

# Targeting Chronic Pain in Primary Care Settings Using Internal Behavioral Health Consultants

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# Disclaimer

The views expressed in this presentation are those of the authors and do not reflect the official policy or position of the U.S. Public Health Service, the Department of Health and Human Services, the Department of Defense, or their agencies.

# Chronic Pain

- In the DoD, orthopedic pain and injury account for:
  - Over 24 million days of limited duty
  - \$1.5 trillion
- Chronic pain increases risk for psychological disability and distress
- Treatment approaches in the military for chronic pain have traditionally focused on medical interventions (e.g., meds, surgery)

# What is Chronic Pain?

- **Chronic pain** is an ongoing or recurrent pain lasting **beyond the usual course of acute illness or injury**. Chronic pain typically lasts more than three to six months and adversely affects the individual's well-being. There may not be a clear underlying physiological cause to chronic pain.<sup>1</sup>

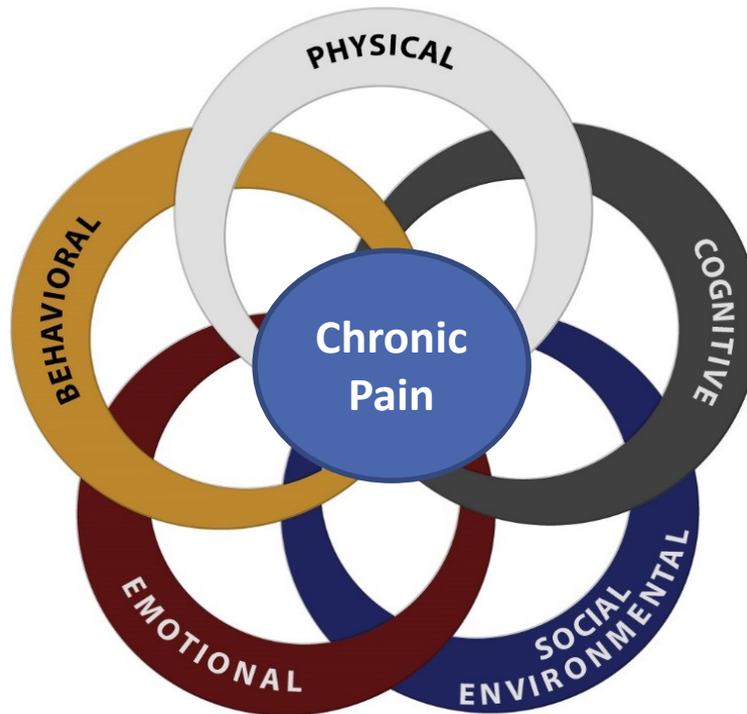
<sup>1</sup>International Association for the Study of Pain (1994). Part III: Pain Terms, A Current List with Definitions and Notes on Usage (pp 209-214). In Classification of Chronic Pain, IASP Task Force on Taxonomy, edited by H. Merskey and N. Bogduk, IASP Press, Seattle.

# Implications of Biomedical Model

- Question: Why does this person *have* pain?
- Reinforces dualistic view of pain
  - Physical or Psychological
- If pain is not improved with surgery or medications then pain is “psychogenic” (i.e., not real)



# Biopsychosocial Model of Chronic Pain



# Implications of Biopsychosocial Model

- Question: “What ***contributes*** to this person’s pain?”
- Pain is affected by other factors besides tissue input
- Focus is on managing pain, in addition to appropriate medications and surgical interventions

# Common Biopsychosocial Interventions

## *Typically Offered in Specialty Behavioral Health*

- Education
  - Acute vs. chronic pain; hurt vs. harm
  - Understanding the chronic pain cycle; disuse syndrome
  - Gate Control theory
- Relaxation strategies
  - Deep breathing, progressive muscle relaxation
- Cognitive Behavioral/Acceptance Commitment Therapy
  - Behavioral activation, acceptance, challenging negative thinking
  - Managing emotions (e.g., anxiety, depression, frustration tolerance)
- Pacing
  - Using time or distance to gauge involvement in activities
- Improving social support and environment

