

Analysis of the Utah Department of Health's Living Well with Chronic Pain Program

Waliah Wyatt, PA-S, Teresa Duarte, PA-S, David Falcon, PA-S, Cameron Harkin, PA-S | In partnership with the Utah Department of Health. Faculty Jennifer Coombs, MPAS, PA-C, PhD, Department of Family and Preventive Medicine, Division of Physician Assistant Studies

I. Background

According to the CDC, approximately 20% of Americans suffer from chronic pain.¹ The impact of chronic pain on our economic and healthcare systems, as well as on the individual level is costly and can impose hardship on daily living activities for many. Traditionally, treatments for chronic pain tended to be primarily analgesic-based therapies as part of the acute care model.² This approach led to the opioid epidemic that has devastated our country for more than 20 years, while showing little to no improvement in pain management and disability within our population.³

The Utah Department of Health's Living Well with Chronic Pain program is a workshop designed to teach participants alternative chronic pain therapies, focusing on self-management techniques to reduce their pain and improve their quality of life. This research analyzes the success of the 6-session educational program by looking at outcomes of participants' chronic pain measures, ability to self-manage their pain effectively, and the impact on their quality of life.

II. Methods

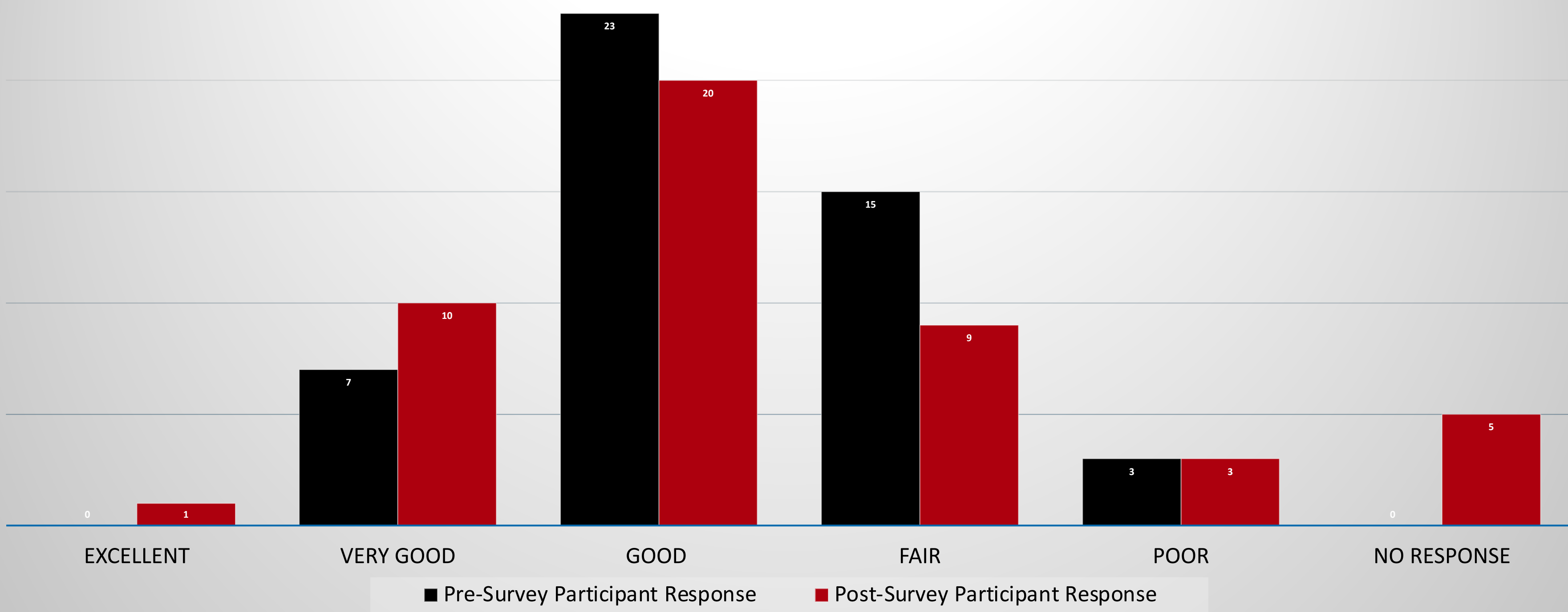
Participants from the Living Well with Chronic pain curriculum completed two surveys, a pre- and post-survey which included patient demographics, social determinants of health, limitations to a participant's ability to complete the program, satisfaction following class completion, and participants' self-impression of general health. Surveys were only used if the participant completed five or six sessions. This exclusion criteria provided 48 participants from whom to utilize data. Additional selection criteria were utilized for the data set.

