Psychologically-Informed Pain Self-Management Competencies for Providers: Perspectives from the National Institutes of Health, Department of Defense, U.S. Department of Veterans Affairs (NIH-DOD-VA) Pain Management Collaboratory

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Defense Health Agency

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Presenter(s)

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Robert D. Kerns, Ph.D.

- Dr. Robert D. Kerns is a clinical psychologist with a longstanding interest and commitment to improving pain care. He is Professor Emeritus at Yale University, a Senior Research Scientist in the Department of Psychiatry at the Yale School of Medicine, and a Program Director of the National Institutes of Health (NIH), Department of Defense (DOD), Department of Veterans Affairs (VA), Pain Management Collaboratory Coordinating Center.
- Dr. Kerns has a strong record of federally funded research on pain management, and he is the author of over 300 original, peer-reviewed publications, books and chapters.

Brian C. Coleman, D.C., M.H.S.

- Dr. Brian C. Coleman is a chiropractor and health services investigator with specialty training in medical informatics and data science. His research includes focuses on mental health comorbidity (specifically post-traumatic stress disorder) in veteran populations and on using machine learning and natural language processing approaches to analyze veteran electronic health record data, especially those related to pain and chiropractic care.
- He is a National Center for Complementary and Integrative Health (NCCIH) Clinician Scientist Career Development Award (K08) recipient, with a training development plan in pragmatic clinical trials and implementation science building on his prior experience as a member of the Pain Management Collaboratory Coordinating Center.

Emma H. Beisheim-Ryan, Ph.D., D.P.T., P.T.

- Dr. Emma H. Beisheim-Ryan is a physical therapist and Musculoskeletal Rehabilitation Research Scientist with the Extremity Trauma and Amputation Center of Excellence at the Naval Medical Center San Diego, in San Diego, Calif. Her clinical research aims to identify novel, evidence-based interventions that effectively reduce pain-related disability among service members with complex musculoskeletal injuries and facilitate their successful implementation into clinical practice.
- Dr. Beisheim-Ryan's scientific contributions include establishing standardized evaluation components for patients with complex pain and limb trauma and identifying implementation strategies to promote clinician adoption of evidence-based rehabilitation interventions.

Disclosures

- Dr. Kerns is an employee of Yale University. He has received research funding from the NIH, VA, and Patient-Centered Outcomes Research Institute (PCORI) over the past five years. He also receives consultant fees for his contributions to other NIH funded research projects and NIH and PCORI Data and Safety Monitoring Board (DSMBs). He receives honoraria as Executive Editor of *Pain Medicine* and as a Scientific Advisory Board member for the Canadian Chronic Pain Centre of Excellence. He serves on the Board of Directors for *A Place to Nourish your Health.*
- Dr. Coleman is an employee of Yale University and the VA Connecticut Healthcare System. He receives research funding from the National Center for Complementary and Integrative Health (NCCIH) under award K08AT011570.
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- Commercial support was not received for this activity.

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe the concept of chronic pain self-management as a key objective for chronic pain management.
2. Summarize key barriers and opportunities for promoting chronic pain self-management.
3. Explain the strategies for promoting chronic pain self-management when delivering chiropractic care and physical therapy, and other evidence-based nonpharmacological approaches.

Poll #1

What is your clinical role or background?

1. Psychiatrist/Psychologist
2. Physician/Physiatrist
3. Physical Therapist or Therapy Assistant
4. Occupational Therapist or Therapy Assistant
5. Chiropractor
6. Nurse
7. Speech Language Pathologist
8. Audiologist
9. Social Worker
10. Other

Poll #2

How familiar are you with the NIH-DoD-VA Pain Management Collaboratory (PMC)?

1. Not familiar at all
2. Somewhat familiar
3. Very familiar

NIH-DOD-VA Pain Management Collaboratory

Image source
https://painmanagementcollaboratory.org/

NIH-DOD-VA Pain Management Collaboratory

Initial $81 million investment over six years

Sponsors:

NIH

- National Center for Complementary and Integrative Health, National Institute for Neurological Disorders and Stroke, National Institute of Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, National Institute of Child Health and Human Development, National Institute of Nursing Research, Office of Behavioral and Social Sciences Research, Office of Research on Women's Health

DOD

- Clinical Rehabilitative Medicine Research Program, Military Operational Medicine Research Program

VA

- Health Services Research & Development Service, Office of Research and Development

Gap Between Evidence and Practice

- Growing evidence to support integrated, coordinated, multimodal and interdisciplinary models of pain care that support patient activation and pain self-management

- Significant organizational/systems, provider and patient-level barriers to timely and equitable access to these approaches

