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

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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?”
Interdisciplinary Pain Management
Embedded in Primary Care

Pain Management in Usual Care

Behavorial Health Coach: Nurse: Goal setting & Lifestyle Changes
Care Coordination

Physical Therapist: Improved Movement

Pharmacist: Medication Review

Primary Care

Addiction Medicine
Behavioral Health
Primary Care
Pain Clinic
Hospital
Membership Services
Rheumatology
Occupational Medicine
Emergency Department
Neurology / Neurosurgery
Chiropractic Services
Acupuncture

Social Work
PT / OT
Case Management
Sleep Clinic
Physiatry
Pharmacy

Patient
**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 $\geq 120$ MED, benzodiazepine co-use, high utilizers [$\geq 12$ visits in 3 months])

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

**OUTCOMES:** Pain (4-item PEGS), opioid MED, benzodiazepines, pain-related health services, and cost
Use of PRECIS ratings in the National Institutes of Health (NIH) Health Care Systems Research Collaboratory

Karin E. Johnson, Gila Neta, Laura M. Dember, Gloria D. Coronado, Jerry Suls, David A. Chambers, Sean Rundell, David H. Smith, Bermei Liu, Stephen Taplin, Catherine M. Stone, Margaret M. Farrell and Russell E. Glasgow

Figure 3. PPACT PRECIS-2 Scoring

Fig. 1 PRECIS wheels as assessed by raters for each of the five trials at two time points. Ratings on a 1-5 scale for pragmatic ratings. The dashed line indicates the planning phase. The solid line indicates the implementation phase.
Planning for Scalability: Is the health plan / clinician “ask” congruent with a sustainable approach?

“Target the middle hanging fruit… Not people who will or will not do well regardless” - Greg Simon
What sustainability really looks like:

• Serving primary care on their terms – broadly and efficiently…KP Northwest, KP Washington (former Group Health)

• What cultural adoption really looks like…KP-Hawaii (Malama Ola)

• The long tail of substantive institutional change…KP-Georgia

• Great if working in an integrated delivery system but…adapting to broader health care settings (The Bree Collaborative)
(Overall) Lessons learned…

- Challenging the status quo requires persistent and *vertical* health care system partnership

- With timely and clinically important research questions, expect dynamic usual clinical and sense of urgency

- Health care systems need help for routine collection of Patient Reported Outcomes

- For chronic pain, mind/body split still deeply embedded in “behavior” of health care systems (+ stigma – addiction/lifestyle ∆)