

Collaborative Care for Chronic Pain in Primary Care (PPACT)

Principal Investigator

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ClinicalTrials.gov Identifier

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

Sponsoring Institution

Kaiser Permanente Center for Health Research

Collaborators

- Kaiser Permanente regional health systems in Georgia, Northwest, and Hawaii
- Oregon Health and Science University

NIH Institutes Providing Oversight

- [National Institute of Neurological Disorders and Stroke](https://www.ninds.nih.gov/) (NINDS)
- [National Institute on Drug Abuse](https://www.nida.nih.gov/) (NIDA)

DATA AND RESOURCE SHARING

- [Data sharing checklist](#)
- **Primary study results:** DeBar L, Mayhew M, Benes L, et al. A primary care-based cognitive behavioral therapy intervention for long-term opioid users with chronic pain: a randomized pragmatic trial. *Ann Intern Med.* 2022 Jan;175(1):46-55. doi: 10.7326/M21-1436. [PMID: 34724405](https://pubmed.ncbi.nlm.nih.gov/34724405/).

STUDY AT A GLANCE



STUDY QUESTION AND SIGNIFICANCE

Chronic pain is common, disabling, and costly. Few clinical trials have examined the use of cognitive behavioral therapy (CBT) interventions in primary care settings to improve chronic pain among patients who are receiving long-term opioid therapy.



DESIGN AND SETTING

Pragmatic, cluster randomized trial with 850 adult patients on long-term opioid therapy and receiving care in primary care clinics in 3 Kaiser Permanente healthcare regions from 2014 through 2016.



INTERVENTION AND METHODS

The study tested implementation of a CBT intervention that included pain self-management skills and yoga-based adapted movement in 12 weekly, 90-minute groups taught by an interdisciplinary team versus usual care. The primary outcome was self-reported pain as measured by the Pain, Enjoyment, General Activity (PEG) scale assessed quarterly over 12 months. Secondary outcomes included pain-related disability, satisfaction with care, and opioid and benzodiazepine use based as reflected in electronic health record data.



FINDINGS

After 12 months, the intervention group experienced greater reductions on all self-reported outcomes. At 6 months, the intervention group reported higher satisfaction with primary care. Benzodiazepine use decreased more in the intervention group, but opioid use did not differ significantly between the study groups.



CONCLUSIONS AND RELEVANCE

A collaborative care intervention for chronic pain consisting of primary care-based CBT using frontline clinicians resulted in modest but sustained reductions in measures of pain and pain-related disability compared with usual care but did not reduce the use of opioid medications.

GENERALIZABLE LESSONS

Challenge	Solution
Changes in leadership and variable understanding of how the study was aligned with opioid-tapering quality improvement efforts	The study team conducted significant formative research and communicated regularly with health plan and clinical leaders to track changes and account for the dynamic nature of usual care.
Hiring and retention of frontline staff; coordination, communication, and partnership with pain-related services and providers in settings where the study team worked	The study team made less use of clinic-based staff and greater use of traveling teams for delivery of interdisciplinary teams to provide the intervention (as well as more telephone work and flexibility with regard to the degree to which those from each core discipline were represented on intervention teams).
Irregular collection of data on pain intensity and interference for patients on long-term opioid treatment plans in healthcare systems	The study team set up a partially automated, tiered system for collection of patient-reported outcome (PRO) data with an email push through the patient portal, followed by an interactive voice response (IVR) call if there was no response to the email. Live, in-person follow-up was reserved for situations when there was no response to the email and IVR attempts at PRO data collection. (See Owen-Smith et al.)

“We appreciated the Collaboratory’s general atmosphere of camaraderie and willingness to be honest about challenging issues and share suggestions with other study teams.

The Coordinating Center was a means of connecting us all, and we learned a lot from others, including those working in very different scientific domains.”

— Dr. Lynn DeBar

“For those planning to rely heavily on PROs, consider setting up an automated approach to data collection and follow-up, and keep the PROs short and clinically informative. PROs focused on function can be more useful for clinicians and easier for the study team to deliver.

These kinds of win-wins for the healthcare system and the study team really help.”

— Dr. Lynn DeBar

ADDITIONAL RESOURCES

- Article: [Interdisciplinary Team-Based Care for Patients With Chronic Pain on Long-Term Opioid Treatment in Primary Care \(PPACT\) - Protocol for a Pragmatic Cluster Randomized Trial](#)
- Article: [Development and Assessment of a Crosswalk Between ICD-9-CM and ICD-10-CM to Identify Patients With Common Pain Conditions](#)
- Article: [Taking Opioids in Times of Crisis: Institutional Oversight, Chronic Pain and Suffering in an Integrated Healthcare Delivery System in the U.S.](#)
- Article: [Interactive Group-Based Orientation Sessions: A Method to Improve Adherence and Retention in Pragmatic Clinical Trials](#)
- Article: [Identifying Multisite Chronic Pain With Electronic Health Records Data](#)
- Presentation: [Presentation to the NIH Collaboratory Steering Committee \(April 2020\)](#)

Access the complete set of [PPACT resources](#).