

The Integrative Pain Management Program: Expanding Options for Chronic Pain Treatment



NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE

2 JUNE 2016

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HEALTH**



Who We Are, Who You Are



Let's start with a story...



How many of you have had this experience?

Pain Management is Painful



But does it have to be?

How Did We Get Here?



Prescription opioids
alone aren't enough

Sometimes they are **too
much**

There is **little** evidence to
guide prescribing

This has led to:

Poor Patient Experience

High Staff Burnout

What We Tried



Standardized approach to **safe** opioid prescribing

Registries

Policies and Procedures

Training, Technical Assistance, and Consultation

What We Then Found Out



- **Analysis of unintentional opioid overdose deaths in SF 2010-2012**
 - 331 total, 94% prescription opioids
 - 2.2x national average, 2.6x local rate of vehicular death, 1.9x SF homicide rate
 - Concentrated in areas with high poverty rates, high # SRO hotels

Visconti et al. Opioid Overdose Deaths in the City + County of San Francisco. *J Urban Health*. 2015.

The Solution

Expand treatment options
beyond opioids



Roadmap



- Introduction
 - What is the Integrative Pain Management Program (IPMP)?
- Evidence Base – non-medication treatments for chronic pain
 - Focus on integrative treatments
- Input – patients, staff, stakeholders/local experts
- IPMP – services, evaluation, initial results
- IPMP – patient perspective
- Discussion



Learning Objectives



- Identify evidence-based or promising non-medication treatments for chronic pain
- Describe the design + evaluation of the Integrative Pain Management Program pilot
- Understand how input from patients, staff, + local experts was used to develop + evaluate the Program pilot



Integrative Pain Management Program



- Vision: Every primary care patient in the San Francisco Department of Public Health will have access to non-medication treatments for chronic pain
- Pilot: Test feasibility + effectiveness of IPMP for patients with chronic pain on opioids at one clinic (Tom Waddell Urban Health)



Integrative Pain Management Program



- Purpose : Provide non-medication treatments (physical, behavioral, + integrative services) + education for chronic pain
- Goal: Maintain or improve patients' functional status while reducing risk of chronic opioid therapy, + improve staff experience with chronic pain management



Evidence Base

Non-medication treatments for chronic pain



- **Guideline recommended care is multimodal care**
 - Medications (non-opioids + opioids)
 - Procedures
 - Physical treatments (i.e., exercise therapy)
 - Behavioral treatments (i.e., cognitive behavioral therapy)

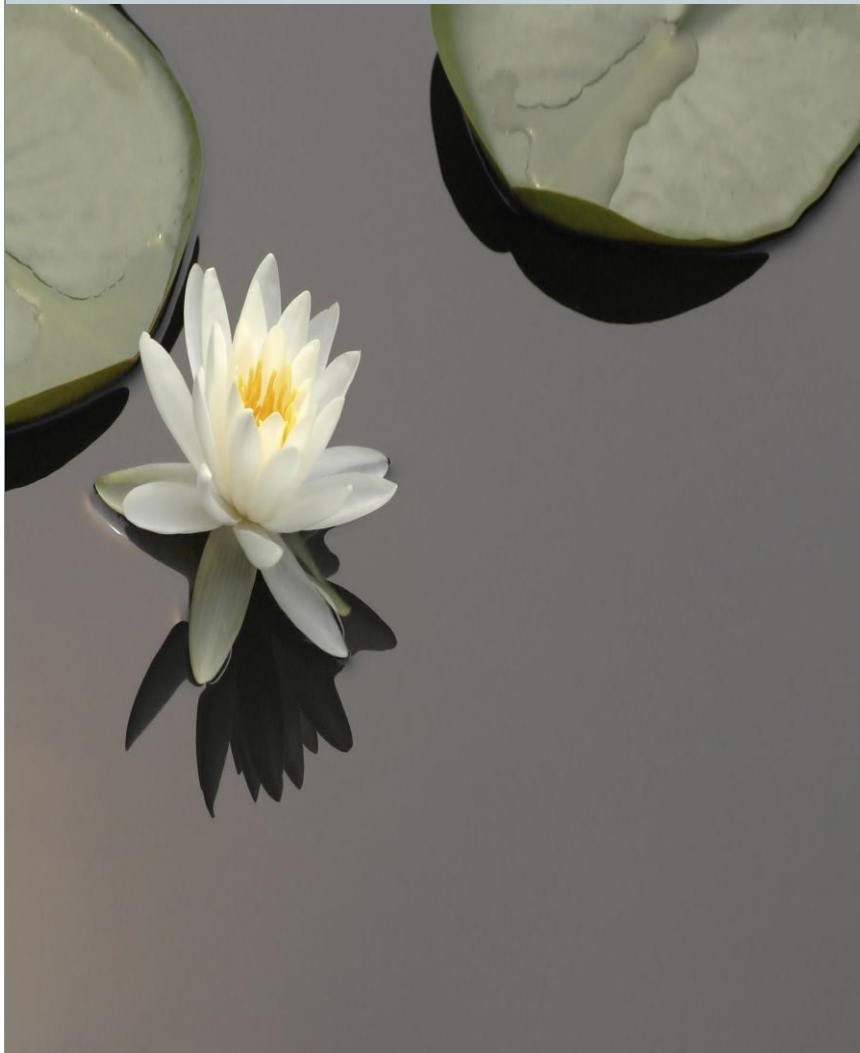
Integrative Medicine



- Combines conventional medicine with complementary modalities
- Focuses on the whole person
- Includes established healing traditions from around the world

Used with permission from Diana Coffa

Integrative Medicine



- NIH defines several main categories:
 - Mind + body practices
 - ✦ Most popular: **yoga**, chiropractic + osteopathic manipulation, **meditation**, **massage therapy**
 - ✦ Also: **acupuncture**, relaxation techniques, **tai chi**, qi gong, healing touch, hypnotherapy, movement therapies)
 - Natural products (e.g., herbs or botanicals)
 - Whole systems (Ayurveda, traditional Chinese medicine, naturopathy, homeopathy, traditional healers)

