A Multi-Stakeholder Discussion about Overcoming Obstacles on the Path to Integrative Pain Management

2022 International Congress on Integrative Medicine and Health

Academic Consortium for Integrative Medicine and Health

May 24 | 10:45AM-12:00PM

Moderator

Amy Goldstein, MSW

Director

Alliance to Advance Comprehensive Integrative Pain Management

https://painmanagementalliance.org/acimh-congress/

Alliance to Advance Comprehensive Integrative Pain Management

Panelists

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Thank You

Primary sponsor for the Initiative, Alliance to Advance Comprehensive Integrative Pain Management, is:

The David and Lura Lovell Foundation

Special thanks to the fiscal sponsor for this project, The Pain Community

The Pain Community
Serving Patients, Caregivers, Providers

#AACIPM

AACIPM

AACIPM connects the dots to advance equitable, whole person, multi-modal pain care

Stakeholders: People with Pain | Payors | Providers | Policymakers | Academia | Government Agencies | Advocates

Outputs: Strategic Digital Communication | Policy | Symposia | Coordinated Responses

Alliance to Advance
Comprehensive
Integrative
Pain Management

CONTEXT

Chronic pain is the #1 cause of disability globally.

1 in 6 Americans lives in pain every day.

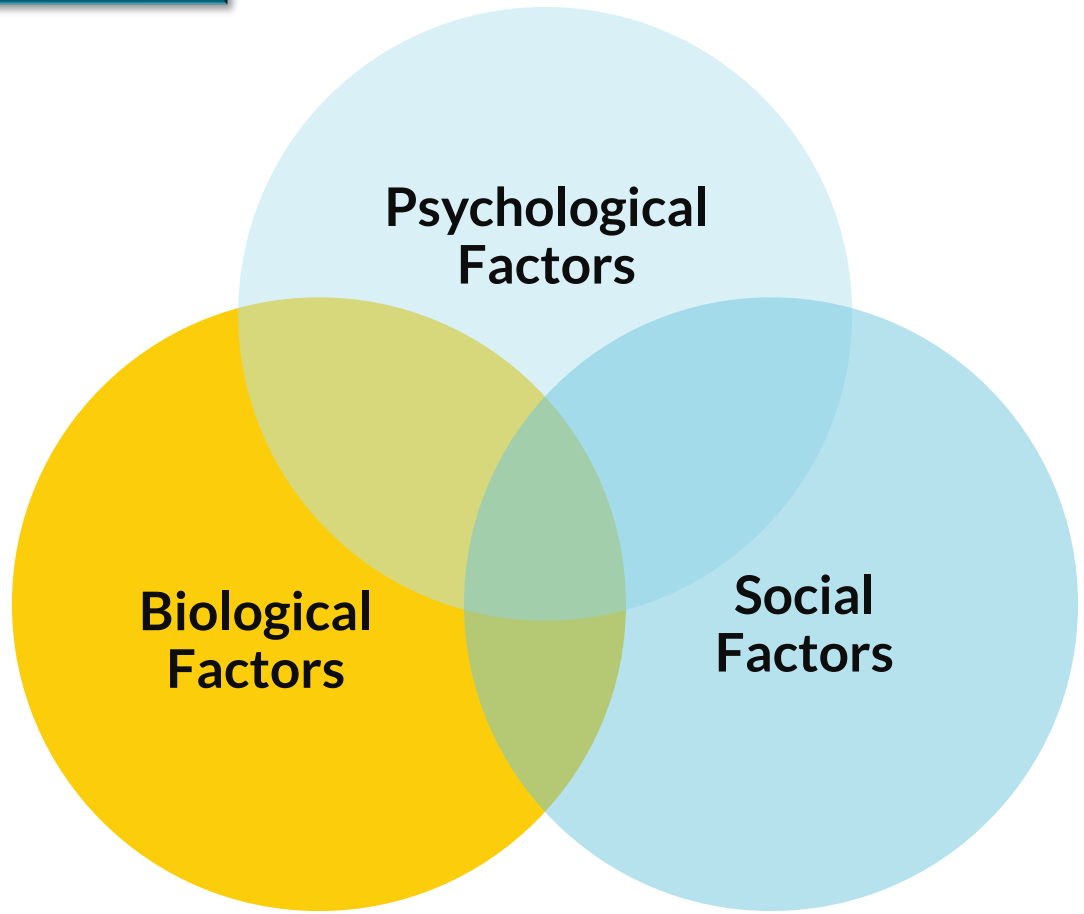
635

Billion in Expenses
& Lost Productivity

Nearly 20 million Americans have pain that prevents life activities and work.

