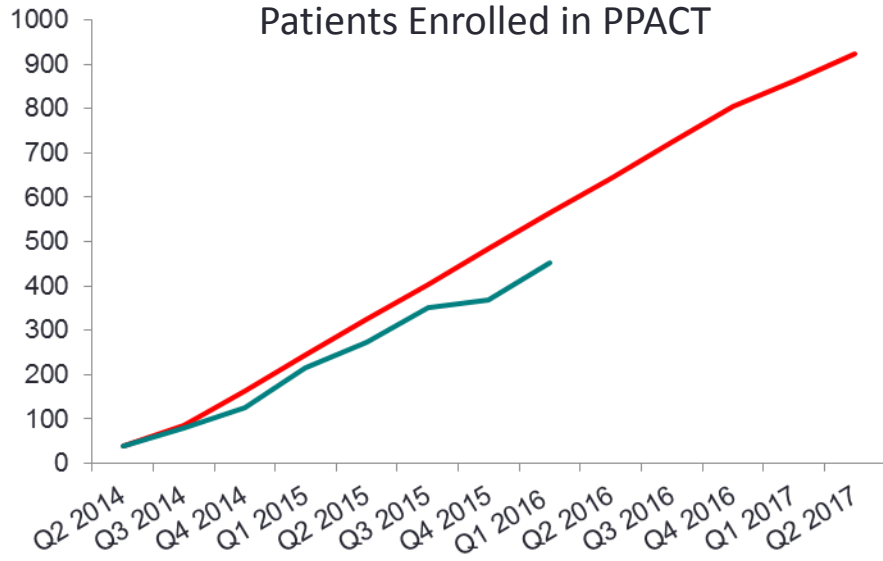
- Implementing in three regions of Kaiser Permanente (Northwest, Georgia, and Hawaii)
- Targeting patients with chronic pain from diverse conditions on long-term opioid therapy (prioritizing those on high morphine doses, concurrent benzodiazepine use, and high utilization of primary care services)
- Cluster randomized design at level of primary care provider



PCPs Enrolled in PPACT



Patients Enrolled in PPACT



— Expected — Actual

Barriers Scorecard

| Barrier | Level of Difficulty | | | | |
|--|---------------------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Enrollment and engagement of patients/subjects | | | | X | |
| Engagement of clinicians and Health Systems | | | | X | |
| Data collection and merging datasets | | X | | | |
| Regulatory issues (IRBs and consent) | | X | | | |
| Stability of control intervention | | | | X | |
| Implementing/Delivering Intervention Across Healthcare Organizations | | | X | | |

1 = little difficulty
5 = extreme difficulty

Challenges: Enrollment and Engagement of Patients (difficulty = 4)

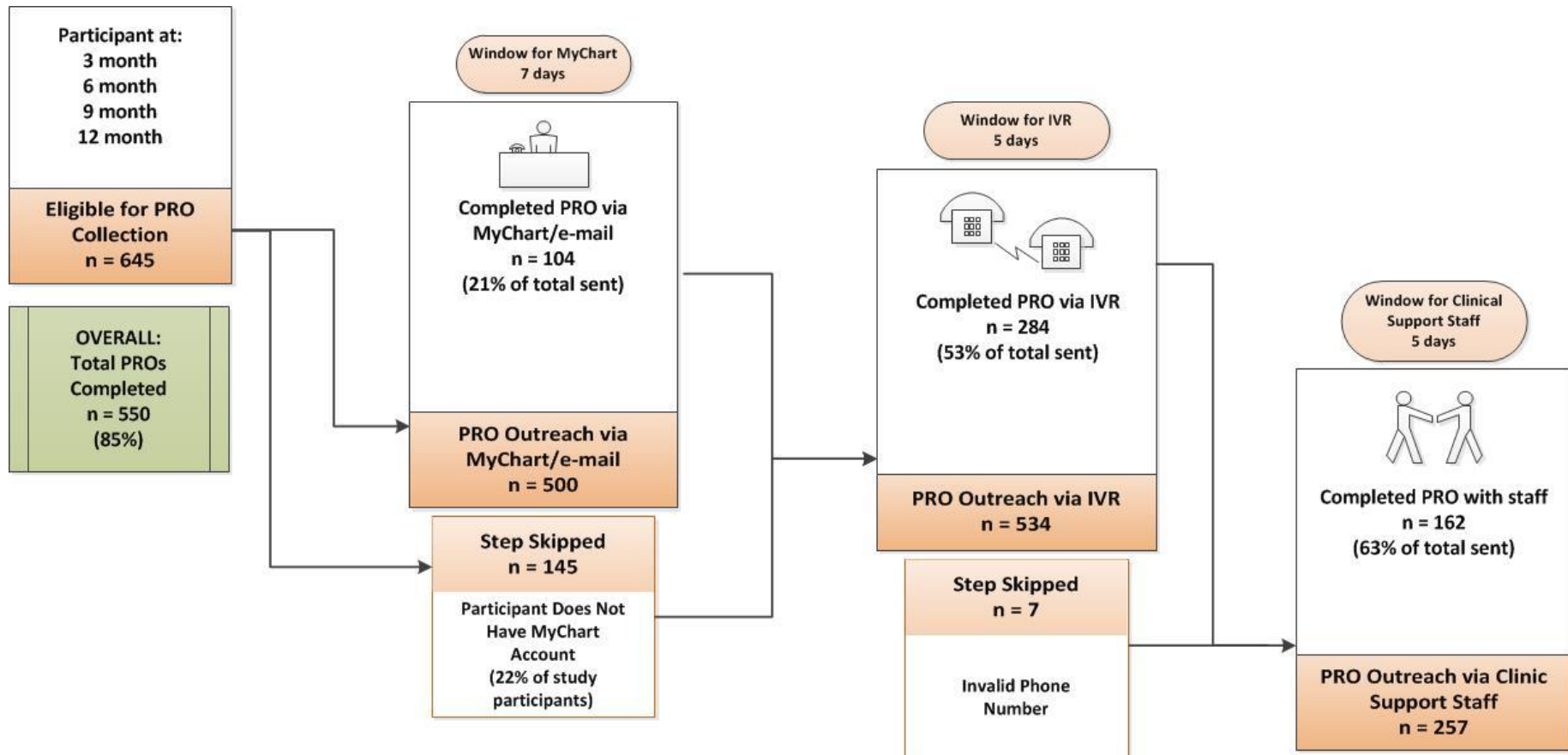
- Issue #1: Chronic pain stigma, misinformation and history of treatment failures
- Issue #2: Scrutiny on opioid prescribing → rapidly changing treatment landscape → confusion, fear, anger about care (KP-Northwest)
- Study response: Added **group orientation sessions** preceding study enrollment (KP-Northwest)
 - Address frustrations about care, changes in opioid treatment, and frame relevance of nonpharmacological intervention
 - Consistent with health plan approach to enrollment in programs of similar intensity
 - Utilizes motivational enhancement approach to build study commitment for both intervention and usual care
 - Flexible frame about partnership with PCP