- Veteran and military health systems are ideally positioned to address this gap

NIH-DOD-VA Pain Management Collaboratory

Key Objective:

- Conduct pragmatic clinical trials (PCTs) to evaluate whether non-pharmacological approaches for management of pain and common co-occurring conditions and integrated models of care are effective when delivered in the Veteran Health Administration (VHA) and/or the Defense Health Agency (DHA)
- Why pragmatic studies?
  - Emphasize generalizability of results and protect rigor
  - Answer questions that inform VHA and DHA about what services to make available to patients with pain throughout their systems
  - Results may inform other health care systems about nonpharmacological treatments for pain management

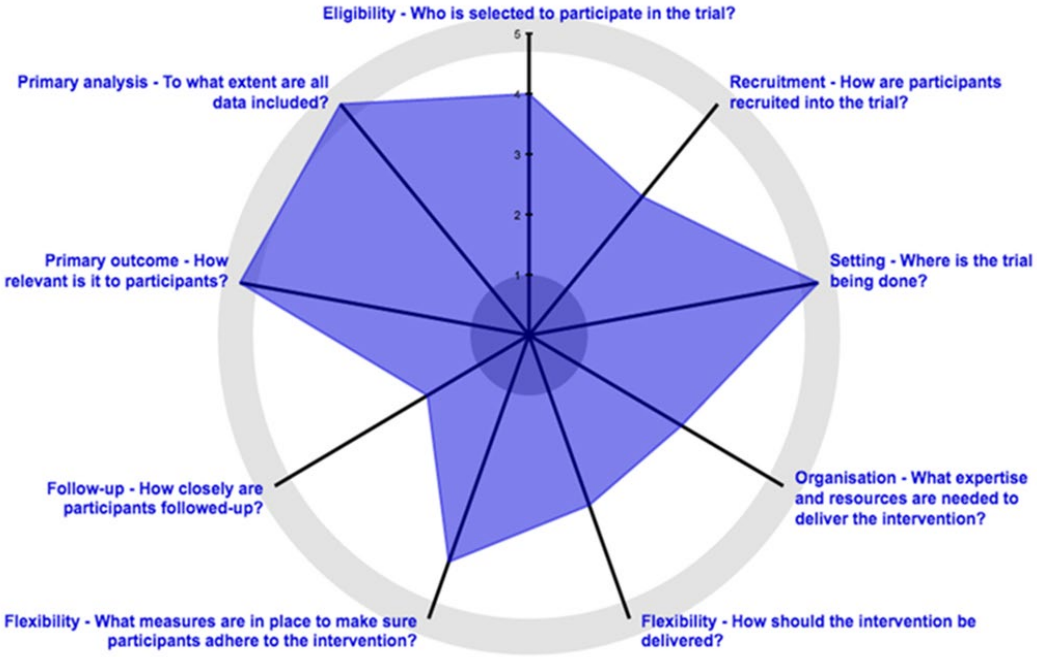
PRagmatic Explanatory Continuum Indicator Summary (PRECIS-2) Domains

- Eligibility: Minimal exclusion criteria (e.g., persons with significant alcohol use/abuse included)
- Recruitment: In the flow of routine clinical care
- Setting: Clinical care settings (e.g., primary care, physical therapy (PT), surgery)
- Organization: Limited additional resources or training (e.g., clinical staff deliver interventions)
- Flexibility (in intervention delivery): Patient-centered; flexible; adaptations consistent with optimized clinical care (e.g., COVID related adaptations)
- Flexibility (in intervention receipt/adherence): Minimal enhancements beyond those embedded in the interventions
- Follow-up: Consistent with routine clinical follow-up
- Primary outcomes: Patient-centered (i.e., pain and pain reduction, ability to function in daily life, quality of life, and medication usage/reduction/discontinuation)
- Primary analyses: Intent to treat approach

(Louden et al., 2015)

Chiropractic Care for Veterans: A Pragmatic Randomized Trial Addressing Dose Effects for cLBP

1. Evaluate the comparative effectiveness of a low dose (1-5 visits) of standard chiropractic care against a higher dose (8-12 visits) in Veterans with chronic low back pain (cLBP).
2. Evaluate the comparative effectiveness of chiropractic chronic pain management ([CCPM]; one scheduled chiropractic visit per month x 10 months), compared to usual care, following the initial treatment described in Aim 1.
3. Evaluate the impact of CCPM on health services outcomes compared to usual care.
4. Evaluate patient and clinician perceptions of non-specific treatment factors, effectiveness of study interventions, and impact of the varying doses of standard chiropractic care and the CCPM on clinical outcomes across 3 VA facilities using a mixed method, process evaluation approach.



