

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



PAIN DAY

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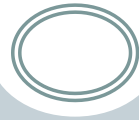
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Financial Disclosure



- We have no significant relevant financial interests or other relationships with manufacturers of any pharmaceutical product or medical device.

Objectives



- Describe Integrative Pain Management Program (IPMP)
- Share tools for chronic pain management for use in primary care (PC)
- Discuss results, lessons learned, & keys to success

Integrative Pain Management Program



- **Problem**

- PC clinics have limited access to multimodal pain treatments to improve patients' pain/function & minimize reliance on opioid analgesics

- **Vision**

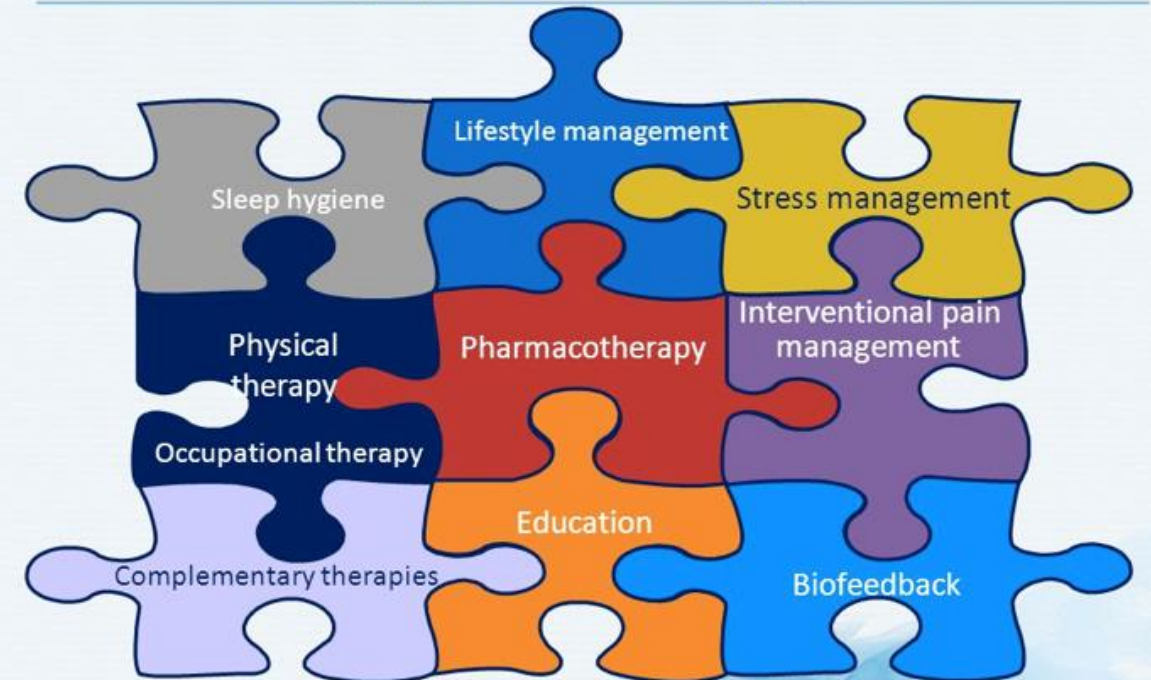
- Every PC patient in the San Francisco Department of Public Health (SFDPH) has access to non-medication treatments for chronic pain; there is a community of patients with chronic pain who support one another

Integrative Pain Management Program

- **Program**

- Non-medication treatments (physical, behavioral, & integrative services) & education for patients living with chronic pain offered in PC setting (Tom Waddell Urban Health Clinic)
- PC provider/team continues chronic pain medication management & referrals for specialty care

Multimodal Treatment of Pain Based on Biopsychosocial Approach



Gatchel RJ et al. Psychol Bull 2007; 133(4):581-624; Institute of Medicine. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research; National Academies Press; Washington, DC: 2011; Mayo Foundation for Medical Education and Research. Comprehensive Pain Rehabilitation Center Program Guide. Mayo Clinic; Rochester, MN: 2006.

Integrative Pain Management Program



TWUHC
8/2016

These are the different ways we treat chronic pain...

