



Building Bridges: Six Steps to Improve Integrated Pain Care



Chronic pain affects more Americans than diabetes, heart disease, and cancer combined, but medical and behavioral health providers lack comprehensive training in how to best treat individuals with chronic pain. This results in clinicians being unaware of when and where to refer a patient with chronic pain and underutilizing integrated care teams.

Pain is a whole-person experience that can be effectively managed through both medical and behavioral treatments. Integrating behavioral health approaches into primary care settings is imperative to improving patient outcomes, reducing opioid dependency, and removing pain-related stigma.

Following are simple steps to guide and better address the needs of patients with chronic pain by focusing on primary care services that are accessible, team-based, and routine.

1 LEGITIMIZE THEIR PAIN

First acknowledge that the patient's pain is not only real but also just as they describe it. Emphasize the difference in treating chronic versus acute pain, with evidence suggesting that a combination of biological, psychological, and social therapies works best.

Listen to their pain story and allow them to share details and related emotions — it may be the first time that a care provider has done so. Reassure the patient that they are not alone and are supported on this journey. This is a critical initial step to establishing trust and rapport and laying a foundation for effective communication.

2 FOCUS ON FUNCTION

What does it mean to this person to have pain? If pain were not "in control," what might their life look like? Determine the patient's areas of concern to create the clinical pathway and guide next steps.

Explain pain as a complex, multidimensional entity that is physical, emotional, social, and environmental. Help patients reframe their pain perception from an intensity scale to a dynamic force that can be affected by actions and processing. This is an opportunity to change the relationship with pain by using tools to take control of the pain experience.

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3 REDEFINE HELPING

Treating chronic pain focuses on how we can decrease its negative impacts and improve its trajectory. Since completely eliminating pain is typically not possible, relying less on medications and prioritizing new skills and thought patterns is imperative.

Emphasize the role of the treatment team to adequately address pain's many facets. Each member contributes to a treatment plan for chronic pain as well as other comorbidities, with an established primary point of contact and facilitator for the patient. The patient should be the team leader by guiding treatment planning based on their priorities, preferences, and needs.

4 FACILITATE ENGAGEMENT

Reassure patients that the focus is to block pain from having continuous, negative impacts. Explain that these strategies are evidence-based, often rating more highly in studies than medication alone.

Use motivational interviewing skills to manage resistance and ambivalence about change. Highlight personal values and develop a patient-centered, realistic plan that uses behavioral pain management techniques to help achieve patient goals. If the individual continues to struggle with ambivalence or resistance, suggest "experimenting" with one strategy to monitor any effects and report back.



5 CLARIFY STRATEGIES

The core components of a behavioral pain prescription are:

- **Pain education basics:** Clarify the differences between acute and chronic pain, the effects of fear and activity avoidance, and the factors that affect pain
- **Activation with pacing:** Implement time-based pacing to avoid pain-related ups and downs that impact one's physical and emotional state
- **Relaxation by self-regulation:** Use relaxation techniques to calm the nervous system and inhibit the body's stress response
- **Re-thinking pain:** Dampen pain signals by fostering a mindset that serves the person with pain
- **Pleasure principles:** Incorporating social activities and planning for fun can help to combat the negative powers of pain
- **Trusted others:** If appropriate, encourage individuals to involve loved ones in pain education — this can increase the likelihood of success

6 PROVIDE SUPPORT

At every visit discuss patient use of pain self-management practices. Remember to refer patients to trusted evidence-based resources, including videos, smartphone apps, and books or workbooks. Consider implementing video or telephone check-ins if they can provide greater access.

Finally, refer as needed to providers and programs who may be able to offer better support for the most complex individuals. No matter what, the foundational work done in the integrated primary care setting will prime those with chronic pain for the best possible outcomes.