Collaborative Care for Chronic Pain in Primary Care: Overcoming Patient, Provider, Data, and System Challenges in Implementing the Pragmatic Trial

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Overall Study Aim and Approach

Coordinate and integrate services for helping patients adopt self-management skills for managing chronic pain, limit use of opioid medications, and identify exacerbating factors amenable to treatment that are feasible and sustainable within the primary care setting.

- Implementing in three regions of Kaiser Permanente (Northwest, Georgia, and Hawaii)
- Targeting patients with chronic pain from diverse conditions on long-term opioid therapy (prioritizing those on high morphine doses, concurrent benzodiazepine use, and high utilization of primary care services)
- Cluster randomized design at level of primary care provider
<table>
<thead>
<tr>
<th>KPNW Clusters</th>
<th>KPGA Clusters</th>
<th>KPHI Clusters</th>
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</thead>
<tbody>
<tr>
<td><strong>2014 - Year 2</strong></td>
<td><strong>2015 - Year 3</strong></td>
<td><strong>2016 - Year 4</strong></td>
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<td>JFMAMJ</td>
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<td>J</td>
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<td><strong>2017 - Year 5</strong></td>
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**Training**

- 1a/b
- 2a/b
- 3a/b
- 4a/b
- 5a/b
- 6a/b
- 7a/b
- 8a/b
- 9a/b
- 10a/b
- 11a/b
- 12a/b
- 13a/b
- 14a/b
- 15a/b
- 16a/b
- 17a/b
- 18a/b
- 19a/b
- 20a/b

**Usual Care**

- 1ab
- 2ab
- 3ab
- 4ab
- 5ab
- 6ab
- 7ab
- 8ab
- 9ab
- 10ab
- 11ab
- 12ab
- 13ab
- 14ab
- 15ab
- 16ab
- 17ab
- 18ab
- 19ab
- 20ab

**Cluster wave**:

- (diagram indicating wave progression)

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**2014 - Year 2**

- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

**2015 - Year 3**

- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

**2016 - Year 4**

- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

**2017 - Year 5**

- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

**Intervention Periods**

- (diagram indicating intervention periods)

**Intake visits, Group sessions, Post-program visits**
## Barriers Scorecard

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Level of Difficulty</th>
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<tr>
<td>Enrollment and engagement of patients/subjects</td>
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<tr>
<td>Engagement of clinicians and Health Systems</td>
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<tr>
<td>Data collection and merging datasets</td>
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<td>Regulatory issues (IRBs and consent)</td>
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<tr>
<td>Stability of control intervention</td>
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<tr>
<td>Implementing/Delivering Intervention Across Healthcare Organizations</td>
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</tbody>
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1 = little difficulty  
5 = extreme difficulty
Challenges: Enrollment and Engagement of Patients
(difficulty = 4)

• **Issue #1**: Chronic pain stigma, misinformation and history of treatment failures

• **Issue #2**: Scrutiny on opioid prescribing → rapidly changing treatment landscape → confusion, fear, anger about care (KP-Northwest)

• **Study response**: Added *group orientation sessions* preceding study enrollment (KP-Northwest)

  • Address frustrations about care, changes in opioid treatment, and frame relevance of nonpharmacological intervention
  
  • Consistent with health plan approach to enrollment in programs of similar intensity
  
  • Utilizes motivational enhancement approach to build study commitment for both intervention and usual care

  • Flexible frame about partnership with PCP
Challenges: Engagement of Clinicians and Health Care Systems (difficulty = 4)

- **Intervention staffing:** Implementation within an evolving primary care staffing model – *get ahead or behind the curve!*
  - Integration of behavioral health
  - Evolving role of nurses
  - Light touch of physical therapists and pharmacists much easier
  - Study response: flexible & modularized training, ongoing staffing coordination w/ HCS

- Day-to-day burden on PCPs → structured intervention touch points

- Study design overlay neither responsive to clinician needs nor allows for more organic adoption of intervention across clinics over time

- Primary or specialty care services – are our heath care systems really prepared to bridge the divide?
Challenges: Building Robust PRO Collection into the Health Care System (difficulty = “2”)  

- Simplifying and enhancing PRO data collection has been well received by clinicians, merging data streams (patient health record, IVR, clinician/interviewer)
Challenges: (In)stability of Usual Care (difficulty = 4)

- Ongoing initiatives to launch patient-centered care / primary care medical home initiatives
  - Integration of behavioral health (some attention to pain but minimal staff training)
  - Evolving role of nursing (more emphasis on supporting behavioral management of chronic conditions; peripheral attention to pain)
  - Most efforts focus on 1-2 session consultation and redirection towards online, community resources, or specialty care for further services

- The continued dilemma of “feasible” alternatives to opioid pharmacotherapy for chronic non-malignant pain
  - Ongoing regional efforts to restrict opioid prescribing for chronic pain (triage to online, community, and specialty services; alternative procedures and prescribing)
  - KP-National Interregional Medication Adherence, Reconciliation and Safety (IMARS) group initiatives to spread best practices across Kaiser Permanente regions

- Impact on Study and Response
  - Similar impact on both study arms; no evidence to suggest PPACT-like initiatives
  - Quantitative and qualitative documentation of changing landscape of care across HCS
Challenges: Implementing / Delivering Intervention Across Healthcare Organizations (difficulty = 3)

- Geography, culture, and feasibility of placement in primary care clinics
  - Placement in primary care clinics largely feasible in KP-Northwest, hub model in KP-Georgia, remote delivery possibilities in KP-Hawaii important for sustainability

- Replacing a poorly functioning program or new coordination of care?
  - Fewer minefields if little overlap with existing services

- KPNW ≠ KPHI ≠ KPGA
  - More differences across Kaiser Permanente regions than expected: features of Epic / data extraction, outsourcing of specialty healthcare services (e.g., PT), mix of staff and licensing issues, response to opioid crisis
Planning for Sustainability

- Building a transportable (yet behaviorally intensive) intervention
  - Tool box of video recordings and other materials to support individualized self-paced training
  - Creating consultation network with judicious use of “experts” & well-placed “seasoned” staff
- Accommodating(?) interest in using specific intervention components
  - PCP tools for increasing acceptance of opioid dose reductions among their patients
  - Enhanced PRO data collection
  - PT assessment and feasibly delivered adapted movement program
  - Using elements of the intervention approach
- Planning for implementation within different types of health care systems
  - Lessons learned from non-integrated components of PPACT at KPGA
  - Ongoing discussions with OCHIN about adaptations needed for similar intervention in Federally Qualified Health Care Clinics