Medicines

- Over-the-counter meds (e.g. Ibuprofen, Tylenol)
- Nerve pain medicines (e.g. gabapentin)
- Anesthetics/numbing medicine (e.g. lidocaine patch)
- Muscle relaxants
- Topicals (e.g. Capsacin)
- Opioids (e.g. morphine)
- Buprenorphine
- Naloxone



Physical treatment

- Exercise
- Stretching
- Pacing
- Heat or Ice
- Physical therapy/physiatry
- Trigger point injections
- Joint injections and/or spine injections
- Surgery



Integrative Treatments

- Acupuncture
- Mindfulness & meditation
- Yoga
- Tai chi
- Qi Gong
- Massage
- Manual Medicine
- Anti-inflammatory diets & herbs
- Supplements
- Guided imagery



Thoughts, feelings, and activities

- Pain group
- Counseling/therapy
- Deep Breathing
- Visualization & meditation
- Good sleep habits
- Gardening, being outdoors, doing things you enjoy etc.
- Community events, spending time with friends/family etc.



Other: Anything else not mentioned?

Which of these are you doing? Which can you try?

Integrative Pain Management Program



- **Goals**
 - Improve patients' functional status & quality of life
 - Reduce risks of chronic opioid therapy
 - Improve staff & patient experience with pain management

IPMP Description



- **Group-based services - 16-week “home group”**
 - Mindfulness
 - Cognitive Behavior Therapy (CBT)
 - Education about neurobiology of pain & medication safety
 - Physical Movement
 - Support & Community
- **Individual sessions**
 - Acupuncture (group/individual)
 - Massage Therapy
 - Pharmacy Education
 - Health Coaching

IPMP Description

Team

DPH

- Program coordinator
- In kind:
 - Lead physician
 - Health educator
 - Medical Assistant
 - Physician acupuncturist
 - Pharmacist

Contract

- Acupuncturists
- Massage therapists
- Movement instructor
- Mindfulness instructor

Students/volunteers

- Health coaches
- Assistants

Funding

DPH general fund

SF Health Plan quality improvement incentives

Community Partnership Award with UCSF Osher Center



2015

Preparation & Input

2016

Pilot:
Cohorts 1-3

Graduate's Group



2017

Expansion:
Cohorts 4-6

Patients not on
opioids, 2nd
Clinic, & CBT



Gentle Movement Poses to do at Home

Only do poses that feel safe for you. In all poses, remember to sit up tall, engage belly muscles, and reach head up and tail down! And breathe.

Reach arms up above, be gentle with the shoulders, imagine you are picking fruit, you can do this sitting or standing:



Side stretch - Reach arm up and then over head, breathe into the side ribs, then do other side, you can do this sitting or standing:



Shoulder circles - stretch shoulders forward, up, back, down:



Press hands firmly against each other in front of the heart, fingertips pointing up:



Neck stretch - Reach ear to shoulder, stretch neck, can add in hands for extra stretch, then do other side:



Neck stretch: Reach chin down toward chest, then reach chin to ceiling:



Lower back stretch - Reach chest forward, shoulders back, then pull belly button back, head and shoulders forward:



Spinal twist - Bring hand to opposite knee, sit up tall, pull against knee to twist to the side, then do other side:



Reach leg out in front, pull toes toward you, then point toes away, then do slow ankle circles:



Forward fold - Stand in front of chair seat, knees can be bent or straight, rest hands on chair seat, reach tail to the ceiling, keep belly strong:



Spinal stretch - Stand behind chair, put hands on chair back (or dresser), walk feet away from chair, reach hips back away from chair (be careful not to tip chair over), feel stretch in back:



Hip circles - Stand tall, bend knees a little, reach hips forward, right, back, left in a circle, then go the other way:



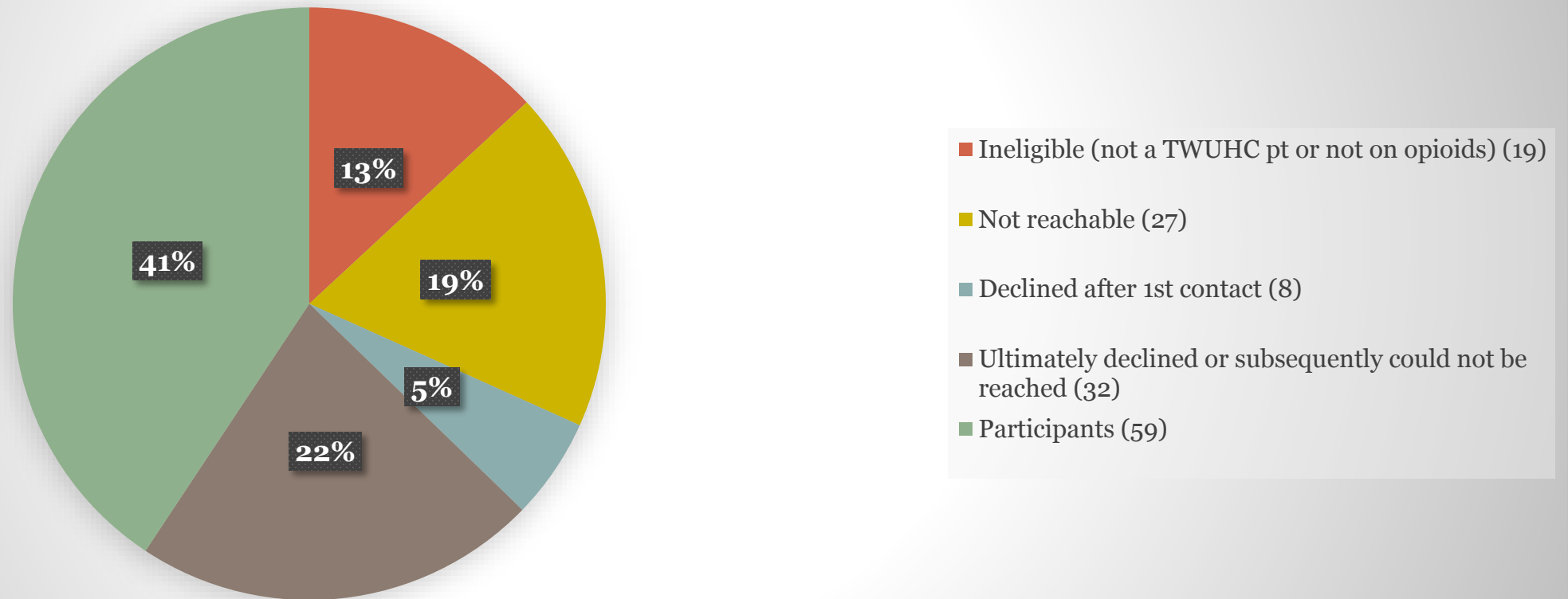
Tree balance pose - Stand next to chair for support, put weight in one leg, rest heel of other leg on standing leg ankle (kickstand), engage belly, try to stand tall:



IPMP Referrals in 2016 (C1-3)



Patient referrals to IPMP (n=145) (all primary care providers referred at least 1 patient)



C1-3=Cohorts 1-3

IPMP Attendance in 2016 (C1-3)



- 65% of patients attended > 75% of Home Group sessions
- Weekly Home Group participation (average attendance per wk)
 - Cohort 1: 13
 - Cohort 2: 9-10
 - Cohort 3: 7-8
- Majority of participants attended at least one of each type of other session

IPMP Participant Experience in 2016 (C1-3)

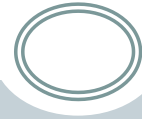


- Satisfaction Rates on Survey: Scale of 1 (completely unsatisfied) to 4 (completely satisfied).

Program element	Cohort 1	Cohort 2	Cohort 3	Average
Home group	3.7	4.0	4.0	3.9
Massage	3.3	4.0	3.8	3.7
Acupuncture 1 on 1	3.8	3.7	4.0	3.8
Acupuncture group	3.7	3.3	4.0	3.7
Phys movement	3.9	3.8	3.7	3.8
Mindfulness and meditation	3.7	4.0	4.0	3.9
Nutrition and gardening	3.8			3.8
Nutrition ed home group	3.7		4.0	3.8
Med ed pain medications	3.8	3.6	4.0	3.8
Med ed Naloxone	4.0	3.7	4.0	3.9
Med ed Substance use disorders	3.8		4.0	3.9
Pharmacist meeting 1 on 1	4.0	4.0	4.0	4.0
Spirituality talk: home grp	3.5			3.5
Improving mood: Home grp	3.6	3.9		3.7
Interactions w/ health coaches	3.8	3.8	3.9	3.8
Completing surveys, interviews	3.5	3.7	3.9	3.7
Scheduling pain program services	3.7	3.8	3.8	3.8
Interactions w/ providers, clinicians in IPMP	3.9	3.9	4.0	3.9
Reminder calls	3.6	4.0	4.0	3.9
Overall experience with IPMP	3.9	4.0	4.0	4.0
Average rating for all program aspects	3.7	3.8	3.9	3.8



IPMP Participant Experience in 2016 (C1-3): Selected Quote



- **Meditation / Mindfulness Practices**

- “I practice the deep breathing every evening when I get home from a busy, sometimes frustrating day. The calming effect is so complete. The abdominal/core muscular focus while inhaling I use for low impact exercise to strengthen my core muscles to help my back.”