(Louden et al., 2015)

13 Pragmatic Clinical Trials

J. Fritz/D. Rhon:
SMART Stepped Care Management for Low Back Pain in Military Health System (NIH)

A. Heapy/D. Higgins:
Cooperative Pain Education and Self-management: Expanding Treatment for Real-world Access (COPES ExTRA) (NIH)

K. Seal/W. Becker:
Implementation of a Pragmatic Trial of Whole Health Team vs. Primary Care Group Education to Promote Non-Pharmacological Strategies to Improve Pain, Functioning, & Quality of Life in Veterans (NIH)

S. Taylor/S. Zeliadt:
Complementary and Integrative Health for Pain in the VA: A National Demonstration Project (VA)

C. Goertz/C. Long:
Chiropractic Care for Veterans: A Pragmatic Randomized Trial Addressing Dose Effects for cLBP (NIH)

M. Rosen/S. Martino:
Engaging Veterans Seeking Service-Connection Payments in Pain Treatment (NIH)

S. George/S.N. Hastings:
Improving Veteran Access To Integrated Management of Chronic Back Pain (AIM-BACK) (NIH)

D. Burgess:
Learning to Apply Mindfulness to Pain (LAMP) (DOD)

D. McGeary/J. Goodie:
Targeting Chronic Pain in Primary Care Settings Using Internal Behavioral Health Consultants (DOD)

T. Lovejoy/B. Morasco
Tele-Collaborative Outreach to Rural Patients with Chronic Pain: The CORPs Trial (NIH)

M. Rosen/S. Martino
Implementation Facilitation of Screening, Brief Intervention, and Referral to Treatment for Pain Management for Veterans Separating from Military Service(NIH)

C. Dearth/B. Hendershot:
Resolving the Burden of Low Back Pain in Military Service Members and Veterans (RESOLVE Trial) (DOD)

B. Ilfeld:
Ultrasound-Guided Percutaneous Peripheral Nerve Stimulation: A Non-Pharmacological Alternative for the Treatment of Postoperative Pain (DOD)

Site Locations

All was swell, and then came the pandemic response to COVID-19

- Built a supportive community, drawing on the strengths of the PMC, VA and DOD as learning healthcare systems.
- Coordinated effort to identify significant changes to PCT protocols (sampling and recruitment plans, assessments, interventions) as a function of COVID. Manuscript on shift to virtual delivery of pain interventions under review.
- Developed survey instrument to assess impact of COVID for study participants.
- Collaborated with NIH Health Systems Research Collaboratory to identify solutions and best practices, and to develop recommendations for appropriate analytic approaches to address protocol adaptations.
- Encouraged ongoing communication between PCT Principal Investigators (PIs) and sponsoring agency program officers and relevant Institutional Review Boards (IRBs) and Data Safety Monitoring Boards (DSMBs) regarding potential protocol changes.

