

# Emerging Models of Care: Overview

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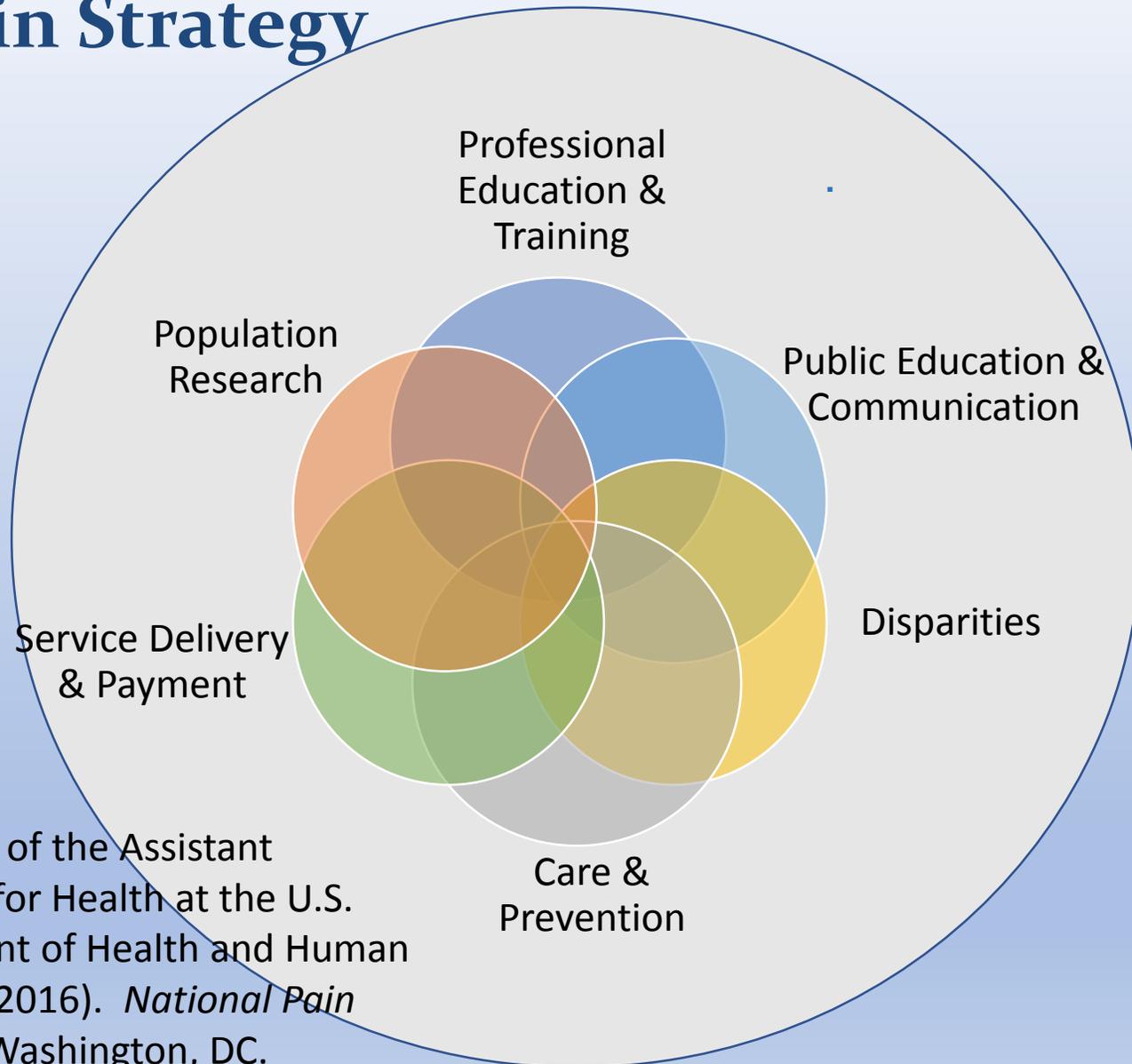
Pain Research, Informatics, Multimorbidities and Education (PRIME) Center

VA Connecticut Healthcare System

# Disclosures

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- This presentation does not necessarily reflect official policy or positions of the Department of Veterans Affairs or the U.S government.