# Best Practice Guidelines

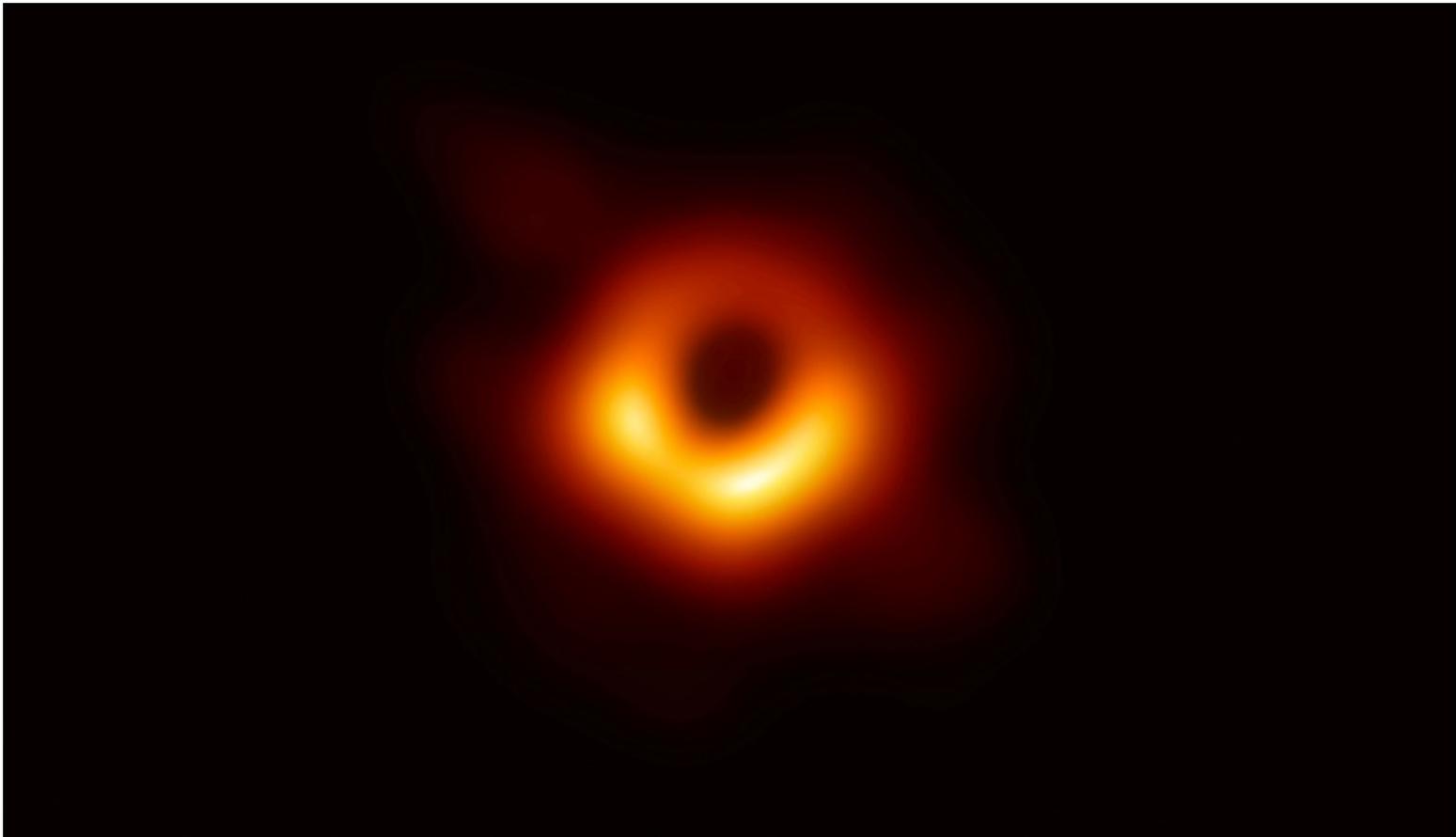


9 May 2019

<https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>

- Chronic Pain treatment should include
  - Multidisciplinary approach
    - Medications
    - Restorative therapies
    - Interventional approaches
    - Behavioral approaches
    - Complementary approaches
  - Biopsychosocial Model
  - Reducing stigma
  - Improving access to care

# Specialty Behavioral Health Care



# Primary Care & Military

- Most patients with chronic pain are treated in primary care settings
- The Military Health System has one of the most extensively implemented PCBH models of service delivery in the world
  - Allows for unprecedented reach for nonpharmacological pain management in primary care

# Stepped Care

Inpatient



Specialty/Traditional Behavioral Health

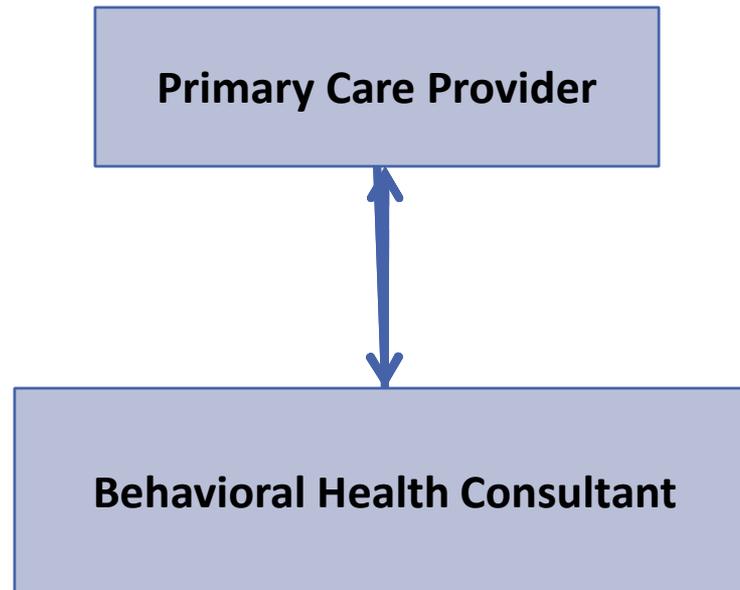


Primary Care

Web-Based or Phone Support

Self-Help/At Home

# Primary Care Behavioral Health (PCBH) Model



# PCBH Definition

To manage behavioral health problems and biopsychosocial health conditions, the PCBH model is designed to:

- Provide a team-based primary care approach
- Enhance the team's ability to manage and treat problems/conditions
- Improve services for the entire clinic population

The model incorporates a behavioral health consultant (BHC), who:

- Extends and supports the primary care provider (PCP) and team.
- Works as a generalist and an educator
- Provides high volume services that are
  - Accessible
  - Team-based
  - Routine part of primary care.