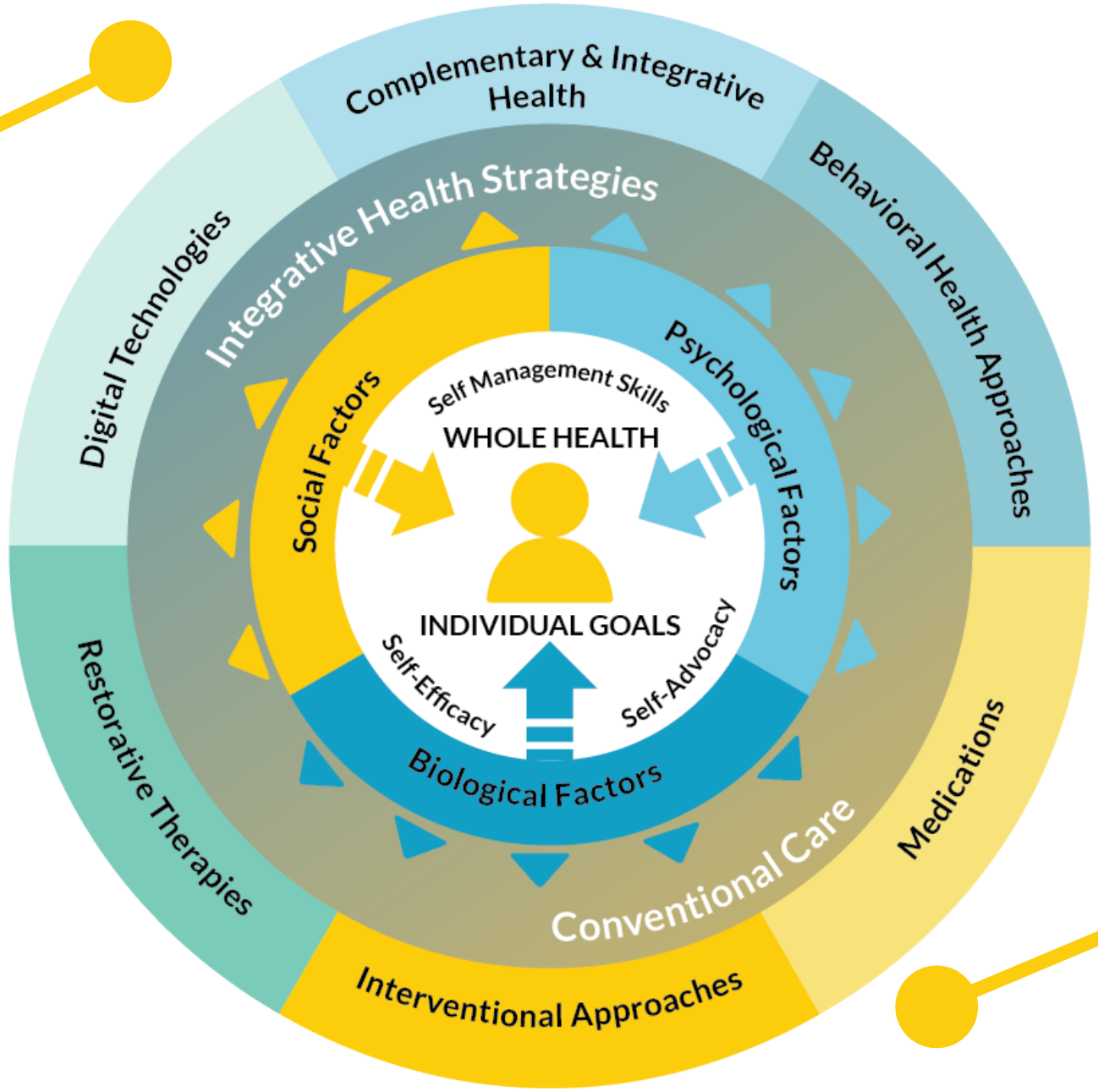
CONSENSUS

- The **BioPsychoSocial Model** is foundational to person-centered care and pain management.
- Individualized, evidence-based, integrative, multi-modal is the gold standard of care.
- Most clinical guidelines recommend non-pharmacological, low-risk treatments as first-line treatment for pain.



Whole Person-Centered Pain Management

Cross-Cutting Factors
Trauma-Informed Care
Education
Risk Factors
Stigma
Access to Care



Alliance to Advance Comprehensive Integrative Pain Management

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CHALLENGES

With the Consensus, Why is Evidence-Based, Guideline-Concordant, Multimodal Care **Not Accessible** for Many People, Especially Those who are Underserved?

Misperceptions & Stigma

Lack of Public Awareness

Business Case Data Disagreement

Workforce Supply & Demand

Misaligned Financial Incentives

Integration & Cultural Incompatibilities

CONNECT THE DOTS

This session will discuss some of these barriers – and opportunities – from the provider, patient and payor levels.

We will identify potential action steps to increase integration of complementary and integrative approaches for the millions of people in need of quality pain care.

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Clinician and Patient Education to Enhance Non-Pharmacological Pain Care

Robert Alan Bonakdar, MD, FAAFP, FACN

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I. Clinician Educational Obstacles

- *Why start with trainee education to help incorporate EB pain care?*

Medical Trainees' Experiences of Treating People With Chronic Pain: A Lost Opportunity for Medical Education

  - *"opinions about patients with chronic pain become progressively negative over the course of medical training, leading to decline in empathy for them…*
  - *Trainees also recounted that their inability to cure chronic pain left them confused*
  - *Preceptors seemed to view these patients as having little educational value."*

- → Problematic constructs related to chronic pain often start in training and are perpetuated into practice…

1. Rice K, Ryu JE, Whitehead C, Katz J, Webster F. Medical Trainees' Experiences of Treating People With Chronic Pain. Academic Medicine. 2018;93(5):775-780. doi:10.1097/acm.0000000000002053

Clinicians Educational Solutions

Implementing an Interactive Introduction to Complementary Medicine for Chronic Pain Management Into the Medical School Curriculum

Uttara Gadde,[1,*] Pravin Matthew,[1] Raagni Kumar,[1] Rashi Aggarwal, MD,[2] Michelle Dalla Piazza, MD,[3] and Sangeeta Lamba, MD, MSHPE[4]

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Supplementary Materials

A. CAM Lecture.pptx

B. Student Perspective Script.docx

C. Facilitator Guide.docx

D. Presession Survey.docx

E. PostSession Survey.docx

Optimized Pain Education

- Starts early with student input
- Interprofessional
- Longitudinal
- Incorporation of integrative care
- Buy-in from institution
- Accessible
- *? How do these students' views and practices differ long-term?*

Gadde U, Matthew P, Kumar R, Aggarwal R, Piazza MD, Lamba S. Implementing an Interactive Introduction to Complementary Medicine for Chronic Pain Management Into the Medical School Curriculum. MedEdPORTAL. 2020 Dec 29;16:11056. doi: 10.15766/mep_2374-8265.11056. PMID: 33409356; PMCID: PMC7780745.

II. Patient Educational Obstacles

- *Why educate patients on EB nonpharmacological modalities (NPM)?*

Barriers and facilitators to use of non-pharmacological treatments in chronic pain

Key Educational Obstacles	*Conclusions*
Not sure what NPM entails or rationale	Need for advertising campaigns – perhaps using social media.
Not sure what NPMs are available	A broad-based promotion of the multimodal treatment paradigm, reflecting an institutional belief in and commitment … may help support culture change
Skepticism about efficacy of NPMs	
Poor understanding of pain	
Fear that treatment will fail, cause injury	
NPMs not advertised on TV	

Becker WC, Dorflinger L, Edmond SN, Islam L, Heapy AA, Fraenkel L. Barriers and facilitators to use of non-pharmacological treatments in chronic pain. BMC Family Practice. 2017;18(1). doi:10.1186/s12875-017-0608-2

Patient Educational Solutions – In Clinic

How Patient Education Influences Utilization of Nonpharmacological Modalities for Persistent Pain Management: An Integrative Review

- Education, including nurse led efforts, show benefit. Examples:
  - VA "Pain Education School" 12-week program overviewing 23 treatments :↑use NPM
  - 1 hour arthritis pain education class ↑use NPM; ↓ pain
  - 30 min group session on NPM in rural setting ↑use NPM; ↓ pain

Andrews-Cooper IN, Kozachik SL. How patient education influences utilization of nonpharmacological modalities for persistent pain management: an integrative review. Pain Management Nursing. 2020 Apr 1;21(2):157-64.

Cosio D, Lin EH. Effects of a pain education program in Complementary and Alternative Medicine treatment utilization at a VA medical center. Complementary Therapies in Medicine. 2015;23(3):413-422. doi:10.1016/j.ctim.2015.04.005

Fouladbakhsh JM, Szczesny S, Jenuwine ES, Vallerand AH. Nondrug Therapies for Pain Management Among Rural Older Adults. Pain Management Nursing. 2011;12(2):70-81. doi:10.1016/j.pmn.2010.08.005

Parlar S, Fadiloglu C, Argon G, Tokem Y, Keser G. The Effects of Self–Pain Management on the Intensity of Pain and Pain Management Methods in Arthritic Patients. Pain Management Nursing. 2013;14(3):133-142. doi:10.1016/j.pmn.2010.08.002

Patient Education Novel Solutions – Non-U.S.

