

**POSTER SESSION 2 ABSTRACTS**  
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**Chronic Disease**  
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**Improving on the Care of Chronic Pain; Family Medicine Primary Care Provider  
Focus Group Results**

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**Background:** Chronic pain affects 1 in 3 American adults in their lifetime and this prevalence is reflected in the daily patient population seeking treatment in primary care. Patients with chronic pain deal with the affects of their chronic illness daily in multiple dimensions of physical, emotional and economic disability, complex medical regiments and difficulties interacting with health care systems. Patients and providers are acutely aware of this issue and are equally dissatisfied.

**Methods:** Focus groups of family medicine primary care providers (PCP) were held to acquire expert opinion on improving care to patients with chronic pain. PCPs from urban community health centers and university as well as rural based family medicine practices in Massachusetts, were invited to attend focus groups where results were collected using the Delphi technique and group discussion. Participants included 9 men and 3 women and years out of residency ranged from 6 – 30. Participants were asked for educational, system and support interventions that would best benefit PCPs in treating chronic pain, and ones that would benefit patients.

**Results:** Universal themes included: a toolkit containing a history and management tool which assessed for potential addiction problems, an opiate contract, medication flow sheet, patient registry, and evidence based guidelines; a care manager; access to pain specialty consultants for case review and education; improving patient access to providers via open access scheduling or asynchronous communication such as e-mail; access for patients to self-management education as well as non-pharmacologic treatment such as behavior health, exercise, massage, chiropractor, and physical therapy.

**Conclusions:** The chronic care model (CCM), as a framework to improve on the care of chronic illness based on evidence, has been applied to several chronic illnesses, however to date it has not been applied to chronic pain. Our results reflect that providers are beginning to identify chronic pain as a chronic illness. Nevertheless they still seem to view improvements in a fragmented way, rather than embracing all components of the CCM. Our findings suggest that moving to systems-oriented interventions to improve chronic pain treatment in primary care will be embraced by providers.