# The National Pain Strategy



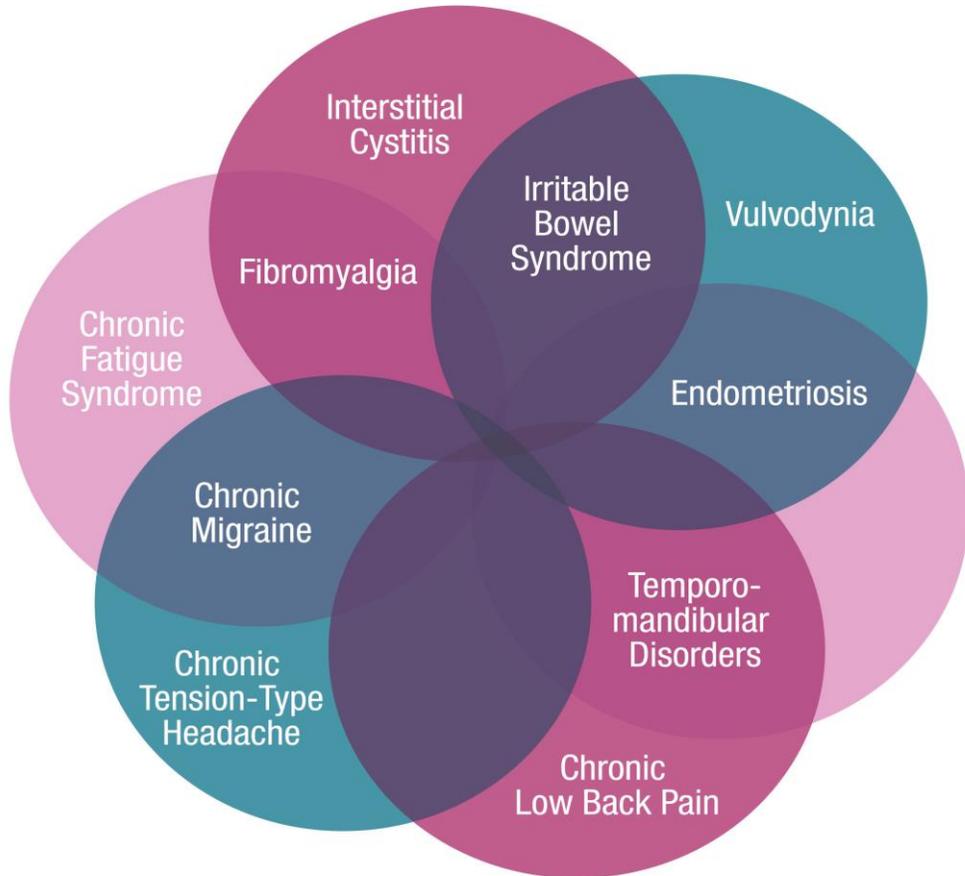
The Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. (2016). *National Pain Strategy*. Washington, DC.

## 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.

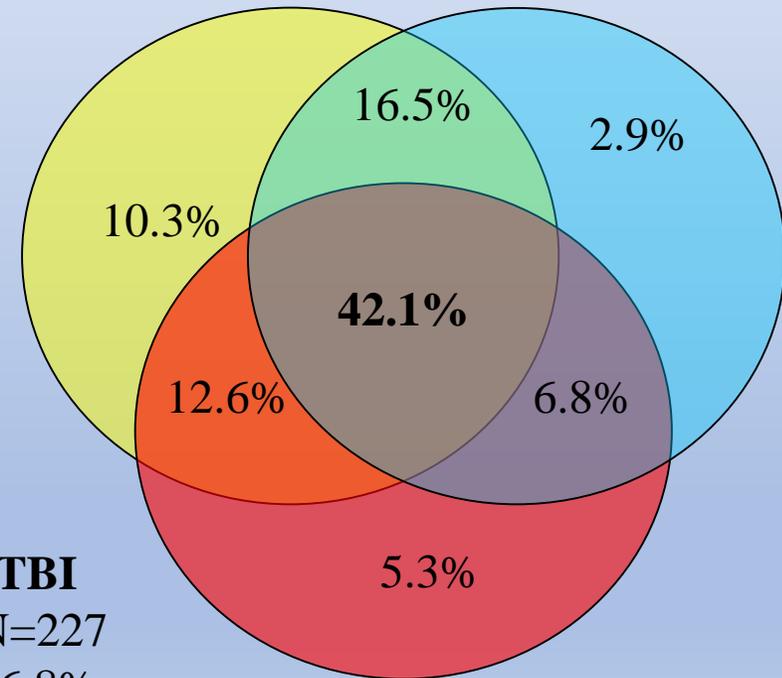
# Complexities of chronic pain represent management challenges