TV/Radio 1990's-2000's (Cost):

- ***Back Pain: Don't Take It Lying Down*** - Australian *($10 mil)*
- ***Working Backs*** Scotland (NA)
- ***Active Back*** *Norway ($530K)*
- *Findings: Significant and sustained shift in perception & use of self-care for back pain.*
- *Selected reductions in testing, work comp. & absenteeism*

NHS Social Media: YouTube, 2014

Using social media to challenge unwarranted clinical variation in the treatment of chronic noncancer pain: the "Brainman" story

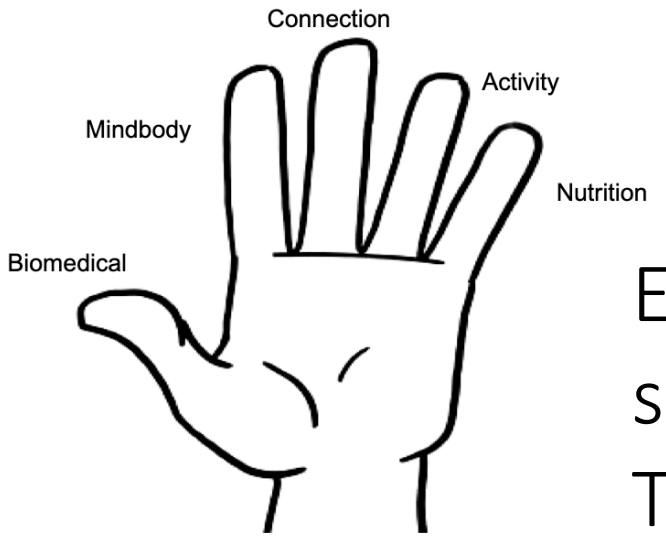


Figure 3 Whole-person approach Version 2.

Emphasized self-care
Translated into 15 languages

Buchbinder R. Self-management education en masse: effectiveness of the Back Pain: Don't Take It Lying Down mass media campaign. Medical Journal of Australia. 2008;189(S10).
White, Ruth, et al. "Using social media to challenge unwarranted clinical variation in the treatment of chronic noncancer pain: the "Brainman" story." *Journal of Pain Research* 9 (2016): 701.

Patient Educational Novel Solutions – U.S.

OPG

OregonPainGuidance.org

Pain Education TOOLKIT — A Toolkit for a Better Life

Welcome to the Pain Education Toolkit. This toolkit provides pain management education for patients about how they can improve their health and better manage their pain. Choose a topic to access these tools to help with pain.

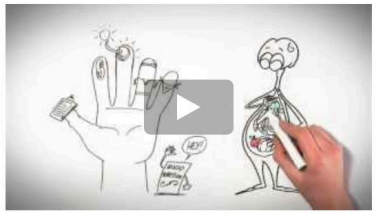
Videos

Watch videos from KOBI-TV, Physicians for Responsible Opioid Prescribing, and others about dealing with patients who use opioids.

Animations about Chronic Pain and Opioids

Chronic Pain - Tame the Beast

Professor Lorimer Moseley explains what chronic pain is and how you can retrain your pain system and tame the beast. (5 minutes)



Chronic Pain Explained in 2.5 minutes

The team from Hunter Integrated Pain Service, University of South Australia, University of Washington and Hunter Medicare Local have released a follow-up shorter video after their popular "Pain Explained in 5 Minutes" video. (2.5 minutes)

Increased Use of Complementary and Alternative Therapies for Back Pain Following Statewide Medicaid Coverage Changes in Oregon

Related to multiple factors: coverage, education…

Choo EK, Charlesworth CJ, Gu Y, Livingston CJ, McConnell KJ. Increased use of complementary and alternative therapies for back pain following statewide Medicaid coverage changes in Oregon. Journal of general internal medicine. 2021 Mar;36(3):676-82.

Conclusions: Education to Enhance NPM

- While evidence is crucial for establishing therapy recommendations,
- **Early clinician education** is key to enhance consideration of NPM
- **Novel patient education** is an overlooked agent for
  - Overcoming barriers to use of NPM
  - Initiating and Enhancing pain relief

*Most Urgent N*eeds:

- Scalable medical education curricula
- National educational campaign
- Adequate funding and use of emerging platforms

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Medical Director
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HOW WELL DO WE FOLLOW THE GUIDELINES?

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ASSISTANT PROFESSOR OF MEDICINE
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CASE STUDY: LOW BACK PAIN

Low back pain (LBP) is a leading cause of disability and health care costs in the United States (*I know – I suffer from it*)

Meta-analysis of randomized clinical trials testing LBP treatments found that nonpharmacologic treatments were similarly effective to pharmacologic approaches, and had fewer known side effects

In 2017, the American College of Physicians (ACP) published a new guideline for the treatment of acute, subacute, and chronic LBP

ACP GUIDELINES

Recommendation 1:

- *Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)*

Recommendation 2:

- *For patients with chronic low back pain, **clinicians and patients should initially select** nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)*

Qaseem A *et al*. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med. 2017 Apr 4;166(7):514-530.

DO WE FOLLOW THE GUIDELINES?

The timing of referrals to nonpharmacologic treatment remains unclear.

Are acupuncture, massage, and spinal manipulation being used as first-line therapy for acute LBP, before over-the-counter medications, as the ACP guideline recommends?

PCP knowledge of and attitudes toward nonpharmacologic treatments for LBP can facilitate or impede their adoption

STUDY

PCPs were interviewed about their familiarity with the ACP guideline, and how they initially manage patients with acute/subacute and chronic LBP

Convenience sample of 72 PCPs from 3 community-based outpatient clinics in high- or low-income neighborhoods

Roseen EJ, Conyers FG, Atlas SJ, Mehta DH. Initial Management of Acute and Chronic Low Back Pain: Responses from Brief Interviews of Primary Care Providers. *J Altern Complement Med*. 2021;27(S1):S106-S114.


Boston
Back Bay
Brookline
Jamaica Plain
Roxbury

WHAT DID WE FIND?

- Of 72 participating PCPs (50% male; mean years of practice = 13.8), over three-fourths indicated being familiar with the ACP guideline (76%–87% at 3 clinics).
- For acute LBP, PCPs typically provided advice to stay active (81%) and pharmacologic management (97%; primarily nonsteroidal anti-inflammatory drugs).
- For chronic LBP, PCPs were more likely to recommend nonpharmacologic treatments than for acute LBP (85% vs. 0%, $p < 0.001$).
- The most common nonpharmacologic treatments recommended for chronic LBP were physical therapy (78%), chiropractic care (21%), massage therapy (18%), and acupuncture (17%) ($p < 0.001$).
- The cost of nonpharmacologic treatments was perceived as a barrier.
- PCPs working in low-income neighborhood clinics were as likely to recommend nonpharmacologic approaches as those from a high-income neighborhood clinic.

FINDINGS

PCPs do know about the ACP guidelines – surprising finding!

None indicated that they would initially refer patients with acute LBP for nonpharmacologic therapy, a core recommendation of the ACP guideline

Nonpharmacologic approaches were commonly recommended for chronic LBP (because of PT recommendation)

Less than a quarter of PCPs recommended acupuncture, chiropractic care, or massage for chronic LBP.

About half were not comfortable referring to nonpharmacologic treatment, sharing perceived barriers (e.g., lack of evidence, high cost to patient). Although we expected that PCPs in low-income neighborhood clinics would refer more to nonpharmacologic approaches, despite lack of availability

Roseen EJ, Conyers FG, Atlas SJ, Mehta DH. Initial Management of Acute and Chronic Low Back Pain: Responses from Brief Interviews of Primary Care Providers. *J Altern Complement Med*. 2021;27(S1):S106-S114.

