Frontline Clinical Use of Evidence-based Integrative Medicine for Chronic Pain

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• Nothing to disclose.

Disclosures

Overview

• **Context:** The state of US chronic pain management – An unusual opportunity to rethink our approach?

• **The RELIEF study:** Patients bridging complementary and conventional care

• **The PPACT pragmatic clinical trial:** Addressing complex chronic pain on the frontlines of clinical care

• **Changing the Landscape:** Oregon’s experiment in payer-based incentives for shifting back pain services

• **Overall take-aways**
Context: The state of US chronic pain management – An unusual opportunity to rethink our approach?

The opioid crisis

Mortality by cause, white non-Hispanics ages 45–54

Increased poisonings driven by prescription drug overdose

Treating a Complex Chronic Condition as an Acute Medical Problem?
The “Bind” Primary Care Providers Often Find Themselves In...

NCOA, State Medical Boards, DEA opioid prescription mandates
Shifting marijuana laws & policies
Policies/guidelines
Changes in expectations
Brief visits
Complicated patients
Gaps in coordination with specialty care
Measurement and alert fatigue
Limited pain treatment options

Critical Role of Self-Care and Integrative Treatment Approaches in Chronic Pain Treatment

High prevalence and health care cost of chronic pain
High reliance on opioids for pain management (limited efficacy, safety/side effect/diversion concerns)

Primary care plays the central role in managing chronic pain
Opioid epidemic -> urgency and increased awareness of need for nonpharmacological interventions to manage chronic pain; opioid tapering; rapidly shifting “usual care”

Optimal management relies on supporting patient self-care (first line recommendation) and interdisciplinary/integrative treatment approaches.

But...health care systems not well organized to implement evidence-based behavioral interventions in primary care setting nor coordinate integrative health services

NCCAM -> NCCIH: What’s in a Name?

Integrative health - a holistic, patient-focused approach to health care and wellness. Most integrative health interventions are team-based, often bringing conventional and complementary approaches together in a coordinated way

NCCAM – National Center for Complementary and Alternative Medicine
NCCIH – National Center for Complementary and Integrative Health
Why is Self Care So Critical?

To manage pain, patients spend up to 8,765 hours caring for themselves in their day-to-day lives for every 1 hour spent with a healthcare provider.

It's about behavior change

How well patients manage pain depends much more on what they do than on what is done to them.

~ Wilbert E. Fordyce

What Patients Struggle with…

Typical pain management services often a maze to navigate…

Recommended self-care often means trying to tackle multiple behaviors simultaneously…

- Participate fully in programs, despite pain
- Eat food, not a lot, fruits & vegetables
- Get needed sleep (usually, 7-8 hours)
- Maintain an active exercise program
- Become or maintain a non-smoker
- Do short daily stretching, deep-breathing, walking, other acts of empowerment

Pain management is hard work!
The RELIEF project: Patients bridging complementary and conventional care for chronic musculoskeletal pain

The RELIEF Study

Responding to a health care system’s questions about for who and how much out-of-plan acupuncture and chiropractic care should be offered for chronic pain

• Who benefits?
• How much treatment do patients need?
• Is it cost effective or otherwise as or more “attractive” than other treatment options?

Goal:
Evaluate the impact of community acupuncture (A) and chiropractic (C) use on chronic musculoskeletal pain

Substudy A: Identify patterns of use of A/C from the electronic health record and supplemental survey

Substudy B: Characterize facilitators and barriers for patients using A/C services and PCPs referring for A/C services (PCPs’ provider perspective) through qualitative interviewing

Substudy C: Evaluate patients’ pain, functional outcomes and satisfaction with A/C care through retrospective chart review
Select Substudy A Survey Findings:
“Did you share information with your doctor about use of acupuncture or chiropractic care?”

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Penney et al, Am J Manag Care, 2016, 21: e414-21

Select Substudy B Qualitative Finding:
Patient at center of navigating and integrating care

Select Substudy C Findings: Acupuncture Outcomes in the Prospective Cohort
- Decreases in pain indices in both groups but trend towards more enduring changes among those receiving acupuncture.
- No differences in overall pain-related health care service costs suggesting patients substituting not adding acupuncture to other health care.
- No increase in treatment-related adverse events reported among those receiving acupuncture

Average # of Acu Visits = 5.2; 29% w/no acu visits
Might acupuncture most strongly serve to promote readiness for PT and catalyze self-care?

