Emerging Models of Care: First Contact Care

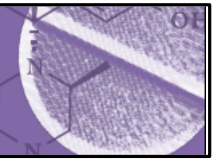
Julie Fritz
University of Utah

DISCLOSURES

- Research Support
  - National Institutes of Health
  - Department of Defense
  - Agency for Healthcare Research & Quality
  - Patient-Centered Outcomes Research Institute

CDC RECOMMENDATIONS

CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN



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OPIOIDS ARE NOT FIRST-LINE THERAPY

Nonpharmacologic therapy and **nonopioid pharmacologic therapy** are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review

AHRQ Pub. No.18-EHC013-1-EF
June 2018
www.ahrq.gov

	Low Back Pain	Neck Pain	Osteoarthritis (hip or knee)	Fibromyalgia	Tension Headache
Exercise	X	X	X	X	
CBT/psychological therapies	X			X	
SMT/manual therapies	X		X		X
Massage therapy	X			X	
Acupuncture	X	X		X	

THE LANCET LOW BACK PAIN SERIES

Recommendations for Persistent LBP

Foster et al. Prevention and treatment of low back pain: evidence, challenges, and promising directions. *The Lancet*. Published online March 21, 2018

	Education/ Advice	Exercise	CBT	Spinal Manipulation	Massage Therapy	Acupuncture	Yoga	Mindfulness
1st-Line Treatment	X	X	X					
2nd-Line / Adjunct Treatment				X	X	X	X	X

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Recommendations support initial approach grounded in a biopsychosocial framework emphasizing:

- Self-management
- Behavioral strategies to maintain normal activity
- Exercise

Persistent gaps between evidence and practice – premature escalation in care intensity

Strategies:

- Provider education
- Payment policy reform
- Care pathway revisions

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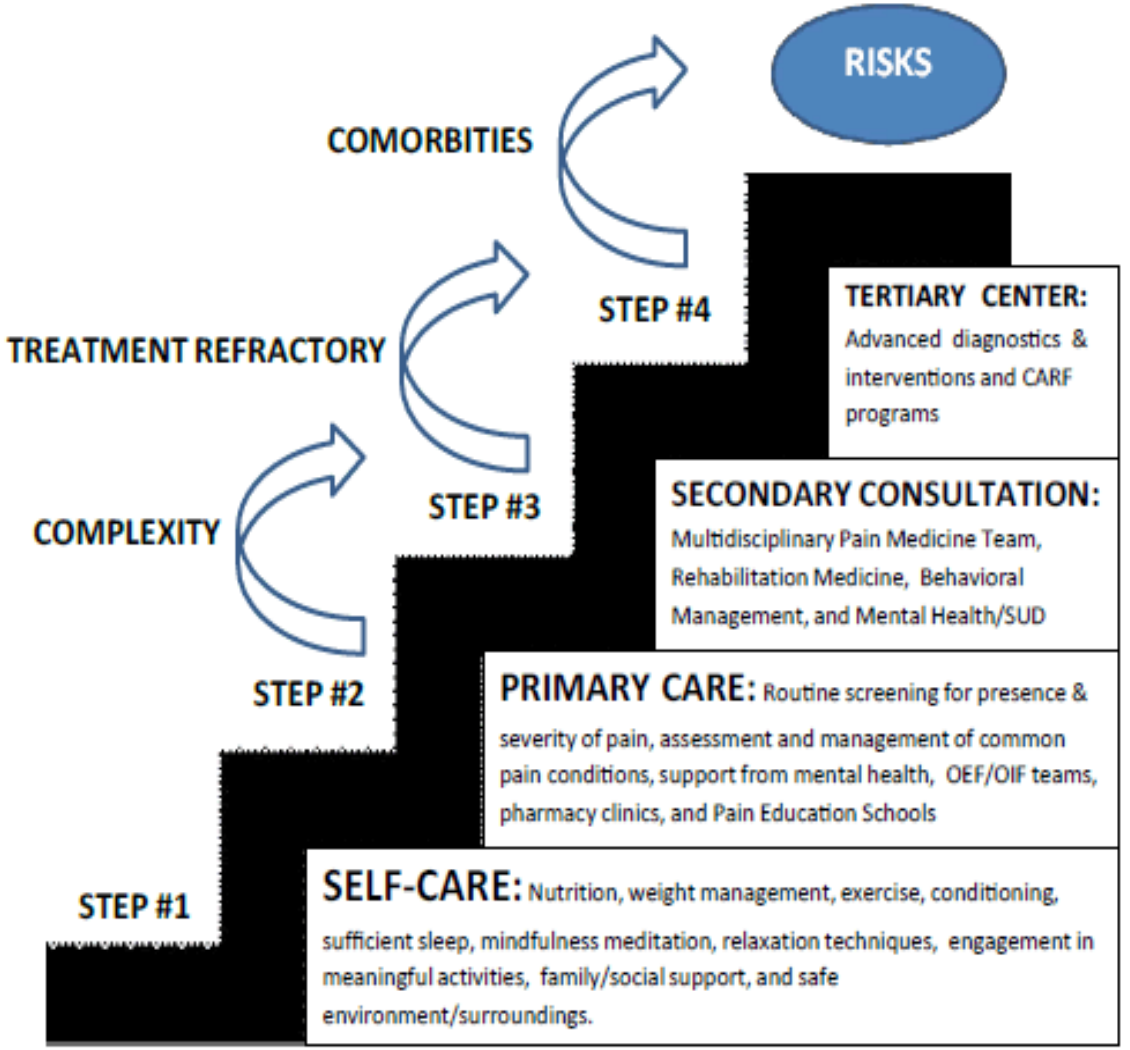
LBP pathways typically have a primary care MD as the frontline provider seen first.

