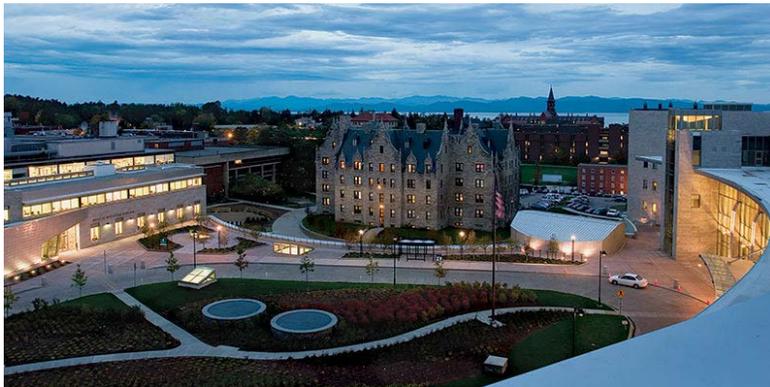




THE
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MEDICAL CENTER

Group Medical Visits for Chronic Pain



UVM Project ECHO

March 6, 2020

Jon Porter, MD
Medical Director
Comprehensive Pain Program

Intentions

- ▶ Review the rationale and value for the use of group medical visit for individuals experiencing chronic pain;
- ▶ Describe the format of the group medical visit used at the Comprehensive Pain Program;
- ▶ Review successes and challenges with our use of the group medical visit.



What is a group medical visit?

- ▶ Medical Care
 - ▶ Education
 - ▶ Peer support
-
- ▶ 10 - 12 Participants (up to 20)
 - ▶ 60 - 120 minutes
 - ▶ Closed vs. Open format

Quadruple Aim - Improved Population Health Outcomes

- ▶ Unclear, but may improve access to care for underserved communities
- ▶ Variation in program design makes this assessment challenging
- ▶ Implementation at scale

Roth et al. Journal of Alternative and Complementary Medicine 2020 Jan 22.

Quadruple Aim

Improving Patient Experience

- ▶ Qualitative literature
 - ▶ Patient satisfaction
 - ▶ Decreased isolation
 - ▶ Peer support
- ▶ Shifts in patient-clinician power dynamics
- ▶ Peer engagement

Kirsh et al. BMC Health Serv Res 2017; 17:113

Thompson-Lastad Qual Health Res 2018; 28:1065-1076

Quadruple Aim - Reducing Cost of Care

- ▶ Diabetes
- ▶ Prenatal care

- ▶ Shift from fee-for-service to value based care/capitated payments

Wan et al. Diabetes 2018; 67(Supplement1)

Gareau et al. Matern Child Health J 2016; 20: 1384-1393

Rowley et al. Matern Child Health J 2016; 20: 1-10

Quadruple Aim

Improve Clinician Experience

- ▶ High levels of practitioner satisfaction



Group Medical Visits for Individuals Experiencing Chronic Pain

- ▶ Isolation
- ▶ Condition often invisible to others
- ▶ Stigma
- ▶ 'Othered' in traditional medical system
- ▶ Entrenched in relationship to their pain and their treatment

PAIN

No Energy

Long lead time / Planning

Sad

Future?

People think you're weak

Misunderstood

Tired

Frustrated

Exhausted

High cost for meeting social expectations

Vulnerable

Depressed

Grumpy

Angry

Hopeless

Why Me?