IMPLICATIONS

- Conversations PCPs typically have with patients or medical trainees are often brief
- Analyzing actual conversations between PCPs and patients with LBP, combined with medical claims data, would ultimately be needed to better understand early management of acute and chronic LBP.
- WHAT DOES IT TRULY TAKE TO CHANGE CULTURE?

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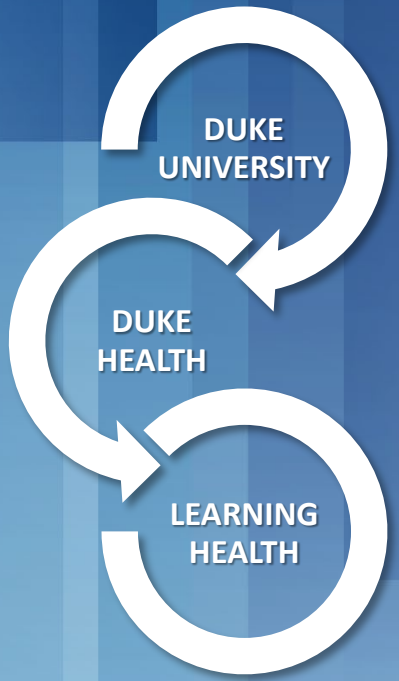
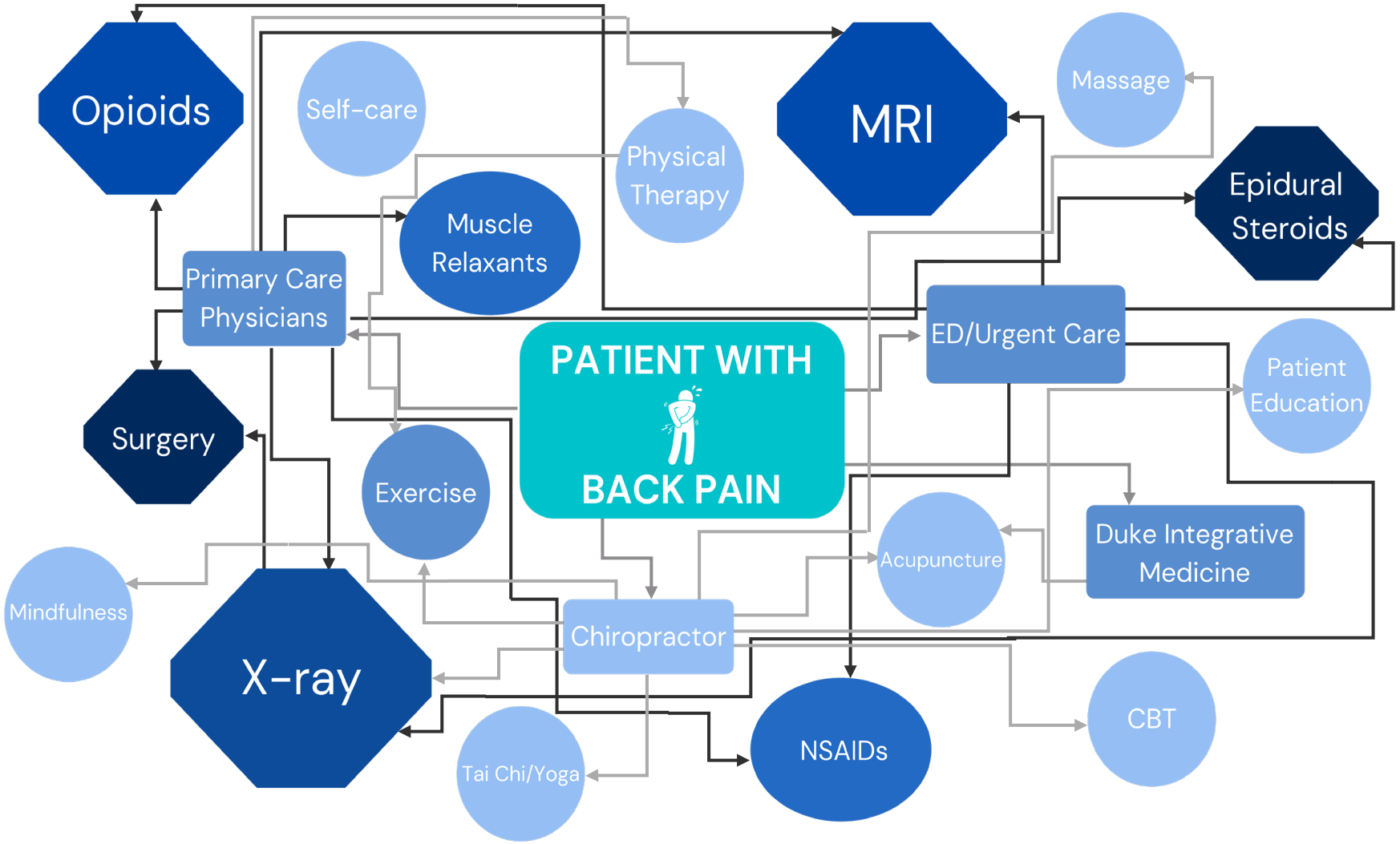
Overcoming Obstacles on the Path to Integrative Pain Management