## Chronic Overlapping Pain Conditions (Chronic Pain Research Alliance)



## Prevalence of Chronic Pain, PTSD and TBI in a sample of 340 veterans who served in era of Afghanistan and Iraq wars

**Chronic Pain**  
N=277  
81.5%



**PTSD**  
N=232  
68.2%

**TBI**  
N=227  
66.8%

# 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

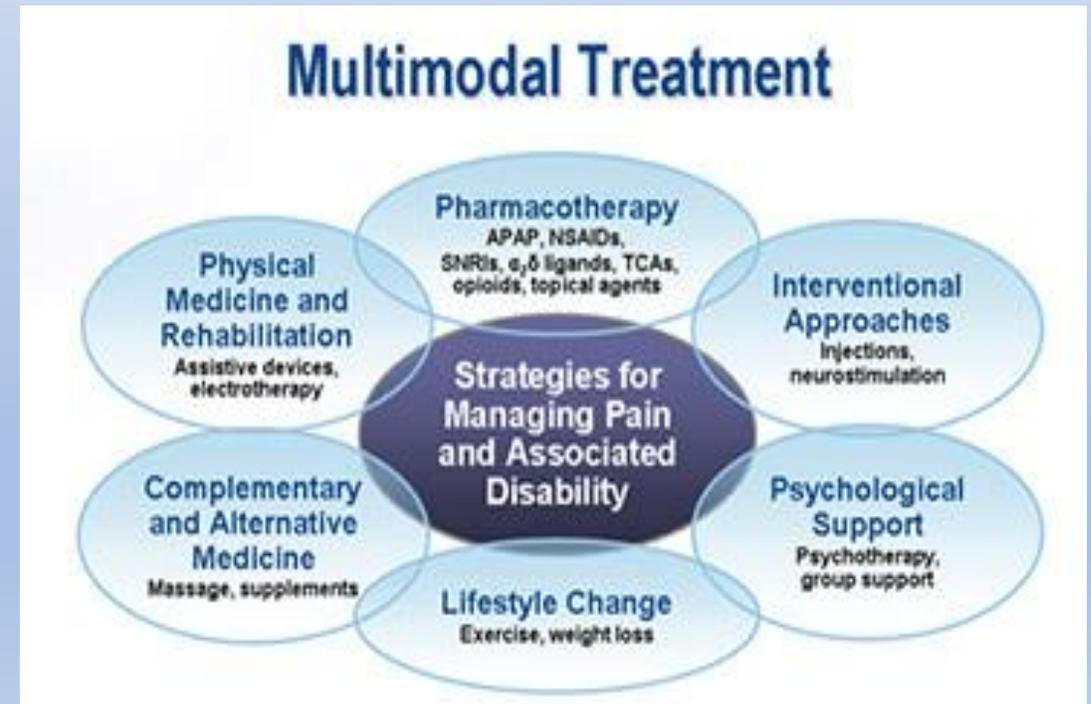
# Is interdisciplinary multimodal pain therapy (IMPT) the gold standard?

Kaiser, U. et al (2017). Multimodal pain therapy in chronic non-cancer pain – gold standard or need for further clarification? *Pain*, 158, 153-168.

