Treating Medically Unexplained Symptoms and Chronic Pain: The Curable App

- Cynthia Stone, DBH, Director of Behavioral Health, Community Care Physicians, Latham, NY
- Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University, Phoenix, AZ
- Kristine Campagna, DO, Physician, Latham Medical Group-Community Care Physician, Latham, NY
- Holly Cleney, MD, Family Physician, Community Care Physicians, Latham, NY
- Elizabeth Locke, MD, Managing Physician, Community Care Physicians, Latham, NY
- David Clarke, MD, President, Psychophysiologic Disorders Association; Assistant Director at the Center for Ethics and Clinical Assistant Professor of Gastroenterology Emeritus both at Oregon Health & Science University (OHSU), Portland, OR

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months with the exception below.

Dr. Clarke currently has the following relevant financial relationships during the past 12 months.

- Curable App
- The Can't Find Anything Wrong

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify potential benefits of using Curable in the treatment of primary care MUS patients; improved physician-patient care, reduced physician stress, enhanced patient satisfaction, reduced cost of care and improved outcomes.

- Describe key components of the intervention using Curable in the treatment of MUS patients.

- Understand how the treatment of MUS patients in primary care supports the quadruple aim.

Bibliography / Reference

1. Barsky, A. J., Orav, E. J., & Bates, D. W. (2005). Somatization increases medical utilization and costs independent of psychiatric and medical comorbidity. Archives of General Psychiatry, 62, 903-910. http://dx.doi.org/10.1001/archpsyc.62.8 .903

2. Clarke, D. D. (2007). They can't find anything wrong! 7 keys to understanding, treating, and healing stress illness. Boulder, CO: Sentient Publications.

3. Clarke, D. D. (2016). Diagnosis and treatment of medically unexplained symptoms and chronic functional syndromes. Families, Systems, & Health, 34(4), 309.

4. Escobar, J. I., Gara, M. A., Diaz-Martinez, A. M., Interian, A., Warman, M., Allen, L. A., . . . Rodgers, D. (2007). Effectiveness of a time-limited cognitive behavior therapy type intervention among primary care patients with medically unexplained symptoms. Annals of Family Medicine, 5, 328-335. http://dx.doi.org/10.1370/afm.702

5. Rosser, B. A., & Eccleston, C. (2011). Smartphone applications for pain management. Journal of Telemedicine and Telecare, 17(6), 308-312. https://doi.org/10.1258/jtt.2011.101102Reference

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Learning Assessment

- A learning assessment is required for CE credit.

- A question and answer period will be conducted at the end of this presentation.

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Agenda

- MUS- Working Definition
  - Stress
- Study Overview
- Our Experience: mHealth
- Study in Real Life
- Patient/ Physician Experience
- Financial and Outcome Benefits
- Conclusion/ Take Homes
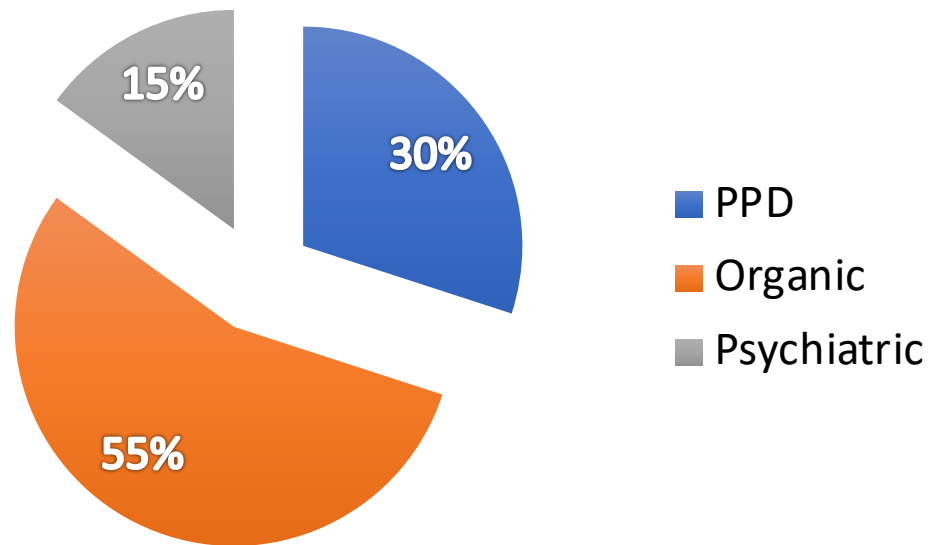- Questions

Who Are You?

