Provider Perceptions of Barriers to Incorporating Integrative Options within Older Adult Pain Management Plans

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INTRODUCTION
• Leading health organizations have expressed the importance of integrative pain management.
• Research indicates healthcare providers are not adopting these recommendations.
• Our objective was to identify healthcare provider reported perceptions of gaps and barriers to incorporating integrative options within older adult pain management.

METHODS
Approval was obtained from the University of Florida Institutional Review Board. The study consisted of one semi-structured interview and four focus groups conducted with 11 multidisciplinary healthcare providers. Transcripts were analyzed using a thematic analysis.

RESULTS

Figure 2: Main Thematic Concepts

Three Main CONCEPTS:
1. Current use and integration of integrative pain management options
2. Need for expanding pain management education and evidence
3. Perceived barriers that limit implementation of integrative options.

Individual level: patient mindset, buy-in, time to discuss/educate
System level: provider reimbursement, insurance coverage, lack of training opportunities, lack of referral network or provider availability

CONCLUSIONS
• Adoption of integrative therapies into clinical practice is limited due to many barriers.
• All participants believed integrative pain therapies were important but felt they were not equipped to address the barriers limiting widespread adoption.
• Healthcare providers and patients may benefit from education and resources that address ways to improve patient access to integrative options.
• More advocacy is needed by health organizations to elicit policy change to address the lack of support and financial coverage for integrative options.

FINANCIAL DISCLOSURE
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References

Figure 1: Enrollment Schematic

Analysis

Contact our team and access aging with pain resources:
www.tinyurl.com/agingwithpain

Figure 3: Representative Quotes

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<th>Major Theme/Concept</th>
<th>Representative Quote</th>
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<td>Current use and integration of pain management options</td>
<td>“Yeah, there’s a lot of meditation, there’s a lot of self-awareness, body scan, distraction, we go into pacing to make sure that people aren’t overdoin things, and how to manage you know what they do, so they don’t exacerbate their pain.”</td>
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<td>Need for expanding pain management education and evidence</td>
<td>“I think that is maybe a little bit of a misconception in the past that these therapies were not that helpful. But now, we are able to measure a little bit better some pain outcomes, the issue in the past we were just focusing on a number on the NRS, or the VAS scores. But now we’re really realizing that pain is a lot more than a number in the whole context of the patient functionality.”</td>
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<td>Perceived barriers to integrative pain management</td>
<td>“Another barrier I think is very prevalent is payers and insurance. They want to see restorative type of care. And they have specific limits on what we can do and how long we can treat. And some patients need a different type of care, a different type of plan of care, than normal. And usually, we don’t see a lot of support or a lot of flexibility in that aspect.”</td>
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<td>Perceived barriers to integrative pain management</td>
<td>“I think the thing that I find the most, whenever I get resistance to any non-pharmacological treatment, will be just the common and typical medical model of you know, I have some pain, I’m going to my primary care physician, I get some medication...the referral tree goes from there. So a lot of patients aren’t used to anything other than taking medicine, you know, that’s the first line of defense. That’s what they’re used to. That’s what we all get used too.”</td>
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