Acupuncture

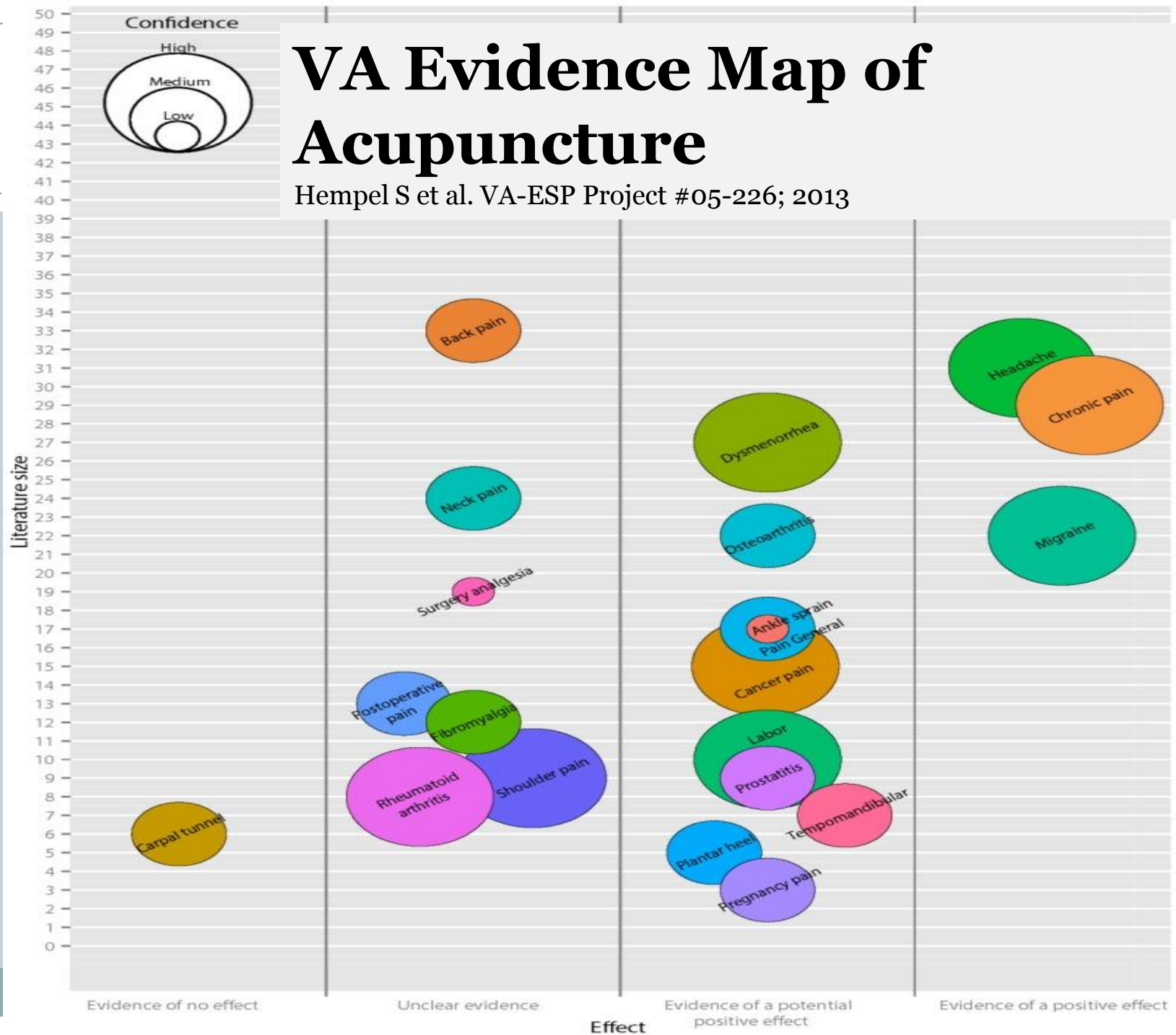


- Uses thin needles placed at specific points along meridians (lines of energy flow) to rebalance qi (energy)



VA Evidence Map of Acupuncture

Hempel S et al. VA-ESP Project #05-226; 2013



Mindfulness/Meditation



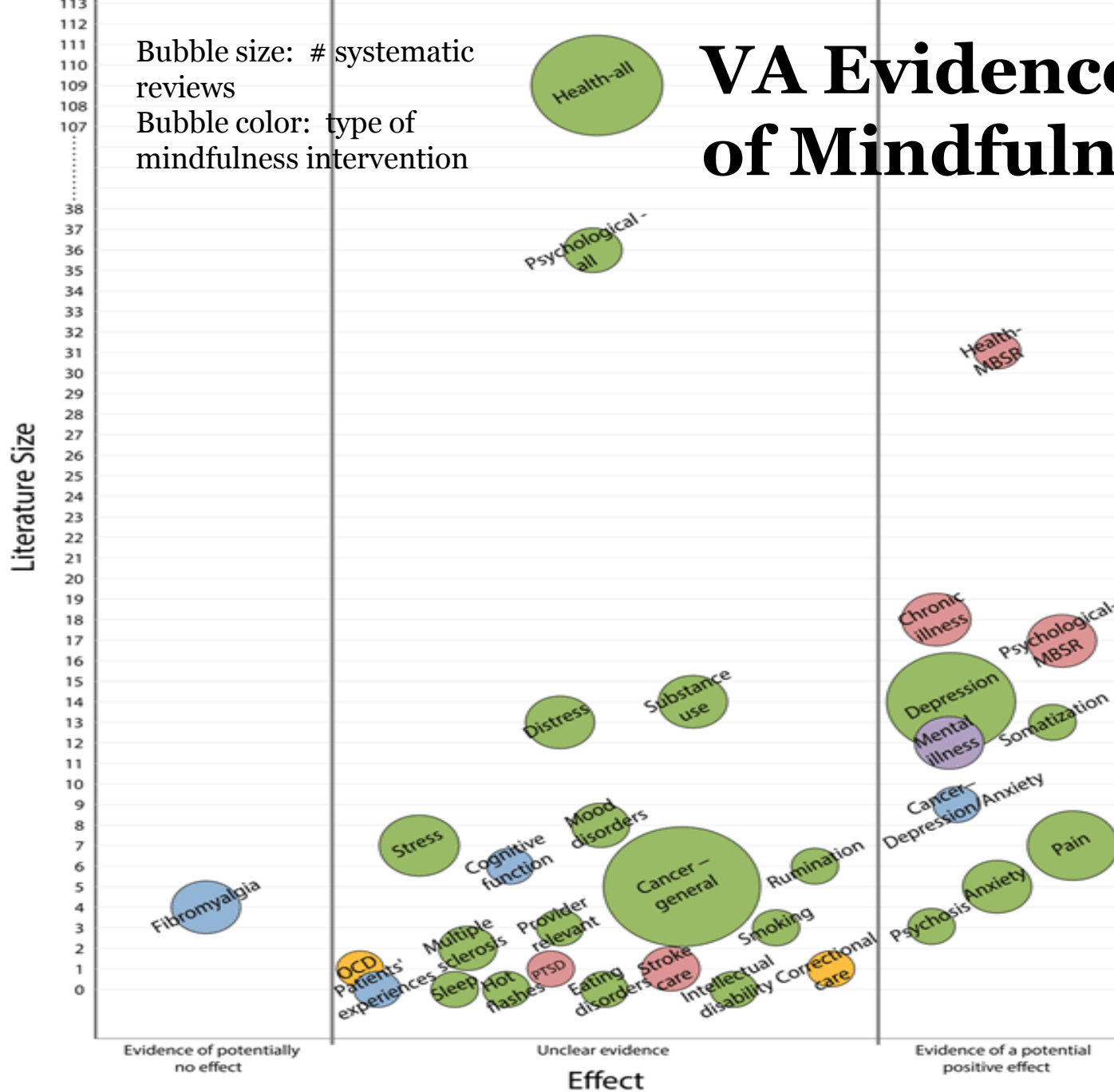
- **Mindfulness**

- The intentional, accepting, + non-judgmental focus of one's attention on the emotions, thoughts, + sensations occurring in the present moment