# PCBH Definition (GATHER)

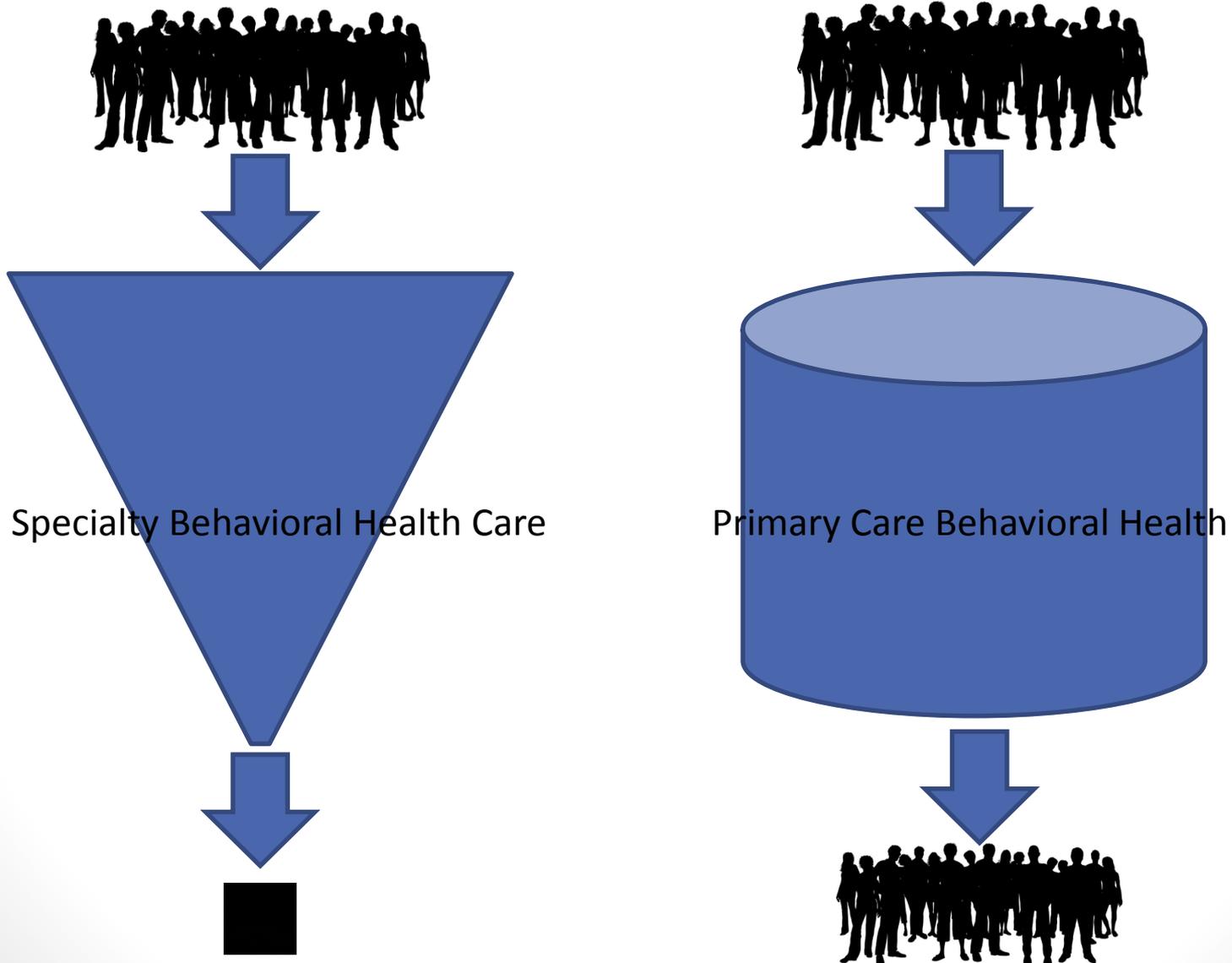
- **Generalist**
  - Sees patients of any age with full range of health conditions
- **Accessibility**
  - Aims to see patients on the same day
- **Team-Based**
  - Member of team; serves as Behavioral Health Consultant (BHC)
- **High Productivity**
  - 15-30 min appointments; see 10-14 pts/day
- **Educator**
  - Make the entire primary care team more skilled
- **Routine**
  - Routine care team member

# PCBH Model

## Adaptations to Care

- Medical provider is your customer
  - Helping PCP develop treatment plan
- Knowledge of medical problems/medications
  - Anything can walk through the door
- Interventions are brief
  - Delivered in 5 to 15 minutes
- Documenting style
  - Part of the medical record; brief
- Flexible Follow-up
  - 1 day, telcon

