

The goal of the [Health Care Systems \(HCS\) Research Collaboratory](#) program is to strengthen the national capacity to implement cost-effective large-scale research studies that engage health care delivery organizations as research partners. As such, an initiative was created to fund pragmatic clinical trials demonstration projects. Of the seven phased project awards, two of them are focused on pain. The feasibility phase of these two projects has been awarded, and they will be considered along with the other five projects for funding to complete the full trials.

Collaborative Care for Chronic Pain in Primary Care

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Large numbers of Americans suffer from chronic pain, and the use of opiates to treat chronic pain is rising. Multidisciplinary approaches to pain management, which include self-management, have shown promise in alleviating pain and related disability, and reducing prescription analgesic dosing. However, primary care physicians need guidance in treating and coordinating care for patients with chronic pain and health care systems need tested health care delivery models to improve pain management. The Collaborative Care for Chronic Pain in Primary Care project plans to evaluate the integration of psychosocial services into the primary care environment. A pragmatic trial is proposed to test the effectiveness of an evidence-based multidisciplinary pain management approach in the primary care setting (the “Pain Program for Active Coping and Training,” or PPACT) within integrated health systems. Phase I of the project is developing the infrastructure and materials needed for implementation of the trial. The proposed second phase of the project will test the care approach in a study at three regional Kaiser Permanente health plans. The trial is projected to include 960 patients from 40 clinics. The intervention will consist of therapeutic modalities delivered by a multidisciplinary team of behavioral health specialists, nurse case managers, physical therapists, and pharmacists. This approach integrates ancillary behavioral services, and incorporates nursing case management, physical therapy, and pharmacy consultation into primary care. The goal is to evaluate a multidisciplinary care environment to improve pain management and to help patients develop the skills for self-management of their condition. It will create a generalizable resource with potential to change the approach to pain management.

A Pragmatic Trial of Lumbar Image Reporting with Epidemiology (LIRE)

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Low back pain is one of the most common reasons for physician visits and an important cause of functional limitation and disability. Imaging is frequently performed as part of the diagnostic evaluation and is an important contributor to the cost of back pain care, which totaled more than \$86 billion in 2005. Since there are no established benchmarks for imaging of a healthy back, common findings that may be incidental or age-related often lead to unnecessary follow up such as increased testing, management and treatment with prescription opioids. The goal of the pragmatic trial of Lumbar Image Reporting with Epidemiology is to insert epidemiological benchmarks into lumbar spine imaging reports of patients of primary care providers. The hypothesis to be tested is that incorporation of this benchmark information will reduce subsequent diagnostic and therapeutic interventions including MR and CT, opioid prescriptions, spinal injections and surgery. The specific aims for the planning phase of the project include refinement of information to be included in the radiology report, development of cluster randomization methods, development and validation of overall intensity metrics and development and validation of electronic data methods and tools to capture the outcomes of interest. This simple, inexpensive intervention has the potential to substantially reduce unnecessary and expensive care for back pain, and potentially for a wide range of other conditions. It therefore has long-term public health significance.