"I’VE GOT THEIR FACES IN MY BRAIN": ECHO ONTARIO AND THE MANAGEMENT OF CHRONIC PAIN PATIENTS IN PRIMARY CARE

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INTRODUCTION / AIM

General practitioners in North America report that the management of chronic pain patients takes up a disproportionate amount of their time, energy, and budget; these chronic (non-cancer) pain sufferers are likely to fall into Groves’ (1978) category of the ‘hateful patient’. Difficulties are exacerbated for healthcare practitioners in remote and underserved communities. Project “Extension for Community Healthcare Outcomes” or ECHO, is an enhanced form of telemedicine developed at the University of New Mexico by Dr. Sanjeev Arora and his team, in which a central ‘hub’ of interprofessional specialists moderates a discussion amongst far-flung community partners, or ‘spokes.’ Our team uses the ECHO method to help primary care providers (PCPs) in Ontario better manage their chronic pain patients through weekly meetings that provide support to participants for their most troubling patients, deliver further education ‘didactics’, and develop a community of practice. In this presentation, we describe the PCPs’ experience of participating in the project.

METHODS

We present data from 6 focus group discussions (FGDs) amongst the community participants (‘spokes’), in November 2014, May 2015, and September 2015, during semi-annual, weekend-long ‘boot camps’ which provide ECHO participants the opportunity to meet face-to-face. A total of 42 individuals, approximately 7 per group, participated. They represented a variety of professions, including physicians, nurses, occupational and physical therapists, pharmacists, social workers, and physician assistants.

RESULTS

Participants describe benefiting from a) gaining objective knowledge concerning opioids and other treatments; b) learning how to negotiate challenging conversations with patients, c) developing clearer communication within the primary care team, and d) involvement in the ECHO ‘community of practice’. They express dissatisfaction with their previous, minimal training in pain management and with Ministry of Health guidance in managing chronic pain. Within the ECHO environment, they can feel safe acknowledging their limitations, including lack of confidence. Appropriate management of opioids and alternatives to their use are particularly problematic areas.

DISCUSSION / CONCLUSIONS

Chronic pain is devastating for patients and generally invisible to practitioners; negotiating its treatment involves issues of communication and trust, often over a long period of time. Our focus groups with ECHO community partners in Ontario suggest that involvement in this
‘community of practice’ proves helpful to them in managing their chronic pain patients. Pressure on health care systems, insufficient resources, and the challenges of responsible opioid stewardship all mitigate against an easy ‘fix’ to the problems facing PCPs and their patients. ECHO Ontario is not a panacea but is a constructive and, according to participants in the first two years of the program, a welcome advance in safe and effective chronic pain management in the primary care setting.

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