- **Meditation**

- A practice in which an individual trains the mind or induces a mode of consciousness, either to realize some benefit or for the mind to simply acknowledge its content without becoming identified with that content, or as an end in itself

VA Evidence Map of Mindfulness



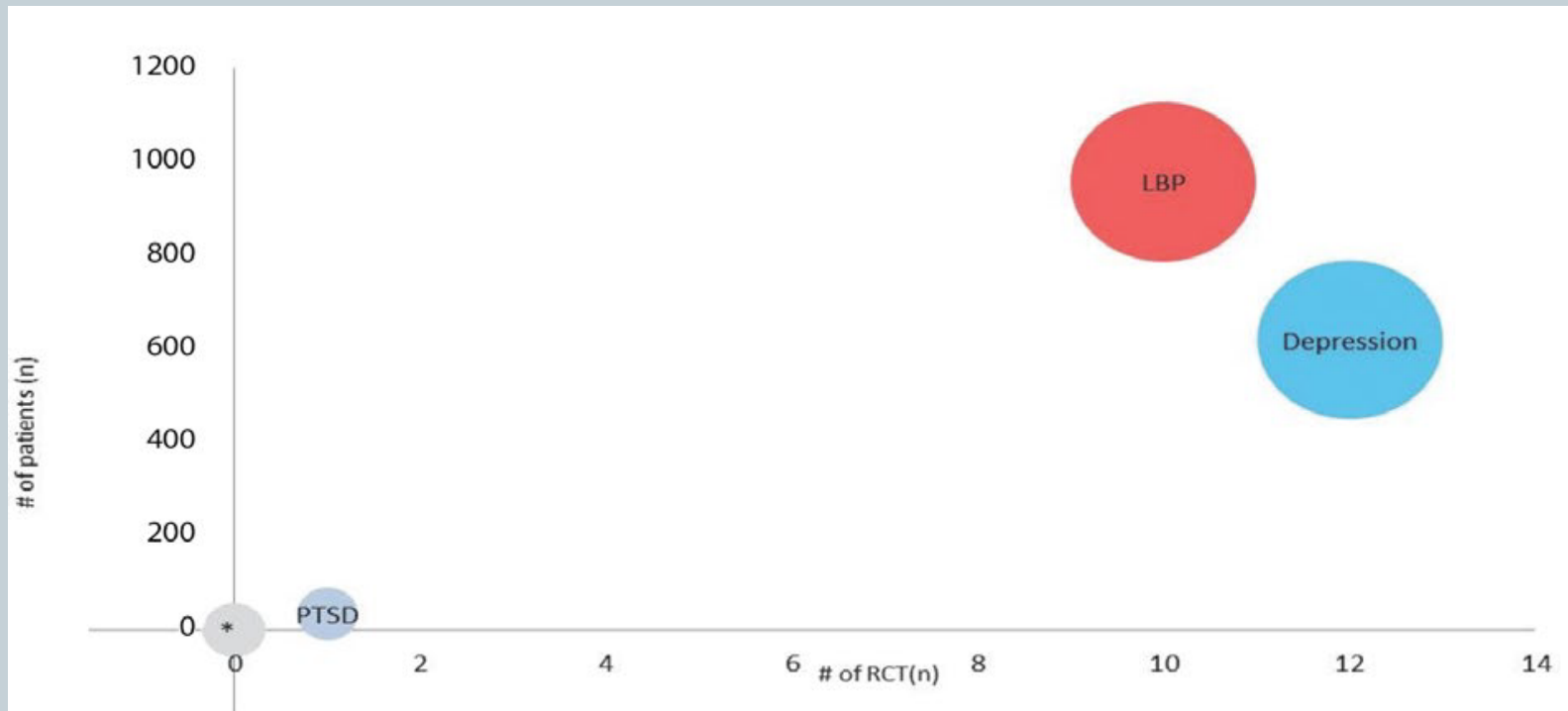
Yoga



- A system of physical postures, breath techniques, + meditation derived from Hindu theistic philosophy but often practiced independently to promote bodily or mental control + well-being



VA Evidence Map for Yoga



- For low back pain, long term benefit found for pain scores + back-specific disability

Tai Chi

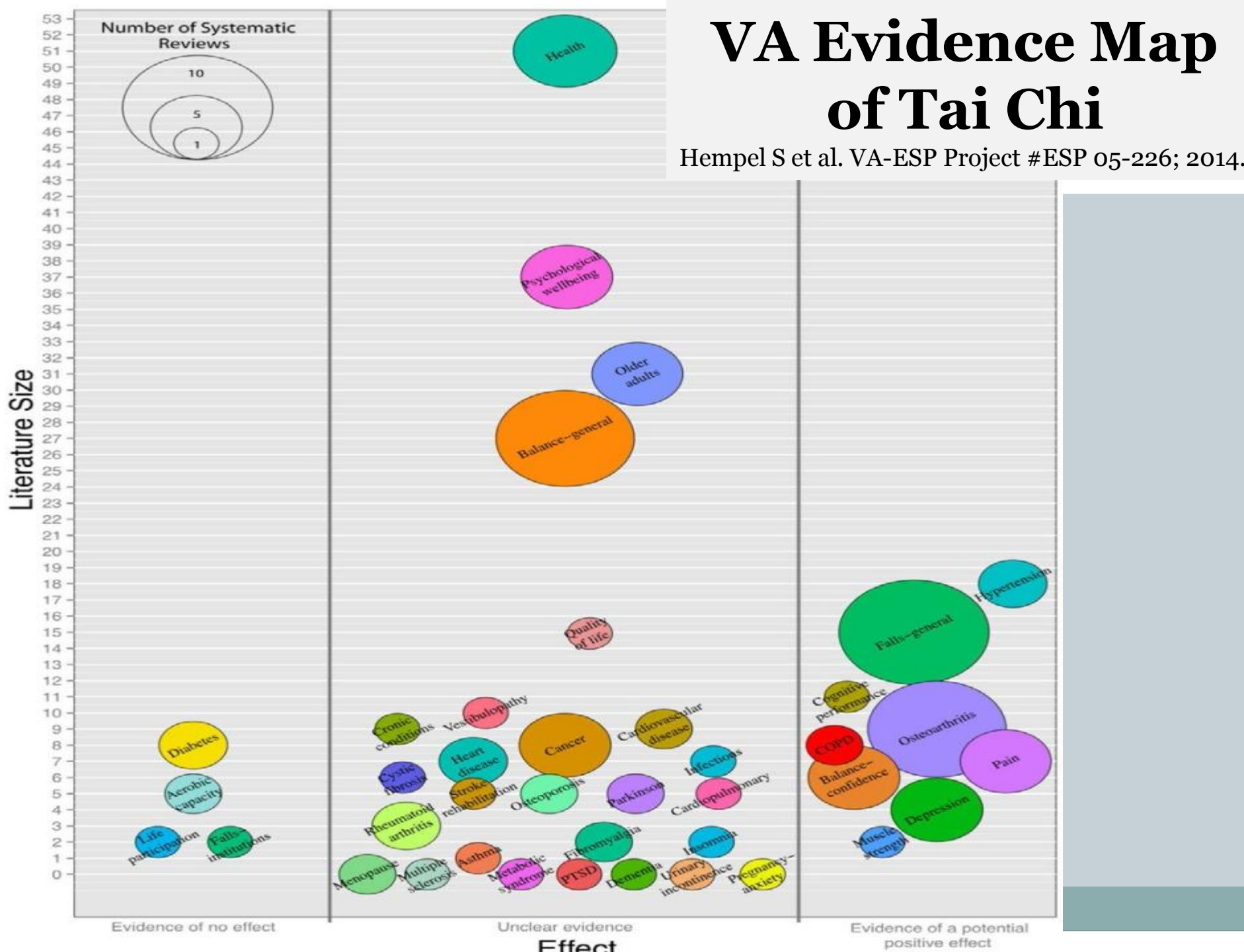


- An ancient Chinese discipline involving a continuous series of controlled usually slow movements designed to improve physical + mental well-being



VA Evidence Map of Tai Chi

Hempel S et al. VA-ESP Project #ESP 05-226; 2014.



