

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

Lynn DeBar, PhD, MPH

Kaiser Permanente Washington Health Research Institute

Seattle, Washington

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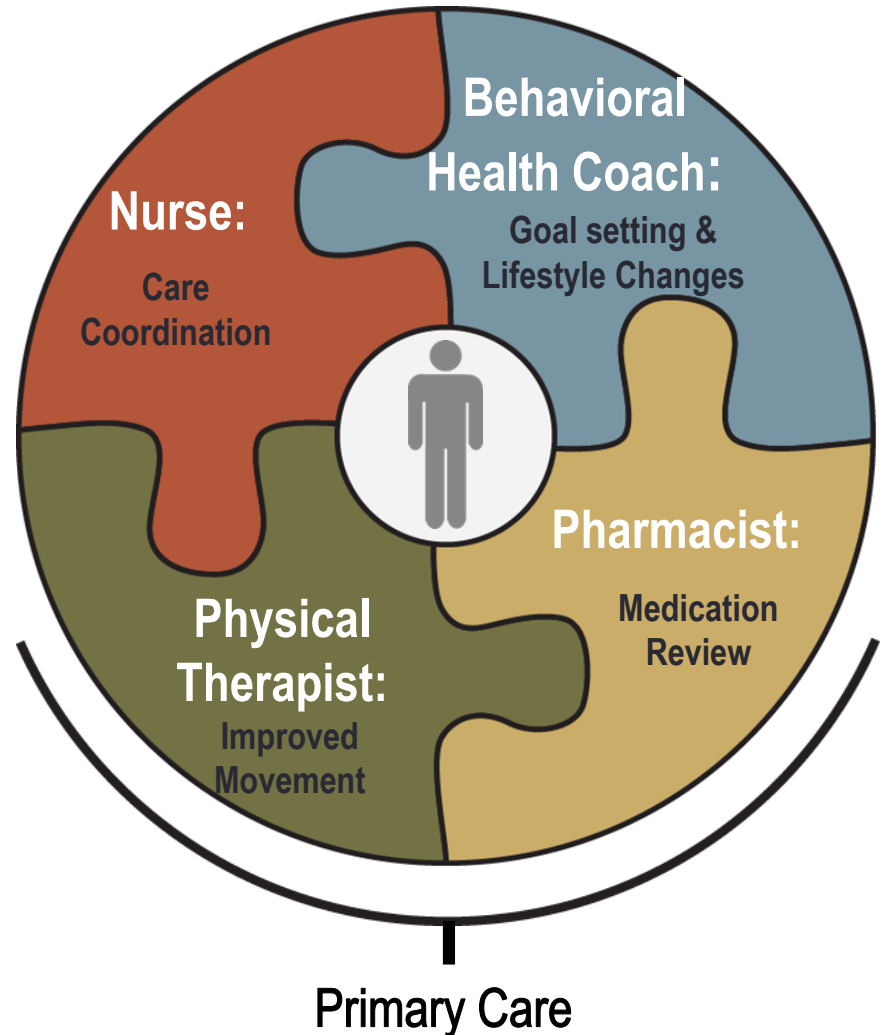
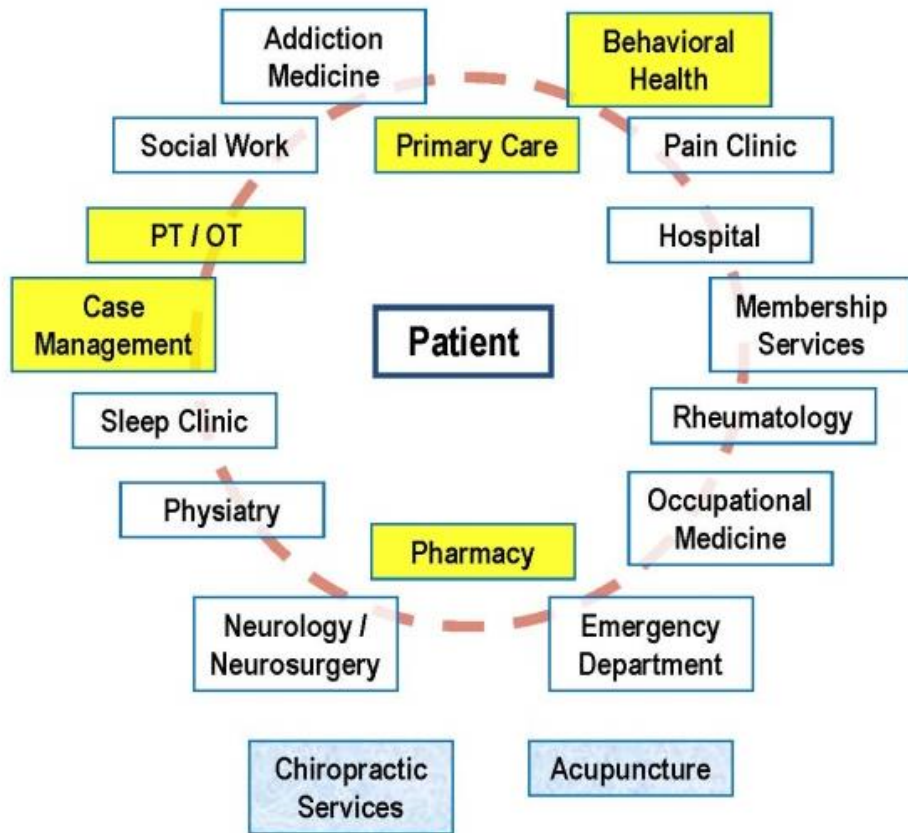
The “ask” from clinical and health plan leadership...

