

Submission Id: 4662

Title

Identifying patient and clinician-centered strategies to improve access to integrative care for patients with chronic pain

Priority 1 (Research Category)

Pain management

Presenters

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Abstract

Context: One in five Americans live with chronic pain, which leads to reduced functioning, negative effects on health outcomes, and increased health care utilization. While many integrative medicine approaches to chronic pain are evidence-based, many patients, especially those in rural communities and those living in poverty, do not have access to these modalities.

Objective: To identify challenges to incorporating integrative treatments for chronic pain in primary care practices and to identify perceived needs of primary care clinicians and patients in improving care for patients with chronic pain.

Study Design and Analysis: Semi-structured interviews with primary care clinicians and patients with chronic pain. Interviews were recorded, transcribed and analyzed by themes.

Setting or Dataset: Primary care practices with high proportions of racial/ethnic minorities and/or in rural communities.

Population Studied: 15 primary care clinicians and 15 primary care patients with chronic pain.

Intervention/Instrument: N/A

Outcome Measures: Clinicians were asked about perceptions of chronic pain, systems within clinical and community settings to care for patients, and challenges and facilitators to caring for patients with chronic pain with non-pharmacologic therapies. Patients were asked about their experiences with chronic pain care and potential opportunities for their clinicians to improve care.

Results: Themes that emerged from interviews included the limited access to and knowledge about integrative services and the challenging nature of caring for chronic pain. Clinicians often suggested that treating chronic pain is challenging due to the multifactorial factors causing it and the limited ability of patients to access integrative services. Clinicians often associated chronic pain with chronic opioid use.

Clinics with established connections to integrative services were often those that trained residents/students or that had collaborations with integrative medicine trainees (e.g., physical therapists, behavioral health practitioners).

Conclusions: Primary care often lacks resources to access non-pharmacological treatment modalities for patients with chronic pain and those that do have resources often have developed collaborative relationships with training programs that offer these integrative services. Future work is needed to explore models of implementing integrative care for chronic pain into primary care.