Expanding Behavioral Pain Management Services in Primary Care

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Abstract

Chronic pain is highly prevalent, affecting over 100 million Americans (IOM, 2011). Primary care is the setting in which most patients first present with pain complaints yet there are typically few interventions available – outside of medication management – within most primary care clinics. According to the CDC, psychological therapies (including Cognitive Behavioral Therapy [CBT]), and physical and rehabilitative therapies should be regarded as first-line treatment for chronic pain. Unfortunately, these approaches are seldom offered directly within primary care settings, and referrals to external providers of these services, especially Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), are underutilized. Thus, there is a need in primary care to expand access to behavioral pain management: both in providing CBT-CP on site through the work of BHCs, when possible, as well as in training PCPs on the importance of behavioral pain management to better facilitate appropriate referrals and reach more patients with pain.

This poster summarizes the initial efforts to address the following two aims in one family medicine practice within the Geisinger Health System: 1) a needs assessment targeting medical residents, PCPs, and BHCs with regard to their knowledge of, and competency in, behavioral pain management and 2) implementing an 8-visit CBT-CP Group program within a primary care clinic.

Introduction

More American adults experience chronic pain than those affected by heart disease, cancer, and diabetes combined. The numerous costs of pain include inflated medical costs, reduced patient satisfaction, poor clinical outcomes, increased provider burnout, and escalating opioid use disorders (IOM, 2011).

Primary care (PC) is the setting in which most patients first present with pain complaints. This is a critical time point in which acute pain conditions can develop chronicity. Appropriately timed intervention and coordination of care in primary care is paramount yet there is a lack of provider education in pain management and scarcity of interdisciplinary approaches within most PC settings.

CBT-CP is essentially a “toolbox” of cognitive and behavioral strategies that facilitate the self-management of pain and other physical symptoms (e.g., fatigue). The primary objectives with this approach are to improve functioning, the ability to cope with pain and quality of life. CBT-CP is regarded as a first line approach for managing chronic pain.

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Methods and materials

Aim 1: Needs Assessment of PC Providers
Three versions of a brief survey were developed to assess providers’ knowledge of, and competency with, behavioral pain management for three different groups: PCPs; medical residents rotating in primary care; and behavioral health consultants (BHCs) embedded within these clinics.

For PCPs and residents, both an electronic format was available through Survey Monkey as well as a paper-and-pencil format, both of which were disseminated by BHCs at 7 primary care practices in the Geisinger Health System. The presence of an embedded BHC was the sole criteria for selection of primary care needs assessment sites. BHCs completed a paper-and-pencil version of the needs assessment prior to their completion of an introductory workshop on CBT-CP.

Aim 2: Implementing CBT-CP Groups in Primary Care
An 8-visit CBT-CP Group program – based off of Thorn et al.’s Learning About Managing Pain (LAMP) protocol – was implemented at one family medicine practice, the first of such programming to be offered within a Geisinger PC clinic. This is led by a BHC with experience in behavioral pain management and co-facilitated by psychology pre-doctoral interns.

Results

PCP needs assessment:
- N: 12 PCPs
- Reported limited exposure / training in the domain of behavioral pain management; 5 reported receiving no training whatsoever.
- 66.67% of respondents indicated being ‘not at all confident’ in being able to provide brief education to patients on the biopsychosocial model of pain.
- 33% reported being unaware of how to make a referral for CBT-CP despite this service being available in the system.

Residents needs assessment:
- N: 6 residents
- Reported limited exposure/ training in the domain of behavioral pain management
- 50% of respondents indicated being ‘not at all confident’ in being able to provide brief education to patients on the biopsychosocial model of pain.

BHC needs assessment:
- N: 6 BHCs
- Reported a range of prior training in behavioral pain management. Three respondents report little to no prior training. Of those with training, CBT and ACT for chronic pain were most common modalities in which they received training.
- Most of the BHCs rated themselves as ‘somewhat confident’ in ability to explain rationale for CBT-CP to PCPs.
- 5 out of 6 BHCs expressed their need for further training in behavioral pain management before feeling prepared to launch CBT-CP Groups in their respective clinics.
- 5 out of 6 BHCs indicated they had space (room availability) in their respective clinics to run a group-based treatment such as CBT-CP.

Launching a CBT-CP Group Program in a Family Medicine Setting
- Four cohorts of patients (19 patients) have completed this CBT-CP program after it first launched in May 2019.
- Pre-and post-treatment outcomes data is being collected to help evaluate the effectiveness of this program.
- Plans to transition this previously in-person group to a virtual group, in light of COVID-19, are already under way. The first virtual cohort of CBT-CP is currently being implemented through Microsoft Teams.

Discussion

PCPs and residents reported having little training in behavioral pain management and reported generally low confidence in being able to provide brief patient education on related topics. They expressed moderate interest in receiving further training in this area – but expressed strong interest in having CBT-CP available on site and welcomed more support from BHCs in helping to meet the complex needs of patients with chronic pain.

Similarly, BHCs reported an interest and an importance in behavioral pain management but at least half described a need for further training before feeling competent to run CBT-CP groups in their respective clinics.

COVID-19 has disrupted the operation of in-person group-based treatments around the world. Currently, we are working to implement CBT-CP virtually to circumnavigate challenges imposed by COVID-19 and recognize that virtual CBT-CP groups may improve access by addressing other obstacles that have historically contributed to high no show rates for in-person CBT-CP groups (e.g., transportation difficulties, weather-related pain exacerbations).

As greater numbers of BHCs receive training in this approach, it will increase access to CBT-CP in primary care settings. In doing so, it will improve our ability to positively influence individuals living with pain – and our healthcare systems’ movement towards truly interdisciplinary and comprehensive pain management.

Conclusion

Chronic pain is a highly costly and prevalent problem, and primary care providers play a central role in caring for patients with pain. Improving access to first line treatments can be facilitated by offering CBT-CP (led by BHCs) in primary care settings and by improving training and support for PCPs to facilitate referrals. Furthermore, offering CBT-CP group programming through virtual platforms will further expand access as well as circumnavigate challenges imposed by the COVID-19 pandemic.

Selected References

Burke, A. L., Mathias, J. L., & Denson, L. A. (2015). Psychological functioning of people living with chronic pain: a meta-analytic review. *British Journal of Clinical Psychology*, *54* (3).

Institute of Medicine Committee on Advancing Pain Research, Care Education (2011). The National Academies Collection: Reports funded by National Institutes of Health. *Relieving pain in America: A blueprint for transforming prevention, care, education, and research*. Washington (DC): National Academies Press (US).

Thorn, B. E., Eyer, J. C., Van Dyke, B.P., Torres, C.A., Block, P.R., DeMonte, C. M., DeMonte, W. D., & Newman, A. K. Learning about managing pain (LAMP) patient workbook. https://bthorn.people.ua.edu/literacy-adapted-cbt-manual-for-chronic-pain.html