Primary Care-Based Behavioral Treatment for Long-Term Opioid Users with Chronic Pain: Implementation Learnings from PPACT

Lynn DeBar, PhD, MPH
Kaiser Permanente Center for Health Research
Portland, Oregon

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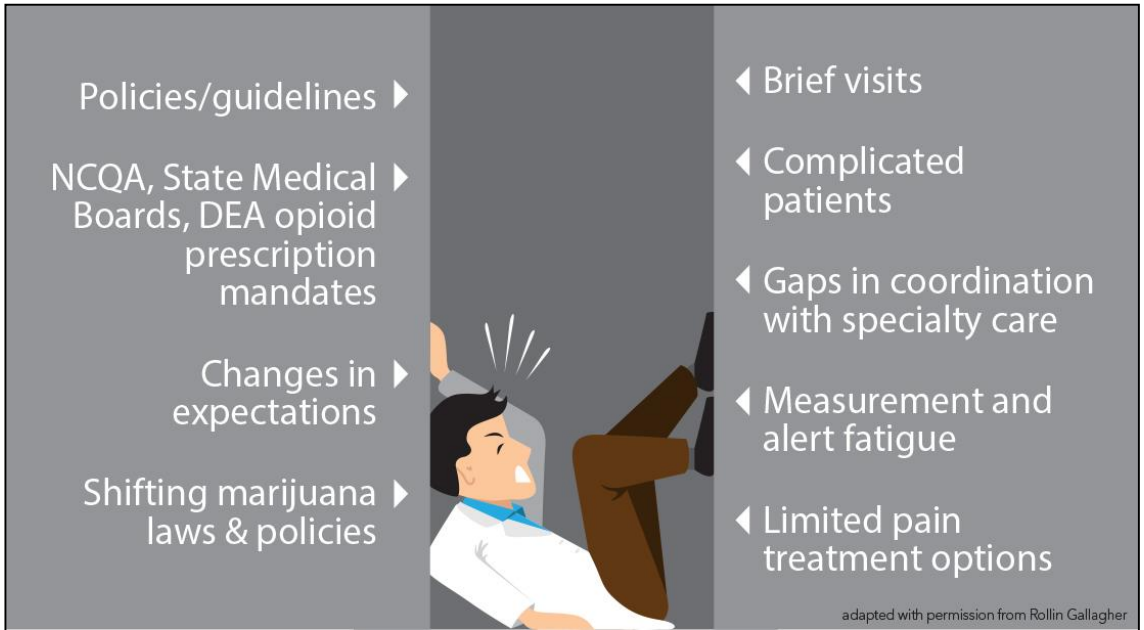
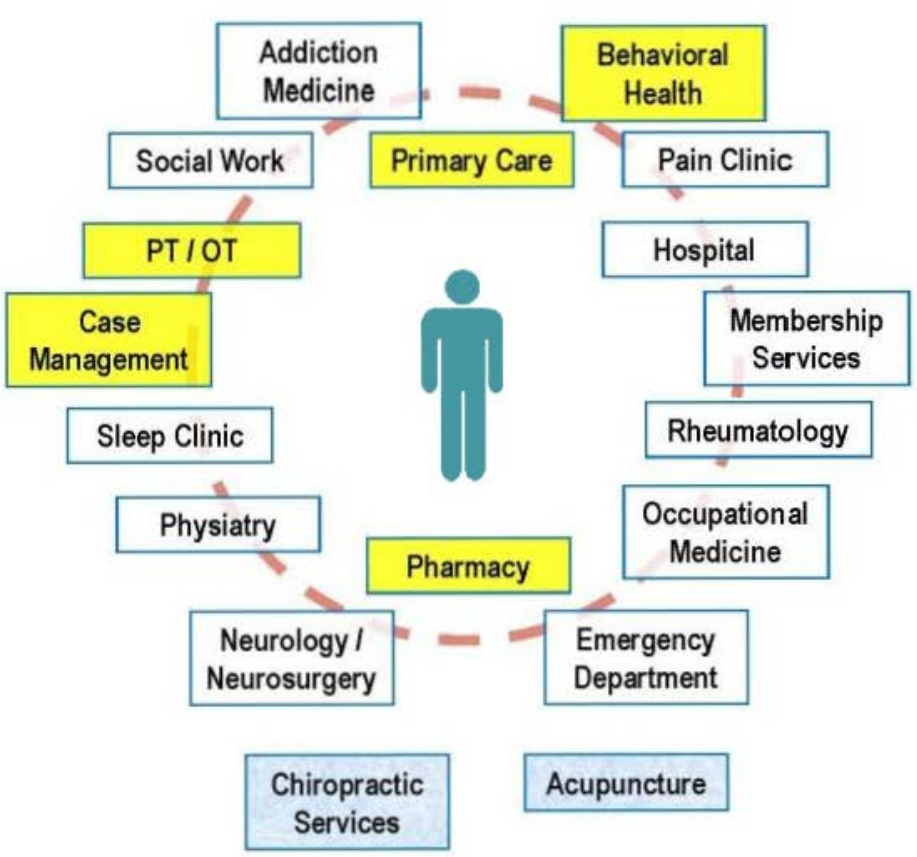
The “Ask” from KP leadership / impetus for the trial…

