

**Executive Summary: HEAL Pain Strategic Planning Workshop
Implementation and Health Services
December 9, 2024, 12:00-4:00 PM ET**

Subcommittee members: Lynn DeBar (co-lead), Steve George (co-lead), Andrea Cheville, JD Smith, Julie Fritz, Kate Nicholson, Lindsay Ballengee, Michael Falcon, Natalia Morone, Steve Martino, Susan (Nicki) Hastings, Tasha Parman, Will Becker

Introductory remarks: Rob Gereau, HEAL Pain Strategic Planning Executive Committee Co-chair

Part 1, Theme 1: Pathways to improve outcomes and reduce exposure to low-value care

JD Smith, PhD, University of Utah: Overview of behavioral health-related implementation research. Research shows a 17-year gap before interventions reach patients in any form; less than 1 in 7 ever actually reach the population. Implementation science is focused on the system for delivery evidence-based interventions, which fall into 7 P's in pain: pills, programs, practices, principles, products, policies, and procedures. Implementation research studies the strategies, methods, and techniques to enhance delivery. Common aims: understand barriers to facilitators; match context to intervention; adapt an evidence-based "p"; evaluate its impact; select implementation strategies; evaluate feasibility, acceptability, sustainability of the implementation of the intervention. Truly improved implementation will require a paradigm shift for effectiveness research to consider implementation as integral, not an afterthought. Implementation factors at every stage determine an intervention's ultimate impact on a population.

Will Becker, MD, Yale University/West Haven CT VA Medical Center: Evidence-based interventions for chronic pain do exist; they may have moderate effect size, but also low harm, durable, and additive positive effects. Multi-modal care is optimal for high-impact and chronic pain, but implementation faces multi-level barriers.

Andrew Quanbeck, PhD, University of Wisconsin: Lessons learned from conducting this study described in JAMA Network Open: [Strategies to Deimplement Opioid Prescribing in Primary Care, A cluster randomized clinical trial. Quanbeck et al., Oct 10, 2024.](#)

Theme 2: Leveraging technology to aid clinicians and better engage patients

Amy Abernethy, MD, PhD, Highlander Health – Leveraging technology to bridge research and care (recorded talk). Summary of work published in [JAMA: Modernizing the Data Infrastructure for CLinical Research to Meet Evolving Demands for Evidence.](#)

Andrea Cheville, MD, Mayo Clinic – EHR integration for pain management: Lessons learned, gaps, and opportunities. Focus on two studies: EHR-enabled and -enhanced cancer symptom control (E2C2); and Non-pharmacological Options in Postoperative Hospital-Based and Rehabilitation Pain Management (NOHARM): Protocol for a Stepped-Wedge Cluster-Randomized Pragmatic Clinical Trial.

Devin Mann, MD, New York University Langone Health – Behavioral economic-based strategies and approaches. The EHR can be a powerful tool to influence patients' and clinicians' behaviors. Nudging is often not effective; changing clinicians' behavior is hard. Low rates (5% or less) of uptake are common. Use behavioral economics to influence behavior. These have to be seamlessly embedded in workflows, trying to influence behavior with digital touchpoints to leverage. Fractured alerts are not effective; there is a need to move to a unified, convergent approach. The key to success: don't make it harder. Unified, embedded alerts lead to adoption. Automation of work should be considered as many steps don't need human intervention and

can reduce the cognitive effort. Considerations to shift overall to more digitally enabled care and use Artificial Intelligence (AI) to engage and support patients outside of clinic to answer questions. Meet people where they are & use psychological principles to maximize care delivery.

Part 2 Introduction: Michael Falcon, OTD, MHA, Hawaii Pacific University

Theme 1: Aligning research with clinical care metrics for implementation success across multiple partners

Julie Fritz, PhD, University of Utah - Nondrug pain care delivery in rural underserved areas. Under-representation of rural residents includes many challenges.

Lynn DeBar, PhD, MPH, Kaiser Permanente Center for Health Research - Aligning research/clinical EHR-based assessment: facilitators, barriers, and opportunities. Takeaways from 3 trials in HEAL Collaboratory - PPACT, RESOLVE and BackInAction. Aligning clinical trials data with clinical care will result in more careful, useful collection of research-quality data.

Theme 2: Adaptability of evidence-based treatments - ensuring real-world delivery of care while retaining core fidelity

Nicki Hastings, MD, MHS, Duke University/Durham VA Medical Center – Effects of Implementation of the STRIDE Hospital Mobility Program. Framework: Replicating Effective Programs: identify a clinical problem, look for potential solutions, systematically bring into a new environment. Good fit: explicit focus on balance of fidelity and local needs and context.

Theme 3: Ensuring new and diverse voices are a key part of implementation efforts for improving access and effectiveness of future pain care options

Steve George, PhD, with **Lindsay Ballengee, PhD**, Duke University, and **Natasha Parman, PhD**, University of Washington - **Research and clinical workforce development and training**
Ballengee worked as a psychologically-informed physical therapist before completing a PhD in population health with an emphasis on implementing non-pharmacological interventions for pain, which require more complicated delivery considerations than some other interventions. Contextual factors are key; did not find clear results. Parman also works in implementation research now, despite having no implementation science training, after working in an interdisciplinary clinic for high-impact patients with chronic pain who had been through many treatments. Her goal for the field: to adapt effective interventions to improve accessibility, access, adherence, and improved implementation.

Kate Nicholson, PWLE, Director, National Pain Advocacy Center, shared her journey with chronic pain and disability and her medical treatment. In her role as a legal advocate and as a PWLE, she constantly hears about barriers to multi-disciplinary care, leaving people living with ongoing disability. Implementation is where the rubber hits the road; until treatments can be delivered and optimized, science is not really improving people's lives. Major themes for implementation priorities: explore care pathways within healthcare systems to implement better care and reduce exposure to low-value care; leverage technology to aid clinicians and better engage patients; align research with clinical care metrics for implementation success across multiple partners/ interest holders.

Michael Falcon also reflected on the overall theme of quality of life (QOL) related to pain, as opposed to measuring only pain intensity. Considering QOL acknowledges a broader appreciation of the lived experience of pain through a biopsychosocial lens, and as an outcome measure, it allows for increased opportunities for the implementation of pain science findings.