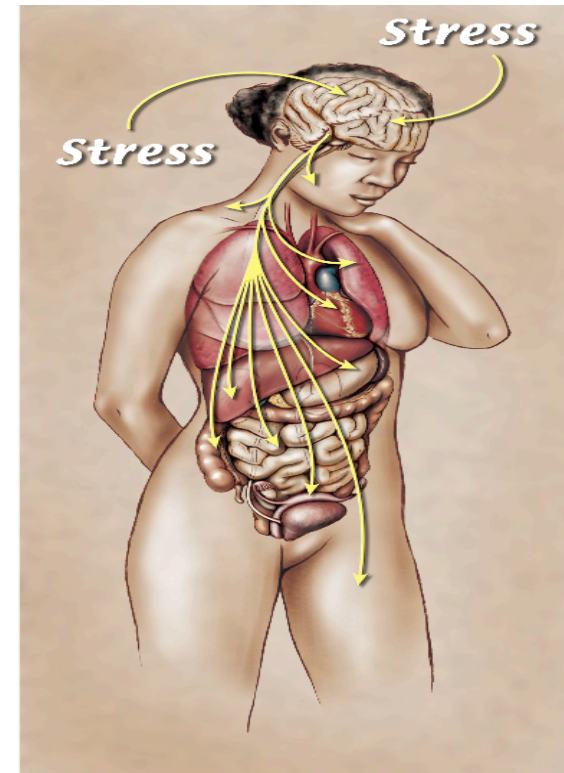# Who Are We?

What Are Medically Unexplained Symptoms?

Facts

30% of Symptoms in Primary Care
Landa, Psychosomatic Medicine, 2012.

Outpatient Primary Care

- PPD 30%
- Organic 55%
- Psychiatric 15%

A Wide Range of Presentations

More Facts…MUS in Primary Care

- ✓ Refractory depression/anxiety despite standard/traditional treatment (medication, CBT)
- ✓ Chronic pain syndromes FM, HA, failed back surgery, pelvic pain
- ✓ IBS
- ✓ Chronic fatigue
- ✓ Many complaints involving different body systems or sees many specialists
- ✓ Refractory rheumatologic conditions
- ✓ Substance abuse
- ✓ "Non compliant" patients
- ✓ Eating disorders (including morbid obesity)
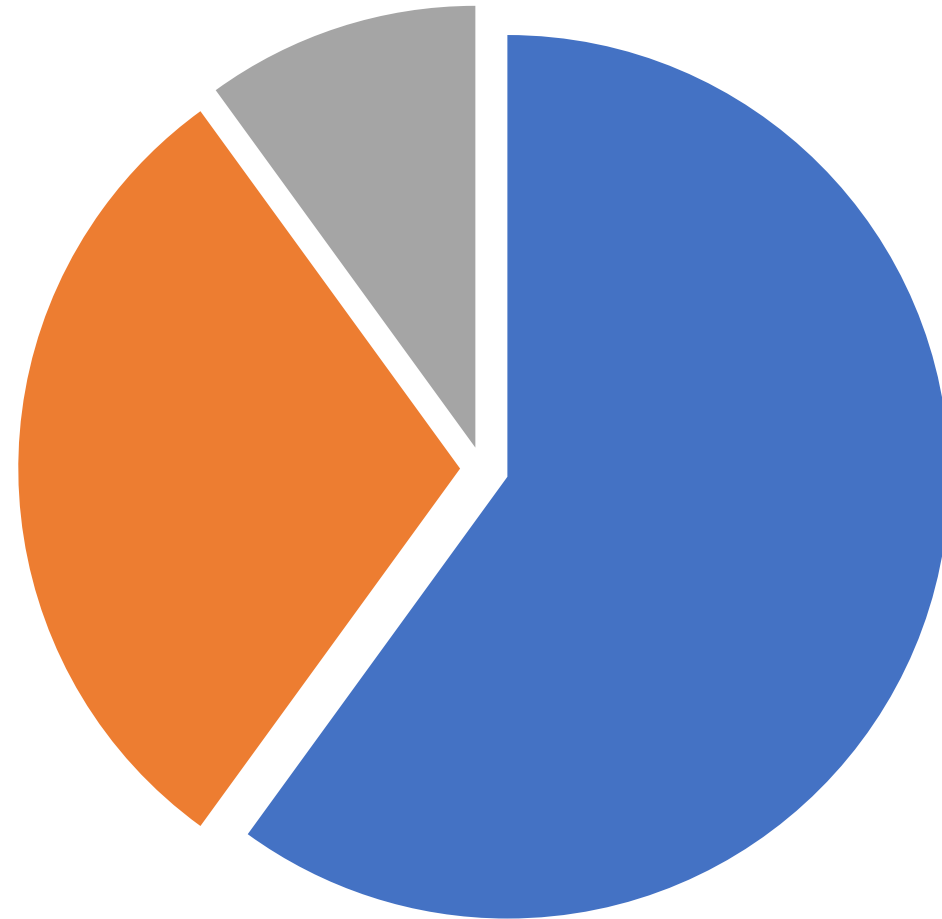- ✓ Many allergies/sensitivities
- ✓ Metabolic syndrome