Massage

- The manipulation of tissues (as by rubbing, kneading, or tapping) with the hand or an instrument for therapeutic purposes



Massage



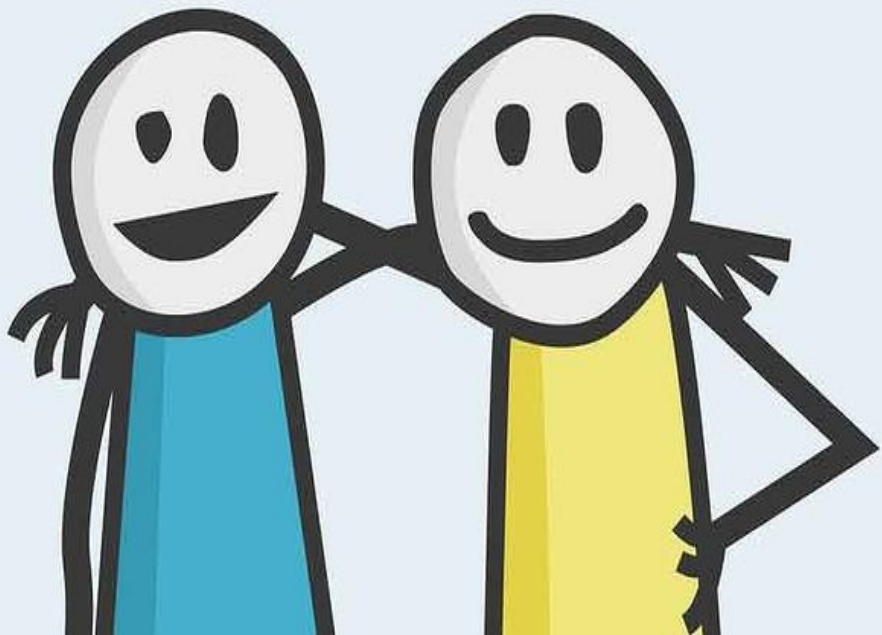
- **Ottawa Panel Practice Guidelines**
 - Short term improvement in chronic low back pain symptoms/disability when combined with exercise + education
 - Immediate improvement in chronic neck symptoms, tenderness, + range of motion
- **Some evidence for short term benefits (pain, tiredness, health status, mental health) for mixed chronic pain conditions**

Brousseau et al. Ottawa Panel Evidence-Based Clinical Practice Guidelines on Therapeutic Massage. *J Bdywrk Mvmt Ther.* 2012.
Tsao. Effectiveness of Massage Therapy. *eCAM.* 2007.

Health Coaching



- Process that facilitates healthy, sustainable behavior change by challenging a client to develop their inner wisdom, identify their values, and transform their goals into action.



Health Coaching



- Review for low back pain shows very low quality data (4 studies)
 - 2 studies of chronic low back pain showed improvement in lifting capacity + exercise adherence at 1 mo; pain + activity levels, self efficacy at 6/12 mos
- Pilot of peer support for self management of chronic musculoskeletal pain shows feasible, some improvements (self efficacy, pain centrality, activation)

Holden et al. Health Coaching for Low Back Pain. Int J Clin Prac. 2014.
Matthias et al. A Brief Peer Support Intervention for Veterans with Chronic Musculoskeletal Pain. Pain Med. 2015.

Neuroscience Education



- Aims to shift how patients, providers, + staff understand + talk about pain from a tissue oriented biomedical point of view to a nervous system oriented biopsychosocial point of view
- Evidence synthesis of 8 studies shows positive effects on pain, function, catastrophization, + movement in chronic musculoskeletal pain

Louw et al. The Effect of Neuroscience Education on Pain, Disability, Anxiety, + Stress in Chronic Musculoskeletal Pain. Arch Phys Med Rehab. 2011.



GATHERING INPUT

INPUT from PATIENTS



- Why do this?
- How did we gather and incorporate input from patients?
- Results

INITIATING CONTACT with PATIENTS



- Telephone outreach
 - Challenges: no phone, # changes
- Approach in lobby while waiting to be seen for appointments
 - Consult w/primary care team: primary care provider (PCP), behavioral health (BH), medical staff
 - Warm hand off from PCP often helpful



3 METHODS USED to GATHER INPUT

1. ONE on ONE INTERVIEWS



○SAMPLE

- Consulted w/steering committee
- Staff meetings: patient (pt) names from multi-disciplinary primary care team
- Approached PCPs directly

○CONTENT/STRUCTURE

- In clinic & by phone
- One on one interview: 30-60 minutes

1. ONE on ONE INTERVIEWS



- **QUESTIONS**

- Hopes & goals for chronic pain treatment
- Current experiences w/pain medications
- List of possible services/treatments:
Interested? Tried?
- Motivations & barriers
- Groups
- Addressing trauma, anxiety, substance use (SU)/addiction

2. TWUHC COMMUNITY ADVISORY BOARD



- Patient advisors, advocates
- Attended monthly CAB meeting to ask:
 - ❖ How can we make this program attractive?
 - ❖ What will keep patients interested?
 - ❖ How can we address issues of trauma, stress, anxiety?
 - ❖ How can we support substance use recovery?