How do we keep our primary care providers from burning out and leaving the health care system?

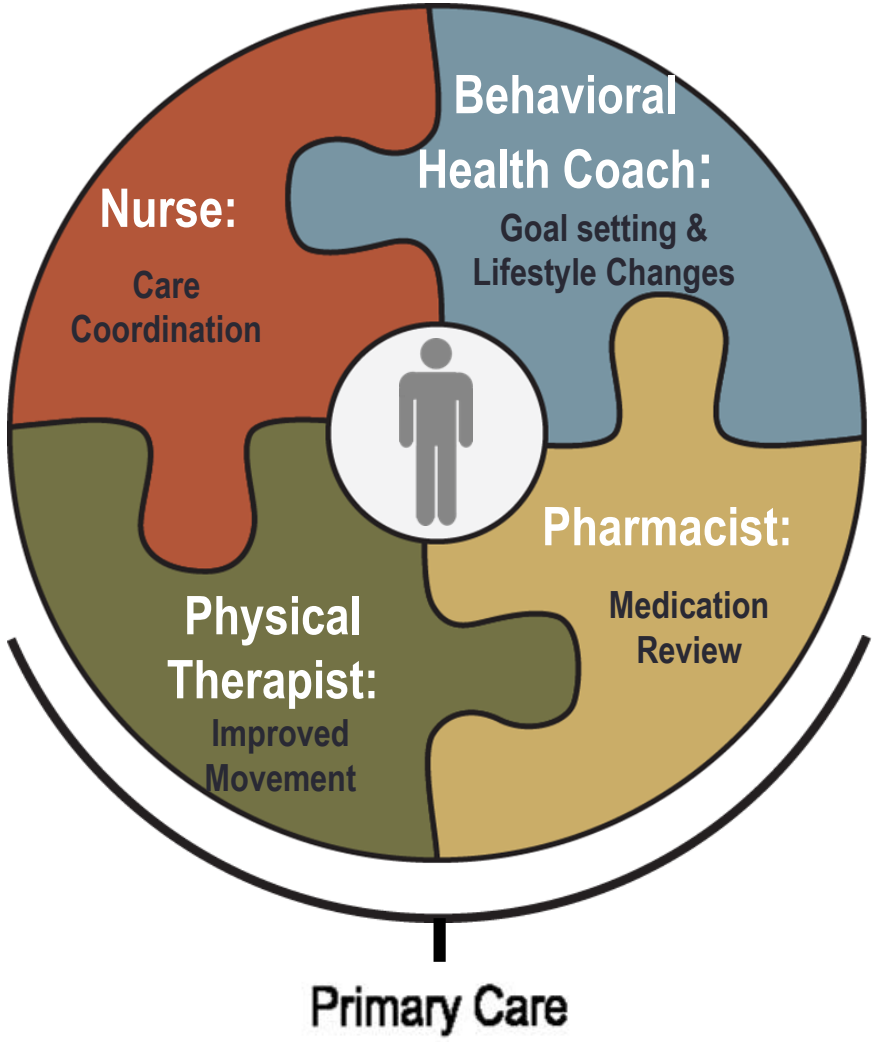
What do we do with the patients with complex pain who “belong to everyone and no one”?



Pain Management in Usual Care



Interdisciplinary Pain Management Embedded in Primary Care



PPACT Overview

AIM: Integrate interdisciplinary services into primary care to help patients adopt cognitive behavioral therapy (CBT) based 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, 850 patients)*