Our primary outcome was to look at the efficacy and success of UDOH's 6-week LWCP program in reducing participants' chronic pain and increasing their ability to effectively self-manage the pain. Data was analyzed through Microsoft 2021 Excel utilizing the statistical analysis tools, incorporating survey data as well as incorporating patient testimonies. We investigated the responses from survey questions regarding how many sessions the participant attended.

Pre-Survey response Option	Excellent	Very Good	Good	Fair	Poor	No response
Participants	0	7	23	15	3	NR
Percentage	0%	14%	47%	31%	6.3%	0%
Mean/CI	2.71 (95% CI 2.48 to 2.94)					
Assigned numerical value for worded responses	Excellent = 5	4= Very Good	Good = 3	Fair = 2	Poor = 1	NR= 0

Post-Survey response Option	Excellent	Very good	Good	Fair	Poor	No response
Participants	1	10	20	9	3	5
Percentage	2.1%	20.8%	41.7%	18.8%	6.3%	10.4%
Mean/CI	3.52 (95% CI 3.1 to 3.94.)					
Assigned numerical value for worded responses	Excellent = 5	4 = Very Good	Good = 3	Fair = 2	Poor = 1	NR= 0

Participant Self-Health Assessment Pre and Post Workshop Completion



III. Results

Population: All LWCP workshop attendees who completed both pre- and post-surveys and attended five or six workshops from March 2020–February 2021.

Study Samples: 322 pre/post surveys from the Utah Department of Health were obtained from a password encrypted email. After selection criteria was applied, the study yielded 48 qualifying samples.

Results: A 29% increase in participant self-health rating was observed post-program completion as compared to how they self-rated their health before starting the workshop. Additionally, after completing the program, we noted an increase of 5.9% from the Good to Excellent category. Furthermore, a decrease in participant self-health rating of 12.2% from Poor-Fair was noted. Fifty-four percent of participants who completed the program also reported a reduction in pain medication usage.

IV. Discussion

Our analysis correlates and builds on current evidence-based practice guidelines in which a multidimensional approach to managing chronic pain leads to better outcomes. Using a variety of methods, this program aims to teach participants how to become active managers of their chronic pain. Although there were multiple limitations, our study of the 6-week LWCP program demonstrated that cost-free state-run programs could improve a participant's knowledge, understanding, and management of their chronic pain. These programs can provide an alternative therapy to pain reduction and can reduce analgesic usage, provide health education that improves a patient's condition, and increases self-efficacy.

References/Acknowledgements

1. Products - Data Briefs - Number 390 - November 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/products/databriefs/db390.htm>. Published November 4, 2020. Accessed July 2, 2021.
2. Phillips CJ. The Cost and Burden of Chronic Pain. *Reviews in Pain*. 2009;3(1):2-5. doi:10.1177/204946370900300102
3. Wilkerson RG, Kim HK, Windsor TA, Mareiniss DP. The opioid epidemic in the United States. *Emerg Med Clin North Am*. 2016;34(2):e1-e23. doi:10.1016/j.emc.2015.11.002

Thank you to the Utah Department of Health for your collaboration, guidance, and providing us with data.