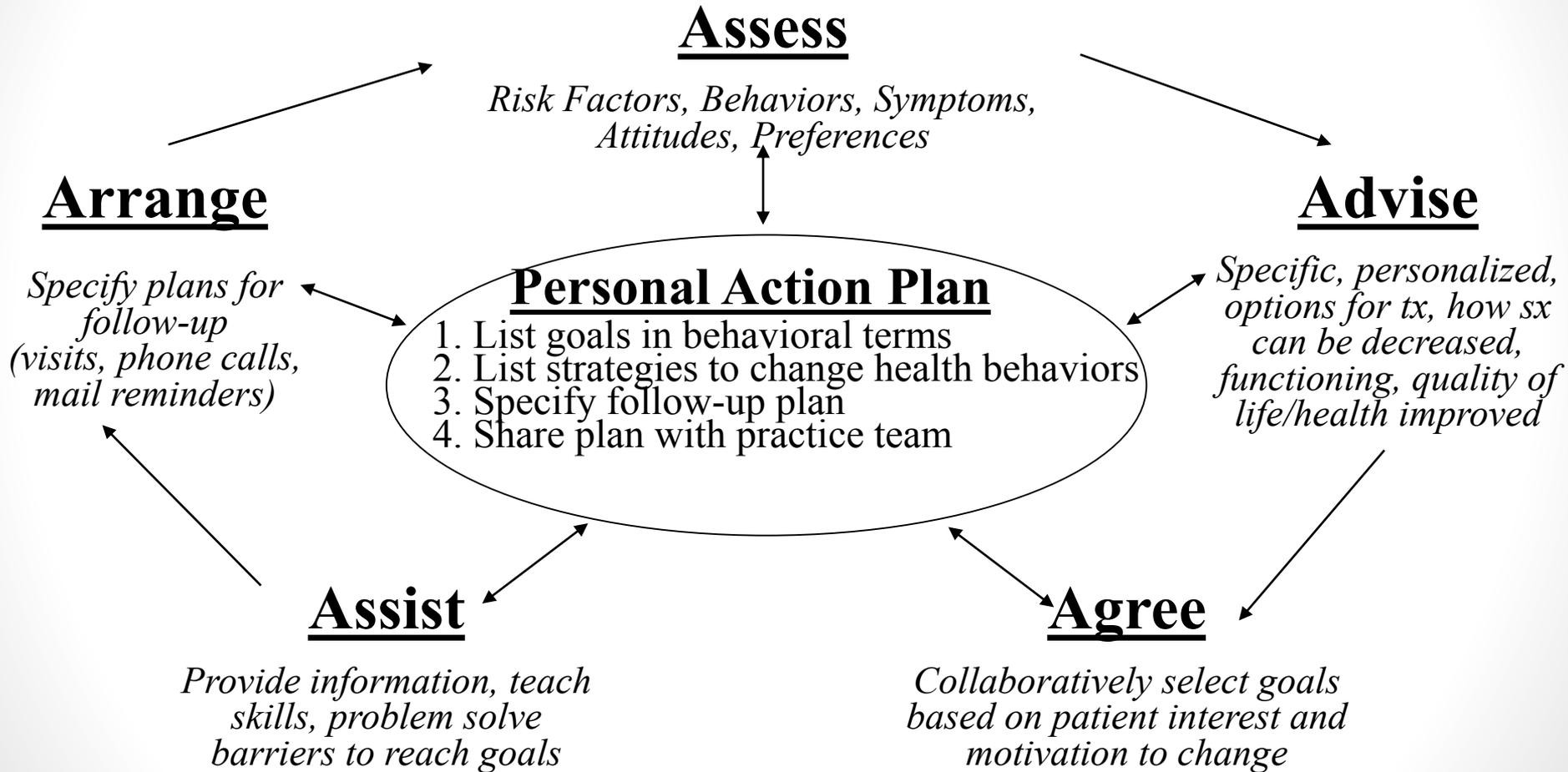
# Comparing PCBH and Specialty Care



# Comparing PCBH and Specialty Care

Dimension	Consultant	Therapist
Primary Consumer	PCP	Patient/Client
Care Context	Team-based	Autonomous
Accessibility	On-demand	Scheduled
Ownership of care	PCP	Therapist
Referral generation	Results-based	Independent of outcome
Productivity	High	Low
Care intensity	Low	High
Problem scope	Wide	Narrow/Specialized
Termination of care	Progress toward goals	Goals achieved

# The 5A's



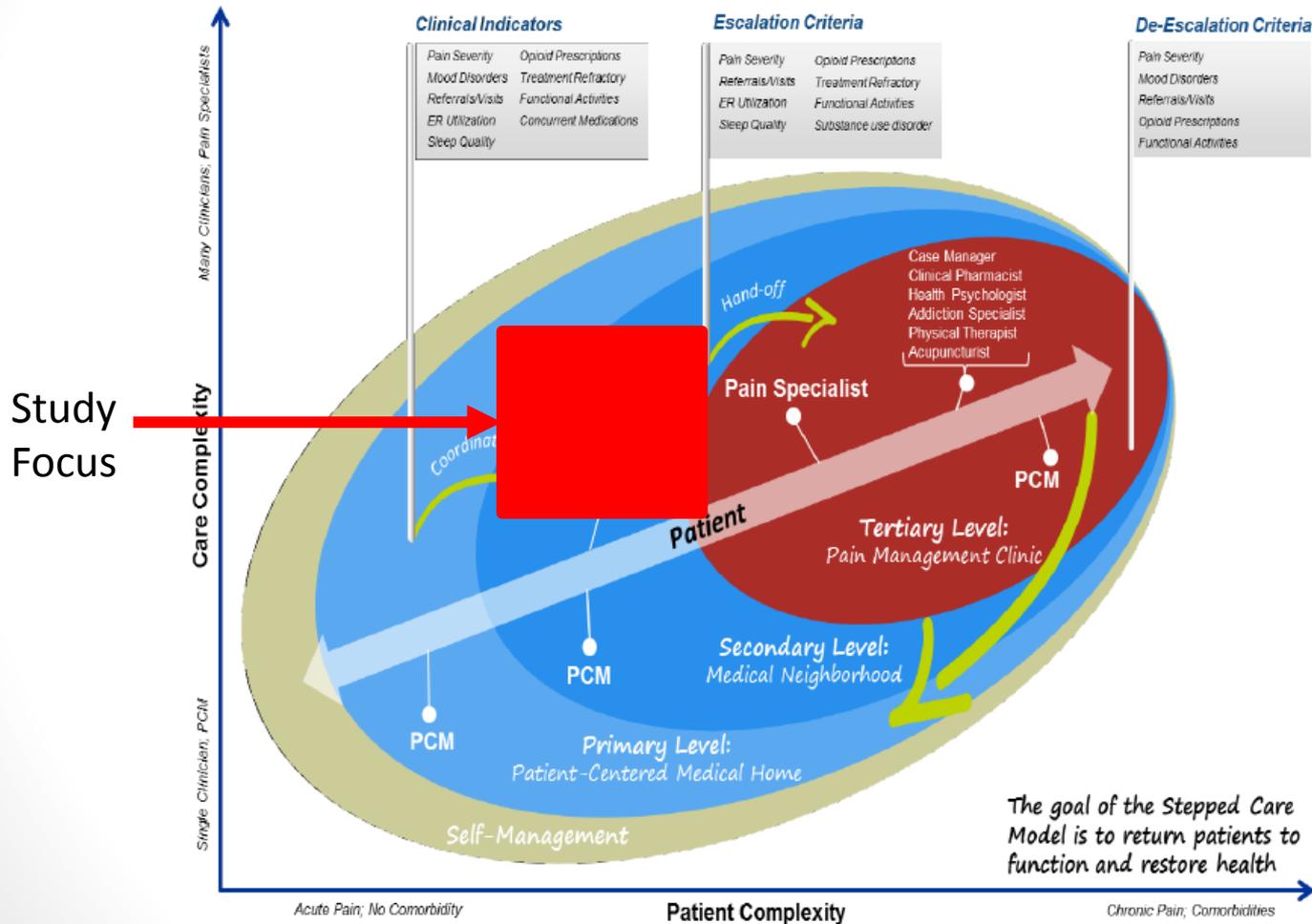
# 5A's & the 30-Minute BHC Appointment

5A's Phase	Clinical Activity	Duration
Assess	Introduce behavioral health consultation service	1-2 min
	Identify/clarify consultation problem	1 min
	Conduct functional analysis of problem	12-15 mins
Advise	Summarize understanding of problem/formulation	2-4 mins
	Describe possible change plan options	
Agree	Collaboratively develop/select plan for care	1-2 mins
Assist	Implement intervention/behavior change plan	5-10 mins
Arrange	Develop plan for follow-up care or referrals	1-2 mis

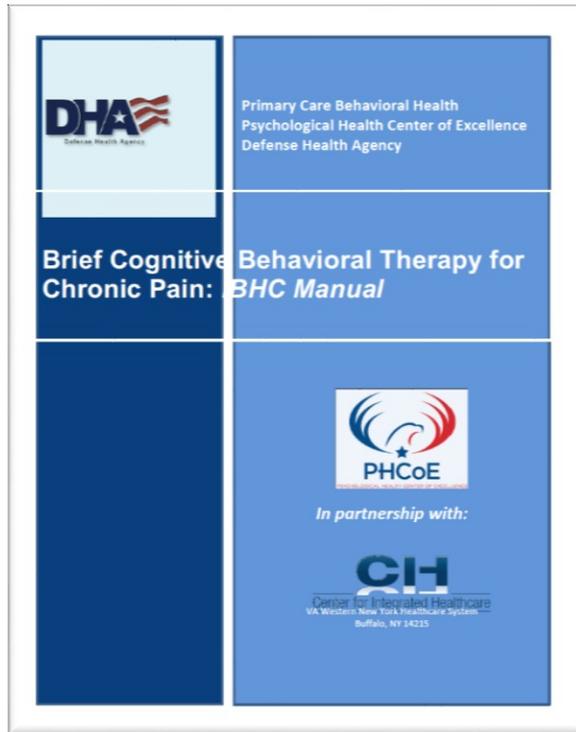
# Research Question

Do interventions provided by Internal Behavioral Health Consultants (IBHCs) impact the functioning of patients experiencing chronic musculoskeletal pain?