Stress Disorders/ Training

- New understanding
  - Stress as cause
- Relative

Stress Disorders

Study Overview

- History
- App
- Design
- Data
- Hypothesis

- Identification measures (pre)
  - Patient
    - Hidden Stress Test (MUS)
    - ACEs

- Outcome Measures (pre-post)
  - Patient (pre-post)
    - Pain Intensity 3a
    - Outcomes Rating Scale (QOL)
    - PHQ-9, GAD-7
  - Patient (post)
    - SRS- adapted (satisfaction with the app)
  - Physicians (pre-post)
    - Primary Care Provider Stress Checklist (PCP-SC)

The Curable App and
Our Experience with mHealth

Pros

- User friendly

- Educates on pain

- Creates dialogue, interaction

- Patient directed exercises

- E-reminders

Cons

- Emphasis on chronic pain

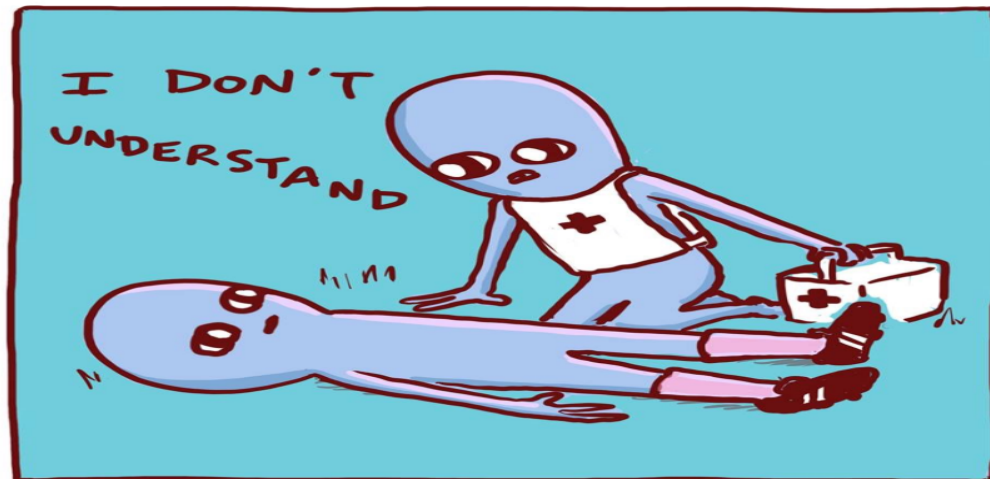- Potential cost
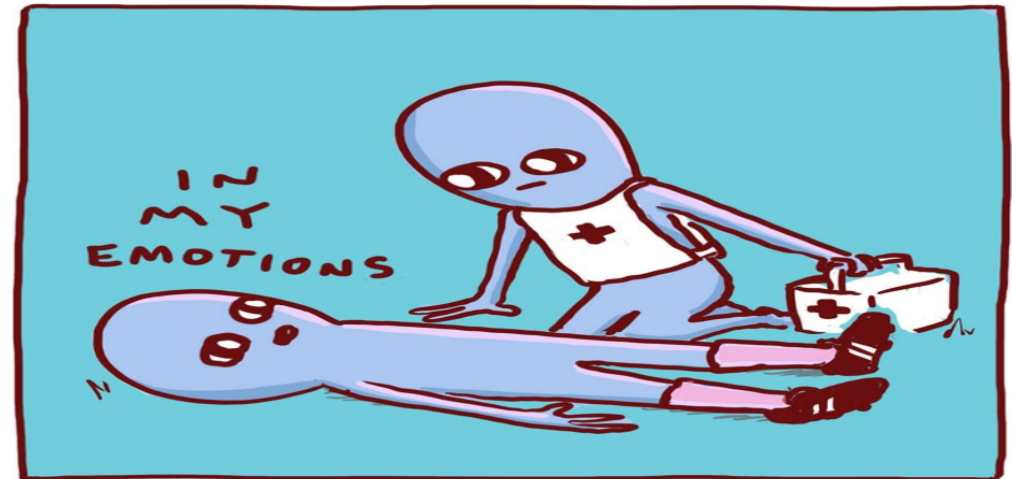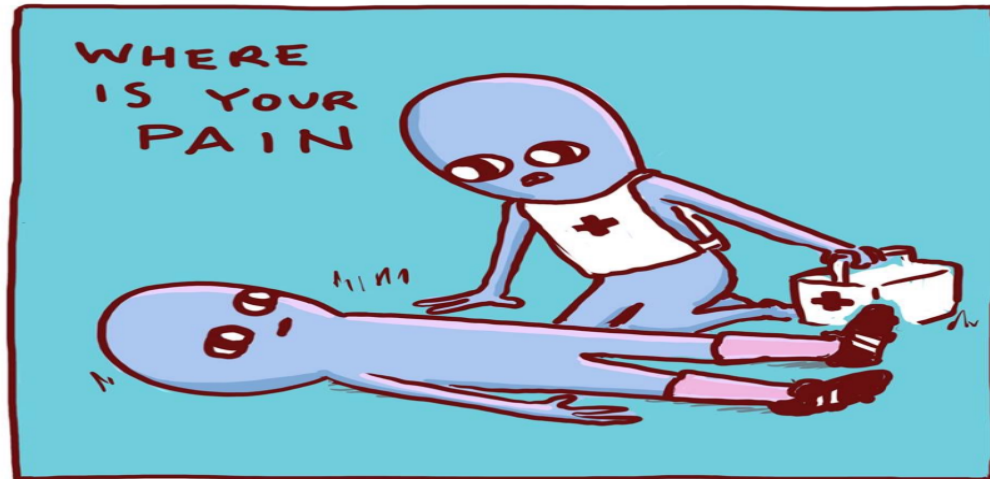
- High reading/ education level