Medical training traditionally emphasizes a biomedical paradigm

Efforts to modify management paradigms are challenging and protracted

Revised pathways seek to optimize the likelihood that a patient is consulting a provider whose training best aligns with the care needed.

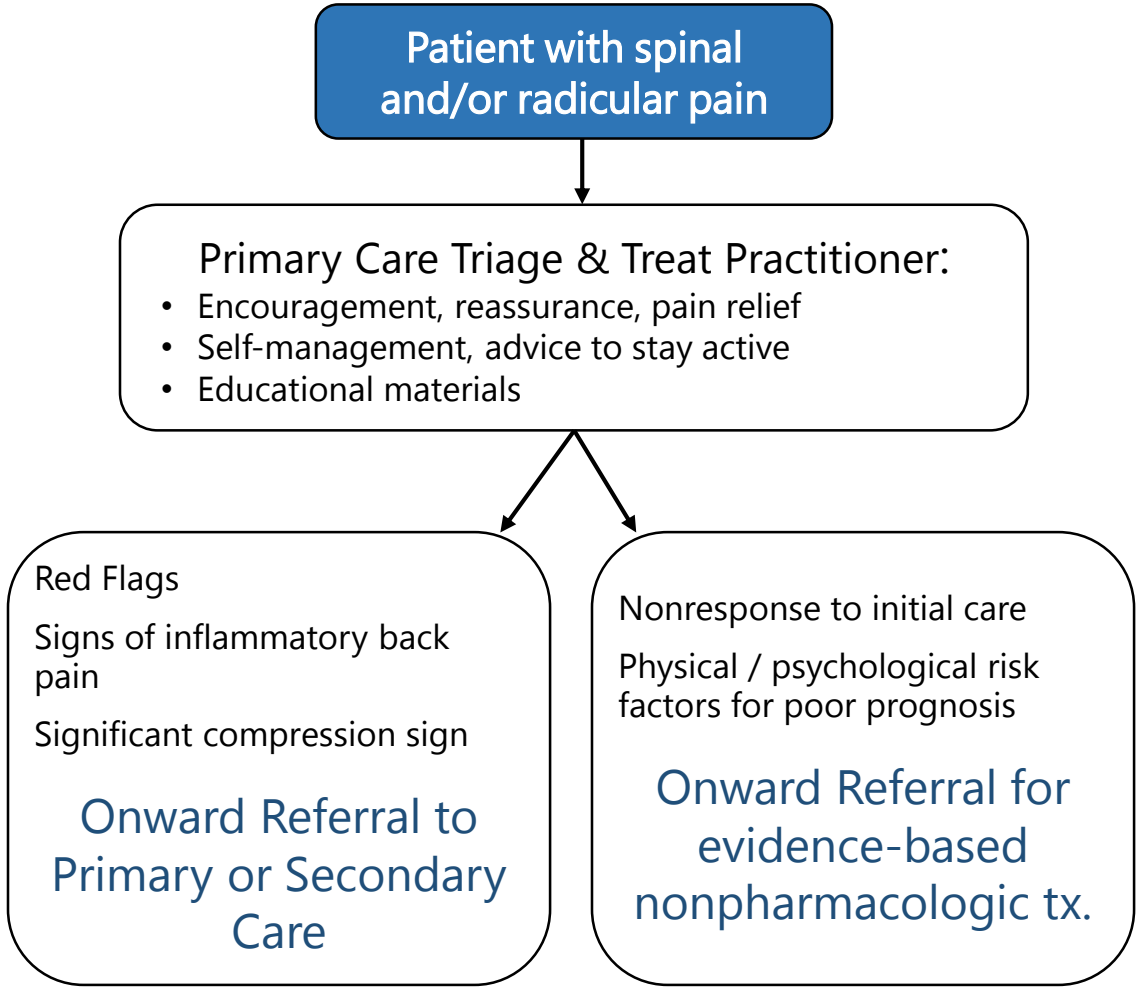


The VA's stepped care model of pain management.