# DHA Stepped Care Model for Chronic Pain



# Training IBHCs in the DoD



Online Training on Chronic Pain Phenomenology (90 mins)

Online Training on CBT-CP for Chronic Pain (8 hours)

Monthly Telephone Consultation

*Beehler, G. P., Dobmeyer, A. C., Hunter, C. L., & Funderburk, J. S. (2018). Brief Cognitive Behavioral Therapy for Chronic Pain: IBHC Manual. Silver Spring, MD: Defense Health Agency.*

VA users can access the protocol via the [CIH Brief Evidence-Informed Interventions Portal \(https://tinyurl.com/yxqeddta\)](https://tinyurl.com/yxqeddta).

Those outside of VA can contact Dr. Beehler via email: [gregory.beehler@va.gov](mailto:gregory.beehler@va.gov).

*Beehler, G. P., Murphy, J. L., King, P. R., & Dollar, K. M. (2017). Brief Cognitive Behavioral Therapy for Chronic Pain: Therapist Manual. Washington, DC: U.S. Department of Veterans Affairs.*

# Treatment and Intervention

Module and Content	
<b>A</b>	<b>Assessment, Engagement, and Goal Setting:</b> Focused biopsychosocial assessment of pain; describing and engaging patient in CBT-CP; and developing treatment goals
<b>B</b>	<b>Education and Relaxation Training 1:</b> Education on chronic pain; overview of relaxation and instruction in diaphragmatic breathing relaxation
<b>C</b>	<b>Activities and Pacing:</b> Importance of engagement in activities using a planned approach
<b>D</b>	<b>Relaxation Training 2:</b> Progressive muscle relaxation and guided imagery relaxation
<b>E</b>	<b>Cognitive Coping 1:</b> Recognize unhelpful thoughts that negatively impact the pain experience
<b>F</b>	<b>Cognitive Coping 2:</b> Modify thoughts that are unhelpful when managing pain
<b>G</b>	<b>The Pain Action Plan:</b> Plan for independent implementation of CBT-CP skills and identify additional follow-up needs

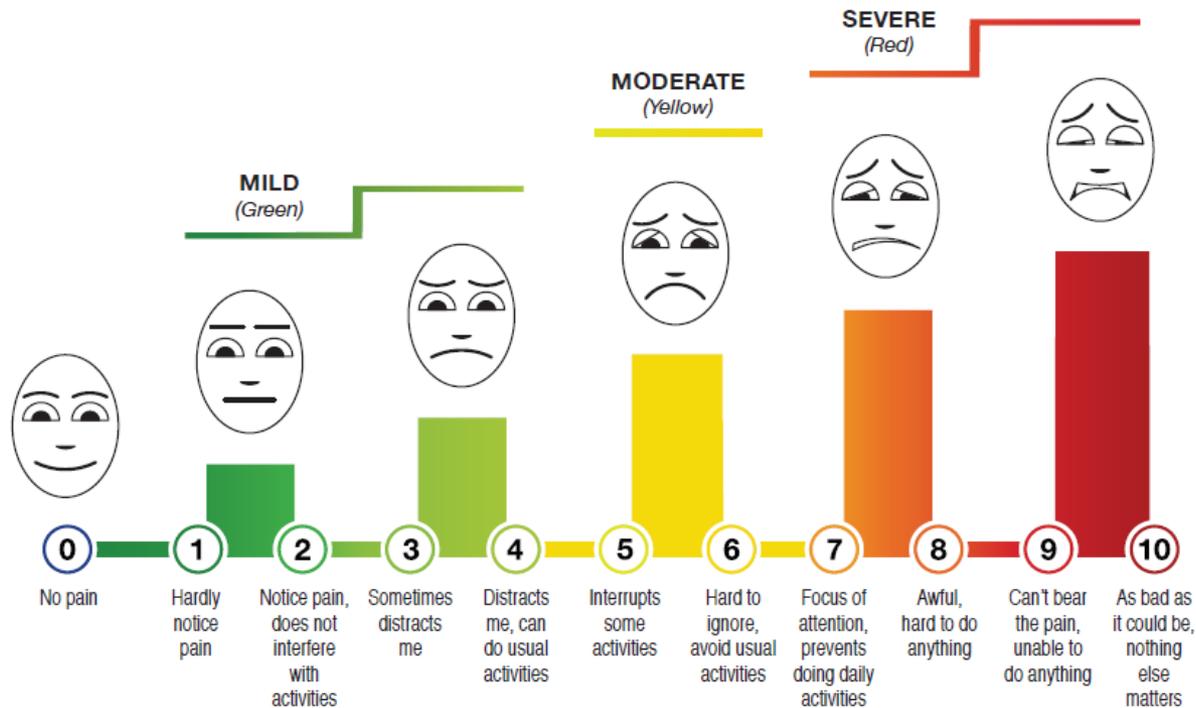
# Module Structure

Standard Steps in Each Module*	
<b>Step 1</b>	<b>Check on mood and risk; review patient measures</b> <ul style="list-style-type: none"><li>- BHM-20</li><li>- DVPRS</li></ul>
<b>Step 2</b>	<b>Review material from prior module, including home practice</b>
<b>Step 3</b>	<b>Introduce new material</b>
<b>Step 4</b>	<b>Develop plan for home practice</b>

*\* Note: The structure of Module A differs from the other modules due to time spent on initial assessment of chronic pain*

# DVPRS Pain Screening Question

## Defense and Veterans Pain Rating Scale



# NIH-DoD-VA Pain Management Collaboratory

NIH-DoD-VA Pain Management Collaboratory

Collaboratory ▾ Resources ▾ PMC<sup>3</sup> Pragmatic Trials Work Groups 

pmc<sup>3</sup> painmanagement  
collaboratory coordinating center

Login to PMC3 Site →



Photo credits, L-R: Senior Airman Kevin Tanenbaum, Senior Airman Justyn M. Freeman, Air Force Tech. Sgt. Jacob N. Bailey

## Our Mission

On behalf of the NIH-DoD-VA Collaboratory, the Pain Management Collaboratory Coordinating Center (PMC<sup>3</sup>) provides national leadership and serves as a national resource for development and refinement of innovative tools, best practices, and other resources in the conduct of high impact pragmatic clinical trials on non-pharmacological approaches for pain management and other comorbid conditions in veteran or military health care systems.