BREATHE

Breathing will help relax your nervous system and can help with stress and pain.

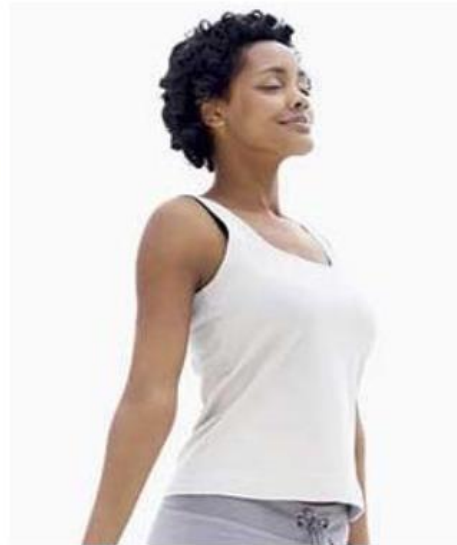
1. Close your eyes

**2. Exhale: let all the
air out**

3. Pause

4. Inhale Deeply

5. Repeat



(Front)

BREATHE.

Breathe out.

Pause.

Breathe in deeply.

Repeat.

Use this to help with times of stress or increased pain. This can help you relax.

(Back)

PAUSE.

Close your eyes and breathe deeply.

Notice your thoughts and feelings.

Pause.

As you breathe out, think: “let go” of all your thoughts and worries.