## 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?

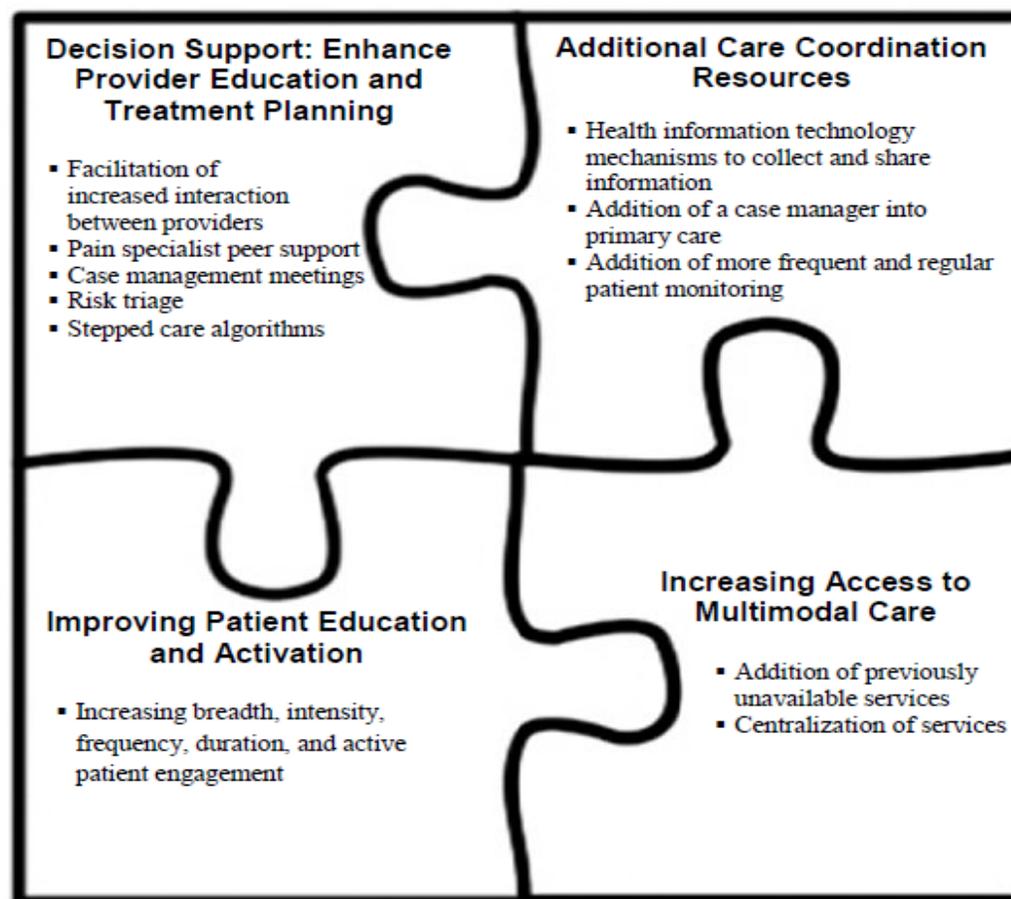
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## Evidence Brief on the Effectiveness of Models Used to Deliver Multi-Modal Care for Chronic Musculoskeletal Pain: Interim Summary of Findings

October 2016

Peterson et al. (2018). Effectiveness of models used to deliver multimodal care for chronic musculoskeletal pain: A rapid evidence review. *Journal of General Internal Medicine*, 33, S71-S81.

- 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)

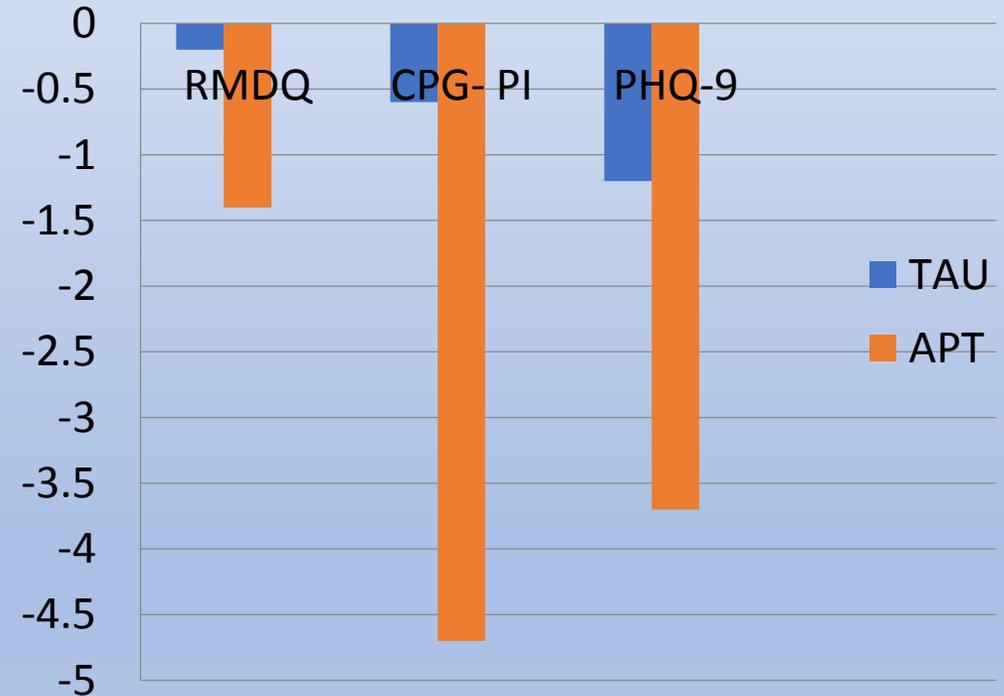


# SEACAP

Dobscha et al. (2009). Collaborative care for chronic pain in primary care. *JAMA*, 301, 1242-1252.

