

Collaborative Care for Chronic Pain in Primary Care (PPACT)

Study Snapshot

Principal Investigator: Lynn DeBar, PhD

Sponsoring Institution: Kaiser Permanente Center for Health Research

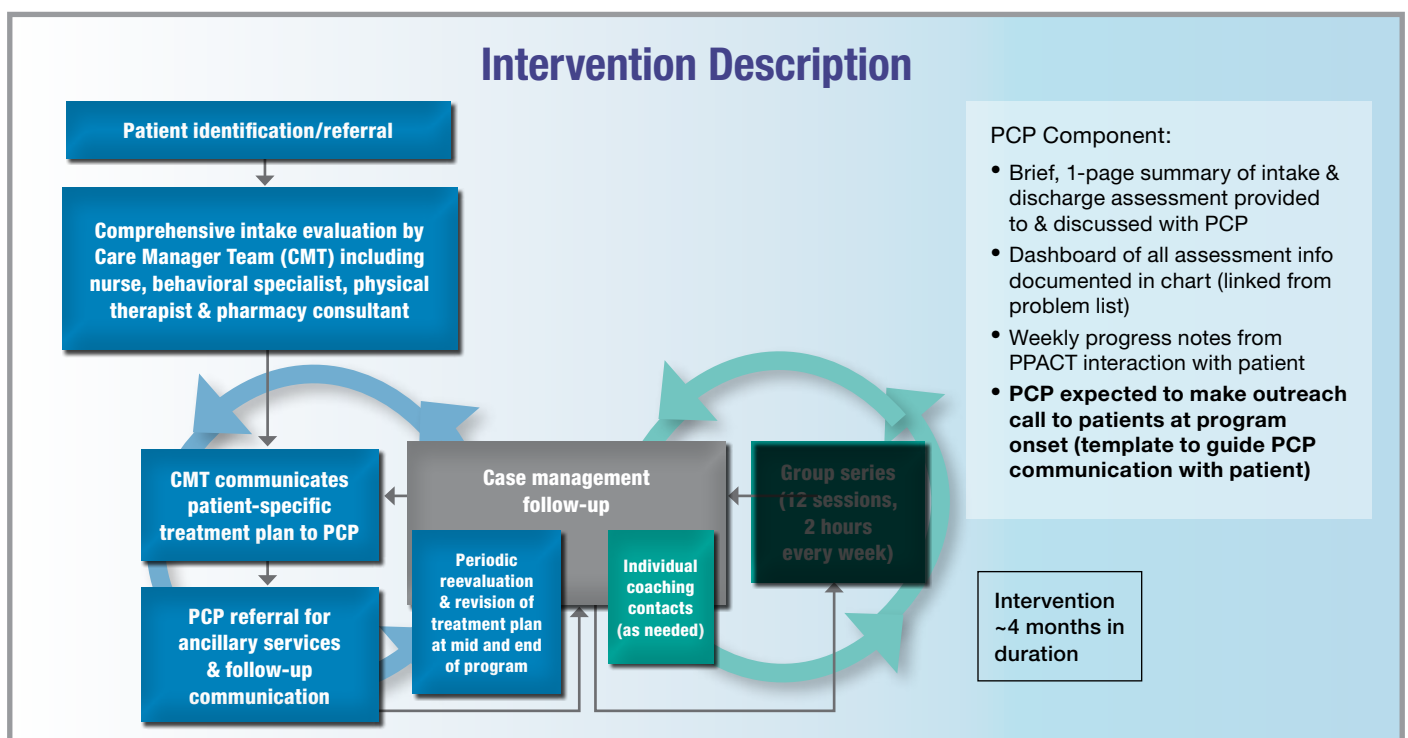
ClinicalTrials.gov: [NCT02113592](https://clinicaltrials.gov/ct2/show/study/NCT02113592)

Collaborating Healthcare Systems: Kaiser Permanente regional health systems in Georgia, Northwest, and Hawaii; Oregon Health and Science University

NIH Institute Oversight: National Institute of Neurological Disorders and Stroke (NINDS), National Institute on Drug Abuse (NIDA)

Abstract: Common chronic pain conditions are expensive and pervasive, affect at least 116 million American adults at an annual cost of \$560 billion in direct medical treatment costs and lost productivity, and disproportionately affect vulnerable populations. Pain is the primary reason patients seek medical care, and as the first point of contact, primary care providers (PCPs) deliver the majority of that care. But PCPs face many challenges in managing patients' care and often have little specific training in pain medicine. Yet with proper system support, PCPs are in the best position to coordinate long-term pain management.

PPACT is a large mixed-methods, pragmatic, cluster-randomized clinical trial conducted in 3 regions of Kaiser Permanente health systems. PPACT is evaluating the integration of multidisciplinary services within the primary care environment compared with usual care in these settings. The trial combines a number of treatment approaches, including physical therapy and psychological interventions. Patients will be supported in taking a more active role in managing their pain, and primary care providers will receive additional support and guidance in treating patients with chronic pain.



What We've Learned So Far

Current Barriers	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/ subjects				X →	X
Engagement of clinicians and health systems			← X	→	
Data collection and merging datasets		X →	X		
Regulatory issues (IRBs and consent)		X			
Stability of control intervention				X →	X
Implementing/delivering intervention across healthcare organizations			X →	X	

1 = little difficulty
5 = extreme difficulty

Challenge	Solution
Intervention is in primary care setting where schedules are busy and space is tight	Teamed with clinicians to understand workflow and schedule study-related patient visits during slower clinic periods and held patient visits in less conventional ways (after hours, groups met in lobby spaces).
Need to understand not only the “what” but also the “how” of a clinically important question	The researcher, as an outsider, needs to understand whether the intervention is intended to replace poorly functioning existing services or to fill a gap in available care. Implications are different for how to involve clinical and operational stakeholders in the process of ensuring smooth implementation.
Patient-reported outcomes, such as the Brief Pain Inventory, were not embedded in the EHR system to allow extraction from the record	Required building an enhanced infrastructure for quarterly patient-reported outcomes (PRO) data collection designed to be as easily scalable as possible. For example, reliance on patient health record and interactive voice response systems in clinic use and reserving person-based outreach only when the patient did not engage with automated outreach.

Selected Publications & Presentations	
October 2016	PCT Grand Rounds Presentation: Multidisciplinary Chronic Pain Management in Primary Care: Paradox or Paradigm?
December 2012	A primary care-based interdisciplinary team approach to the treatment of chronic pain utilizing a pragmatic clinical trials framework. <i>Transl Behav Med</i> , DeBar et al.