Study in Real Life

- Recruiting patients

- Patient Experience

Physician Experience

Financial and Outcome Benefits: Prospective

70% report some relief from chronic pain

Do you know your ROI?

ROI analysis is a method / process that allows you to calculate the value of **current** or **anticipated** roles or processes

Direct ROI $

Cost Savings ROI

Return on Investment (ROI) Direct

$$\frac{\text{gain from person/program} - \text{cost of person/program}}{\text{cost of person/program}} \times 100 = \text{percent of ROI}$$

- A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments. ROI measures the amount of return on an investment relative to the investment's cost. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment, and the result is expressed as a percentage or a ratio.

Cost Savings

- A measure used to demonstrate fulfillment of the objectives of a service at a cost lower than the historical cost or the projected cost. To calculate cost savings, the cost savings attributed to the program is divided by the cost of the program, and the result is expressed as a percentage or a ratio.

$$\frac{\text{cost savings}}{\text{standard cost of program}} \times 100 = \text{percent}$$

Targeted Costs of Care

- **Physician, BH Provider, and Other Team Member:** Direct time with patients/family providing interventions, screening tools, data collection, assessment, and psychoeducation
- Creating efficiency: Appointment and data mgmt
- Uploading data into medical chart
- Access to care (frequency, immediacy, increased availability)
- **Symptom Impact:** Emergency Department visits / Presenteeism / Absenteeism / PC appointments
- Application tool (APP) costs

Prospective Cost Savings

3 Month Normal Costs:

- 48$ PC visit (3 visits)= 144$

- 15$ BH visit (6 visits)= 90$

- 5$ Other team member time (9 visits)= 45$

Total= 279$

- *Symptom Impact*

  - *1500$ ED visit Average (2 visits)= 3000$*

  - *1800$ Average Absenteeism/Presenteeism (2 days)= 3600$*

3 month APP Costs:

- 48$ PC visit (2 visits)= 96$

- 15$ BH visit (3 visits)= 45$

- 5$ Other team member time (5 visits)= 25$

- App (free version vs $125)= 62$

Total= 228$

- *Symptom Impact*

  - *1500$ ED visit Average (1 visit)*

  - *1800$ Average Absenteeism/Presenteeism (1 day)*

Prospective Cost Savings

$$\frac{\text{cost savings}}{\text{standard cost of program}} \times 100 = \text{percent}$$

- 3 Month App Cost Savings 18%

- 3 Month App Cost Savings with Symptom Mgmt with 49%

Conclusion: Take Homes

MUS is more than chronic pain; you'll need to look for it everywhere.