Say to yourself: “I am

_____”
(Write your own affirmation)

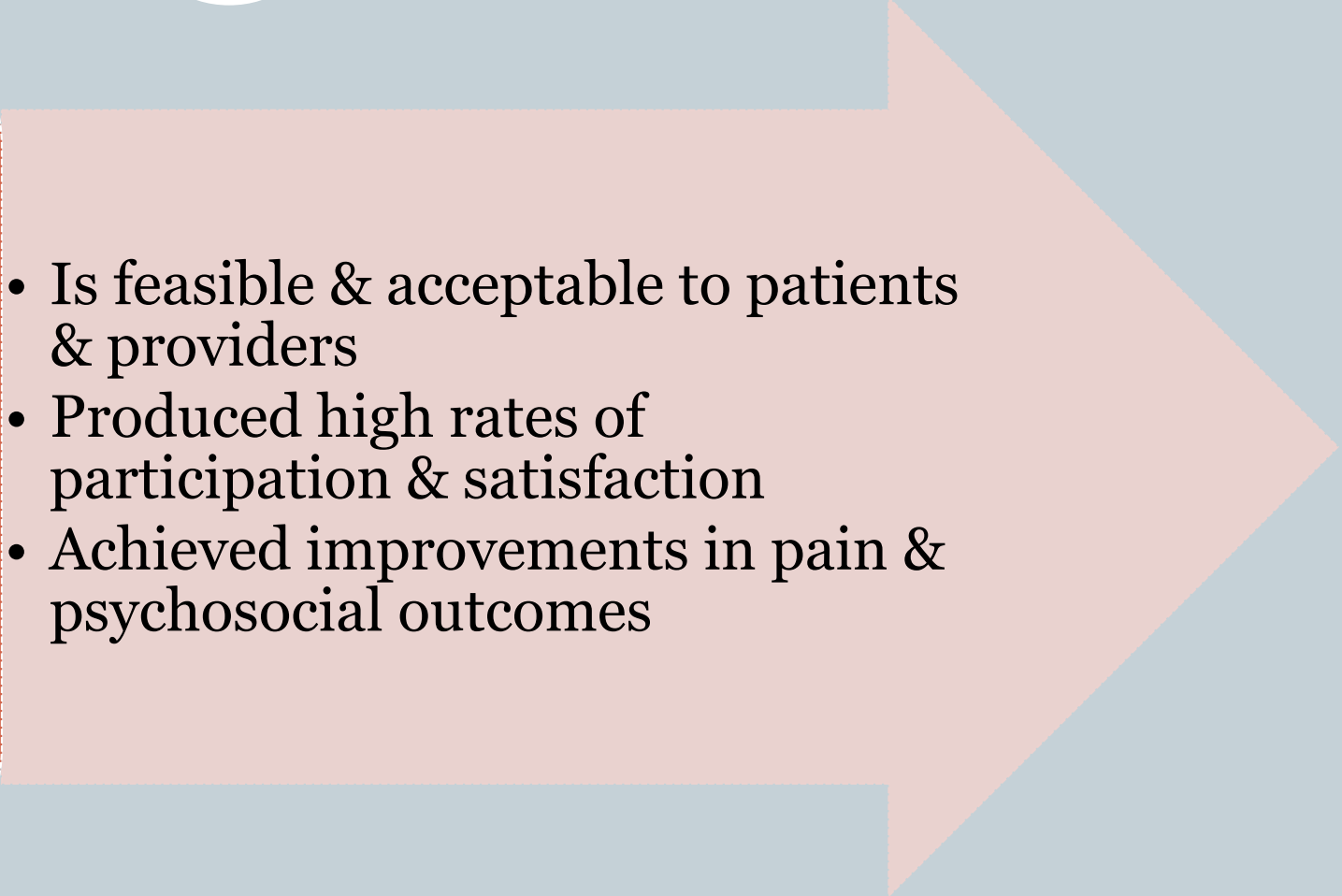


Preliminary research findings are available on request.

What We've Learned So Far



An Integrative Pain management program delivered within a safety-net PC clinic:

- Is feasible & acceptable to patients & providers
 - Produced high rates of participation & satisfaction
 - Achieved improvements in pain & psychosocial outcomes
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Remaining Areas of Evaluation



