Implementation Process of an Interdisciplinary Intervention Strategy for Adults with Chronic Non-Cancer Pain in Primary Care in Chile

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1. Why prioritize the Chronic Non-Cancer Pain in Chile?

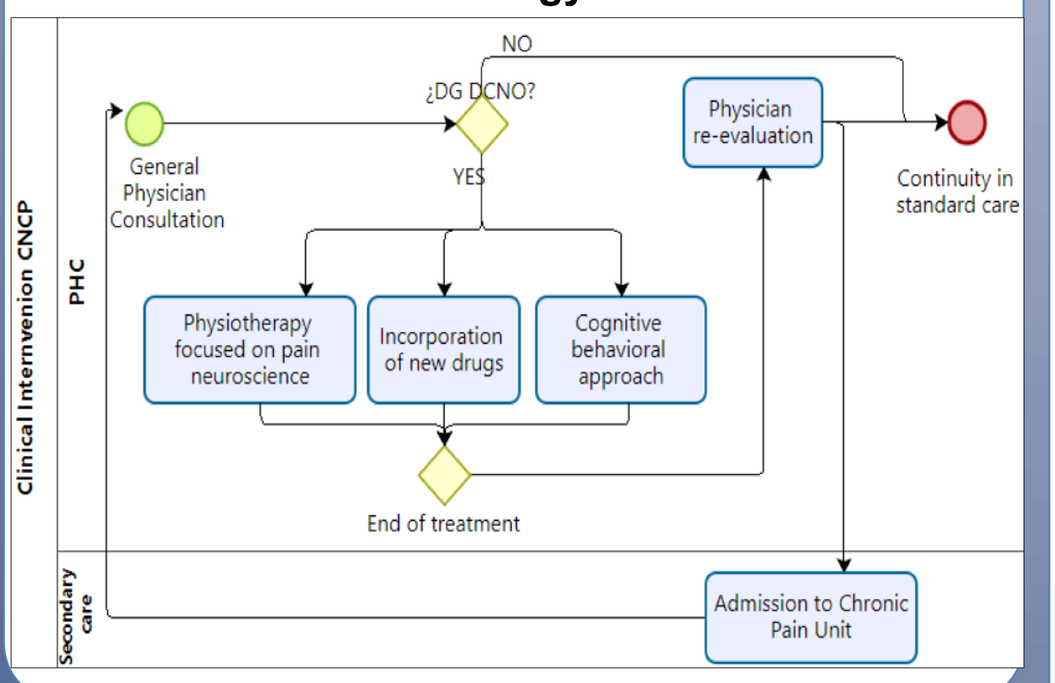
- ❑ Chronic non-cancer pain (CNCP) in Chile has a prevalence of 34%, exceeding diabetes and arterial hypertension. Furthermore, substantial access barriers have been encountered by these patients.
- ❑ A comprehensive care approach with multimorbidity integrated care is today's best strategy, and Chile has taken part by publishing a governmental clinical guideline for primary health care (PHC) action.
- ❑ The Centro de Innovación en Salud ANCORA UC has taken advantage and implemented as a pilot study the guidelines based on a comprehensive multidisciplinary CNCP care strategy in PHC.

Objective: Describe the implementation process of a patient-centered interdisciplinary intervention that increased the diversity of health services in a primary care center for adults with CNCP.

2. Methods

- ❑ The study describes the main activities of an implementation.
- ❑ The piloting had three phases of implementation (pre-implementation, implementation, follow-up/monitoring).
- ❑ Patient selection criteria were applied: age 25 to 60, diagnostic of chronic lumbar pain, osteoarthritis, fibromyalgia, shoulder pain, and rheumatoid arthritis.
- ❑ Physiotherapeutic demand was prioritized using the MSK Start Test tool.
- ❑ The intervention strategy was added to the PHC's daily activities (Figure 1).
- ❑ Clinical services diversification included: physiotherapy focused on pain neuroscience and self management support, cognitive behavioral approach from psychology intervention, incorporation of new drugs, and established communication channels with secondary care level.