Addressing COVID Impacts

- Coleman, et al., on behalf of the NIH-DoD-VA Pain Management Collaboratory, (2020). **Adapting to disruption of research during the COVID-19 pandemic while testing non-pharmacological approaches to pain managemen**t. *Translational Behavioral Medicine*, *10*, 827–834.
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- Lazar, et al., (2022). **Counseling veterans with chronic pain during the COVID-19 pandemic: A secondary analysis of a randomized controlled trial**. *Pain Medicine, 23,* 1434-1441.
- Roytman, et al., (2021). **Changes in the use of telehealth and face-to-face chiropractic care in the Department of Veterans Affairs before and after the COVID-19 Pandemic.** *Journal of Manipulative and Physiological Therapy, 44*, 584-590.
- Kerns, et al., (2022). **Chronic pain self-management: Psychologically-guided core competencies for providers.** *Pain Medicine, 23,* 1815-1819.
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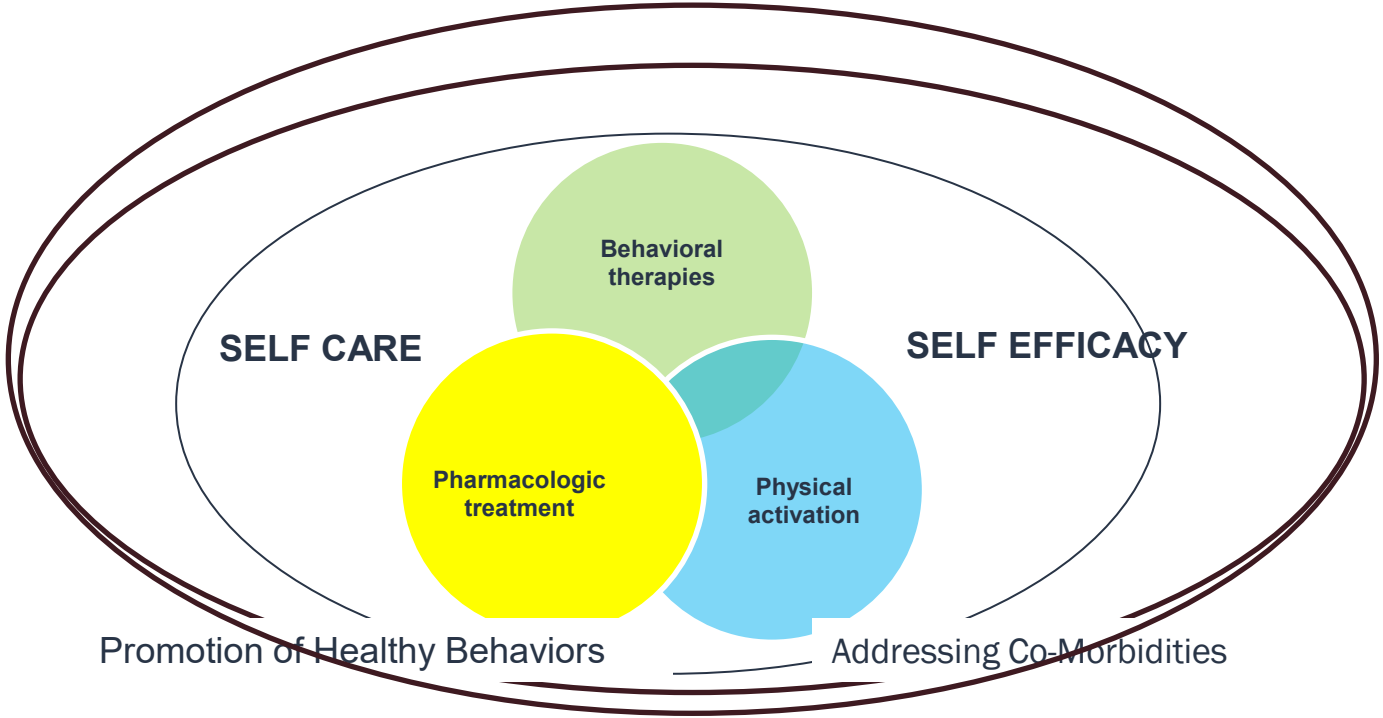
Goals of Pain Treatment: Foundations of patient-centered, integrated, evidence-based, multimodal and interdisciplinary care

- Identify and treat/ manage underlying disease; including comorbid disorders
- Reduce the incidence and severity of pain
- Optimize functioning and productivity
- Reduce emotional distress
- Improve overall quality of life

Photo courtesy of Dr. Kerns

Biopsychosocially-Informed Multimodal Treatment Plan



(Adapted from Dobscha et al., 2009)

Care of People with Pain
Institute of Medicine (IOM) Recommendations

- 3-1. Health care provider organizations should promote and enable self-management of pain as the starting point of management
- 3-2. Population strategy described in Recommendation 2-2 should include developing strategies to overcome barriers to care
- 3-3. Health professions education and training programs, professional associations, and other groups should provide educational opportunities in pain assessment and treatment in primary care
- 3-4. Pain specialty professional organizations and primary care professional associations should support collaboration between pain specialists and primary care clinicians, including greater proficiency by primary care providers along with referral to pain centers when appropriate
- 3-5. Payers and health care organizations should revise reimbursement policies to foster coordinated and evidence-based pain care
- 3-6. Health care providers should provide consistent and complete pain assessments

(IOM, 2011)

Patient Centered Pain Self-Management

- Informed by chronic illness model
- Empowering persons with pain through reassurance, encouragement and education
- Conservative use of analgesics and adjuvant medications
- Promotion of regular exercise and healthy and active lifestyle
- Development of adaptive strategies for managing pain

(https://www.va.gov/PAINMANAGEMENT/Veteran_Public/Self_Management.asp)

When I was young.....