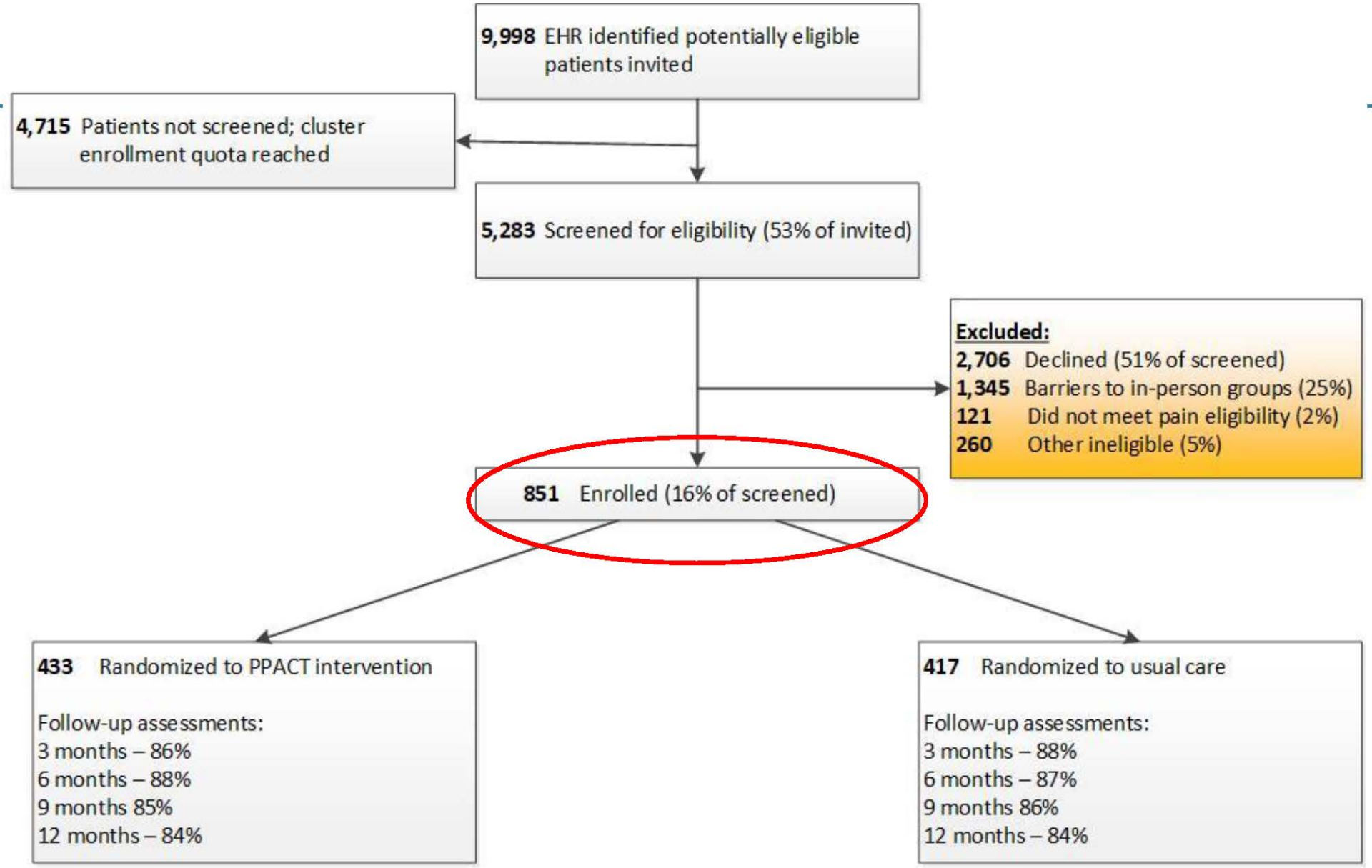
SETTINGS: KP Georgia, KP Hawaii, KP Northwest

ELIGIBILITY: Mixed chronic pain conditions, long-term opioid tx (prioritizing ≥ 90 MME, benzodiazepine co-use, high utilizers [≥ 12 visits in 3 months])

