

Rationale for Study

- Primary care physicians (PCPs) requested education on Pain Management
- PCPs requested “reliable” and “actionable” data about patients with pain complaints
- PCPs requested guidance on how to treat patients with pain at the point of care
- The health system requested “innovative” strategies to improve data entry portals to the electronic health record

What we did

- Developed education using electronic CME delivery model addressing the topics and format requested by the PCPs
- Leveraged the NIH PROMIS surveys and the Learning Health System (CHOIR – Collaborative Health Outcomes Information Registry) to collect pain and functional outcomes and factors for risk stratification
- Collected these data in a way that minimally impacted clinical workflow
- Integrated the CHOIR data into the University of Florida Health Electronic Health Record (EPIC)
- Provided data to the PCPs in real-time at the point of care
- Provided data in a digested format
- Measured patient and provider satisfaction with pain care
- Characterized UF Health Family Medicine patients with pain

Provider Results

- Four UF Health Family Medicine clinics recruited
- 21 Family Medicine PCPs recruited
- Almost no (<5%) participation in online CME tools
- High (~80%) participation in person CME
- NO reduction in provider satisfaction with clinic workflow
- NO intervention-driven improvement in overall satisfaction with providing pain care

Patient Results

- 712 UF Health Family Medicine patients enrolled (1230 clinical visits)
- CHOIR system incorporated into 320 patient visits
- 21% of patients were in the high risk category for Pain Catastrophizing
- 8% of patients were in the high risk category on the Opioid Risk Tool
- 79% of patients reported high satisfaction with care (9 or 10 out of 10)
- 81% reported their provider was doing everything they could to treat their pain
- 68% had confidence that their pain would be well-controlled in the future
- NO intervention-driven improvement in overall satisfaction with pain clinical visits

Conclusions and Lessons Learned

- Online CME
 - Low utilization despite PCP recognition of need and desire to learn
 - Possible need for innovative learning strategies that do not fit into traditional or online CME strategies including brief point of care education
 - In person CME
 - High utilization but not pragmatic, not scalable and not sustainable
- Workflow
 - No negative impact of electronic patient reported outcomes (ePROs)
 - Integration of ePROs is possible without diminishing provider satisfaction
- Patient Satisfaction
 - High patient satisfaction at baseline with no change by interventions
 - possible ceiling effect
 - Patients very accepting of ePROs and the method of data entry (tablet)
 - Effective use of innovative technologies with linkage to EHR
- Provider Satisfaction
 - Unchanged by education or technology
 - possible need for enhancement of tools to provide clearer decision support and assistance in clinical documentation tasks