The Clinical Journal of Pain
1:195–203 © 1986 Raven Press, New York

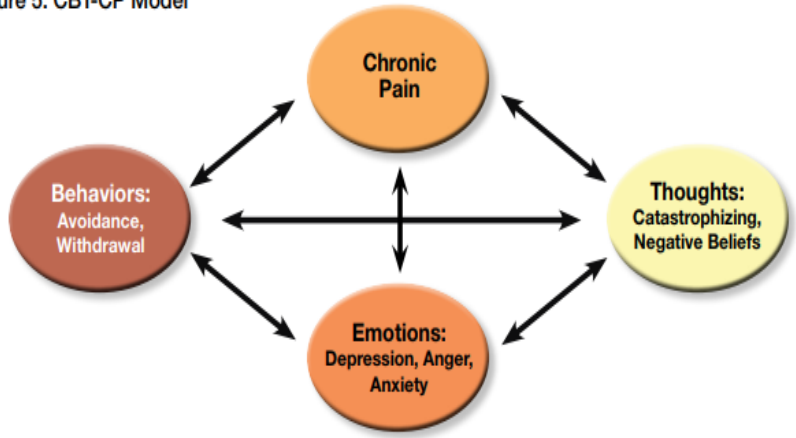
Comparison of Cognitive-Behavioral and Behavioral Approaches to the Outpatient Treatment of Chronic Pain

*Robert D. Kerns, Jr., †Dennis C. Turk, *Arnold D. Holzman, and †Thomas E. Rudy

*West Haven VA Medical Center, Yale University School of Medicine, West Haven, Connecticut, and †Center for Pain Evaluation and Treatment, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, U.S.A.

(Kerns et al., 1986)

Figure 5. CBT-CP Model

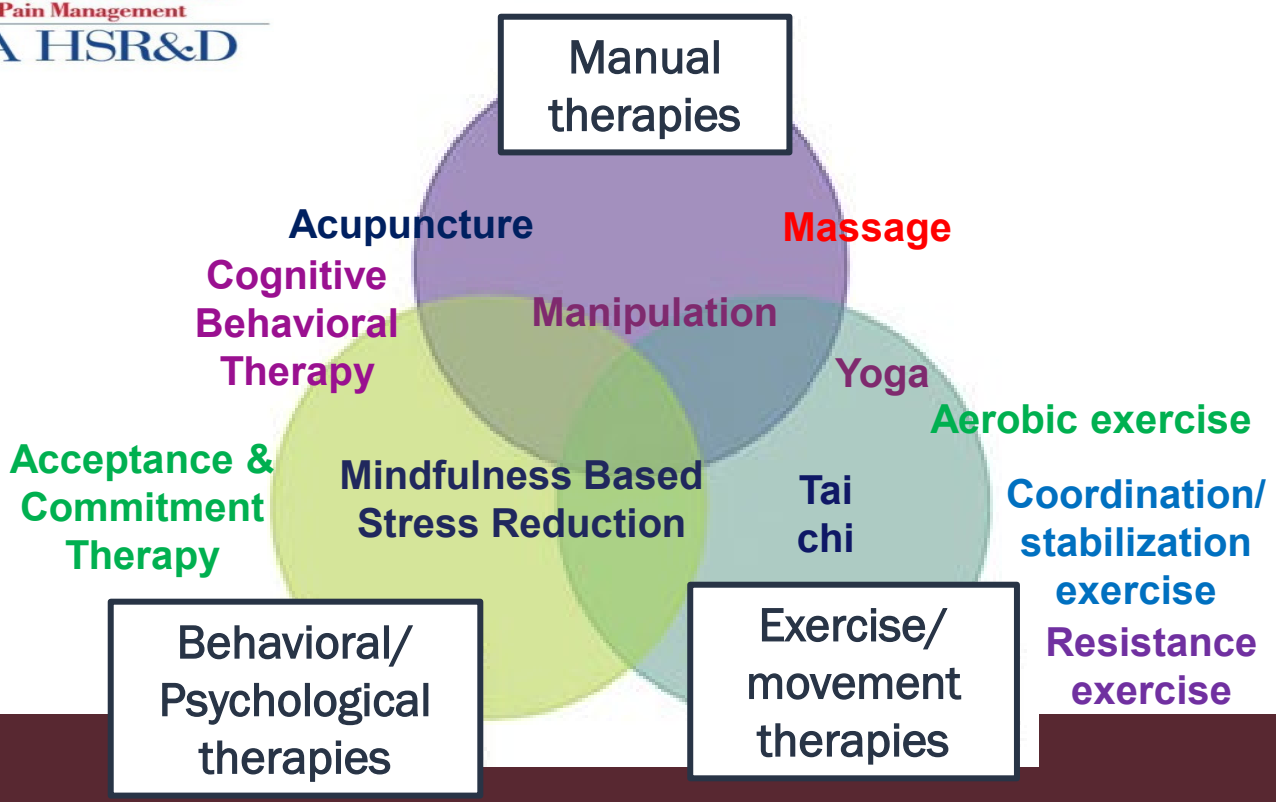


- Pain management, not cure
- Realistic goals
- Promoting self-efficacy
- Focus on optimal functioning, well-being and quality of life