Discouraged

Not seen for who I am

Grief

Ungrateful

Disappointing

Loss

Lost Identity/New Identity

Unpredictable

Dismissal

Homicide

Leave me alone

Loss of Hope

Isolated

Reluctant to share experiences

Not believed

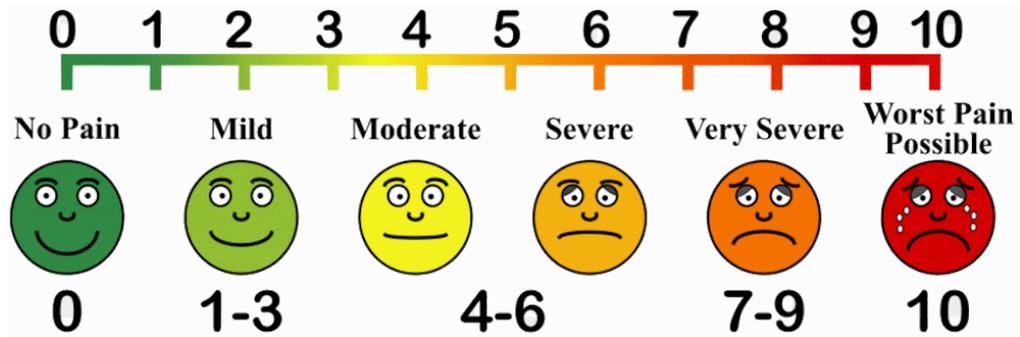
Worry



Goals of the Group Medical Visit - CPP

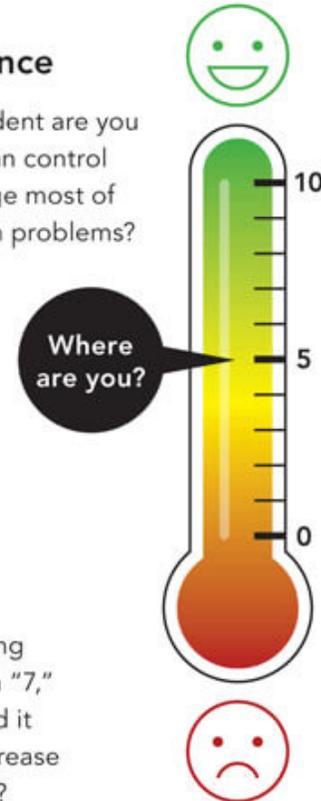
- ▶ Provide access to medical providers in a different paradigm
- ▶ Create an environment which fosters reflection and openness
- ▶ Create space for openings
- ▶ Increase self-efficacy and self-agency
- ▶ Develop Trust
 - ▶ Among participants
 - ▶ Between participants and co-facilitators
- ▶ Go “deeper than the symptom”
 - ▶ Enhancing self agency and self efficacy
 - ▶ Transforming transactional approach

Outcome Priorities



Health confidence

How confident are you that you can control and manage most of your health problems?



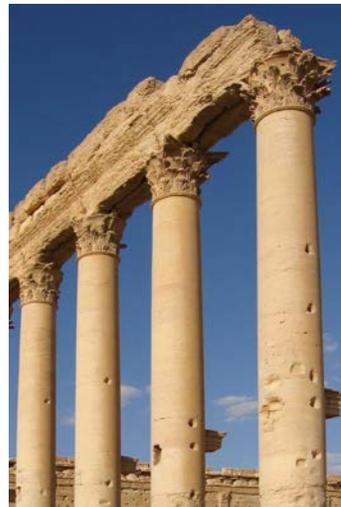
If your rating is less than "7," what would it take to increase your score?

Group Medical Visit – Comprehensive Pain Program

- ▶ Eight weeks
- ▶ Two hours
- ▶ Co-facilitation, Laurel Audy RN
- ▶ ‘Closed’ Cohort
- ▶ Limited Didactic Presentations
- ▶ Conjointly with COMPASS/ACT
- ▶ 1:1 with clinician

Four Pillars

- ▶ Mindfulness
- ▶ Movement
- ▶ Self-compassion
- ▶ Spirituality



In the Service of...

- ▶ Self-Efficacy
- ▶ Self-Agency
- ▶ Connection
- ▶ Self-Esteem

Structure

- ▶ Status forms
- ▶ Mindfulness
- ▶ Check-in
- ▶ Break
- ▶ Experiential
- ▶ Meta

Status Form

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Comprehensive Pain Program



STATUS FORM

NAME: _____ SESSION #: _____

DATE: _____

1. What home practices did you do this past week? (Circle)

Meditation Body scan Journaling

Movement Mindful eating Other: _____

|

2. How would you rate your pain today?

No pain

Worst pain imaginable

0 1 2 3 4 5 6 7 8 9 10

3. Do you need to see the medical provider privately today?

No/Yes

3. Did you visit a healthcare provider since our last group visit?

No / Yes

4. Did you visit the emergency room or urgent care since our last group visit? **No / Yes**

5. Have any of your medications changed since our last group visit? **No / Yes**

6. Any other concerns?

Opening Mindfulness Meditation



jozefmicic/Adobe Stock

“Somewhere in this process you will come face-to-face with the sudden and shocking realization that you are completely crazy. Your mind is a shrieking gibbering madhouse on wheels barreling pell-mell down the hill utterly out of control and hopeless. No problem. You are not crazier than you were yesterday. It has always been this way and you just never noticed. You are also no crazier than everybody else around you. The only real difference is that you have confronted the situation they have not.”