Challenges: Engagement of Clinicians and Health Care Systems (difficulty = 4)

- Intervention staffing: Implementation within an evolving primary care staffing model – ***get ahead or behind the curve!***
 - Integration of behavioral health
 - Evolving role of nurses
 - Light touch of physical therapists and pharmacists much easier
 - Study response: flexible & modularized training, ongoing staffing coordination w/ HCS
- Day-to-day burden on PCPs → structured intervention touch points
- Study design overlay neither responsive to clinician needs nor allows for more organic adoption of intervention across clinics over time
- Primary or specialty care services – are our health care systems really prepared to bridge the divide?

Challenges: Building Robust PRO Collection into the Health Care System (difficulty = “2”)

- Simplifying and enhancing PRO data collection has been well received by clinicians, merging data streams (patient health record, IVR, clinician/interviewer)



Challenges: (In)stability of Usual Care (difficulty = 4)

- Ongoing initiatives to launch patient-centered care / primary care medical home initiatives
 - Integration of behavioral health (some attention to pain but minimal staff training)
 - Evolving role of nursing (more emphasis on supporting behavioral management of chronic conditions; peripheral attention to pain)
 - Most efforts focus on 1-2 session consultation and redirection towards online, community resources, or specialty care for further services
- The continued dilemma of “feasible” alternatives to opioid pharmacotherapy for chronic non-malignant pain
 - Ongoing regional efforts to restrict opioid prescribing for chronic pain (triage to online, community, and specialty services; alternative procedures and prescribing)
 - KP-National Interregional Medication Adherence, Reconciliation and Safety (IMARS) group initiatives to spread best practices across Kaiser Permanente regions
- Impact on Study and Response
 - Similar impact on both study arms; no evidence to suggest PPACT-like initiatives
 - Quantitative and qualitative documentation of changing landscape of care across HCS

Challenges: Implementing / Delivering Intervention Across Healthcare Organizations (difficulty = 3)

- Geography, culture, and feasibility of placement in primary care clinics
 - Placement in primary care clinics largely feasible in KP-Northwest , hub model in KP-Georgia, remote delivery possibilities in KP-Hawaii important for sustainability
- Replacing a poorly functioning program or new coordination of care?
 - Fewer minefields if little overlap with existing services
- KPNW ≠ KPHI ≠ KPGA
 - More differences across Kaiser Permanente regions than expected: features of Epic / data extraction, outsourcing of specialty healthcare services (e.g., PT), mix of staff and licensing issues, response to opioid crisis

Planning for Sustainability

- Building a transportable (yet behaviorally intensive) intervention
 - Tool box of video recordings and other materials to support individualized self-paced training
 - Creating consultation network with judicious use of “experts” & well-placed “seasoned” staff
- Accommodating(?) interest in using specific intervention components
 - PCP tools for increasing acceptance of opioid dose reductions among their patients
 - Enhanced PRO data collection
 - PT assessment and feasibly delivered adapted movement program
 - Using elements of the intervention approach
- Planning for implementation within different types of health care systems
 - Lessons learned from non-integrated components of PPACT at KPGA
 - Ongoing discussions with OCHIN about adaptations needed for similar intervention in Federally Qualified Health Care Clinics