Most value- integrated care in equipping our teams improving care and the physician experience

- Leveraging our BHC - learning/ coaching
  - A huge benefit for the physician and primary care team raising the comfort, importance, and skill level of behavioral management of their patients

Last but not least- DATA to support PCBH!

- Reduction in HC cost
  - ER visits
  - Unnecessary hospitalizations
  - Medical visits
- Provider stress/ Burnout/ Cost
- Patient experience

Questions?
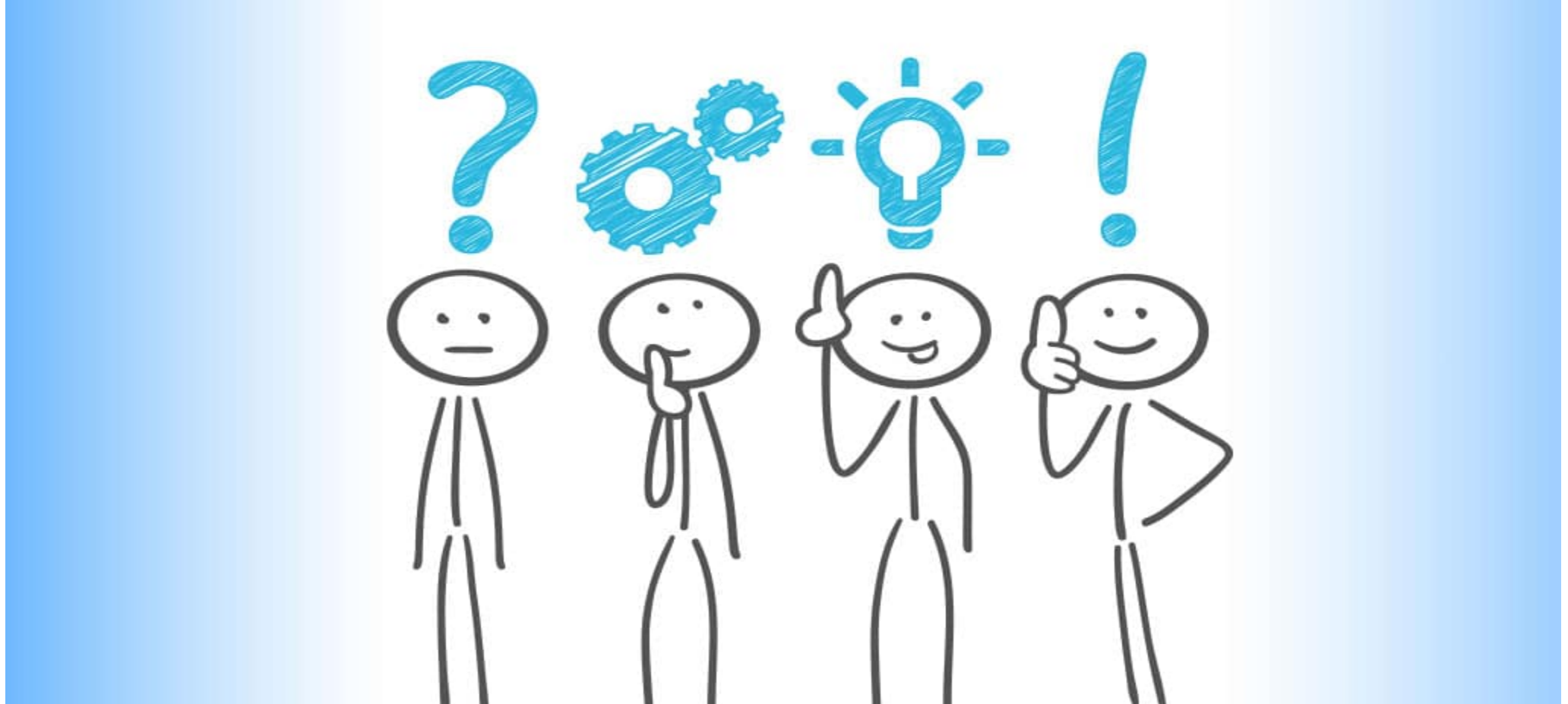
Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

Join us next year in Philadelphia, Pennsylvania! Thank you!