3. FOCUS GROUP



○ SAMPLE

- Interviewees
- Outreach to harder to reach pts

○ CONTENT/STRUCTURE

- Consulted w/experienced researcher to develop questions and group format

○ QUESTIONS

- Pt perspective on different treatment modalities, personal experiences, motivations to participate in the program

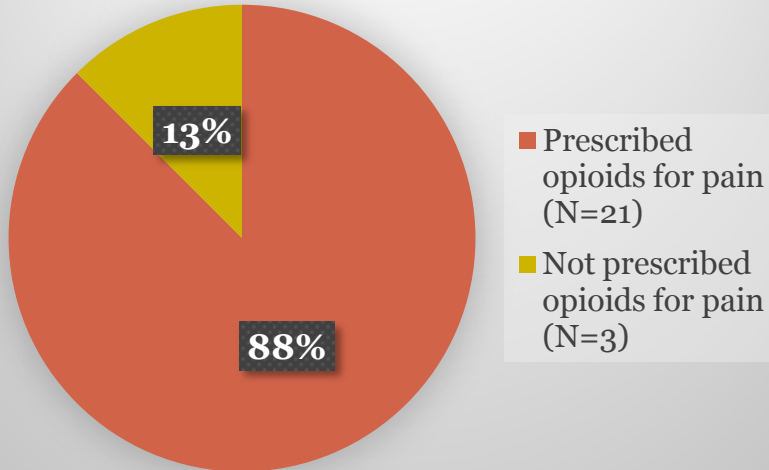


RESULTS

INTERVIEW RESULTS

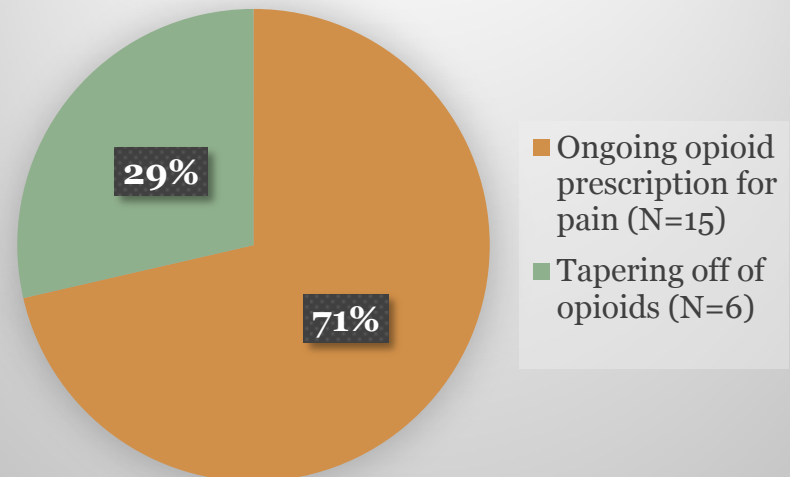
Total sample interviewed

SAMPLE: N=24



Patients prescribed opioids

SAMPLE: N=21



INTERVIEW RESULTS



- **MAIN POINTS:**

- Pts want more options!
- Pts are knowledgeable, insightful, and desiring more education across the board
- Majority had experience with Integrative Medicine modalities & felt they were effective in improving health and wellness
- Those on an opioid taper expressed understanding of why the taper was happening, felt it was appropriate and helpful to their overall health and well being
- Majority not satisfied w/their current pain management & felt they could improve if more options were available

COMMUNITY ADVISORY BOARD RESULTS



- **Suggestions from members:**
 - Patient testimony
 - Easy access
 - Skillful staff/service providers
 - Incentives
 - Take an honest interest in pts
 - Prioritize admitting pts with the highest levels of pain, those who will “benefit the most”
 - Space for pts to share their individual stories
 - Help people develop healthier living habits

STAFF INPUT: Focus Groups



- **SAMPLE**

- 4 separate focus groups: 1 medical provider group, 3 multi-disciplinary teams

- **CONTENT/STRUCTURE**

- Consulted w/experienced researcher & Lead Physician to develop questions & group format

- **QUESTIONS**

- Referral process & communication between the pain management program and the primary care/medical team

STAFF INPUT: Focus Groups

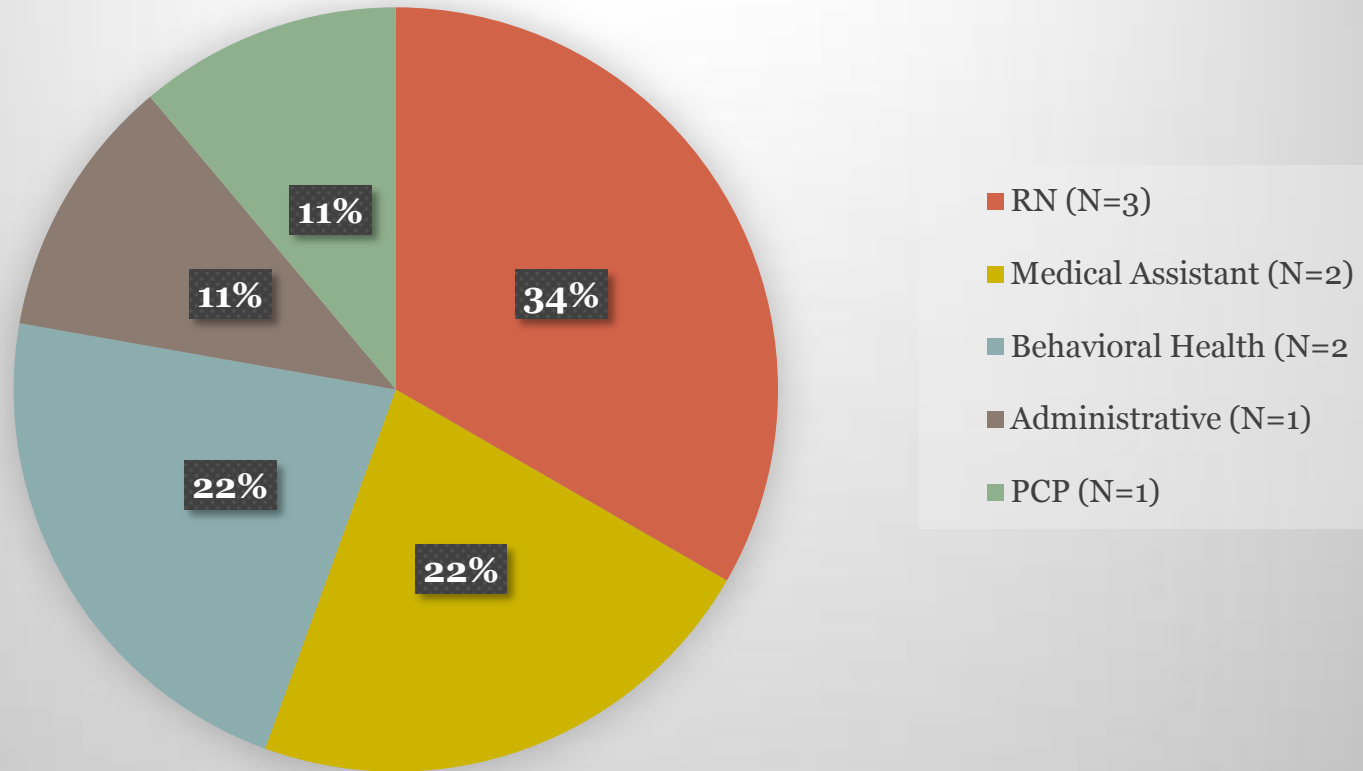


- **TEAM FOCUS GROUPS**
 - MD, RN, NP, PA, MA, case managers, front desk staff, anyone w/direct contact w/pts.
 - Average, n=10
- **MEDICAL PROVIDER FOCUS GROUP**
 - Invited all PCPs from the primary care clinic
 - Questions focused on the referral process

STAFF INPUT: Results



TEAM SAMPLE (N=10)



