

# Project ECHO (Extension for Community Healthcare Outcomes) Chronic Pain & Opioid Stewardship: Thematic analysis of cases and participant interviews



**Background/Objectives:** Project ECHO (Extension for Community Healthcare Outcomes) at St. Joseph's Care Group (SJCG) provides continuing professional development and support for clinicians managing clients' chronic pain and opioid stewardship in rural and underserved areas. Participants discuss de-identified cases and best practices at weekly videoconference sessions. Case presenters receive key learning points to consider implementing with clients. This study identified common key learning points, facilitators and barriers to implementation, and recommendations to improve the ECHO program.

**Methods:** A thematic analysis was conducted of 40 consecutive cases presented in 2018-19 and their documented key learning points, and interviews and case forms of nine ECHO participants from 2019-20. Descriptive statistics for client and case presenter characteristics were also generated.

**Results:** Case clients averaged 54.6 years old; 87.5% were unemployed, and the most common pain locations reported were the back (27.5%), extremities (22.5%) and head/neck (17.5%), with 77.5% reporting pain in more than three locations. Case themes included: assessment and diagnosis; pharmacological, non-pharmacological, and interventional management; psychosocial considerations; and referrals to specialists and resources. Interviewees identified accessibility of resources and the therapeutic relationship as facilitators to implementing key learning points in their clinical practice. Barriers included various client, clinician and organizational factors.

**Conclusion:** Presenting cases at ECHO provided clinicians with many key learning points for evaluating and managing chronic pain in their clients. Clinicians described positive impact on their knowledge and their client's wellbeing. Identified patient, clinician and organizational barriers to implementing learning points will be considered when planning future ECHO sessions.

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Project ECHO SJCG is funded by:



The views expressed in this poster are the views of the authors and do not necessarily reflect those of the Province.

Supported by the Northern Ontario Academic Medicine Association (NOAMA) Clinical Innovation Opportunities Fund award



# Background / Objectives

- Chronic pain affects 1 in 5 Canadians across the lifespan<sup>1</sup>
- Primary care providers (PCPs) describe chronic pain as one the most difficult areas of practice
- *Project ECHO Chronic Pain & Opioid Stewardship* is a continuing medical education program designed to meet the needs of PCPs in rural, remote and underserved communities
- ECHO sessions occur weekly with an interprofessional hub of specialists and health care providers (HCPs) participating across Ontario
- Participants present a de-identified patient case for discussion and receive a summary of key learning points

[1. Canadian Pain Task Force. *An Action Plan for Pain in Canada*. 2021.]



## Study goal:

- To guide the ongoing development of Project ECHO at SJCG

## Objectives were to identify:

- Common key learning points from discussion of participants' cases
- Facilitators and barriers to implementing key learning points
- Recommendations to improve the ECHO program



# Methods

## Study 1

- Thematic analysis of 40 consecutive patient cases presented at ECHO in 2018-19 and their documented key learning points
- Data was extracted and coded by two independent reviewers
- Themes were identified and case vignettes were selected to illustrate common clinical presentations and key learning points

## Study 2

- Thematic analysis of nine interviews with health care providers from different disciplines who presented a case during ECHO in 2019-20
- Interviews were conducted by phone or videoconference, recorded and transcribed
- Two independent reviewers coded the data, built a code book, and identified common themes



# Results

## Case Themes:

- Assessment/diagnosis
- Pharmacological, non-pharm. & interventional mgmt.
- Psychosocial factors
- Specialist/program referrals

## Facilitators to implementing key learning points:

- Therapeutic relationship (patient - provider)
- Access to resources in community

## Barriers to implementing key learning points:

- Patient:
  - Lack of engagement
  - Mental health
  - Beliefs and values
- Clinician:
  - Lack of comfort with implementing strategy
  - Lack of autonomy over decision making
  - Lack of clinical support
- Organizational:
  - Lack of care coordination
  - Lack of institutional support
  - Resource and care accessibility

Case Characteristics	Total = 40
Age (years), mean (SD)	54.6 (18.1)
<b>Pain Locations</b>	<b>N (%)</b>
Back	11 (27.5)
Extremities	9 (22.5)
<b>≥ 3 locations</b>	<b>31 (77.5)</b>
<b>Opioid Use</b>	<b>N (%)</b>
Long Acting Opioids	12 (30)
Short Acting Opioids	20 (50)
<b>Comorbidities</b>	<b>N (%)</b>
Hypertension	18 (45)
Asthma/ COPD	14(35)
Hyperlipidemia	11 (27.5)
Sleep disorders	10 (25)
<b>≥ 3 co-morbidities</b>	<b>12 (30)</b>
<b>Mental Health</b>	<b>N (%)</b>
Depressive disorder	16 (40)
Anxiety disorder	12 (30)



# Conclusion

- ECHO sessions covered a broad range of relevant clinical activities for management of chronic pain
- Barriers identified may be partially addressed through ECHO sessions:
  - Support case presenters' ability to communicate with other care providers to facilitate care coordination
  - Notify all HCPs involved about upcoming case presentations of patients in their care
  - Involve a case coordinator from HealthLinks
  - Assess case presenters' level of comfort with key learning points and provide details addressing potential barriers to implementation
  - Support HCPs in addressing barriers to patient engagement through motivational communication
  - Offer sessions at a variety of times to facilitate attendance
- Case presenters said ECHO sessions were useful and had positive impacts on patient care