— Bhante Henepola Gunaratana

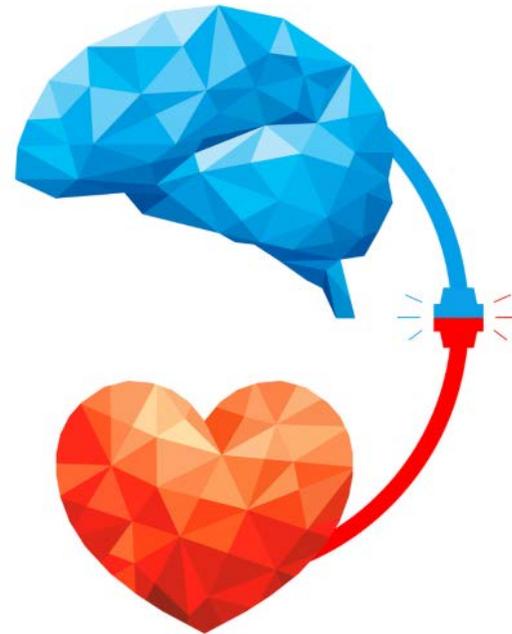
Check-in

- ▶ Highlights/Lowlights of the week
- ▶ Experience/Recommendations re therapies
- ▶ Debrief last session
- ▶ Group Read



Experiential

- ▶ Sensitized CNS
- ▶ Nutrition in Chronic Pain
- ▶ Pain and my sense of self
- ▶ Pain in the context of my family
- ▶ Art as therapy
- ▶ Suffering and Happiness
- ▶ Pain, Medicine, and Me
- ▶ Next steps



Break

- ▶ Facilitator Check-in
- ▶ Check-in with participants - questions/concerns/medical issues
- ▶ Participant Connection



Meta Meditation



Journal of Pain & Relief

Hegarty and Wall, J Pain Relief 2014, 3:2

DOI: 10.4172/2167-0846.1000136

Research Article

Open Access

Prevalence of Stigmatization and Poor Self-esteem in Chronic Pain Patients

Hegarty D* and Wall M

Department Anaesthesia & Pain Medicine, Cork University Hospital Group, Ireland

Abstract

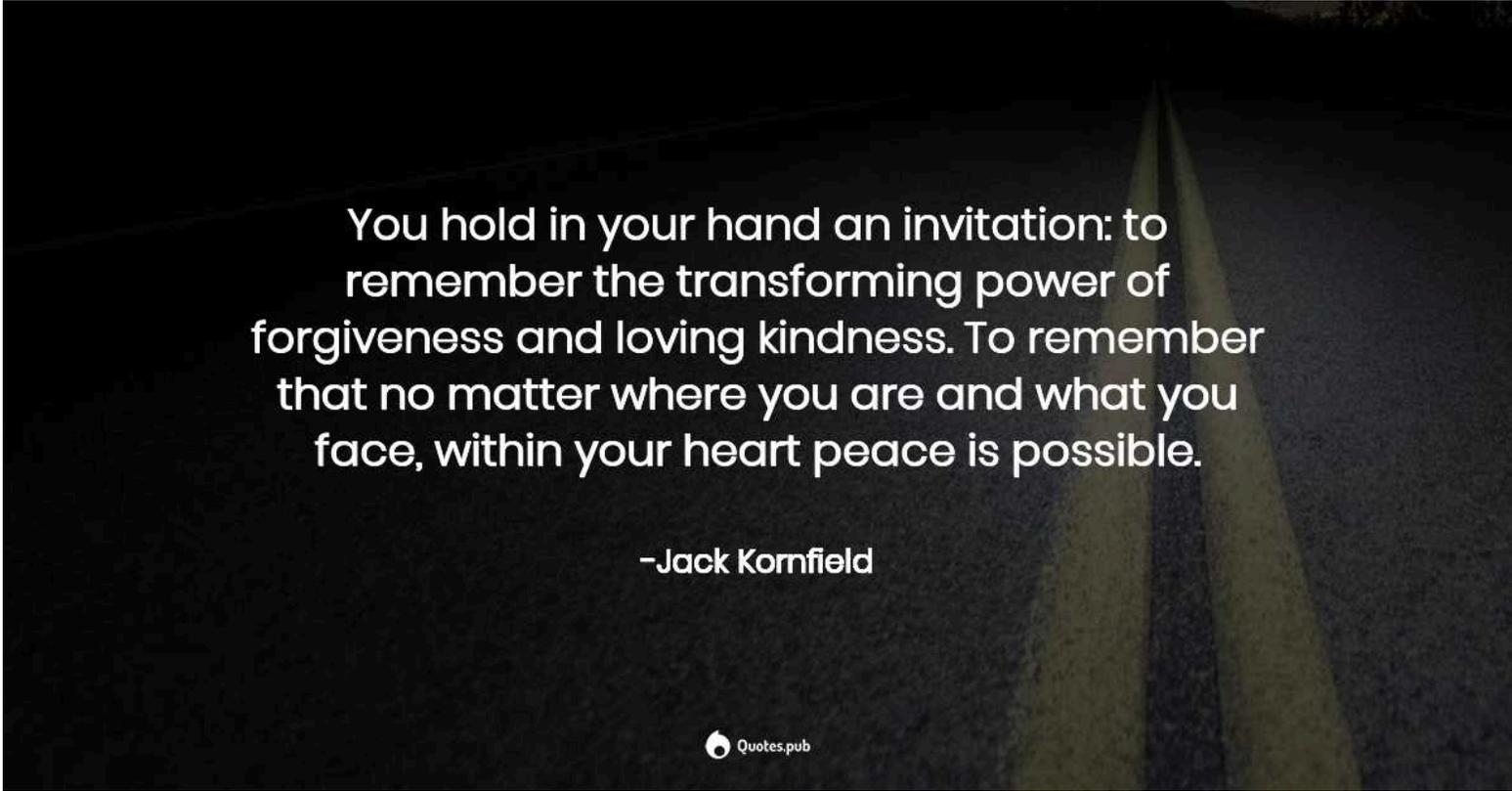
Objective: Stigma and poor self-esteem (defined as the internalized cognitive, emotional, and behavioural impact of others' negative attitudes on a person) are associated with many chronic health conditions and have indirect but strongly negative implications for clinical prognosis. We sought to estimate the prevalence of perceived stigmatization and self-esteem in chronic pain patients and its relationship with general health markers.