- 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

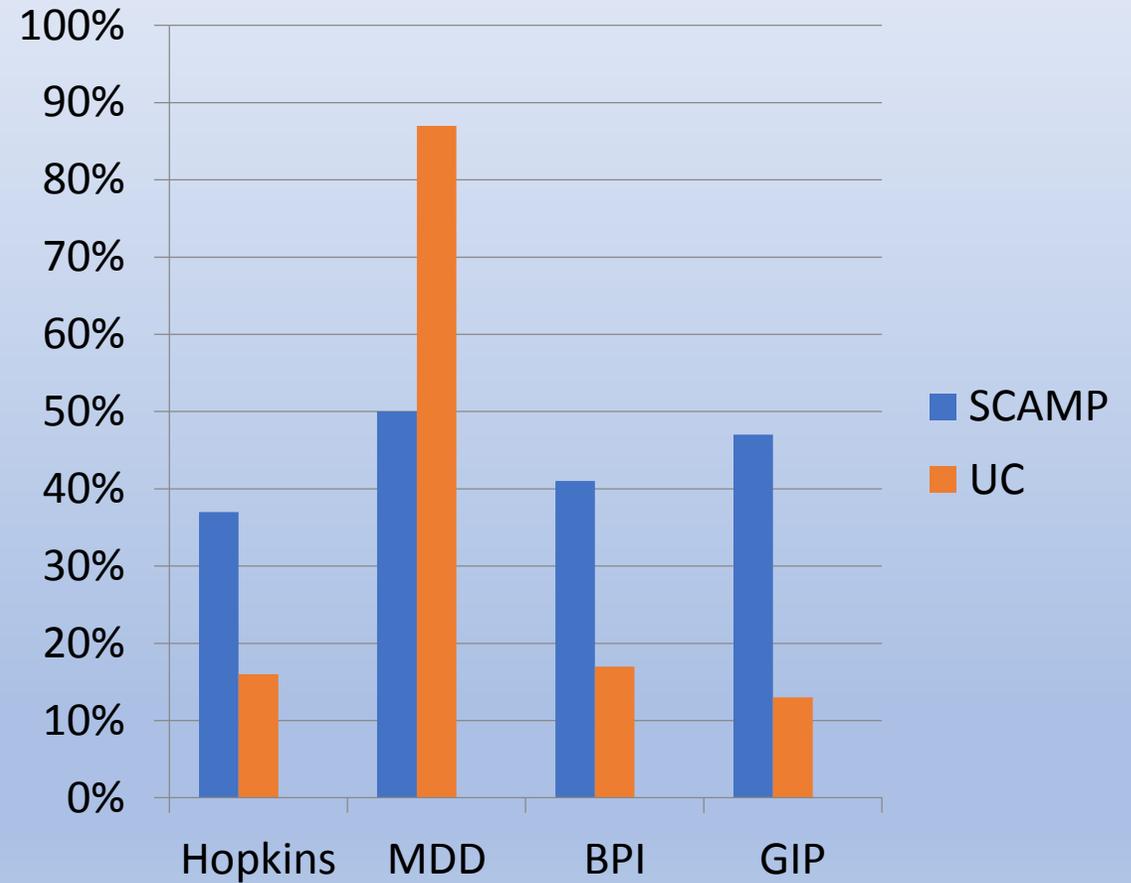
**Change from baseline to 12 mo f.u.**



# SCAMP

Kroenke et al.(2009). Optimized antidepressant therapy and pain self-management in primary care patients with depression and musculoskeletal pain: A randomized controlled trial. *JAMA*, 301, 2099-2110.

- 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.

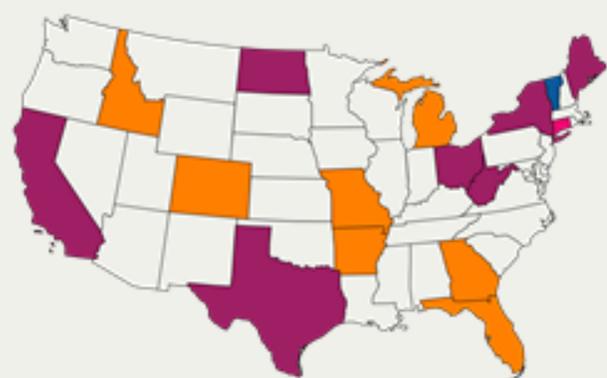
CDC (2018). Prevalence of chronic pain and high impact chronic pain among adults – United States 2016. Morbidity and Mortality Weekly Report, 67, 1001-1006.