“...you have this narrow band you’re in and people with chronic pain the band almost touches but [the acupuncturist] still has to get in there and pry this apart so they can begin the process of regaining function...then the physical therapy people do their magic.”

The PPACT pragmatic clinical trial: Addressing complex chronic pain on the frontlines of clinical care

PPACT Overview

AIM: Integrate interdisciplinary services into primary care to help patients adopt 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, 851 patients)

ELIGIBILITY: Chronic pain, long-term opioid tx (prioritizing ≥ 120 MED, benzodiazepine co-use, high utilizers)

INTERVENTION: Behavioral specialist, nurse case manager, PT, and pharmacist team; 12 week core CBT + adapted movement groups

OUTCOMES: Pain (4-item PEGs), patient satisfaction, opioid MED, pain-related health services, and cost
Changing the Landscape: Oregon experiment in payer-based incentives for shifting back pain services

Pending PCORI-funded Project (11/2017-10/2020)

Pain Management in Usual Care

Interdisciplinary Pain Management
Embedded in Primary Care

Behavioral Health Coach:
Goal setting & Lifestyle Changes

Pharmacist:
Medication Review

Physical Therapist:
Improved Movement

Nurse:
Care Coordination

Recruitment & Study
Awareness Strategies
• Media
• Social media
• Mobile apps

Pain Causes & Contributers
• Nerve irritation
• Nerve entrapment
• Nerve compression

No Incentives:
• Self-limiting medical services
• Low utilization
• Low cost
• Low risk

Life-style Changes & Self-Care
• Applying weight-bearing exercises
• Applying heat-exposed education
• Teaching pain awareness
• Teaching physical activity

Changing the Landscape:
Oregon experiment in payer-based incentives for shifting back pain services

Pending PCORI-funded Project (11/2017-10/2020)
Oregon Medicaid: New Back Pain Treatment Pathways

Low Risk
- Office visits
- 4 visits
- PT/OT/OMT/Chiro/Acupuncture

High Risk
- Office visits
- CBT
- Up to 30 visits
- PT/OMT
- OTC meds, muscle relaxers
- Limited opioids
- If available: Yoga, interdisciplinary rehab, supervised exercise, massage

Not Reimbursed:
- Chronic opioid therapy, epidural steroid injections

Use of STAR Back Tool to determine risk

Substudy A: Compare opioid prescribing and use of other pain-related healthcare services (electronic health record)

Substudy B: Compare patient-centered outcomes (patient surveys)

Substudy C: Understand contextual factors underlying successes and challenges (qualitative data collection)

Goal: Evaluate impact of Oregon Medicaid Reimbursement Guidelines for Back Pain

Back on Track Study

Oregon

California
Study Setting: OCHIN

HRSA-designated non-profit Health Center Controlled Network of federally-qualified health centers

Supports organizations located in all 50 states, partnering with 289 organizations with 10,000 clinicians serving over 10 million patients.

Overall Take Aways

Systematic review on which CAM treatments had more "positive" than negative trials

- Evidence for:
  - Acupuncture
  - Massage therapy
  - Manipulation
  - Relaxation
  - Tai chi
  - Yoga

Effect sizes similar and modest

*Dan Cherkin, Personal Communication, 2017

Do Similar Effect Size Findings Across CAM Modalities suggest larger role for Patient Choice?*

As Opioid Epidemic Rages, Complimentary Health Approaches to Pain Gain Traction

Second generation technology may be critical to both reaching patients and supporting self-care skills

- **Guided Imagery** using tailored multi-sensory tools
- Sensors for real time postural adjustment feedback


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**The importance of:**

[FACT CONGRUENT]

**STORIES**

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Harnessing the Placebo to Enhance Patient-centered Care?

The most important thing is the initial connection you make with the patient. The connection is critical because the patient needs to know that they have, number one, hope. I still hope here, I have to admit this, but that is one thing that Western medicine does really badly

Acupuncturist from RELIEF study
Fig 1 The psychological and social forces of healing are typically viewed as in competition with drug effects in placebo controlled trials (top) but in everyday practice they underlie all treatment effects (bottom).

In Summary….

• Our current health care systems often better structured to use drugs and medical procedures to treat acute pain than supporting self-care and holistic approaches for chronic pain
• Given problems with medicalized approaches to pain management, renewed interest in integrative approaches
• Integrative care consistent with self-care management widely recommended for chronic pain
• Promising “experiments” underway that may improve access and/or quality of integrative treatment for chronic pain

Thank You

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