

Introduction

The **objective** of this poster is to provide information on initial implementation of photo-elicitation (PE) and online group support to improve function in patients living with chronic pain.

Context

- 100 million Americans Living with Pain.
- Helping patients with chronic pain is a major issue in primary care.
- Traditional approaches are often ineffective.

Study Aims

- Primary Aim: capture impact of PE + online group support on patients' pain experience, and function using a 3-item measure of pain (PEG: Pain intensity [P], Enjoyment of life [E], and General Activity [G])
- Secondary Aim: assess the effectiveness of the intervention on improving:
 - Self-efficacy (PSEQ)
 - Chronic Pain Acceptance (CPAQ – 8)
 - Patient-centeredness (Moira Stewart's measure of patient-centeredness)

Design and Participant Inclusions

- 18 practices of the American Academy of Family Physicians, National Research Network (NRN).
- Cluster-randomized, phased implementation design.
 - 3 waves
 - 6 practices in each wave (3 intervention; 3 control)
- Patients with chronic pain with at least 2 visits in the last 6 months and their treating physicians.

Intervention

- Patients are photographing images they feel best capture their chronic pain experience and discussing these photographs with their clinicians at subsequent visits.
- Patients are engaging with other patients in a private Facebook group for support.
- Intervention group clinicians are to ask questions about patient photos, and to use a chronic pain guideline as they choose.

Anticipated Results


Collaborative, image-based discussions between patients and providers, and also social support, can break the verbal barrier between patients and their doctors, and improve the patient-centeredness of the interaction.


- Demonstrated usefulness of this intervention to shift focus from pain elimination to function
- PE plus online group support will...
 - Encourage Collaborative Discussions about patients' chronic pain condition
 - Improve self-efficacy to manage chronic pain
 - Improve chronic pain acceptance
 - Improved patient-centeredness of the office visit

Intervention Examples

Facebook Examples



 - I did read some of the other members comments and understand how they feel. I am lucky that I am able to hold down a full time job with the pain medication I am currently taking (generic version of Vicodin). I've been functioning for years like this and am able to know how much I can do and can't do...which, when I overdo it I'm down for the count!

Unlike · Reply ·  1 · October 20 at 11:36am

thanks for posting! Glad to hear that you are able to function as well as you do. Are there any tricks you have for getting through it when you are "down for the count"?

Like · Reply · October 20 at 8:44pm

I just got back to my home from [REDACTED]
[REDACTED]. I drove from my home, which is roughly 2 hours driving time, each way. Add in sitting in uncomfortable chairs for a day and a half, and you can guess how I feel. On the way home, I stopped roughly every 30 minutes or so to stretch my back and legs, and to try to get the spasms to stop.

There was a time when I would have just gutted it out and drove on through, but now I realize that taking care of myself means just that... It took longer to make all those stops, but I'm in much better shape than I thought I would be. Even so, it's the couch and an ice pack tonight, but I expect that the flare up will die down enough for me to sleep pretty soon

Like Comment

Example of Photo-elicitation



Patient: It is representative of how I deal with the medical care that I receive. On one side is a clearly defined area, where an organized planting will take place. This is the way I view traditional medicine. And notice that it takes up the majority of the garden, just as traditional medicine makes up the majority of how I deal with my pain. However, on the other side we see that is wilder, untamed. This refers to the rest of how I deal with medical aspects: utilizing meditation, acupuncture, chiropractic, and anything else I can assist in creating a world where I am not overwhelmed with facing the fact that I hurt.

OK, so what's the deal with the bench/stool, and why post a picture? This is one of the pictures I shared with my doctor when I met with him. I have about 5 of these scattered around my house. Why? Because I can't stand still for very long. Some days, I can't stand long enough to scramble eggs, so if it's my turn to make dinner, I need a place to sit. This is a bar stool, so it's tall enough for me to reach the stove top with no problem. I have another one by the BBQ grill, one by my workbench, and a couple more that go from room to room as I need them. (Of course, finding them is sometimes a chore because my 8 and 11 year-olds use them to build blanket forts)

This is one of the ways that I take care of myself, prolonging my ability to do things, so that I don't feel like I'm not pulling my weight with the chores around the house. I'd like to hear what other people do in situations like this. I'm always looking for new tools for my toolbox for dealing with my pain.



Doctor: Welcome back! I know we agreed on having you bring in some pictures that will provide me with a more in depth, and personal understanding of how pain affects your daily life. Were you able to bring some photos for today's visit?