- 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



- Medicaid, Medicare, and commercial
- Medicaid and Medicare
- Medicare only
- Medicaid only

## Commonly Covered



**Physical Therapy**  
98%



**Chiropractic Care**  
89%

## Limited Coverage



**Acupuncture**  
20%



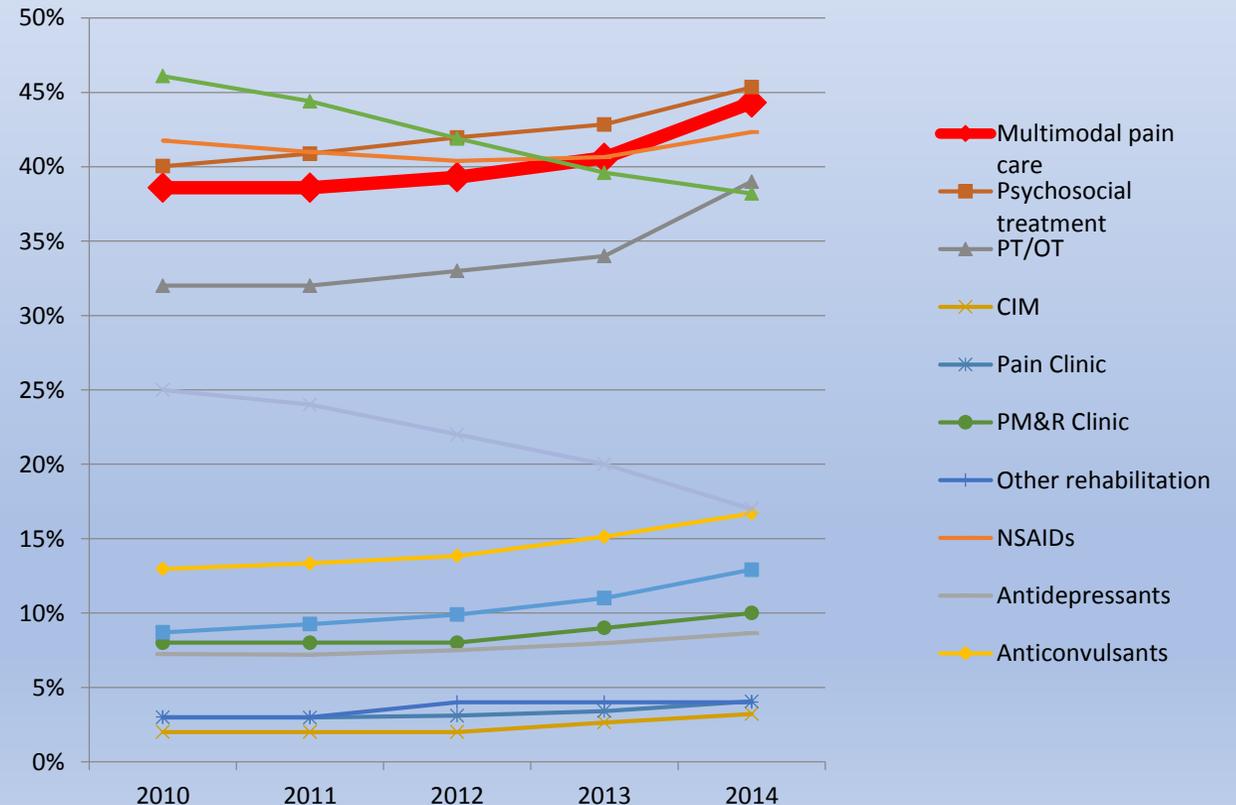
**Psychological Interventions**  
20% (3/15 Medicaid plans)

**All covered services often further limited through prior authorization, condition requirements, visit limits, and referral requirements. Percents based on 45 insurance plans.**

# 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  
Carey, E.P. et al. (2018). Association between facility utilization of non-pharmacological chronic pain treatment and subsequent initiation of long-term opioid therapy. *Journal of General Internal Medicine, 33 (Suppl), S38-S45.*



As is true for my grandson, Jonah,  
there's a lot of work to be done!



# Thanks!

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