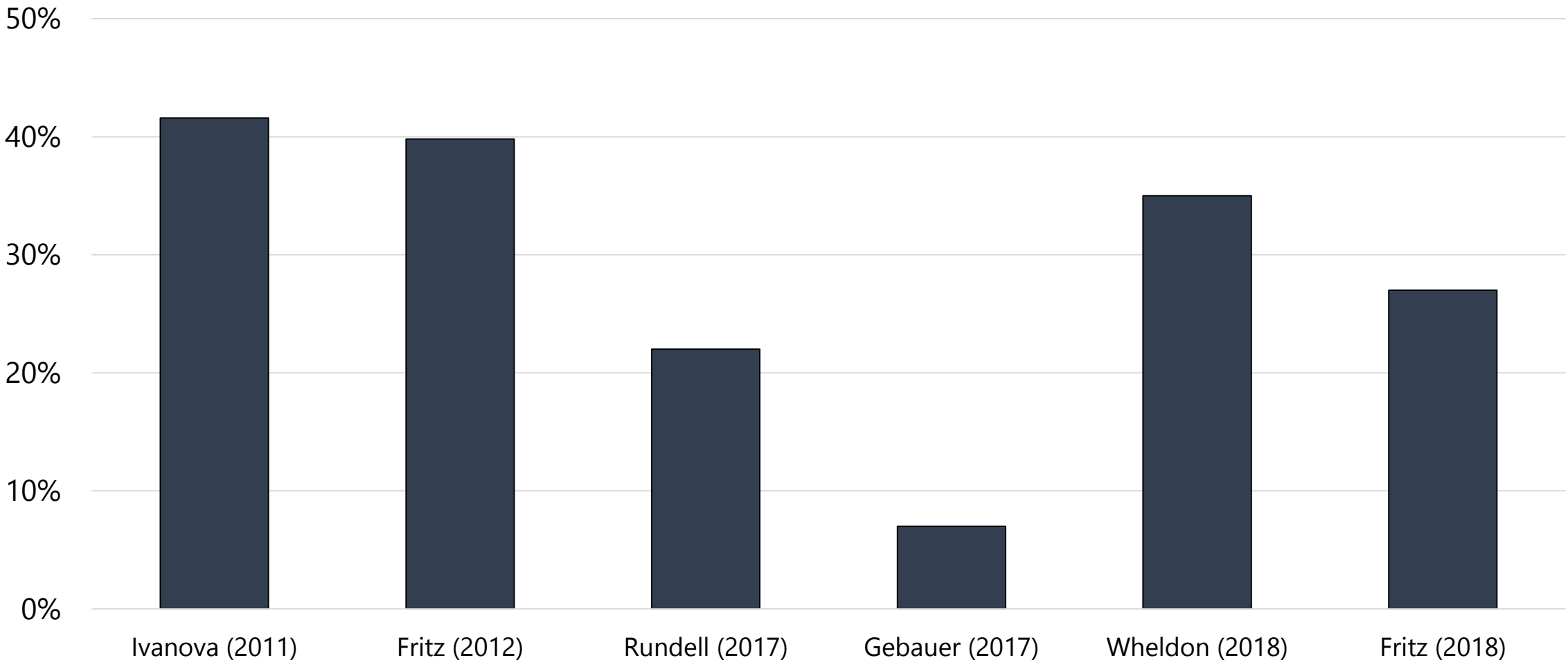
Spine and Radicular Pain Pathway

UK Example

- NHS national pathway for treatment of back and radicular pain developed by 29 stakeholder groups.
- Key to the pathway is Triage & Treat Practitioner; typically advanced training nurse or physiotherapist
- Piloted in one region
  - significant reduction in imaging, secondary care and community PT referrals
  - 22% of patients referred outside T&T
- NHS England national roll out

