Emerging Models of Care: Overview

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• No discussion of unlabeled uses

• This presentation does not necessarily reflect official policy or positions of the Department of Veterans Affairs or the U.S government.
Service Delivery and Payment
- Many challenges exist for access to quality pain care, which is often:
  ▪ not based on best evidence.
  ▪ not team based.
  ▪ limited to pharmacological treatment offered by one primary care practitioner or to procedure-oriented and incentivized specialty care.

- Need more quality research on effectiveness of pain interventions, integrated care, models of care delivery, and reimbursement innovations.

- Need more effective methods to disseminate research findings and incentives to incorporate them into clinical practice.

The National Pain Strategy
Prevalence of Chronic Pain, PTSD and TBI in a sample of 340 veterans who served in era of Afghanistan and Iraq wars.

<table>
<thead>
<tr>
<th>Condition</th>
<th>N</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain</td>
<td>277</td>
<td>81.5%</td>
</tr>
<tr>
<td>PTSD</td>
<td>232</td>
<td>68.2%</td>
</tr>
<tr>
<td>TBI</td>
<td>227</td>
<td>66.8%</td>
</tr>
</tbody>
</table>

Complexities of chronic pain represent management challenges.

Chronic Overlapping Pain Conditions (Chronic Pain Research Alliance)

- Interstitial Cystitis
- Fibromyalgia
- Irritable Bowel Syndrome
- Vulvodynia
- Chronic Fatigue Syndrome
- Endometriosis
- Chronic Migraine
- Chronic Tension-Type Headache
- Temporomandibular Disorders
- Chronic Low Back Pain

- 16.5% Chronic Pain
- 2.9% PTSD
- 12.6% TBI
- 42.1% Chronic Pain, PTSD and TBI
Integrated, patient-centered, evidence-based, multimodal, and interdisciplinary care

From the NPS:

*Integrated care* is the systematic coordination of medical, psychological and social aspects of health care and includes primary care, mental health care, and, when needed, specialist services.

Models of care (among others)

- Stepped-Care
- Risk Stratification
- Matched Care
- Collaborative Care
- Care management
- Integrated care/co-located care
- Telecare
- Technology-facilitated
- Peer-delivered/informal caregivers

“Whole-health” care
Is interdisciplinary multimodal pain therapy (IMPT) the gold standard?


Research agenda

- Comparison of multi- vs uni-modal approaches
- Comparison of different multicomponent approaches
- Proof-of-concept clinical trials of novel approaches
- Subgroup/moderator analyses
- Cost-benefit analyses
- Implementation barriers
- Use of observational methods

Expanded view of key components of IMPT
What’s the evidence?


- 11 articles (10 studies) included
- Most were RCTs of fair-good quality (3 poor)
- Most had 12 month follow-up (range 6-18)
- Most used usual care control
- Baseline mean pain 5.1-7.7 on 10-point scale
- 9 diverse models of care delivery
- Improved pain intensity & pain-related function over 9-12 months (NNT 4-12)
SEACAP


- Assistance with Pain Treatment (APT) vs Treatment as Usual (TAU)
- 42 primary care clinicians/401 patients
- Measures:
  - Roland Morris Disability Questionnaire
  - Chronic Pain Grade – Pain Intensity
  - Patient Health Questionnaire - 9
- APT:
  - Clinician education
  - Pt assessment, education & activation
  - Symptom monitoring
  - Feedback and recommendations
  - Facilitation of specialty care

Change from baseline to 12 mo f.u.
SCAMP


- Stepped Care for Affective Disorders and Musculoskeletal Pain (SCAMP) vs. Usual care (UC)
  - SCAMP
    - 12 wks optimized antidepressant therapy
    - 6 sessions of pain self-management
    - 6 mos continuation
  - 250 patients
  - Measures
    - Hopkins Symptom Checklist
    - Major Depressive Disorder
    - Brief Pain Inventory
    - Global Improvement in Pain
Disparate groups such as socioeconomically disadvantaged individuals may not have access to many care services, interventions or preventative health care programs.

- Prevalence of chronic pain (CP) and high impact chronic pain increases with age.
- After adjusting for age, prevalence of both CP and HICP is higher among:
  - Women
  - Those previously, but not currently employed
  - Less educated persons
  - Those living in or near poverty
  - Those living in rural settings
  - Those with public health insurance (for CP, compared to those on private insurance or no insurance; for HICP, compared to all other insurance)
- After adjusting for age, prevalence of chronic pain is also higher among:
  - Non-Hispanic whites
  - Veterans

Coverage of Nonpharmacologic Treatments for Low Back Pain Among US Public and Private Insurers

Do insurance plans cover nonpharmacological treatments for low back pain?

Coverage documents and interviews with 43 senior executives at 15 Medicaid, 15 Medicare Advantage, 15 commercial plans, 2017

Commonly Covered

- Physical Therapy: 98%
- Chiropractic Care: 89%

Limited Coverage

- Acupuncture: 20%
- Psychological Interventions: 20% (3/15 Medicaid plans)

All covered services often further limited through prior authorization, condition requirements, visit limits, and referral requirements.

Percents based on 45 insurance plans.

doi:10.1001/jamanetworkopen.3044
Challenges for Implementing in Diverse Settings

• VA and DoD
• Other integrated healthcare systems (e.g., KP, Geisinger)
• Federally Qualified Health Centers (FQHCs)
• Institution based group Practices (e.g., Yale Health System)
• Private practice

Trends in care for Veterans with chronic pain in VA
As is true for my grandson, Jonah, there’s a lot of work to be done!
Thanks!

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