Christine Goertz, DC, PhD

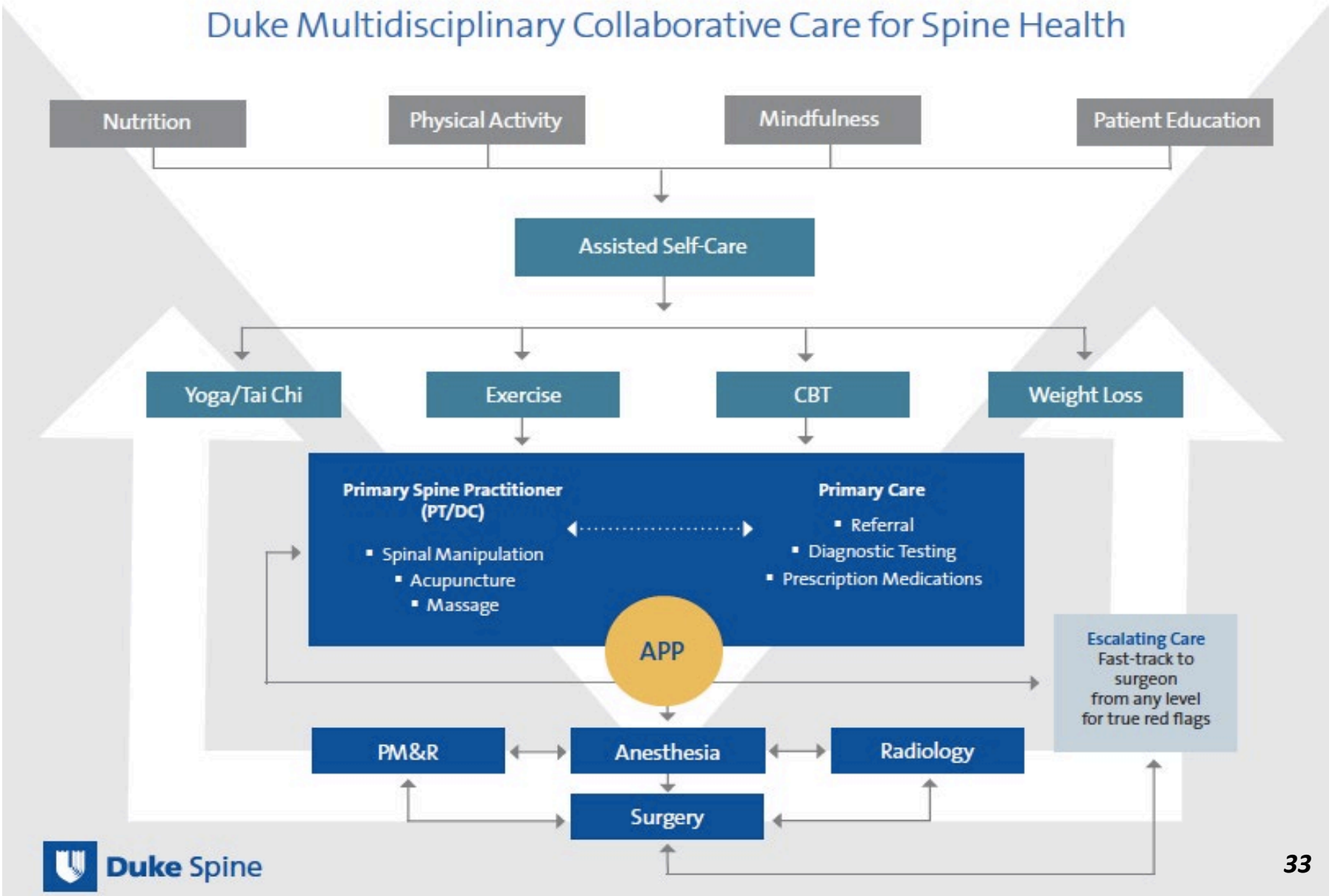
DukeHealth

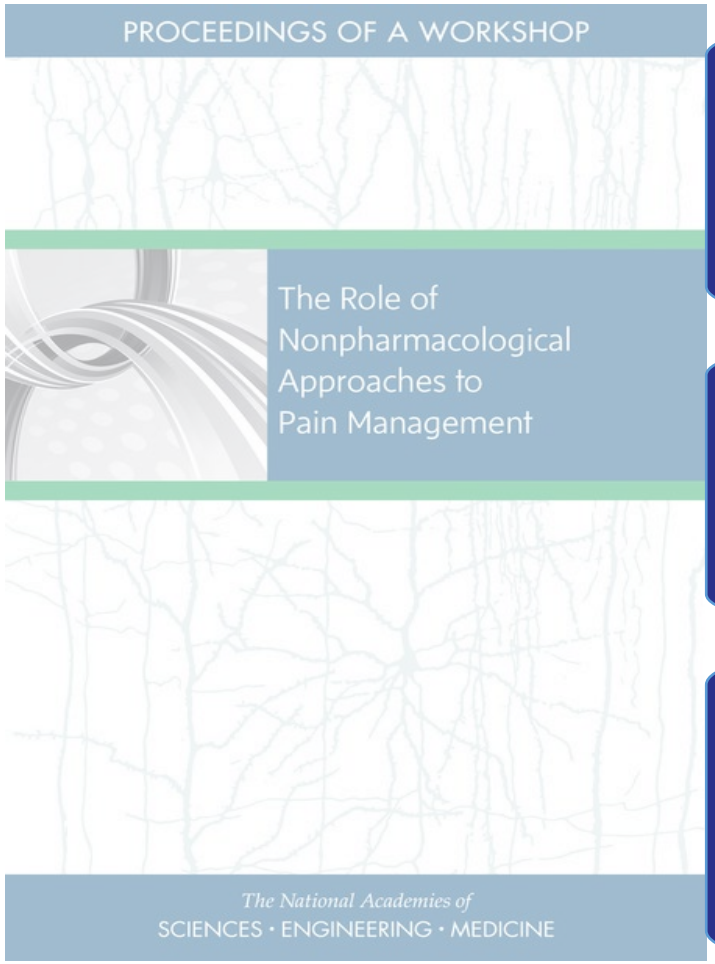


How Do We Achieve Patient-Centered Outcomes?



By Using Patient-Centered Processes





Delivering more effective pain care through the expanded use of nonpharmacological therapies **will require policy changes that promote awareness, acceptance, availability, accessibility, and affordability** (Saper).

Flexible policies are needed that allow providers to deliver the right treatments to the right people, and that equip people to self-manage their pain as much as possible…….. (Darnall)

To change the culture of pain management, educational programs should target not only providers, but patients and payers as well (Bonakdar, Cowan, Darnall).

Reimbursement reform is needed to address the discordance between evidence-based practices and payment structures, ensure providers have adequate time for a complete pain assessment, and **enable clinicians rather than payers to determine optimal treatment approaches** (Carr, Cowan, Herman).

National Academies of Sciences, Engineering, and Medicine. 2019. *The Role of Nonpharmacological Approaches to Pain Management: Proceedings of a Workshop*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25406.

https://www.nap.edu/catalog/25406/the-role-of-nonpharmacological-approaches-to-pain-management-proceedings-of

https://www.nap.edu/read/25406/chapter/9#78

Facilitating Implementation of patient-centered care

Payment Reform

- Broader implementation of value-based care delivery models by private payers and purchasers
- Government regulations that align payment policy with best practices

Health Systems Change

- True patient-centered approach to care
- Patient and provider education on best practices
- Emphasize multi-disciplinary teams
- Develop tools that facilitate implementation
- Widespread, consistent PRO data collection

Real-World Research

- Pragmatic clinical trials/collaboratories
- Big data
- Implementation science
- Open access
- Patient-centered research
- Whole health

THANK YOU!

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Practical Examples of Approaching Care Barriers

May 24, 2022

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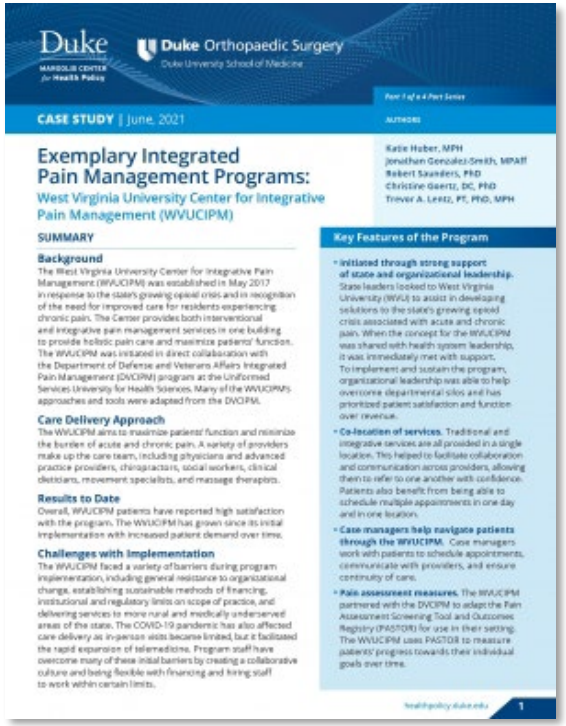
Case Study Examples