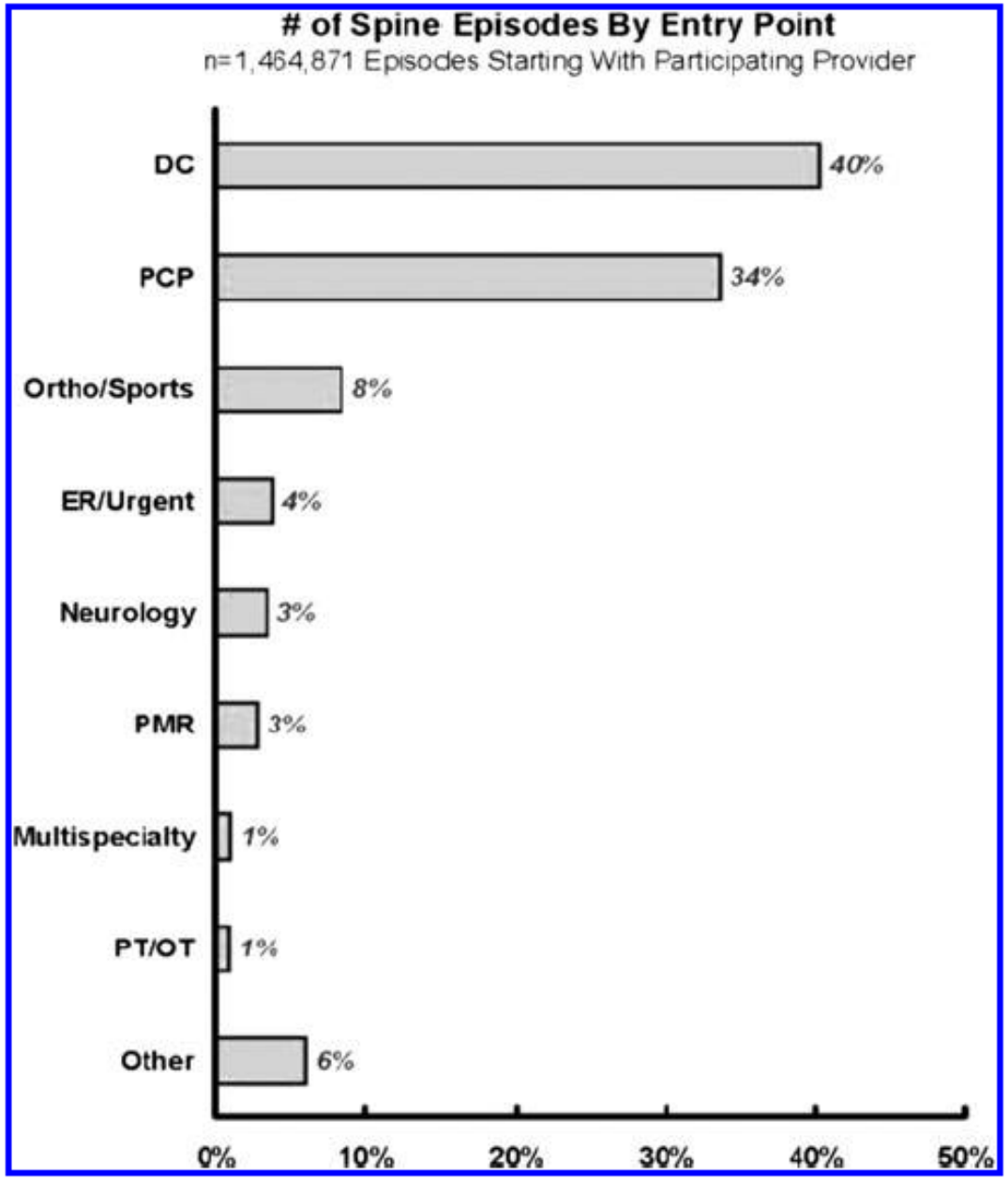


Proportion of New MD Visits for LBP Associated with an Opioid Fill in U.S.



First Provider Seen for LBP in the U.S.

- Data from United Health Care (2010)
  ~ 1.5 million episodes of care
- Most episodes began with either PCP or chiropractor
  - Supply and spending on DC care associated with lower risk of an opioid fill. (Weeks & Geortz, *JMPT*, 2016)
  - Utilization of DC care associated with 55% reduction in likelihood of an opioid fill in New Hampshire APCD. (Wheldon et al, *JACM*, 2018)



