

# 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**

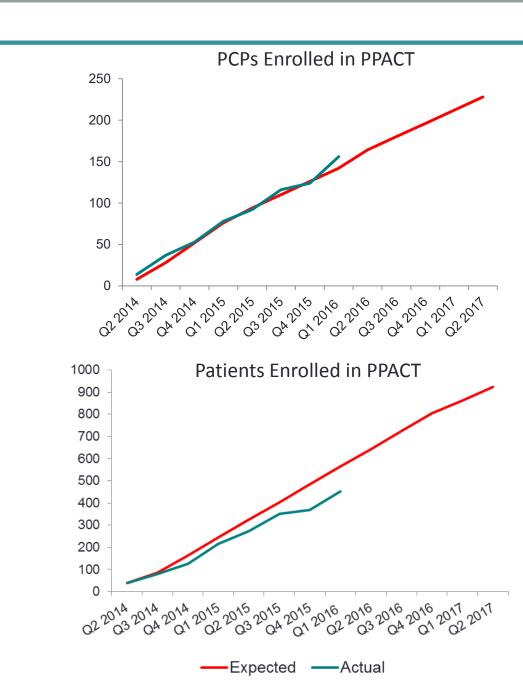
Coordinate and integrate services for helping patients adopt selfmanagement skills for managing chronic pain, limit use of opioid medications, and identify exacerbating factors amenable to treatment that are feasible and sustainable within the primary care setting

- 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



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#### **Barriers Scorecard**

Barrier	L	evel	ficulty					
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Enrollment and engagement of patients/subjects				X				
Engagement of clinicians and Health Systems				X				
Data collection and merging datasets		Х						
Regulatory issues (IRBs and consent)		Х						
Stability of control intervention				Х				
Implementing/Delivering Intervention Across Healthcare Organizations			Х					





- <u>Issue #1</u>: 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)
- <u>Study response</u>: 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

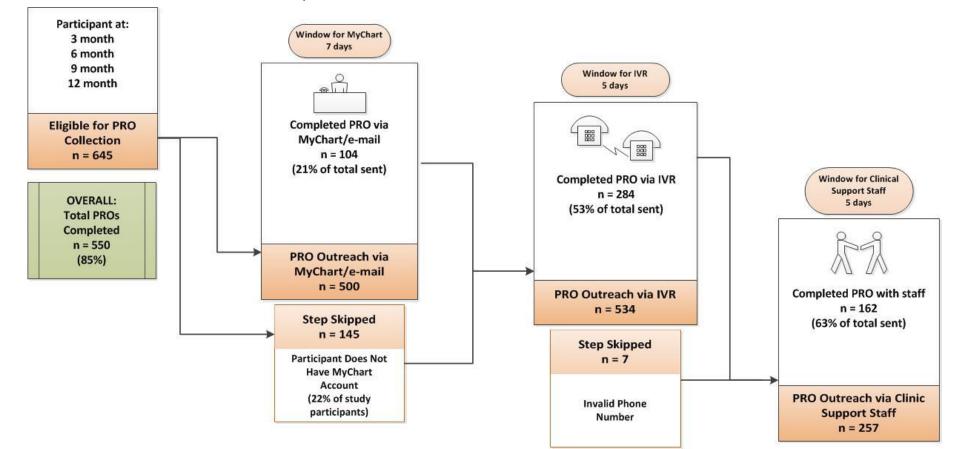
- Light touch of physical therapists and pharmacists much easier
- Study response: flexible & modularized training, ongoing staffing coordination w/ HCS
- Day-to-day burden on PCPs  $\rightarrow$  structured intervention touch points
- Study design overlay neither responsive to clinician needs nor allows for more organic adoption of intervention across clinics over time
- Primary or specialty care services are our heath care systems really prepared to bridge the divide?



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

PACT

 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

PPACT

 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