Input – Stakeholders/Local Experts



- **IPMP Steering Committee**
 - Convened March 2015
 - ~20 members
 - Multidisciplinary, from different parts of DPH, leadership + front-line, health plan
 - ✦ Medicine, behavioral health (including substance use), rehab medicine, integrative medicine, pain management, pharmacy, health education, research/evaluation
 - Most have interest/expertise in chronic pain
 - Provide input on (+ access to) IPMP structure, services, staffing, recruitment, evaluation, grants

Input – How it was used



- **Services/Evaluation – to be discussed**
- **Outreach**
 - Initial/reminder phone calls, face-to-face contact in clinic, warm hand offs
- **Incentives**
 - Food
 - Gift cards
- **Referral process**
 - Standardized referral process in EHR
 - Provider/staff education (neuroscience education, IPMP)
 - IPMP brochure, flier



IPMP PILOT SERVICES



PROGRAM STRUCTURE



- 12 week program
- 13th week graduation/celebration
- Registration
 - All visits are registered to track attendance
- Charting
 - All service providers chart visits: in EHR or scanning written notes into the EHR
 - Establishes and supports communication between the primary care team and the program

HOME GROUP

(every Wed
1-2:45 pm)

- Space to check in, reflect on your progress
- Community building
- Services **in** group, services **after** this group

WEDNESDAYS after Home Group

3-4 pm

- Acupuncture
- Massage (pre-set)
- Movement
- Mind-body Connection



Mondays 1-5 pm

- Acupuncture (one on one, by appt.)
- Massage (pre-set)
- Nutrition group (3:30-5 pm)

Tuesdays 1-5 pm

- Mtgs. w/Pharmacist Hong Vuong (appts.)

12 wks



Graduation!
Invitation to
“IPMP
Graduates
Group”

HOME GROUP



- Keystone of the program (required weekly group)
- Space for reflection
- Peer support
- Facilitated by a Primary Care Health Educator
- Licensed clinician in the group (for support as needed)
- Ensure exposure to and practice of all the offered modalities
- Education on medications and other topics

ACUPUNCTURE



GROUP

- Performed by acupuncture credentialed MD
- Drop-in, 30 min. treatment
- 8 pts/2 hr session
- Lounge chairs, clothed
- Circular group setting
- Soothing music
- Somewhat limited to areas that can be treated while clothed

ONE on ONE

- Performed by Licensed Acupuncturist (L.Ac.), Traditional Chinese Medicine
- By appointment, 1 hr treatment
- 5 pts/4 hr session
- Massage tables, disrobed
- Individual exam rooms
- Soothing music, ambient lighting
- Comprehensive treatment

MASSAGE

Certified Massage
Therapists from the
Care Through Touch
Institute (CTTI)

30 min. seated chair
massage

4 pts/2 hr session=
limited access

Includes education
on self-massage
techniques,
breathing exercises





NUTRITION/ GARDENING

2 hour group led by
psychology doctoral
candidate & MFT

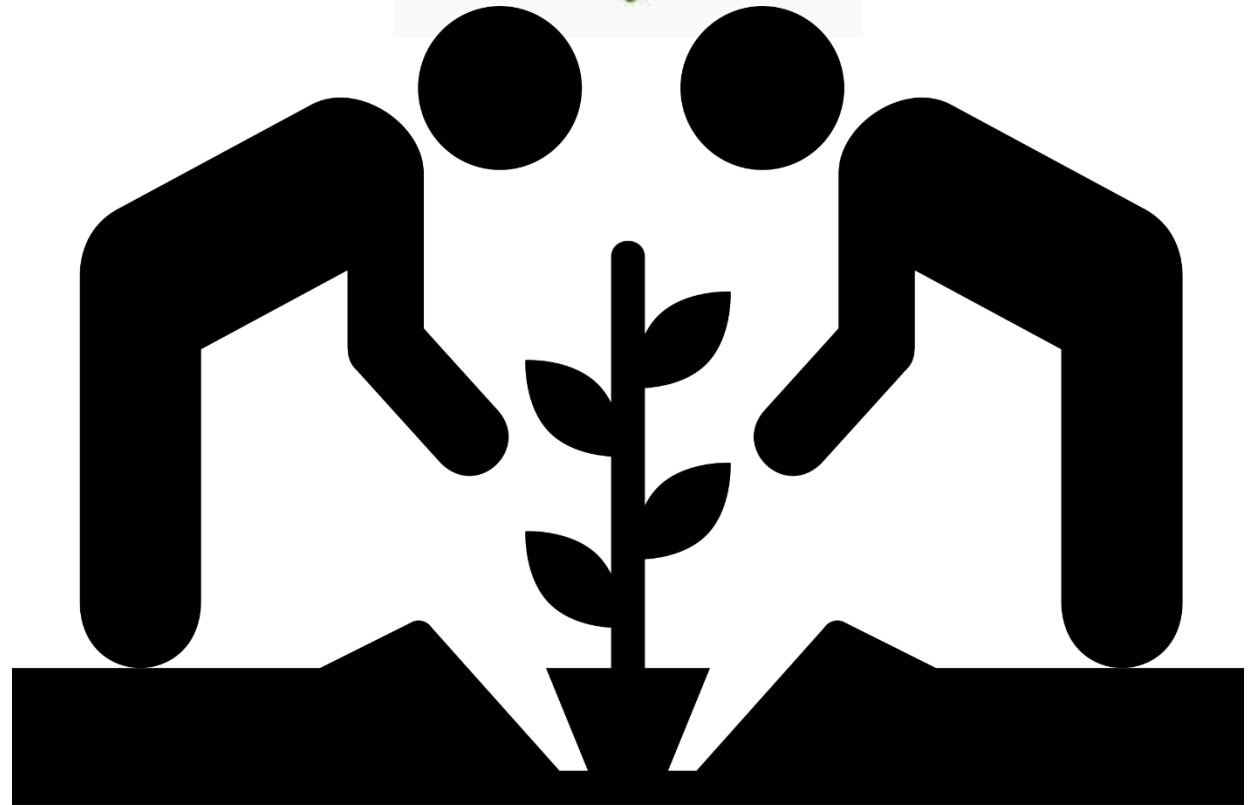
10 pts/group

Strong peer
component

Nutrition education

Cooking skills (on a
budget, w/o a
kitchen)