Explore whether level of program participation correlates with outcomes

Qualitative Interviews

- Code & review transcripts for themes

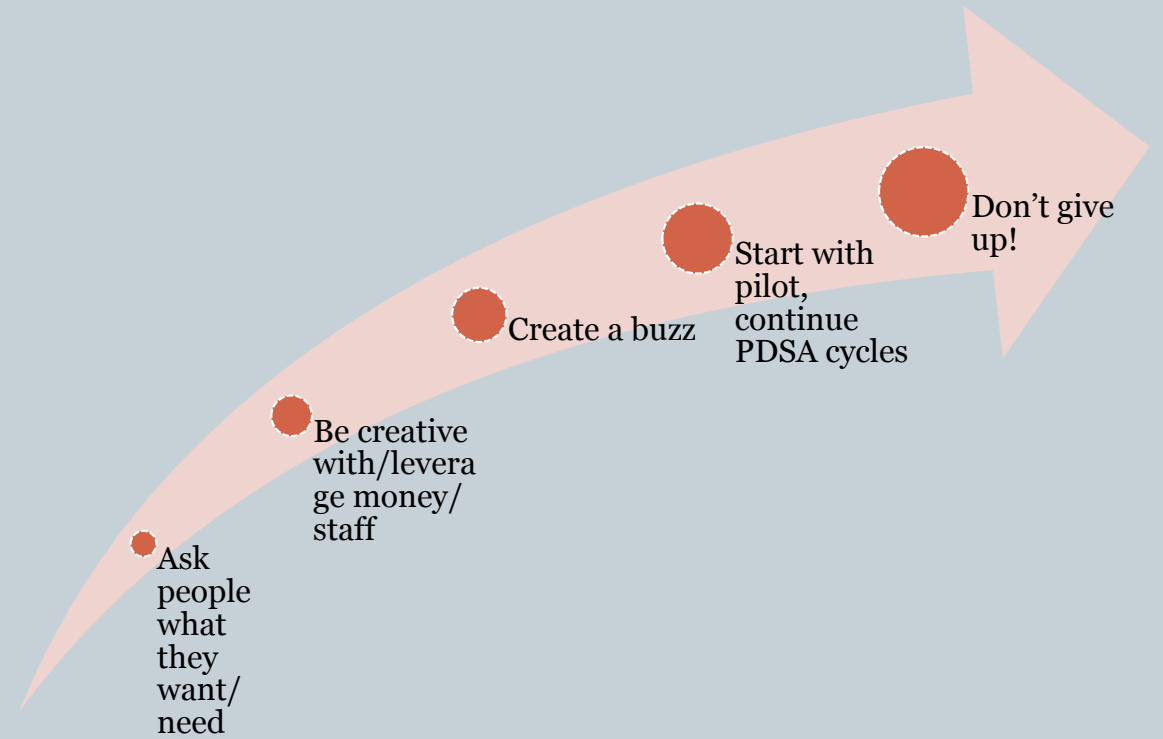
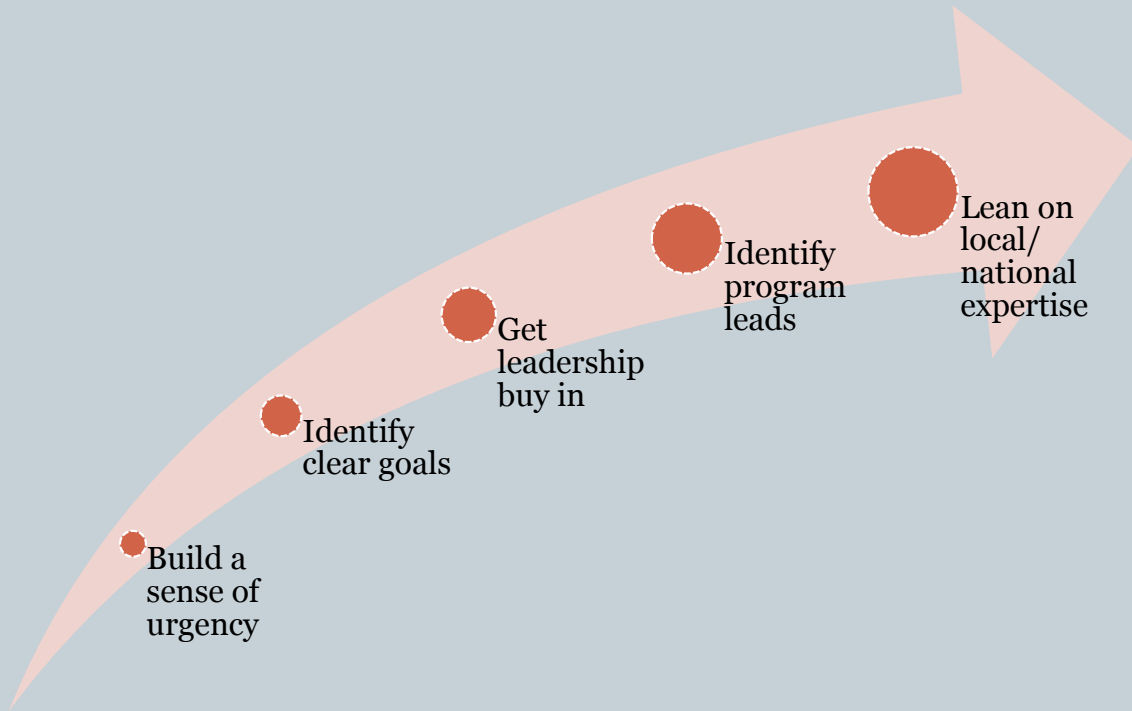
Chart Review

- Trends in Opioid Dose

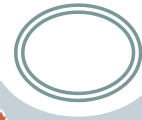
Possible Additional Areas

- Survey patients who declined to participate or dropped out, explore barriers to participation

Keys to Success



Scale Up/Sustainability Plans



Ongoing addition of clinics
to current program

Expansion to 2nd hub

Development of simplified
ongoing evaluation
measures

Ongoing funding

Thank you!



- To Emily Hurstak MD MPH & Maria Chao DrPH MPA for work on analysis & slide deck

Questions?



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IPMP Evaluation: Validated Pain & Function Scales



- **PROMIS scales**
 - PROMIS=Patient Reported Outcomes Measurement Information System
 - NIH-validated scales
 - Adjusted to US population (mean=50)
 - Pain intensity & interference
 - Anxiety, depression, fatigue, physical functioning, sleep, social satisfaction, & global health
- **Other validated scales:**
 - Pain catastrophizing scale
 - Fear avoidance beliefs questionnaire
 - Chronic pain self efficacy scale

Explanation of Other Scales



- **Pain Catastrophizing Scale:**
 - Measures pain experience (thoughts & feelings)
 - Subscales: rumination, magnification, & helplessness
 - Higher scores = more severe pain experience
- **Fear Avoidance Scale:**
 - Measures fear of pain & avoidance of physical activity
 - Higher score = greater fear & avoidant behavior
- **Pain Self Efficacy Scale:**
 - Assesses confidence in performing various daily activities while in pain
 - Higher scores = greater perceived confidence