- West Virginia University's Center for Integrated Pain Management
- People's Community Clinic Integrative Pain Management Program (Austin, TX)
- University of Vermont Medical Center's Comprehensive Pain Program/BCBS VT
- University of New Mexico's Pain Center



Duke Orthopaedic Surgery
Duke University School of Medicine

Duke | MARGOLIS CENTER for Health Policy

Strategies to Overcome Key Challenges

- Need for upfront capital to start programs
  - Grant funding
  - Seed funding from institution
  - Foundation funding; donations

- Need for organizational change
  - Administrative AND clinical champions
  - Requires buy-in from leadership
  - Develop sense of community among providers

Strategies to Overcome Key Challenges

- Challenges with billing and reimbursement for some services
  - Bundled payment model
  - Subsidize unreimbursed services with reimbursed ones (e.g. linked visits)
  - Group visits and/or virtual services to improve access

- Demonstrating return on investment
  - Initial goal of breaking even
  - Demonstrate non-financial benefits (↑ satisfaction, ↓burnout)
  - Project downstream savings (↓ ED visits, ↓ surgeries/opioid use)

How do we translate information to action?

What else do we need?

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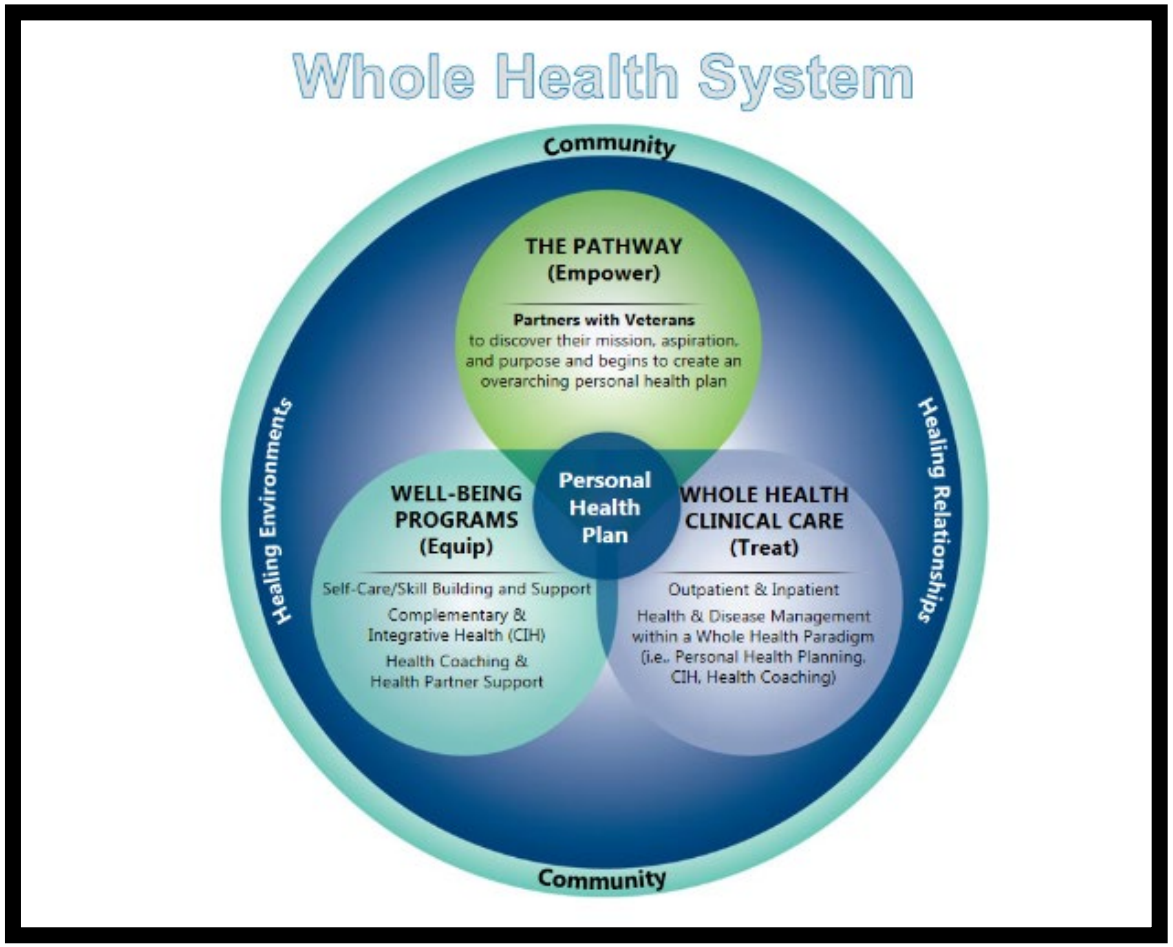
Executive Medical Director
Office of Patient Centered Care & Cultural Transformation

Veterans Health Administration

Washington, DC



Whole Health
is an approach
to health care that
empowers and **equips**
people to take charge
of their health and well-being,
and live their life to the fullest.

Moving from "What's the Matter with You?" to "What Matters to You?"

Strategy 2.1.4:Emphasizing Veterans' And Their Families' Whole Health & Wellness

- VA will significantly improve Veteran health outcomes by shifting from a system primarily focused on disease management to one that is based on partnering with Veterans throughout their lives and focused on Whole Health. VA will provide *personalized, proactive, patient* driven health care to empower and equip Veterans to take charge of their health, well-being, and to adopt healthy living practices that deter or defer preventable health conditions.

- A Whole Health system focuses not only on treatment but also on self-empowerment, self-healing, self-care, and improvements in the social determinants of health.

- How will we know we have arrived? Veterans have a good quality of life, defined by presence of positive emotions in daily activities, participation in society, satisfying relationships, and overall life satisfaction.