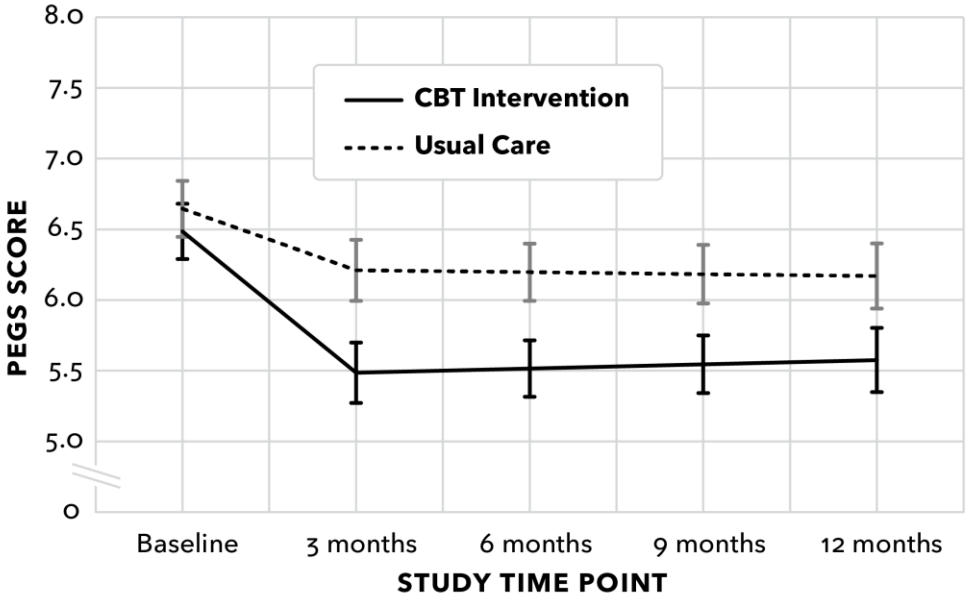
INTERVENTION: Core 12-week CBT + yoga-based adapted movement groups led by behavioral specialist / nurse case manager, 2 physical therapy patient consultations (intake & mid-treatment), pharmacist medication review; PCP support

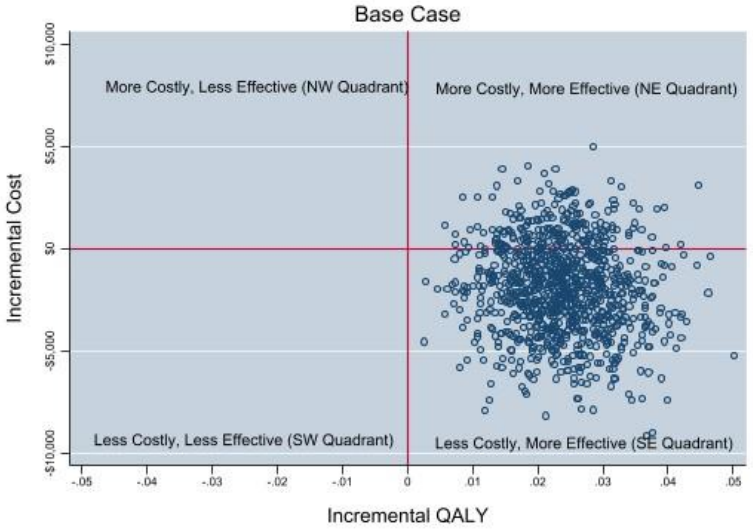
DeBar LL, et al. *Contemporary Clinical Trials*. 2018 Apr;67:91-99.
DeBar LL, et al. *Transl Behav Med*. 2012 Dec 1;2(4):523-530.

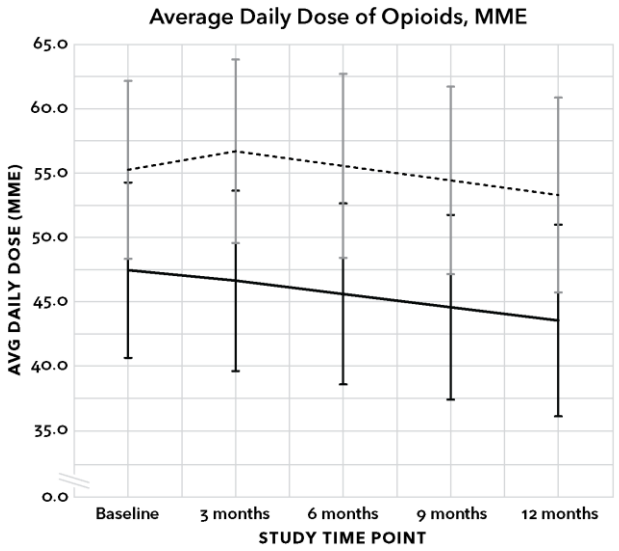
PPACT Participant Flow

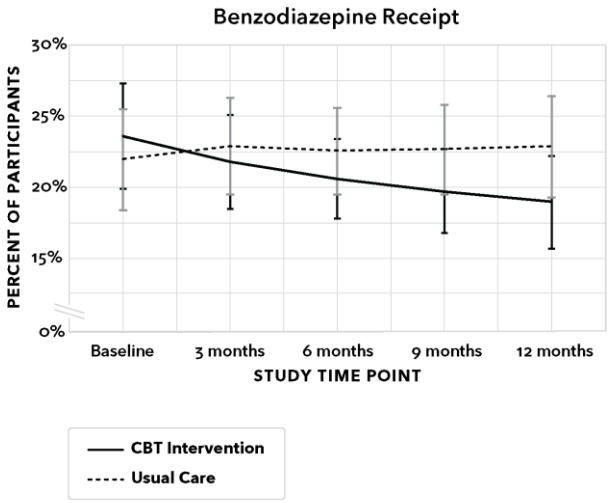


PPACT Outcomes









DeBar L, et al. *Ann Intern Med.* 2022
Smith D, et al. . *Medical Care* 2022

Sustaining PPACT

KPNW (and KPWA) – Uptake of shorter variant

- 4 sessions delivered by primary care-integrated behavioral health providers
- Challenge: Sustaining adequate therapist training/support; faded away after study