Field trips into the
community



PHYSICAL MOVEMENT

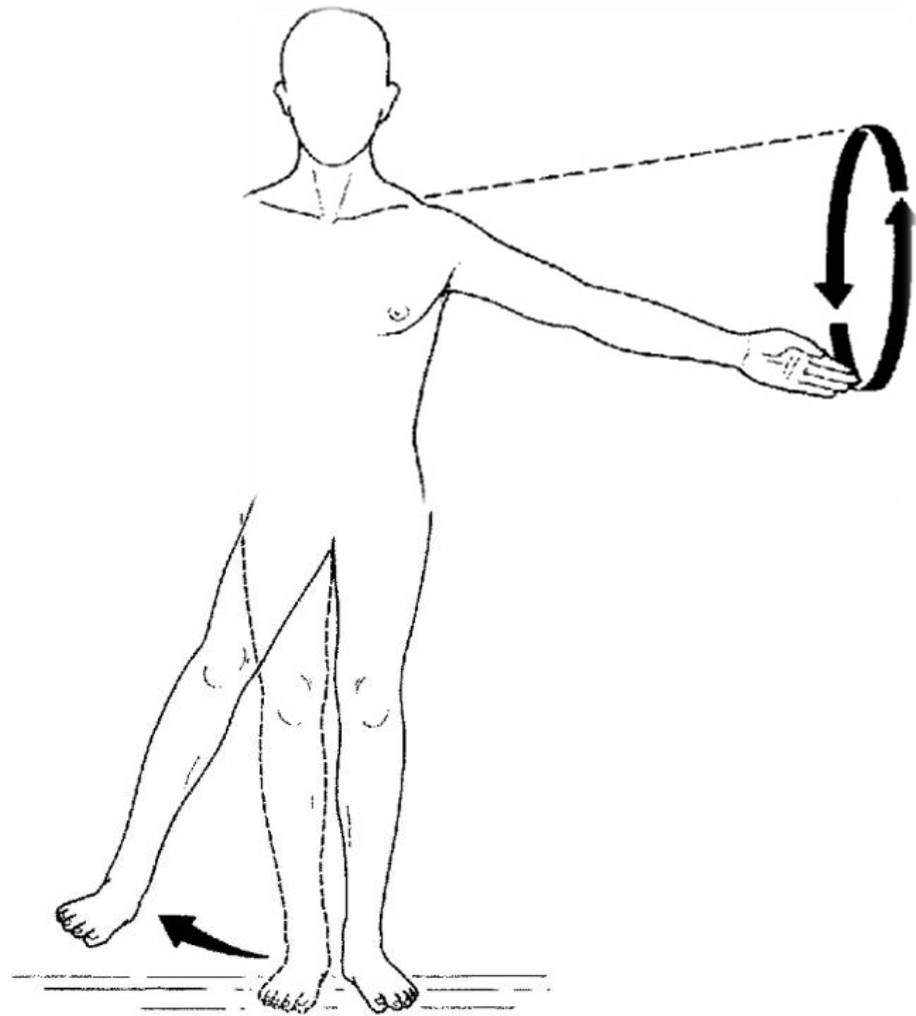
Led by MFT/certified
Yoga instructor,
w/experience working
w/underserved
populations

8 pts/1 hr session

Curriculum developed
w/guidance of a
Physical Therapist

Low impact stretches
and strengthening
movements

Limited assessment of
each pt medical history:
pain history





MIND-BODY CONNECTION

Led by a Zen priest w/passion and experience working w/underserved populations

10 pts/1 hr session

Curriculum: accessible, easy to understand, relate across services

Drop-in basis (low threshold)



MEDICATION EDUCATION

MEDICATION EDUCATION

- 25 pts/1 hr session
- Brought in to Home Group once a month X 3 months
 - Session 1: Chronic pain medications, safe use of pain medications
 - Session 2: Naloxone education
 - Session 3: Chronic pain and substance use disorders

ONE on ONE MEETING w/CLINICAL PHARMACIST

- 4 pts/4 hr session
- 1 hour long appointment, by patient request
- Medication reconciliation, medication education, Naloxone education

HEALTH COACHING



- **WHO ARE THEY?**

- 2 Masters level interns (California Institute for Integral Studies), studying Wellness Coaching
- 1 intern, undergraduate from Stanford University
- 1 in kind staff member

- **TRAINING**

- Masters level training in Wellness Coaching
- Attended 2-day Health Coaching (designed for primary care)
- Attended additional abbreviated Health Coach training tailored for chronic pain

HEALTH COACHING: Roles



- **Navigation of the program**
 - Clarify program services & structure
 - Connect pt when follow up is needed
 - Reminders for groups & appointments
 - Encourage participation
- **Emotional support and continuity**
 - Develop rapport: weekly 15 min. check-in
 - Bridge between meetings
- **Eliciting feedback about the pilot**
 - Bring feedback to program leadership
- **Self-management support**
 - Weekly pain management plan
 - Ongoing/sustainable self-care plan to manage their chronic pain beyond the IPMP pilot

IPMP Evaluation



- **Target population**
 - TWUH PC patients with chronic pain (> 3mos) on opioids
- **Sample size**
 - 75 (3 successive cohorts of 25 each)
- **Design**
 - Quasi-experimental, wait-list cross-over design



IPMP Evaluation



- Objective 1
 - Determine patient + provider utilization + acceptability of program
 - ✦ Referrals from providers
 - ✦ Attendance (initial + ongoing) by patients
 - ✦ Patient experience

IPMP Evaluation



- Objective 2
 - Assess short-term pain management outcomes of program
 - ✦ Compare baseline with 3-mo + 6-mo results
 - ✦ Compare participants with those waitlisted
 - ✦ Primary outcomes: pain intensity, function, health-related quality of life, opioid dose
 - ✦ Other measures: fear avoidance, pain catastrophizing, pain self-efficacy, substance use patterns, sociodemographics, co-morbidities, health care utilization

IPMP Evaluation



- Objective 3
 - Assess preliminary effects of program on primary care providers + staff
 - ✦ chronic pain experience
 - ✦ stress/frustration/successes with chronic pain
 - ✦ satisfaction with treatment options
 - ✦ access to/success of different treatments
 - ✦ confidence in ability to refer/engage patients in IPMP
 - ✦ burnout

IPMP Evaluation



- **Data**
 - Patient interview (1-on-1) at 0, 3, + 6 mos
 - Patient focus group at 3 mos
 - Medical record review
 - Staff survey (online) at 0 + 9 mos

IPMP Evaluation



- **Indicators**

- PROMIS scales

- Other validated scales:

- ✦ Pain catastrophizing scale
- ✦ Fear avoidance beliefs questionnaire
- ✦ Chronic pain self efficacy scale
- ✦ AUDIT, NIDA modified-ASSIST
- ✦ Maslach burnout inventory inventory scale – single question