(https://thewrightinitiative.com/misc/principles-of-cognitive-behavioural-therapy.html)

Non-Pharmacological Approaches Ready for Implementation

STATE OF THE ART CONFERENCE
Non-pharmacological Approaches to Chronic Musculoskeletal Pain Management
VA HSR&D



Self-Management of Chronic Pain: Psychologically-Guided Core Competencies for Providers

- Key questions:
  - How can principles of adaptive pain self-management be applied in the context of delivery of evidence-based non-pharmacological approaches for management of pain and common co-occurring medical and mental health conditions?
  - What are the core competencies for providers of pain care required to support patients' adoption of an adaptive pain self-management approach?

Poll #3

How would you self-evaluate your experience and competence with incorporating pain self-management principles in clinical practice?

1. Basic knowledge (no experience)
2. Novice (limited experience)
3. Intermediate (moderate experience)
4. Advanced (regular experience)
5. Expert (extensive experience and/or ability to teach principles to others)

Self-Management of Chronic Pain Psychologically-Guided Core Competencies for Providers

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Commentary

COMMENTARY

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(Kerns et al., 2022)

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- Study Team
  - Clinician-scientists from the PMC
  - Diverse backgrounds
    - ✓ 3 Clinical Psychologists
    - ✓ 4 Chiropractors
    - ✓ 4 Physical Therapists

(Kerns et al., 2022)

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- Cross-disciplinary recognition of patient self-management construct
  - Importance
  - Challenges
  - Skillset and Competencies

(Kerns et al., 2022)

Self-Management of Chronic Pain: Psychologically-Guided Core Competencies for Providers

- Core competencies for pain management established, 25 skills across four domains (adapted from Fishman et al., 2013)
  - Multidimensional Nature of Pain
  - Pain Assessment
  - Pain Management
  - Clinical and Social Context

Self-management of Chronic Pain: Psychologically-guided core competencies for providers

- Psychologically guided self-management of pain
  - Psychological training, lifestyle modification, pain education, physical activity, some complementary and integrative health (CIH) therapies
  - Informed by biopsychosocial model

- Foundational frameworks to support patient capacity and address emotional, social, and psychological barriers for changing behavior for pain self-management
  - Behavior Change Wheel, motivational interviewing

Spanning clinical disciplines…?

(https://www.flickr.com/photos, n.d.)

(https://en.wikipedia.org/wiki/Spinal_manipulation#/media/, n.d.)

Chiropractic Care – Self-Management

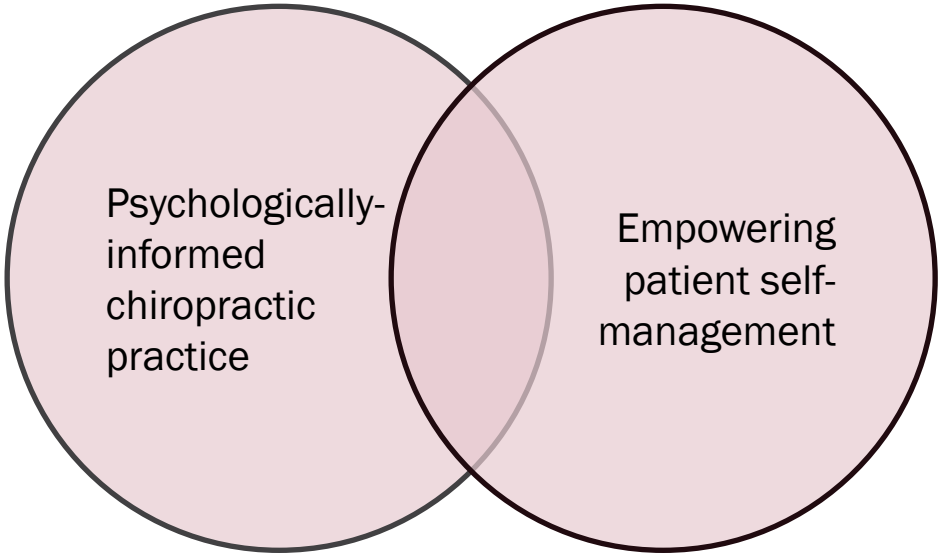
- Psychologically-guided frameworks common in chiropractic practice
  - Assessment of psychosocial, lifestyle, and behavioral factors affecting pain presentation
  - Goal-setting
  - Combination of passive with active therapies, co-management