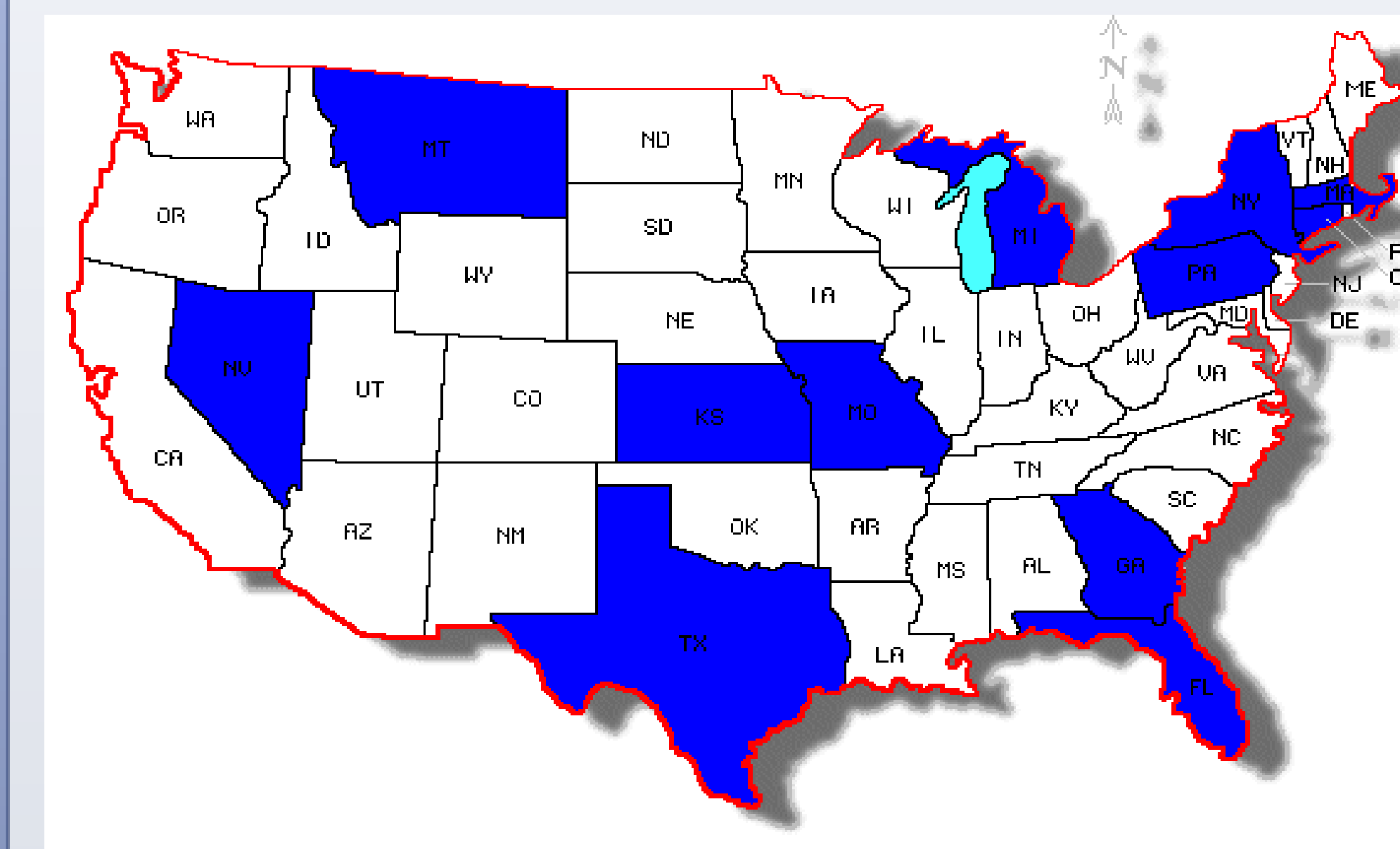
Patient: Yes! I brought in a photo of my garden.

Doctor: Oh really, how does this relate to your life with pain?

Successes

Recruitment and Enrollment: 8 of the 18 practices are recruited and enrolled (see Figure 1. for locations). 47 patients enrolled with completed demographics.

Figure 1. Map of Recruited and Enrolled Practices



Collaboration with NRN investigative team: The University of Missouri's collaboration with the NRN has contributed to the following:

- Sustainable practice facilitation
- Increased recruitment and enrollment activities
- Rapport building with practices in the network
- Protocol development and implementation
- More opportunity for university investigators to engage with patients
- Networking opportunities

Challenges

Data Collection and Management

- Evolving Methodology – IRB challenges
- Changing personnel
- REDCap challenges:
 - “Separate Projects” for each survey does not allow for a streamlined reporting process
- Some patients are unfamiliar with using a tablet.
- Facebook enrollment:
 - “Secret group” settings make it difficult to easily add patients to the group
 - Some patients are slow to setting up a Facebook account/accepting the moderators request, therefore, unable to be added in a timely manner

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AAFP national research
— network —

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