We use our expertise in pain management, electronic health records (EHR), data systems and the design and coordination of multi-site pragmatic trials to accomplish these objectives in collaboration with our VA, DoD and Yale partners.

## Objectives of the NIH-DoD-VA Pain Management Collaboratory Coordinating Center (PMC<sup>3</sup>)

Provide leadership and technical expertise in all aspects of research supporting the design and execution of high impact Pragmatic Clinical Trials that conduct cost-effective, large-scale, pragmatic clinical trials on non-pharmacological approaches for pain management and other comorbid conditions in veteran or military health care systems, make data, tools, best practices, and resources from these and other projects available to facilitate research partnerships in VA and DoD health systems.

## ABOUT THE COLLABORATORY

The goal of the Collaboratory is to develop the capacity to implement cost-effective large-scale pragmatic clinical research in military and veteran health care delivery organizations focusing on non-pharmacological approaches to pain management and other comorbid conditions.

## CONTACT US

[painmanagementcollaboratory@yale.edu](mailto:painmanagementcollaboratory@yale.edu)

## SEARCH

<https://painmanagementcollaboratory.org/>

Funded by DoD Congressionally Directed Medical Research Programs (CDMRP) Grant Number NH170004

# Challenges of Traditional Explanatory Research

- Slow and expensive
  - “After 17 years only 14% of research findings have led to widespread changes in care”
- Not relevant to clinical practice
- Despite 18,000 RCTs each year, systematic reviews determine that there is not enough evidence to inform clinical decisions

# Challenges of Traditional Explanatory Trials for Examining IBHC Care

- Randomization
- Changing care practices in primary care
- Administering extensive assessments
- Engaging in follow-up care

# Pragmatic Clinical Trials

<http://www.rethinkingclinicaltrials.org/>



## Rethinking Clinical Trials: A Living Textbook of Pragmatic Clinical Trials

Welcome to the Living Textbook of pragmatic clinical trials, a collection of knowledge from the NIH Health Care Systems Research Collaboratory. Pragmatic clinical trials are performed in real-world clinical settings with highly generalizable populations to generate actionable clinical evidence at a fraction of the typical cost and time needed to conduct a traditional clinical trial. They present an opportunity to efficiently address critical knowledge gaps and generate high-quality evidence to inform medical decision-making. However, these trials pose different challenges than are typically encountered with traditional clinical trials. The Living Textbook reflects a collection of expert consensus regarding special considerations, standard approaches, and best practices in the design, conduct, and reporting of pragmatic clinical trials. Given the rapid pace of change in this field, this electronic textbook will continue to be added to and updated.

## GET STARTED

What is a **PRAGMATIC CLINICAL TRIAL?** »

**ENGAGING STAKEHOLDERS** » and building partnerships to ensure a successful trial

What is the **NIH COLLABORATORY?** »