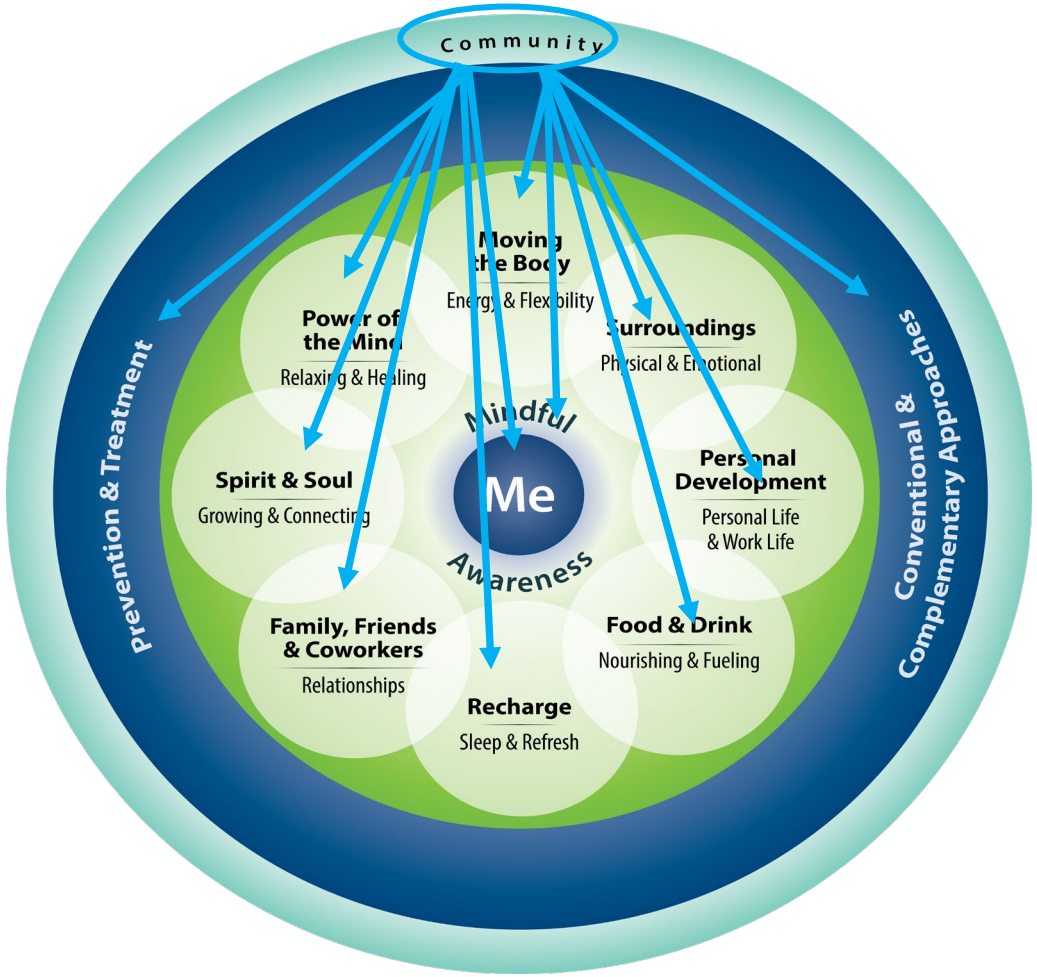
WHAT DOES IT TAKE TO TRANSFORM PRIMARY CARE AND MENTAL HEALTH?

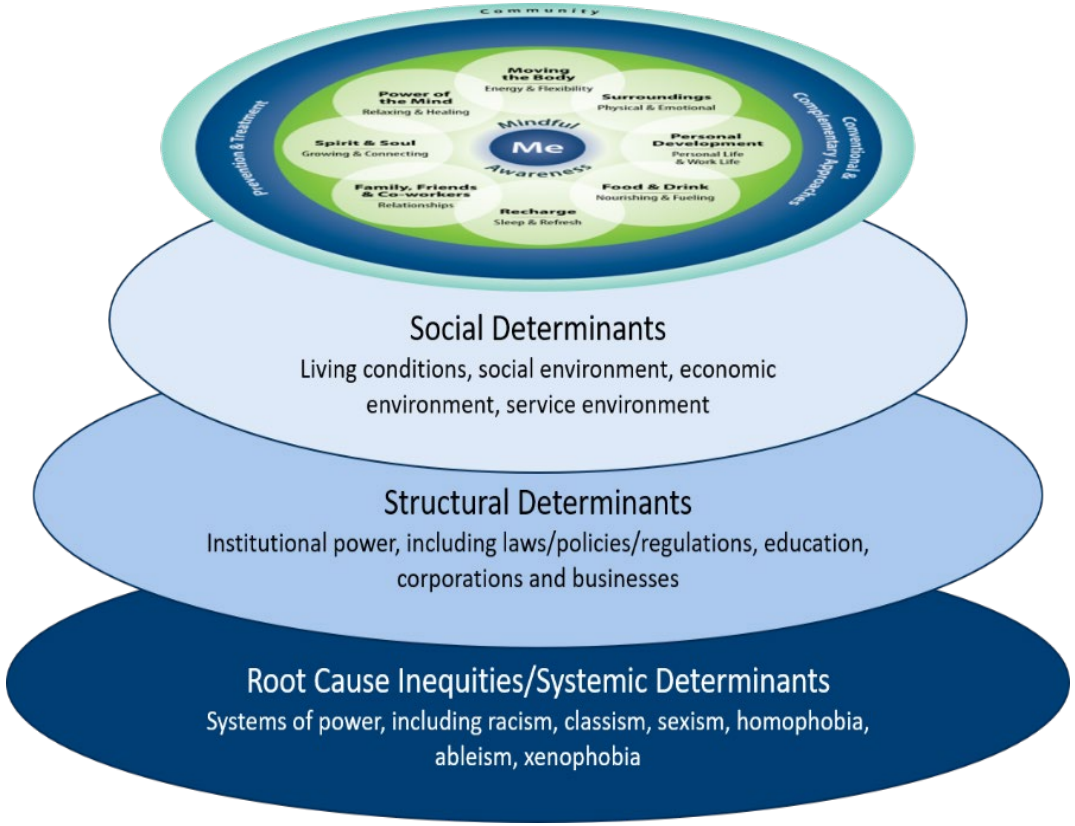
- Asking the questions!
  - What's most important to you in your life right now?
  - What's one thing you could do right now to help get there?

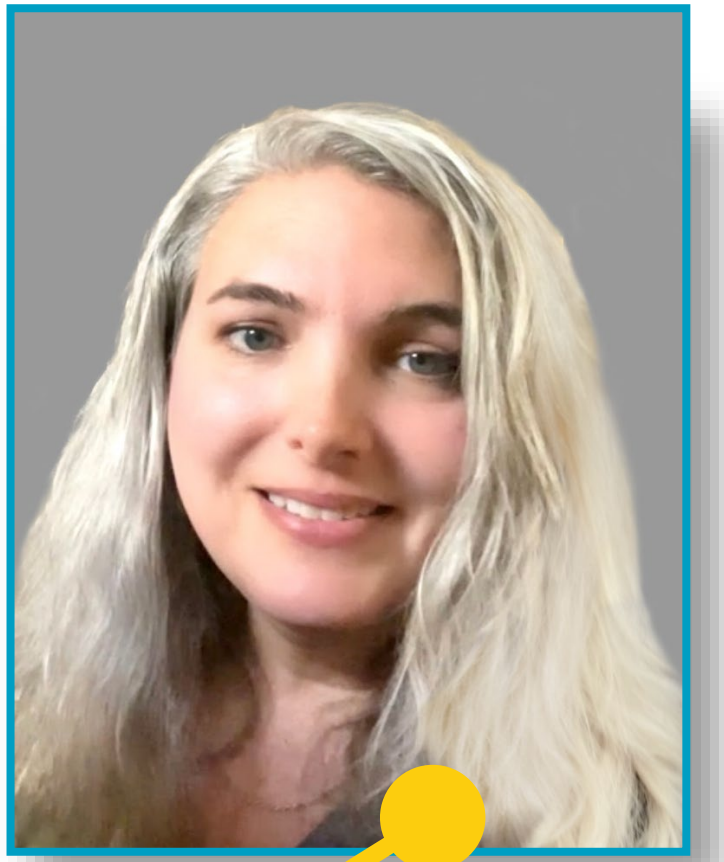
ESSENTIAL PROGRAMS VS. CORE VALUES

- PROGRAMS/SERVICES:
  - Primary care
  - Homeless services
  - Women's Health'
  - Rehabilitation services
  - Whole Health coaching
  - Mental Health
  - Acupuncture
- CORE VALUES:
  - Access
  - High Reliability
  - Equity
  - Whole Health
  - Safety
  - Quality

WHAT KEEPS ME UP AT NIGHT:
WHOLE HEALTH AND STRUCTURAL DETERMINANTS OF HEALTH







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Integrating Integrative Healthcare Benefits

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Medical Director, Health Services

2022 International Congress on
Integrative Medicine and Health
May 23-26, 2022 | Phoenix, Arizona, USA
Academic Consortium for Integrative Medicine and Health
Advancing Healthcare Together: Inclusive. Informed. Integrative.

