Implementation of a primary care-based, interdisciplinary approach: Insights from the interdisciplinary team

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Conflict of Interest Disclosure

Lindsay L. Benes, Alison Firemark, Carmit McMullen, and Lynn L. DeBar have no conflicts to report.

- **Study Design**: Pivotal trial with randomization conducted at the level of the primary care provider
- **Target Populability**: Patients with chronic pain or long-term opioid treatment, prioritized those on high dose opioids, concerned benzodiazepines and/or high utilization of primary care services
- **Intervention Focus**: Conduct and integrate services to help patients adopt self-management skills for managing chronic pain, limit use of opioid medications, and identify exacerbating factors amenable to treatment in a way that is feasible and sustainable within the primary care setting
- **Intervention Components**: 12 weekly group sessions aimed at coping skills training, and pain-based adapted movement, inter alia with: behavioral specialists, nurse case managers, 2 physical therapy sessions, weekly coaching calls, somatic feedback to participating patients’ PAs
- **Intervention Staff**: Multidisciplinary team – nurse case manager, behavioral specialists, physical therapists, and pharmacist - within the primary care setting
Interdisciplinary Pain Management Embedded in Primary Care

- Interdisciplinary services embedded in and coordinated with primary care
- Iterative care coordination among all providers
- All providers moving toward patient specific goals

Comprehensive Intake Assessment:
- Functional and physical adaptation assessment (Physical Therapist)
- Behavioral assessment of biopsychosocial and contributors (Behavioral Specialist or Nurse)
- Medication review and recommendations (Pharmacist)

Communication with PCP:
- Brief, 1 page summary of intake assessment to PCP
- Dashboard of all assessment info documented in chart (linked from problem list)
- Template to guide PCP communication with patient
- Weekly progress notes from PACT interaction with patient

Group Session Components:
- Goal setting, barrier identification, problem solving to achieve patient specific goal
- Skills training with in-group practice
- Adapted movement with Yoga of Awareness as foundation
- Relaxation and imagery

Individual Coaching / Case Management:
- Primarily by phone, in person if needed
- Purpose: Activate patient self care skills and move patient towards goal attainment; coordination of services and resources
Training of Interdisciplinary Team

- 3-day in-person training
- Audio-recorded role plays
- Group session recordings & consultation calls
- Mentor guidance
- Psychosocial rationale
- Role plays
- Achieving proficiency
- Learning from one another

In-person Training

Role Plays
Patient Persona for Role Plays

Actions
- Can’t walk as far
- More difficult to get dressed
- Can’t dance with wife
- Stay at home most days
- Less social engagement

Pain

Body Responses
- Headaches
- Difficulty sleeping
- Tightness in gut
- Gained weight

Thoughts
- “It’s hard to understand what this feels like.”
- “I will never be the same.”
- “I’m a burden on my family.”

Feelings
- Depression
- Frustration
- Guilt: not working
- Shame: less of a man
- Sadness

Comprehensive Team Based Assessment

Goal Setting: Getting at What Matters to the Patient
Patient Activation and Engagement

Support patient activation & engagement with weekly coaching calls.

Relapse Prevention

Yoga Based Adapted Movement

Warrior Stage 1
- Body trained
- Muscles strong
- Flexibility increase
- Can confirm with Y C upper
- Muscles strength and flexibility
Insights from the Interdisciplinary Team

Rapid Assessment Process (RAP)

- Rapid but not rushed, iterative but not haphazard
- Quickly understand the insider's perspective on a situation and intervention
- Guides decisions about interventions and to evaluate their implementation
- Intensive, team-based ethnographic inquiry using triangulation and iterative data analysis and additional data collection to quickly develop a preliminary understanding of a situation from the insider’s perspective

Bunce et al. BMC Health Services Research 2014; 14: 607

Our Rapid Assessment Process Toolkit:

- Informal stakeholder conversations
- Journaling by study staff
- “Postcards” and newsletters to inform stakeholders and promote dialogue
- Along with more traditional qualitative techniques: interviews, naturalistic observation (fieldwork), brief surveys, focus groups
Insights from the Interdisciplinary Team

- **Journal Entries**
  - NW: 66
  - GA: 66
  - HI: 37
  - Total: 169
  - 8 nurses, 8 behavioral specialists, 1 physical therapist

- **Reflective Qualitative Interviews**
  - n=6
  - (3 nurses, 2 behavioral specialists, 1 physical therapist)

### Why we do this...

"He went on to articulate that the PPACT program has been very helpful to him because ‘nobody has ever taken the time to explain what goes on in my brain, and why changing my daily routine with some new skills would work.’ I seem to be witnessing him begin to completely change his approach and perspective about pain... he seems to have found an empowerment." (behavioral specialist)

"This program has given her a bit of a new lease on life. She is able to do much more and her quality of life has improved. She smiled a lot and was excited. I noted after meeting with her (to myself and other members of the team), that she is a model of why we do this." (nurse)

"Yesterday in our... group, we introduced pleasant imagery. (She woman) described, I first need to brush the sand off a rock with my foot before I could sit down on it. I sat and looked out at Lake Tahoe. I couldn’t see my husband (he has been deceased for two years now), but I knew he was standing behind me. I felt him place his hand on my shoulder. The warmth and pressure from his hand completely relieved my shoulder pain. “Powerful stuff, yes?” (behavioral specialist)