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



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 ≥ 120 MED, benzodiazepine co-use, high utilizers [≥ 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

Trials

Karin E. Johnson^{1†}, Gila Neta^{2†}, Laura M. Dember³, Gloria D. Coronado⁴, Jerry Suls², David A. Chambers², Sean Rundell⁵, David H. Smith⁴, Benmei Liu², Stephen Taplin², Catherine M. Stoney⁶, Margaret M. Farrell² and Russell E. Glasgow⁷

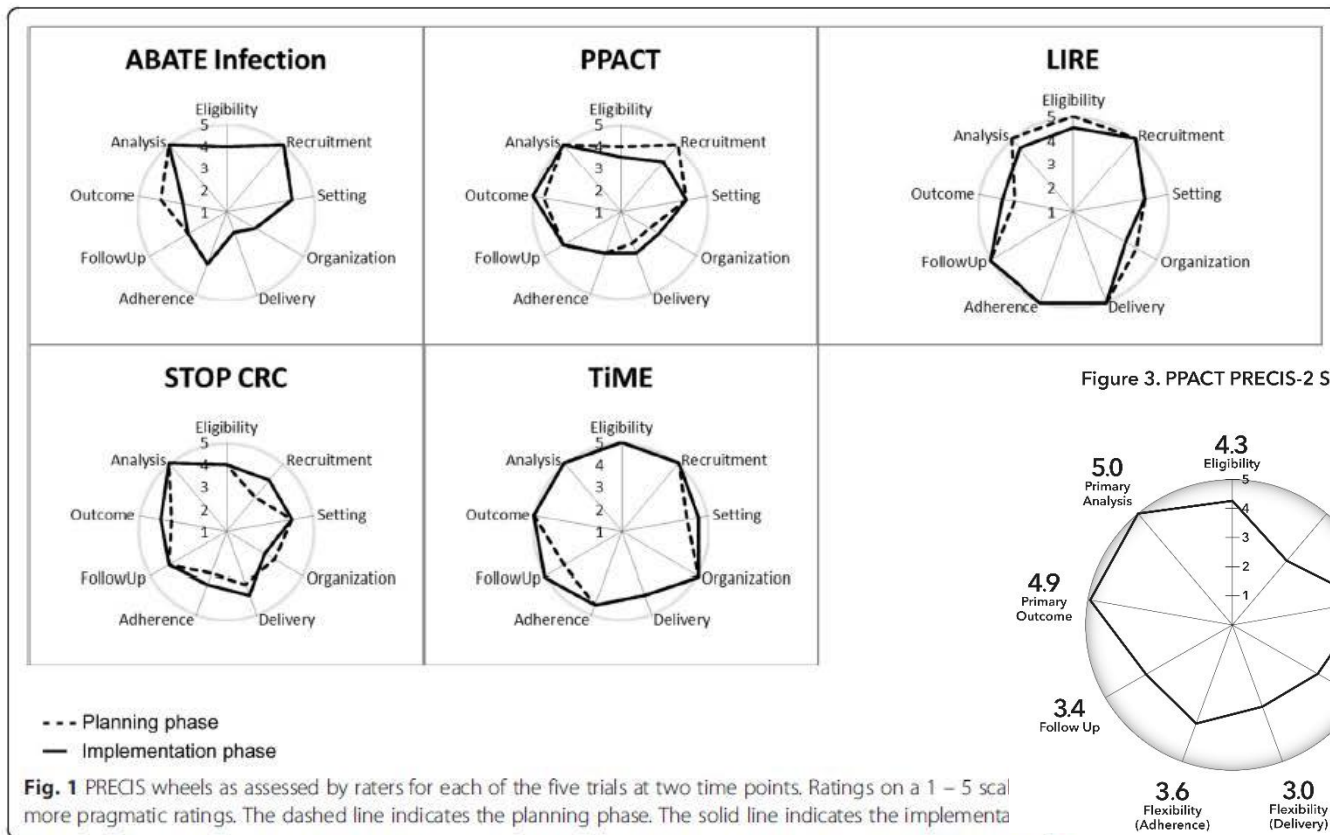


Figure 3. PPACT PRECIS-2 Scoring

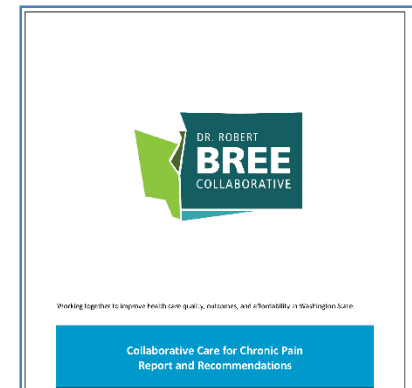


Planning for Scalability: Is the health plan / clinician
“ask” congruent with a sustainable approach?

“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...KPNorthwest, KPWashington (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 Δ)