- Changing reputation on treatment vs. discipline
  - Spinal manipulation not equal to Chiropractic care
  - Passive manual therapy treatments require little behavior change commitment needed on behalf of the patient

Chiropractic Care – Self-Management

- Self-management consistently identified as component of high-quality, multimodal chiropractic care
  - Hawk et al. (2020) “Best practices for chiropractic management of patients with chronic musculoskeletal pain: A Clinical Practice Guideline”. *Journal of Alternative and Complementary Medicine.*
  - Vining et al. (2019) “An evidence-based chiropractic clinical decision aid for managing low back pain: Results of a consensus process study”. *Journal of Manipulative Physiological Therapeutics.*

Chiropractic Care – Self-Management



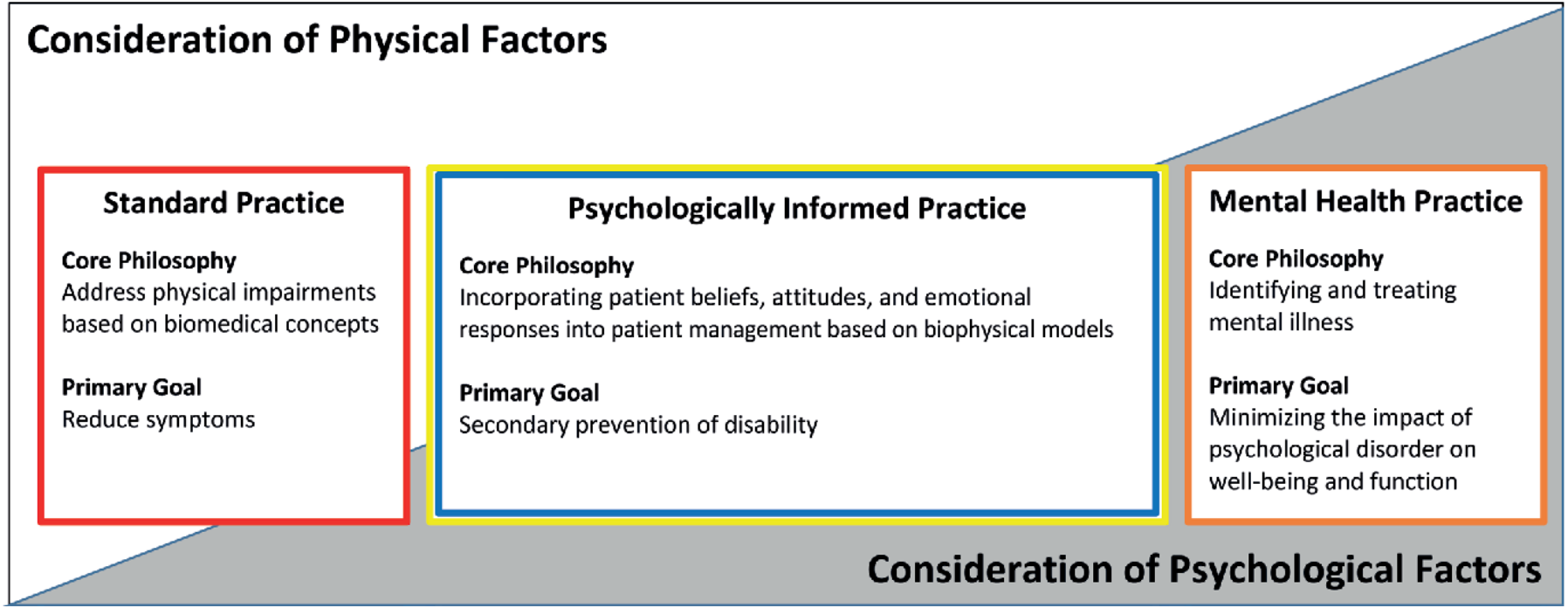
Chiropractic Practice

Chiropractic Training/Educational Competencies

Chiropractic Care – Self-Management

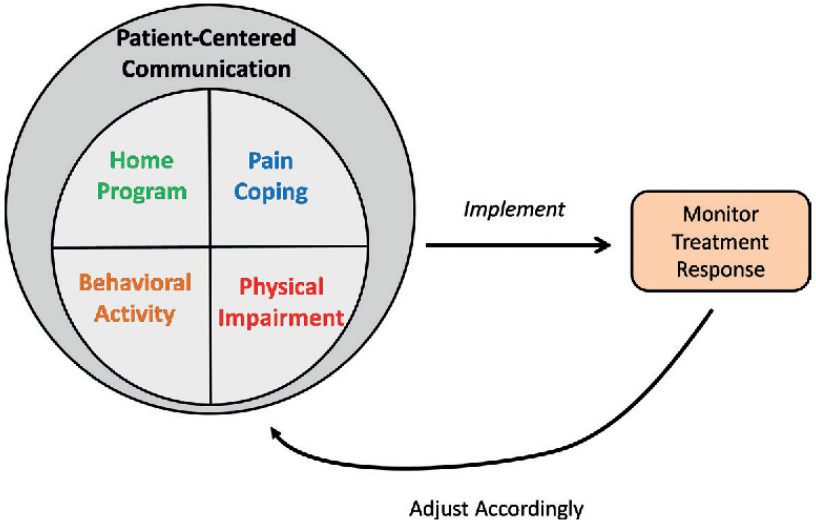
- The Opportunity
  - Use the touchpoint of chiropractic care visit to provide reassurance, education, support patient capacity for pain-self management
  - Address the inclusion of psychologically-guided care and self-management skills in core educational competencies

Psychologically Informed Physical Therapy (PIPT)



(Main & George, 2011)

Psychologically Informed Physical Therapy (PIPT)



(Keefe, Main, & George 2018)

PIPT as a Model for Self-Management

- Create a sustainable home program that addresses individualized barriers
- Identify and investigate maladaptive coping strategies
- Facilitate graded and personalized activity
- Provide tailored, biopsychosocial education and training
- Monitor success and adjust

Utilizing PIPT Techniques to Promote Self-Management

Evaluation

Patient-centered, motivational interview methods

- Create a safe space for questions and concerns
- Ask open-ended questions
- Acknowledge the emotional and physical aspects of dealing with pain
- Encourage self-assessment (elicit-provide-elicit)

Treatment

Reinforcement

- Understand/support patients' self-efficacy and motivation
- Encourage/celebrate success (exercise, self-management strategy)

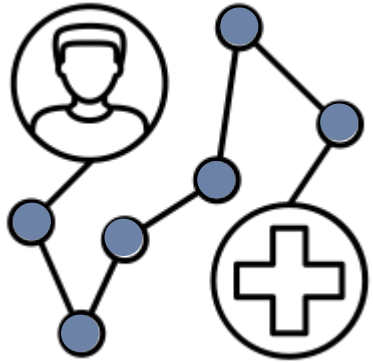
Utilizing PIPT Techniques to Promote Self-Management

Promote specific, individualized skill training

- Step 1: Meet patients where they are – what makes sense to them?
- Step 2: Educate, practice, and reinforce salient techniques