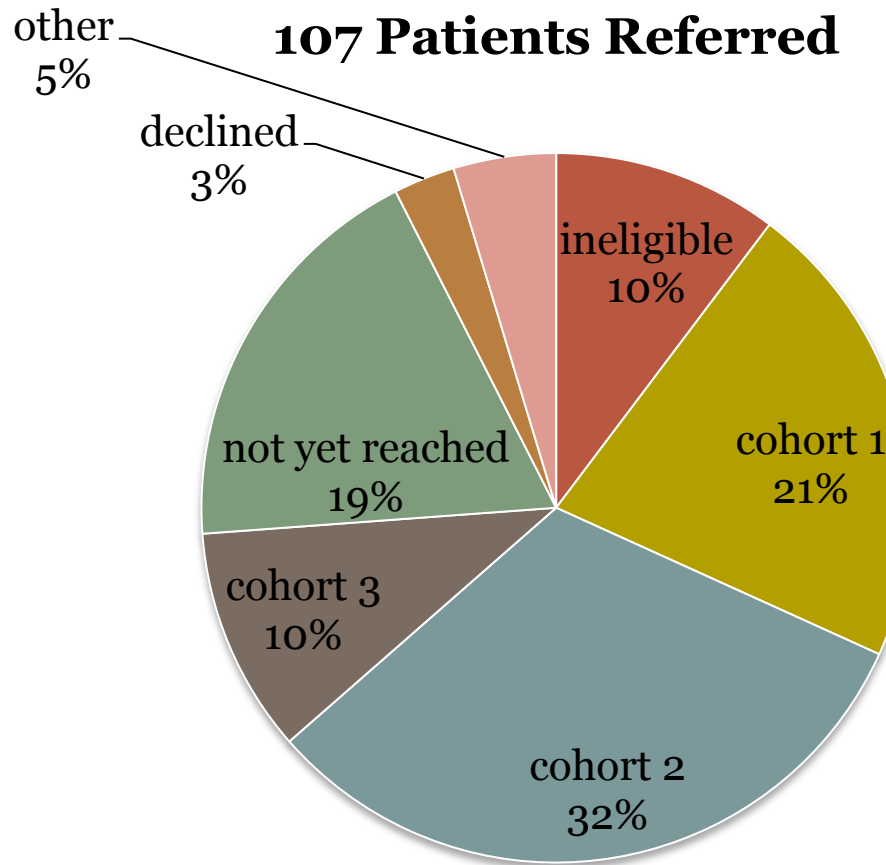
PROMIS=Patient Reported Outcomes Measurement Information System – NIH-validated scales

AUDIT=Alcohol Use Disorders Identification Test – 10-item screening tool developed by WHO

NIDA=National Institute on Drug Abuse

ASSIST=Alcohol, Smoking, + Substance Involvement Screening Test – developed by WHO

IPMP Results

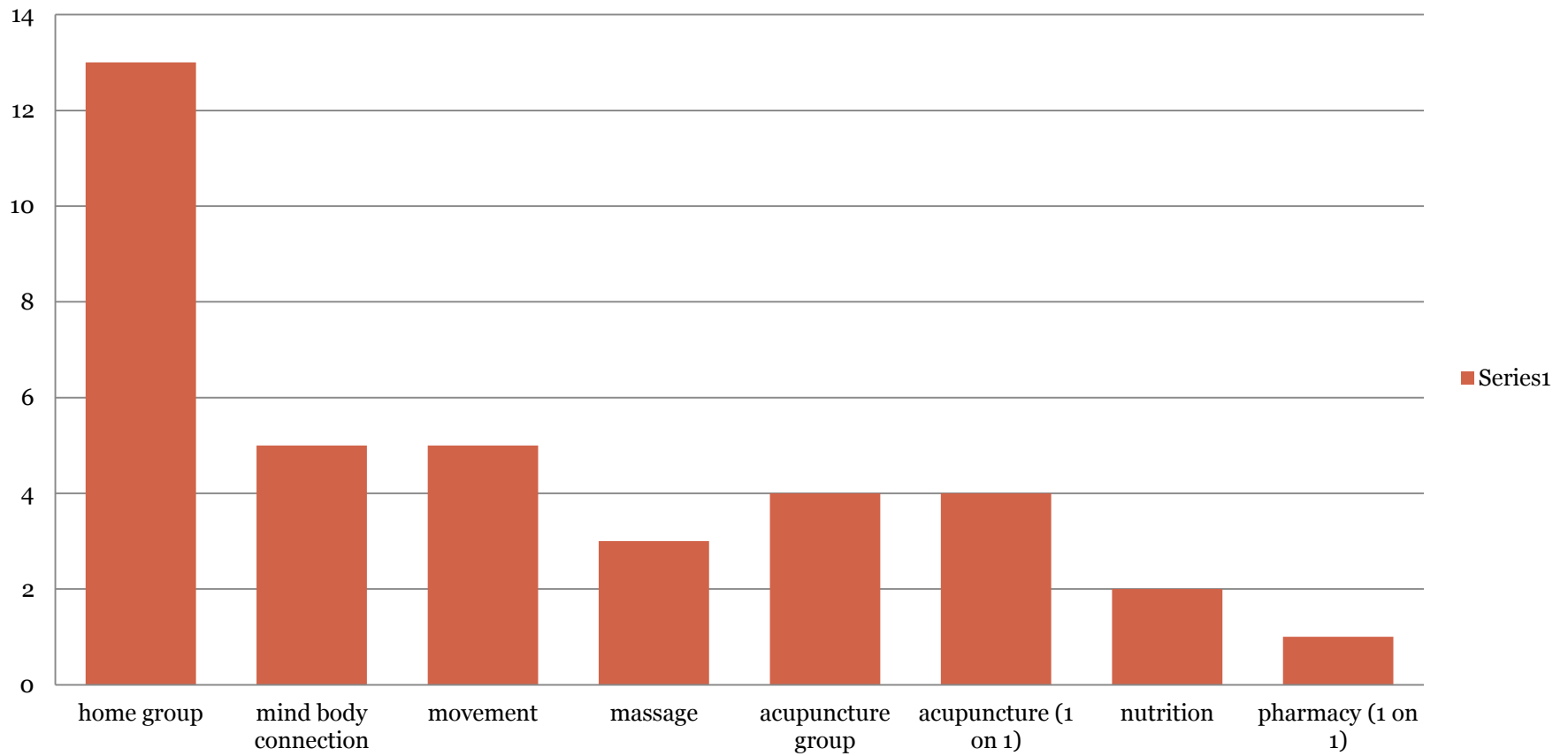


**Cohort 1
(Feb-May 2016)
23 participants
5 dropped out**

IPMP Results



Cohort 1 Average Weekly Attendance



IPMP – patient perspective



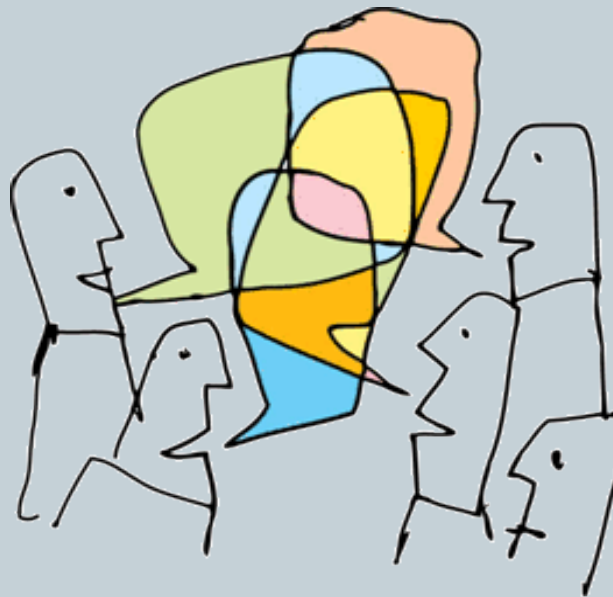
- **Dana Arnett**
 - TWUHC CAB member
 - IPMP cohort 1 participant

 - Chronic pain experience
 - What was most effective about IPMP?
 - What was motivation to attend IPMP initially + ongoing?

Discussion



- What non-medication treatments are available to you?
- What works?
- What are the challenges?



Integrative Pain Management Program



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