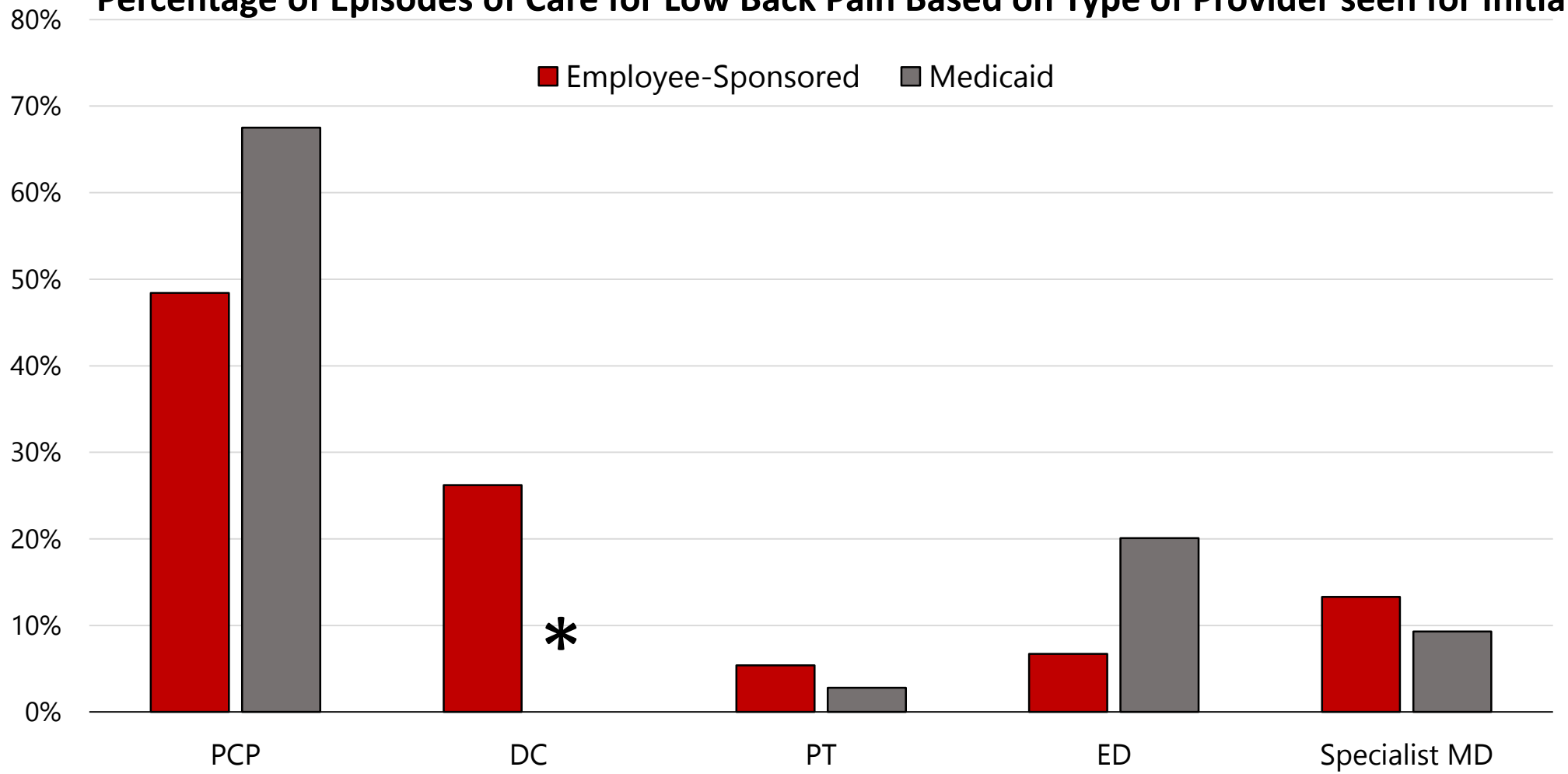
FROM: Kosloff TM, Elton D, Shulman SA, et al. Population Health Management 2013;16:390–396

Journal of Evaluation in Clinical Practice
International Journal of Public Health Policy and Health Services Research

Importance of the type of provider seen to begin health care for a new episode low back pain: associations with future utilization and costs

Julie M. Fritz PhD PT FAPTA,[1,2] Jaewhan Kim PhD[3] and Josette Dorius BSN MPH[4]

Percentage of Episodes of Care for Low Back Pain Based on Type of Provider seen for Initial Visit