Methods: All adult patients (n=160, >18 years old, chronic pain >3 months) completed a set of validated questionnaires; Stigmata Scale for Chronic Illness (SSCI), Rosenberg's Self-esteem Scale (RSES); Hospital Anxiety Depression Scale (HADS); Brief Pain Inventory short form (BPI); and the General health survey (SF12v2). Data was recorded using Microsoft Excel and analyzed using SPSS.

Results: The mean pain intensity score (Visual analogue score (VAS)) was 6.1 ± 1.7 . 77% of patients (123/160) had a lowered self-esteem (RSES score= 17.2 ± 14.5) with a mean SSCI score of 50.8 ± 19.0 (normal range 24-120). An inverse relationship between (a) stigmatization and self-esteem (Pearson correlation, $r=.58$, $p<0.001$) and (b) self-esteem and pain interference ($r=.48$, $p<0.001$) was identified. A positive correlation between stigmatization and anxiety ($r=.228$, $p<0.05$) and an inverse relationship between self-esteem and depression existed ($r=.234$, $p<0.05$).

Conclusions: A high prevalence of stigmatization was identified in individuals experiencing chronic pain and a significant correlation exists between the type of stigma experienced, the level of pain intensity and other psychological factors including self-esteem, anxiety, and depression

Meta Meditation



You hold in your hand an invitation: to remember the transforming power of forgiveness and loving kindness. To remember that no matter where you are and what you face, within your heart peace is possible.

-Jack Kornfield

Compassion
By Miller Williams

Have compassion for everyone you meet,
even if they don't want it. What seems conceit,
bad manners, or cynicism is always a sign
of things no ears have heard, no eyes have seen.
You do not know what wars are going on
down there where the spirit meets the bone.



The Heart and Science of Medicine

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The Power of the Group

- ▶ *“Being involved in the Path Program was the first time I've ever been in a group setting for anything medically or therapeutically. I've never gone down that path before. I think that adds a layer of vulnerability and it can be kind of intimidating, but I don't think that the experience would have been so meaningful without having that connection. I mean, you're in a group of people who all know deeply and in their own body what you're feeling when you talk about pain and suffering. No matter how much your family, loved ones, friends want to identify with that. It's different when you're not having to wade through that every day...”*

The Power of the Group

- ▶ *“...and then boom, you get this whole group of people who want everyone to get better. You have that same mindset and they know what it's like and they know what it's like to have setbacks and they just understand it without having to work at understanding it. That connection and that community feeling, I think it made me feel normalized instead of marginalized. That's huge when you can't find a place to feel like you're okay or within the scope of normal and that changes when you find a group that you can talk to and be vulnerable that will also lift you up”*

And where exactly is the
medicine here?

Challenges

- ▶ Upfront work -
Recruitment/Screening
- ▶ Reluctance to participate
in group
- ▶ Co-facilitation
- ▶ Facilitation Style - Group
Empowerment
- ▶ Billing



Logistics

- ▶ Consent
- ▶ Outcome measurement
- ▶ Billing
- ▶ Documentation