KP Hawaii – Malama Ola adaptation

- 6-week variant with whole health/wellness in Integrated Phys. Rehab. Dept.
- Challenge: LOTS of content and few visits

KP Georgia – No direct uptake

- Regional focus on health care system restructuring at study conclusion

Broad psychoeducation approaches with brief and limited contacts are common

PPACT Implementation Learnings

Patient/clinician experience and story critical – Positive clinical and cost outcomes important but not enough to drive sustained adoption

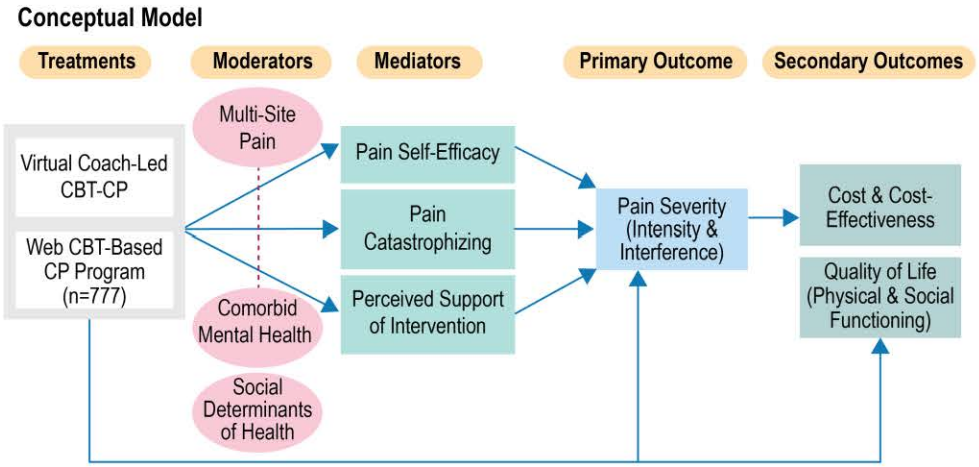
Logistic feasibility can "make or break" – Embedded primary care w/frontline staffing and group formats unrealistic for sustained delivery of sufficiently potent intervention

For highly stigmatized conditions, standard "study recruitment" insufficient to enroll those in need, undercutting potential impact for both patients and their PCPs

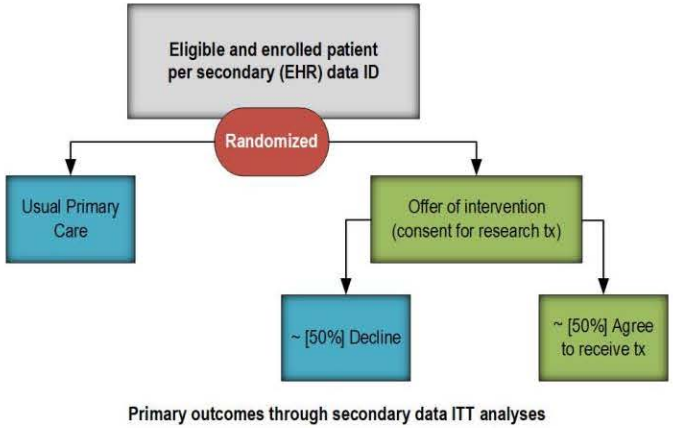
The "why" of health care system's needs should guide planning and can morph over time – Iterative HCS communications and recalibration critical for success

Building on PPACT

RESOLVE



MI CARE



Problems addressed: Availability of well-trained interventionists; feasible and flexible intervention delivery (telehealth, 1:1, rural / older adult reach)

HEAL NIA-funded PCT comparing two telehealth CBT interventions among 2,333 individuals (50% rural) with high impact (musculoskeletal) chronic pain

Problem addressed: Enhancing engagement of eligible (stigmatized) patients (Zelen design allows flexible and lengthy outreach window)

HEAL NIMH-funded Zelen RCT to evaluate primary care-based collaborative care for 804 patients with OUD, depression (+ pain/sleep/other mental heath & substance use)