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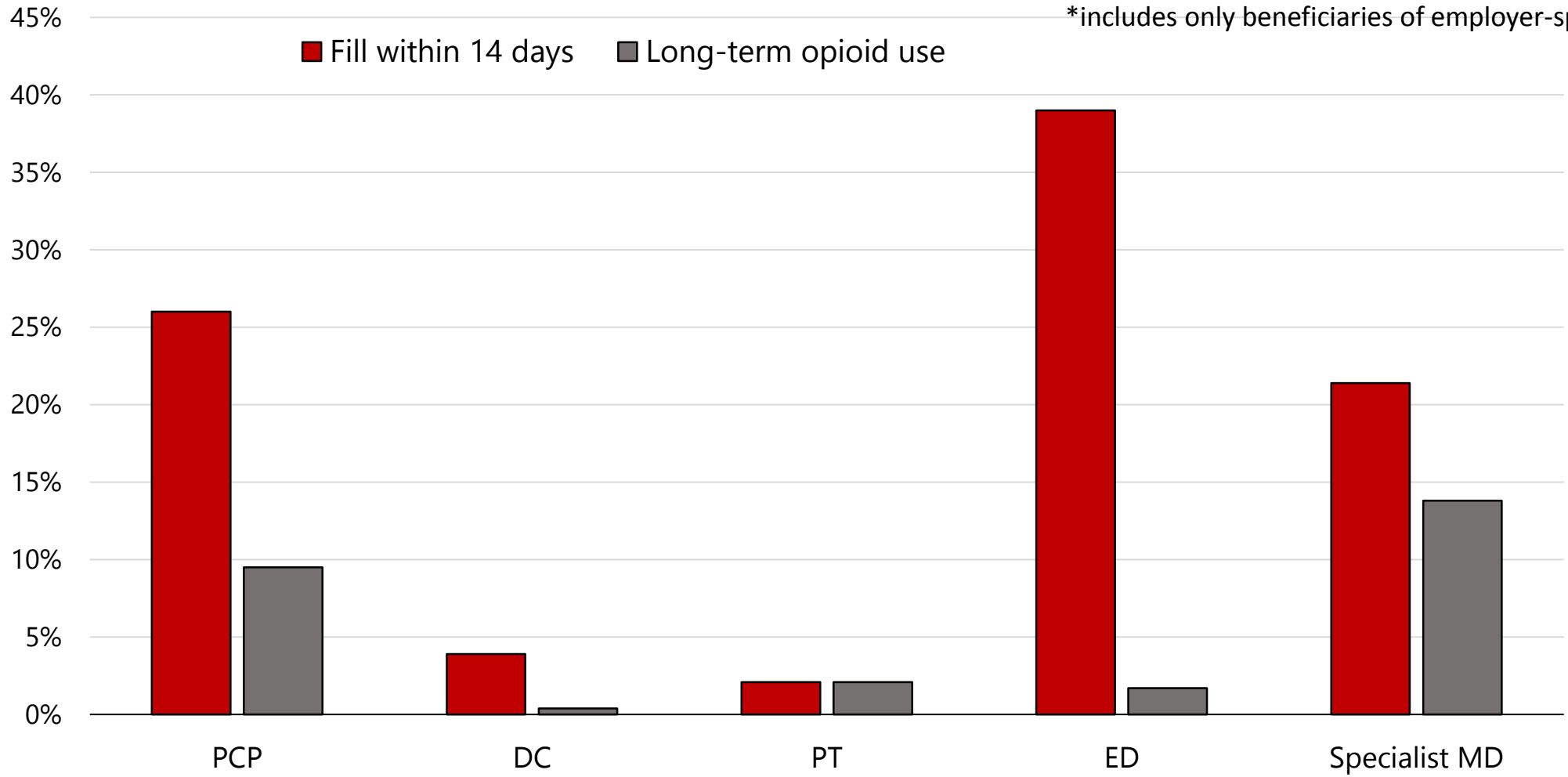
*includes only beneficiaries of employer-sponsored plans



Accessing the patient perspective

Patient Adviser Conversations about alternative pathways

- ✓ More favorable if teamwork between all providers is emphasized
- ✓ Most important goal is rapid pain relief
- ✓ More likely participate if fears about pain are addressed
- ✓ Expressed need to be reassured that nothing “terrible” is wrong

For low back pain care…

" Who you see is what you get"

Cherkin, et al. Physician variation in diagnostic testing for low back pain. Arth & Rheum *1994*

Providing the right care to the right patient at the right time may be more likely if the patient is seeing the right provider

Attention to sequencing of care providers may be more readily achieved than re-training providers in new care paradigms

SUMMARY

- It matters who patients see first.
- Reform of care pathways provide important opportunities to reduce low-value care
- Implementation of new pathways is hard
- De-implementation of old pathways is harder
- Key barriers include payment models, provider education, patient perceptions