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Predictors of Chronic Pain Diagnosis and Treatment Among Adult Federally Qualified Health Center Patients

Sarah Scholle, MPH, DrPH[1], Tam Nguyen-Louie, PhD[1], Lauren Bifulco, MPH[2], Jacquelyn W. Blaz, PhD, MS[1], Mary Blankson, DNP, APRN, FNP-C[2,3], Veena Channamsetty, MD[2,3] and Daren Anderson, MD[2,3], (1)National Committee for Quality Assurance (NCQA), Washington, DC, (2)Weitzman Institute, Middletown, CT, (3)Community Health Center, Inc., Middletown, CT

Abstract Text:

Research Objective: Chronic pain is the leading cause of years lived with disability. Guidelines recommend using a structured tool to assess the impact of pain on function, but there is little information on how such tools affect primary care treatment of chronic pain. This study explored the impact of screening and functional assessment on the identification and management of chronic pain.

Study Design: A two-step chronic pain screening process using validated tools was implemented in a large Federally Qualified Health Center. We examined the associations of demographic and clinical factors with diagnoses and treatments documented after the screening process. Treatments included opioid analgesics, non-opioid analgesics, behavioral health (BH) medications, onsite BH visits, onsite physical medicine (chiropractic, acupuncture, physical therapy), and referrals for BH or other care. We report absolute risk differences (ARD) based on average marginal effects from multivariate logistic regressions with Bonferroni correction to account for multiple comparisons.

Population Studied: Adults aged 18+ who had a primary care visit between July 2, 2018 and June 1, 2019, reported pain on most or all days during the prior three months, and completed the PEG, a 3-item tool that assesses average pain intensity (P), interference with enjoyment of life (E), and interference with general activity (G).

Principal Findings: Of 31,600 screened, 10,091 reported chronic pain. The mean (SD) age was 49.1 (13.7) years; the majority were women (60.3%) and had Medicaid insurance (62.0%). 41.1% were Latinx and 17.3% preferred Spanish as primary language. 57.1% had a pain diagnosis in the prior year; an additional 22.6% (n =

2,282) had a new pain diagnosis documented at the visit or within 90 days after. Patients who had severe impairment due to pain or were Latinx were more likely to receive a newly documented chronic pain diagnosis (ARD: 13.2% and 8.6%, ps<0.0001), while patients with BH and medical comorbidities were less likely (ARDs: -20.0% to -6.2%, ps<0.001).

The most consistent predictors of treatment were prior treatment of the same modality (significant for 4 of 7 treatments, ARDs = 9.6%, p<0.001, to 44.1%, p <0.0001), presence of a new pain diagnosis (5 of 7, ARDs = 3.2% to 27.4%, ps <0.0001), and severe impairment (4 of 7, ARDs = 2.6% to 6.5%, ps<0.0001). A new diagnosis had the strongest association with non-opioid pain medications and physical medicine (ARD =27.0% and 27.4%, p< 0.0001). Other factors were inconsistently associated with treatment and of smaller magnitude; of note, Latinx patients were less likely to receive opioid analgesics, BH medications and BH counseling (ARDs = -3.3%, -7.5%, -5.6%; ps <0.001).

Conclusions: In the context of a new chronic pain screen and functional assessment process in primary care, there were increases in chronic pain diagnoses and patients with new diagnoses and severe impairment were more likely to receive treatment. Care for Latinx patients differed on several dimensions.

Implications for Policy or Practice: Implementing patient-reported tools can influence care for chronic pain. This is especially salient in high-volume and short appointment duration settings such as primary care clinics, where most patients with chronic pain receive care. Further exploration of ethnic differences is warranted.

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First Presenting Author

Presenting Author

Sarah Scholle, MPH, DrPH
Email: scholle@ncqa.org -- Will not be published

National Committee for Quality Assurance (NCQA)
Vice President of Research & Analysis
Washington DC 20005
USA

Second Author

Tam Nguyen-Louie, PhD
Email: Nguyen-Louie@ncqa.org -- Will not be published

National Committee for Quality Assurance (NCQA)
Washington DC
USA

Third Author

Lauren Bifulco, MPH
Email: bifulcl@chc1.com -- Will not be published

Weitzman Institute
19 Grand St.
Middletown CT 06457
USA

Fourth Author

Jacquelyn W. Blaz, PhD, MS
Email: blaz@ncqa.org -- Will not be published

National Committee for Quality Assurance (NCQA)
Washington DC
USA

Fifth Author

Mary Blankson, DNP, APRN, FNP-C
Email: mary@chc1.com -- Will not be published

Weitzman Institute
Middletown CT
USA
Community Health Center, Inc.
Chief Nursing Officer
675 Main St
Middletown CT 06457
USA

Sixth Author

Veena Channamsetty, MD
Email: ChannaV@chc1.com -- Will not be published

Community Health Center, Inc.
Chief Medical Officer
675 Main St
Middletown CT 06457
USA

Weitzman Institute
Middletown CT
USA

Seventh Author

Daren Anderson, MD
Email: daren@chc1.com -- Will not be published

Community Health Center, Inc.
Director
675 Main St.
Middletown CT 06457
USA
Weitzman Institute
Director
19 Grand St
Middletown CT 06457
USA

Biographical Sketch Dr. Anderson is primary care general internist and Director of the Weitzman Institute, a research, education, and policy institute dedicated to improving healthcare for medically underserved populations. Weitzman was established by the Community Health Center, Inc. (CHCI), a large, statewide Federally Qualified Health Center based in Middletown, CT. Dr. Anderson leads a diverse team of innovators, health services researchers, educators, and quality improvement specialists working together to improve primary care for the underserved. Under his leadership, Weitzman has grown from a small, Connecticut-based institute to a national organization working with health centers, payers, and funders, across the US. Weitzman's educational programs, including Project ECHO, a range of web-based learning collaboratives, and its health professions training programs have reached hundreds of health centers from all 50 states. Dr. Anderson's research focuses on critical issues in primary care including specialty care access, telehealth, chronic pain management, and chronic disease management. His research on eConsults, published in multiple journals

including Health Affairs, has been widely cited and providing the foundation for the development of Weitzman's subsidiary eConsult company, ConferMED, which now provides access to high quality eConsults to over 1.5 million patients in safety net practices across the US. Dr. Anderson obtained his undergraduate degree at Harvard College and his MD from Columbia University. He completed his residency training in internal medicine at Yale-New Haven Hospital and is a board certified general internist.

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