  - Mindfulness, meditation, deep breathing
  - Goal setting (Specific, Measurable, Achievable, Relevant, Time-based-[SMART Goals])
  - Activity pacing
  - Self-check-ins, support system check-in
- Step 3: Create a plan for maintenance

Barriers to Promoting Self-Management

- Clinician-level
  - Time - everyone has a story!
  - Discomfort initiating or responding to communication
  - Difficulty quantifying and dosing self-management interventions
- Patient-level
  - Limited patient receptiveness
  - Fear or limited self-efficacy
- Health-system-level
  - Limited reimbursement for PIPT interventions
  - Limited, delayed, or otherwise non-systematic access



Untapped Opportunities and Ways to Get Started

- Identify site- and team-specific barriers
- Practice your pitch – selling self-management can be critical!
- Engage interdisciplinary stakeholders and key leadership
  - Invest in opportunities to improve patient-centered communication
  - Determine feasible mentoring and feedback processes
  - Determine organizational policies for mental health referrals
- Incorporate technology
  - Self-management can be taught, monitored, reinforced, and sustained via telehealth!
- Advocate for policies that recognize and support self-management training

Key Takeaways

- The Pain Management Collaboratory provides an opportunity for shared learning and knowledge generation among a large interdisciplinary community of investigators, sponsors, and other partners.
- Pain self-management is a core component of effective pain management, across the continuum from primary to tertiary care.
- Individualize your approach: meet patients/clients where they are
- Incorporate self-management communication across all therapeutic techniques (exercise, education)

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Questions?

How to Obtain CE/CME Credits

To receive CE/CME credit, you must register by 0800 ET on 27 October 2023 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 9 November 2023 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: https://www.dhaj7-cepo.com/content/oct2023ccss
2. Search for your course using the **Catalog**, **Calendar**, or **Find a course** search tool.
3. Click on the REGISTER/TAKE COURSE tab.
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4. Follow the onscreen prompts to complete the post-activity assessments:
   a. Read the Accreditation Statement
   b. Complete the Evaluation
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