Comprehensive multidisciplinary CNCP care strategy



4. Results

A total of 147 patients have been intervened at one PHC in the municipality of La Florida.

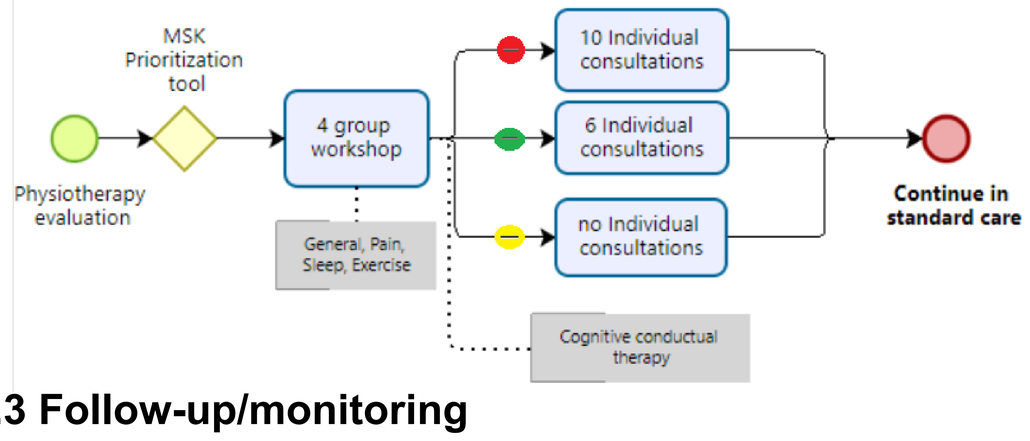
4.1 Pre-implementation

- ❑ Continuous education was provided through monthly clinical patient reviews between Hospital La Florida physiatrists, the primary health care team and the CISAUC team.
- ❑ The training covered general knowledge of CNCP to specific evaluation and treatment.
- ❑ Operational conditions, such as agenda, new drug acquisition and care coordination, were prepared.
- ❑ Access barriers in drug prescriptions were addressed.

4.2 Implementation

- ❑ Organizational adaptions were made to achieve patient access and continuity of care.
- ❑ General Physician, physiotherapy and psychology agendas were built up to coordinate workshops and individual consultations.
- ❑ Physiotherapy had a core role in the main intervention (Figure 2). More than 200 workshops have been performed.
- ❑ Self-management workshops were designed, but PHC capacity has limited its implementation.
- ❑ Clinical patient reviews continued and was combined with theoretical reinforcement sessions.

Figure 2. Physiotherapy intervention



4.3 Follow-up/monitoring

Monitoring of patient show-up, drug prescription, and healthcare team training gap has been monthly followed-up.

5. Key Messages

- ❑ Implementing the intervention strategy was possible and is delivering information for a future scale-up.
- ❑ Health services were incorporated into the center's operation and merged with de multimorbidity strategy currently implemented in the whole territory.
- ❑ Healthcare team training is needed as new activities, drugs and roles are introduced.
- ❑ Physiatrist and specialist support are key aspects of primary care support, especially for multimorbidity and CNCP complex patients.
- ❑ At PHC, important structure and capacity barriers limited the introduction of healthcare innovations.
- ❑ Health system coordination between levels is still provider-dependent, and important digital strategies are needed.

6. Conclusions

The study reveals the implementation process of an intervention strategy based on a Ministry of Health guideline from primary care in 2021. The experience and lessons learned provide relevant insight for national scale-up and offer implementation knowledge for other countries leading with CNCP.

7. References

Durán, J., Tejos-Bravo, M., Cid, V., Ferreccio, C., & Calvo, M. (2023). Chronic pain in Chile: first prevalence report of noncancer chronic pain, fibromyalgia, and neuropathic pain and its associated factors. *Pain*, 10.1097/j.pain.0000000000002886.
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