### What it takes...

"Being able to be OK with uncomfortable situations. Being able to sit through and listen to people’s stories of pain and trauma and lifetime events... somebody who is more compassionate and empathetic and... willing to help patients where they're at and where they want and need to go, versus kind of coming in with their own agenda of where you want them to be." (nurse)

"And I think compassion because... The take that I hear, over and over again, is nobody believes me. Nobody believes I’m willing to try. And they don’t understand how hard I’m working every day just to get through my day. And I think that going into it with a sense of openness and compassion, or how challenging this is for people is important." (physical therapist)

"I go into every interaction with the absolute attitude that whatever they're telling me, they're doing or they're trying is true. And I don't feel that that assumption is always true with a lot of people working with this population. And, I think you have to go in just realizing that, you know, this is incredibly difficult on them. And my assumption is that they are going to do their best." (physical therapist)
What it takes...

To stand alongside the patient in this work, one must have a firm belief in this approach.

...you really have to have a belief in it...I think it would require staff...that is self-motivated to manage their own health conditions, as much as possible. So if you have a staff member that just believes, well, all of this is hooey and, you know, medications is the way to go with this, they wouldn’t be very effective practitioners.”

[behavioral specialist]

If someone is not interested in doing something like this, then they can’t be trained, right? I mean, it’s sort of...It’s whether they’re interested in it or not or they’re motivated or not.”

[nurse]

This work isn’t easy...


"...It’s one thing to take those really difficult people when they’re primed, they’re ready to go and you see a lot of success. I think it’s another thing when you take them and some do great, and some of them you feel like, okay, I’m suiting up into my, you know, hockey uniform again and with all my pads.”

[behavioral specialist]

"The most frustrating thing has been the lack of retention... Some of the group sessions have had painful silences when group members don’t participate. Members seem less willing to try new skills and some of the more challenging lessons, like [dialectical behavioral therapy], have taken a hit.”

[behavioral specialist]

This isn’t about a fix.

Recognizing that it’s not the clinician’s responsibility to fix the problem (that’s not possible) allows space to stay present with the patient.

...an ability to allow the participant to explore on their own some. Just having the tolerance to...and the patience to allow the participants to work things out without jumping to a fix it mode. (Not being) so quick to jump in and try to find a solution.”

[behavioral specialist]

"And for me it really was a kind of recognition like I can’t fix everything. [Now] I don’t go into any visit thinking I’m going to fix whatever their problem is. But what I’m going to do is...I help them learn how to do something that’s important to them more easily than they currently do it. And that’s a hard shift to make.”

[physical therapist]

"And for a lot of people, in the medical model, that they want a fix. And this isn’t about a fix.”

[physical therapist]
A different style of working...

**Standard RN approach:** "Nurses are really taught to provide recommendations and to kind of be there to support patients, find out what they need and then either kind of outsource them to other disciplines that they need, or just kind of tell them what it is they need to do."

**PPACT RN approach:** "Versus, this model is more about self-activation of patients. And that’s the key component that I think nurses would benefit from training on, is understanding that difference and that this isn’t about you just sending them with a really nice stack of paperwork telling people what to do. But making sure that they can practice it, they can do it with you. That’s something that comes from them."

This work fostered growth in the clinicians, shifting their approach with these patients.

A different style of working...

**Standard PT approach:** "PT’s in general tend to be a little bit like, well, you need to do it. You’re not going to make progress if you don’t do it."

**PPACT PT approach:** "And now I think the language around really hearing… why don’t you want to do it?… to kind of meet the patient where they are….it’s made me step back and figure out how to problem solve differently.

And having done this now and having really seen how profound the effect is for some patients of, you know, to really get at the root of it… You know, I’ve seen so many patients just incredibly appreciative that somebody listened. Like, oh, you got what I needed here. And you understand the starting point."

[physical therapist]

Practicing in a new way

"I’ve become more passionate about this population needing improved care, in our system and kind of in general. … I wanted to make sure that all of these patients mentored the delivery system without the support of PPACT that I was doing everything I could to educate our clinicians on how this is different and how approaching these patients is different."

[behavioral specialist]

"I have more empathy than I did… at the beginning.

In working with PPACT, I really see the struggles that people went through and realized that most people don’t want to be on these medications."

[behavioral specialist]
“We’re out of the gates faster than our delivery systems are ready for this...”

(behavioral specialist)

Attempting to shift a paradigm of care within the current healthcare environment proves challenging for both patients and clinicians.

Care coordination is complicated by the fact that these patients belong to everyone and no one.

Biopsychosocial best practices can meet resistance in a biomedical model of care.

Evidence based practice might come second to care that lowers cost in the short term, is quick & easy to implement, and available now.

Interventionists reflect that this approach and their training:

• Highlights the power of working with these patients.
• Draws upon our underlying values of empathy, compassion, and humility.
• Reinforces our belief that standing along side the patient best serves them.
• Does not change the challenging nature of this work and all that is required of us.
• Demonstrates that moving away from the ‘fix it’ mode gives patients space to recognize their capabilities.
• Gave them a new, more powerful way to interact with and serve their patients.

With immense gratitude to the nurses, behavioral specialists, physical therapists, and pharmacists who gave of themselves to enhance the well-being of our patients!

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