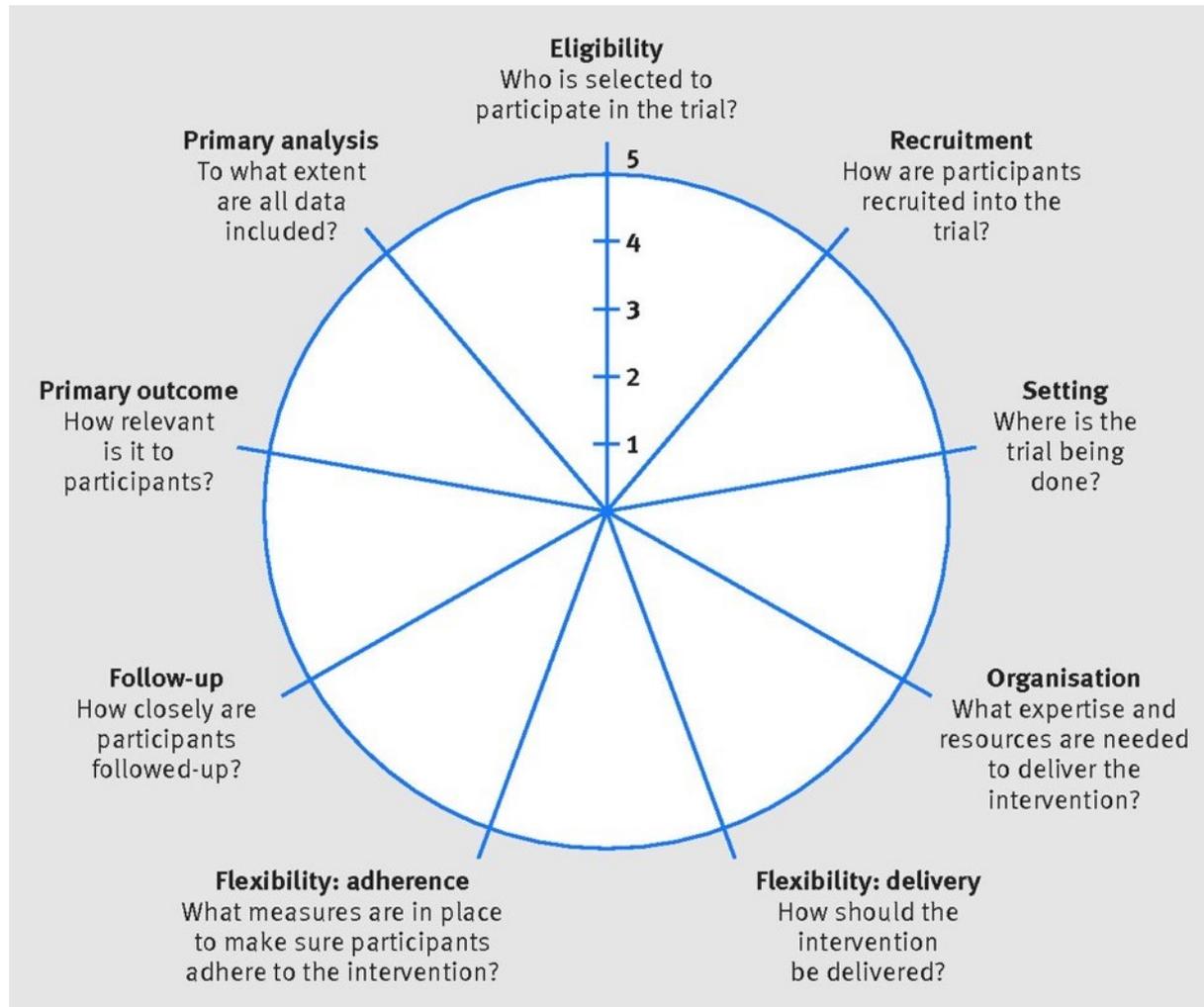
# Pragmatic Research

- Core components
  - Questions are from stakeholders
  - Outcomes are important to decision and policy makers
  - Diverse populations included
  - Comparison conditions are based on real world
  - Multiple, heterogeneous settings
- Evidence from trials can be used more directly to improve care
- Take place in clinics where care is provided
- Providers and organizations are partners

# Pragmatic vs Explanatory Trials

Domain	Pragmatic Trial	Explanatory Trial
Eligibility Criteria	All with condition of interest	Very restricted
Recruitment Path	Usual appointments	Targeted efforts
Setting	Usual care	Specialized setting
Organization Intervention	Use existing resources	Increased staff and training
Flex of experimental Intervention (Delivery)	Flexibility of usual care	Strict protocol
Flex of experimental Intervention (Adherence)	Usual encouragement	Efforts to increase participant adherence
Follow up	No formal follow-up; use existing databases	Frequent follow-up visits; more than routine practice
Outcome	Clinically meaningful; assessed under usual conditions	Direct consequence of intervention; not usual testing
Analysis	Includes all participants	Restricted to compliers

# The PRagmatic-Explanatory Continuum Indicator Summary 2 (PRECIS-2) wheel.



Kirsty Loudon et al. *BMJ* 2015;350:bmj.h2147

# Chronic Pain-IBHC Study

## Specific Aims/Hypotheses

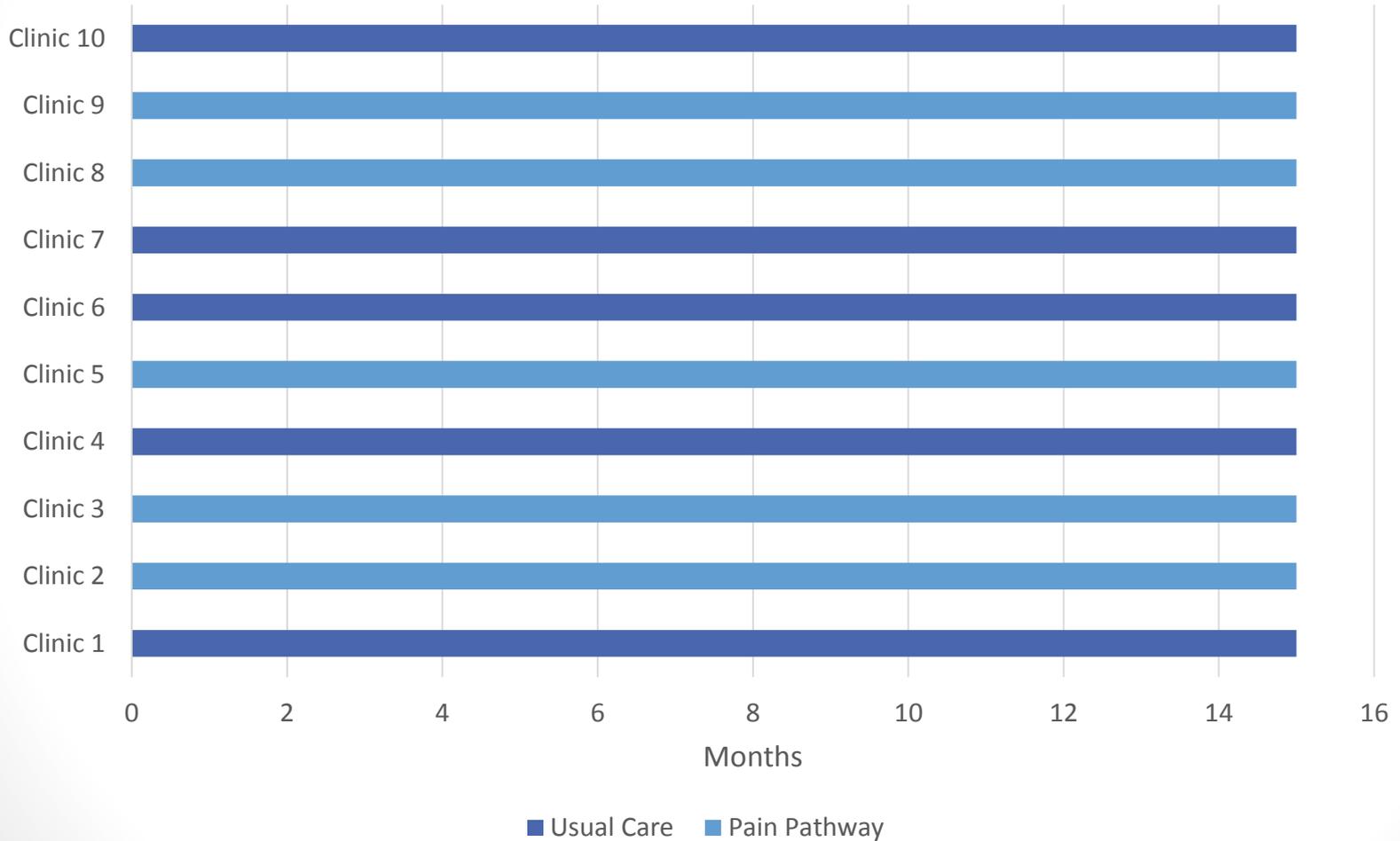
- **Planning Phase (UG3)**
  - **SA1:** Refine the protocol, assessments, data abstraction methods, recruitment procedures, and test adherence to and feasibility of the chronic pain\* care pathway (CP-care Pathway)
- **Implementation Phase (UH3)**
  - **SA1:** Examine effectiveness of CP-Care Pathway
  - **SA2:** Examine care utilization and satisfaction of patients & providers
- **Key questions/hypotheses**
  - IBHC CP-Care Pathway is acceptable and feasible
  - Those receiving CP care from IBHC will demonstrate
    - improved functional outcomes
    - fewer primary care and ED visits
    - decreased opioid medication use
    - greater satisfaction w/ treatment, primary care team, pain management