American Specialty Health®

What is the Health Plan market asking for?

- Complementary Healthcare: **Patient-Centric** focus
  * Chiropractic *Therapeutic Massage *Nutrition
  * Acupuncture *MSK Coaching *Naturopathy
  * PT/OT/ST *Virtual Physical Therapy
- Predictable and positive:
  * Evidence-based cost management & health outcomes
- High Satisfaction: Patients, Practitioners, Plans
- Online & virtual
- Emphasizes patient-provider relationship
- Health equity and SDOH awareness
- High Performing Providers

Patient Clinical Outcomes and Satisfaction

Improved Clinical Outcomes

Was the ASH practitioner successful treating your primary condition?

	AGREE OR STRONGLY AGREE
Chiropractic	97%
Acupuncture	89%
PT/OT	92%
Massage Therapy	95%
Naturopathy	94%

High Patient Satisfaction

88%
ASH members rate their provider best-of-the-best

vs

79%
US population rate their provider best-of-the-best

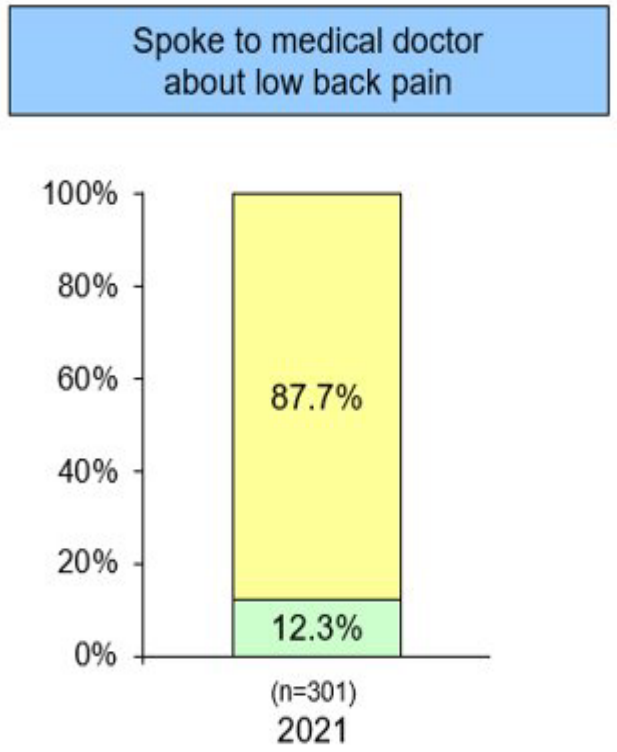
98%
Overall quality of care/services received

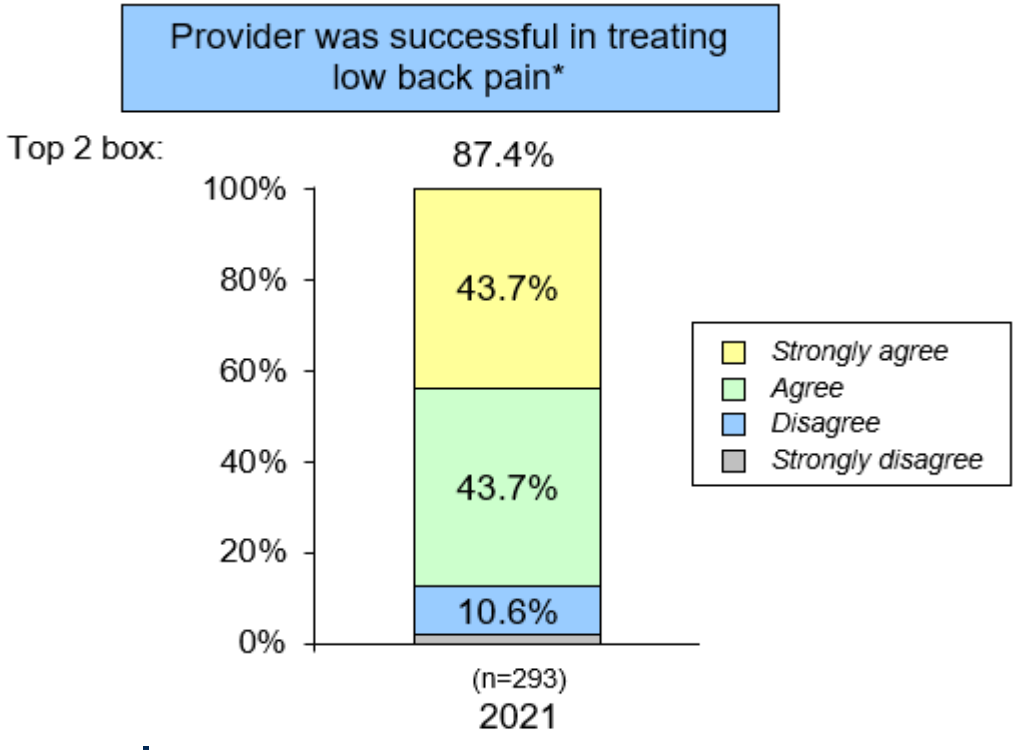
cahps® Surveys and Tools to Advance Patient-Centered Care

Data collected by NCQA certified: SPH Analytics

Acupuncture: Chronic Low Back Pain (cLBP)

2021 Outcomes Results





*Only asked among those who indicated that they received care from their acupuncture provider the last 6 months on Q1.

Pain Management Cognitive Behavioral Coaching

Clinical & Functional Outcomes

68%

Achieved Clinical and Functional Improvement

Participants with Moderate and Above disability at baseline

DEMONSTRATED IMPROVEMENT:
2-4 coaching sessions: 62.9%
5-6 coaching sessions: 72.0%
7+ coaching sessions: 71.0%

Participants who have completed our program

5.0
Avg. number of coaching sessions

101.6
Avg. number of days in the program

Completion rate of coach-assigned Action Items

71.8
Completion rate

21.2
Action items completed per participant

4.0
Additional resources completed on avg. by participants

*Disabled as measured with Oswestry Disability Index for low back pain.

Bjornaraa; *Pain Management Nursing*; 2021

Panelists' Discussion / Q&A

Christine Goertz, DC, PhD
Duke University
Durham, NC

Nicole Golding, MD, FAAPMR, CHCQM
American Specialty Health
San Diego, CA

Benjamin Kligler, MD, MPH
Veterans Health Administration
Mount Sinai Beth Israel Integrative Medicine
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Massachusetts General Hospital
Boston, MA

https://painmanagementalliance.org/acimh-congress/

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Scroll to bottom of the webpage to find “References and Resources”