



Systems Interventions for the Management of Chronic Musculoskeletal Pain: Workshop Meeting Summary

Overview

On June 9, 2015, PCORI held a multi-stakeholder workshop dedicated to refining systems-level comparative effectiveness research (CER) questions related to the management of chronic musculoskeletal pain. The workshop included 12 stakeholders representing patient advocacy organizations, researchers, healthcare organizations, clinicians, payers, and funders.

The [agenda](#) was designed to facilitate stakeholder consensus on a single research topic of highest priority within the field of systems interventions to improve the management of chronic musculoskeletal pain, based on a selection of nine research questions proposed by participants and PCORI staff. Systems interventions in chronic pain management range from applications of technology and tools to improve patient self-management or provider knowledge, to alternative models of interdisciplinary care coordination.

Key Questions

The questions proposed by participants and PCORI staff fell into seven categories of pain management systems:

1. Technology and Tools to Improve Patient Activation in Chronic Pain Management
2. Use of Technology to Improve Physician Knowledge and Self-Efficacy in the Management of Chronic Pain
3. Technology and Tools to Improve the Physician/Patient Interaction in Chronic Pain Management
4. Appropriate Referral of Chronic Pain Patients to the Multidisciplinary Pain Program (MPP)
5. Comparison of Primary Care-Based Interventions versus MPP
6. Changes in the Composition of the Pain Management Team
7. Comparison across Different Models of Team-Based Care

Topics of discussion within these categories included:

- Internet-based programs for pain-coping skills and web-based patient portals
- The lack of time that primary care practitioners often have when seeing patients
- The diversity of models of MPPs and the complexity of doing CER on these models
- The lack of availability/access to MPPs
- Disparities in care in for patients in rural areas and for minority populations

The focus on chronic musculoskeletal pain was discussed. Chronic pain is often pain that persists after the underlying condition is treated and may affect multiple sites. Broadening the focus to encompass chronic, non-cancer pain may be advisable.

For CER studies on chronic pain, the primary outcomes should be to improve patient functioning and quality of life. Reducing pain should not be the primary focus of the research, but would be an appropriate secondary outcome.

Participants decided to condense multiple topics into “Primary Care vs. Multidisciplinary Pain Programs,” inclusive of such topics as enhancing PCP practices to delay referral to an MPP and the comparative effectiveness of various compositions of interdisciplinary teams within both a PCP and an MPP environment.

In seeking to find the highest-priority question, a preliminary vote of the top three questions was conducted. Participants chose the following research questions:

1. What is the comparative effectiveness in improving patient functioning, quality of life, and reducing pain of different tools, modules, and technologies for educating and supporting primary care practitioners in managing patients with chronic musculoskeletal pain, compared with usual care? [8 votes]
2. For patients with chronic musculoskeletal pain (including chronic low back pain), what is the comparative effectiveness of enhanced primary care versus an interdisciplinary/multidisciplinary pain management program? [3 votes]
3. Compared with usual care, how can pain and functioning be improved in patients with chronic low back pain and musculoskeletal pain, using specific motivational interventions (e.g., motivational enhancement treatment, compliance-enhancing interventions, or Internet-based self-management programs) that improve engagement and patient self-management of chronic pain? [1 vote]

Priority Research

Participants chose the following question as the highest-priority research topic, and would like PCORI to facilitate the generation of more research and information in this field:

“What is the comparative effectiveness in improving patient functioning, quality of life, and reducing pain of different tools, modules, and technologies for educating and supporting primary care practitioners in managing patients with chronic pain, compared with usual care?”

The top reasons for choosing this question included:

- The importance of physician pain management education — “PCORI can do a real service to the field by highlighting education as a critical intervention to study, as no one else is doing this.”
- The need for a “team” dynamic between practitioners and patients in primary care, helping to facilitate understanding of each other’s points of view.
- The realization that PCPs bear a lot of the responsibility for caring for chronic pain, but lack the proper tools for providing comprehensive and appropriate care. A shift toward interdisciplinary, integrative care is crucial.

Moving Forward

The goal of this workshop was to engage stakeholders in the selection of priority CER questions surrounding systems interventions for the management of chronic musculoskeletal pain. As next steps, PCORI staff will review input provided by stakeholders to further refine the prioritized questions, and will reach out to stakeholders during this process to gather more input as necessary. Specific high-priority questions developed as a result of this workshop may be included in a targeted funding announcement on chronic pain or in the pragmatic clinical studies funding announcement, if PCORI's governing board approves.