\*Focus is on musculoskeletal chronic pain

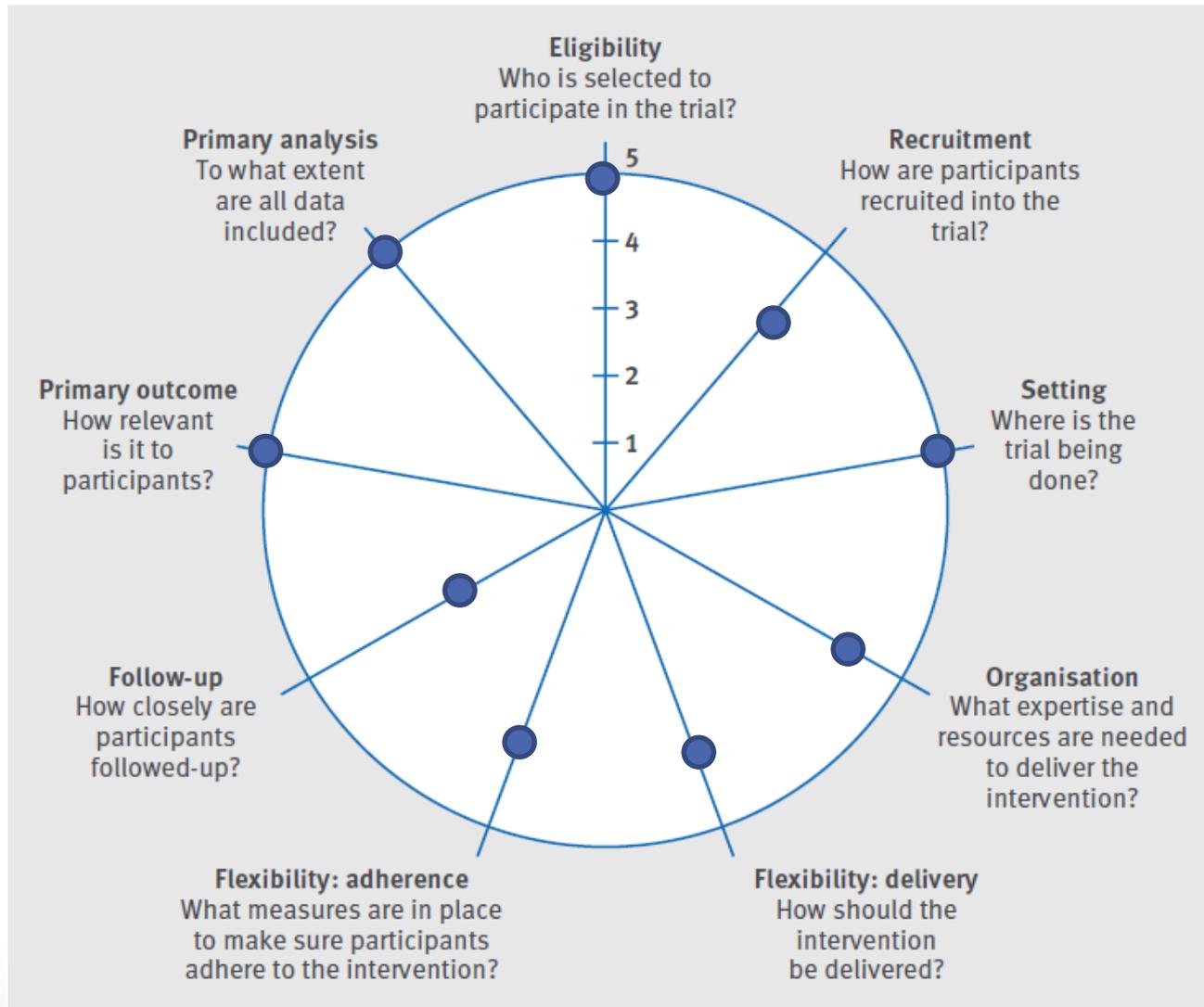
# Design and Methodology

	Description	How will you utilize Health Care System (EHR/Clinical Staff)
<b>Patient Population (diagnosis, sample size)</b>	Chronic musculoskeletal pain, presenting in primary care (N=804)	PCM consults IBHC
<b>Outcomes</b>	DVPRS, BHM-20, PEG, ODI, FABQ, CPAQ, Fitbit, ISI, Satisfaction	Appointments, medication, standard measures
<b>Intervention</b>	IBHC delivered care	IBHC in clinic
<b>Randomization</b>	Cluster Randomized	Research staff
<b>Recruitment Sites</b>	Ft. Hood (Pilot), Others TBD	

# Cluster Randomized (10 Clusters)



# PRECIS-2 Figure for the CP-IBHC



The PRagmatic-Explanatory Continuum Indicator Summary 2 (PRECIS-2) wheel.

# Resources

- Integrated Primary Care & Primary Care Behavioral Health
  - <https://www.integration.samhsa.gov/>
  - <https://integrationacademy.ahrq.gov/>
  - <https://www.patientcare.va.gov/primarycare/PCMHI.asp>
  - <https://www.cfha.net/page/PCBHgeneral>
- Chronic Pain
  - <https://www.painconsortium.nih.gov/>
  - <https://painmanagementcollaboratory.org/links/>
  - <https://www.va.gov/painmanagement/>
- Pragmatic Trials
  - <https://rethinkingclinicaltrials.org/>
  - <https://www.precis-2.org/>

# Questions?

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