Feasibility Study Report

Chronic Non-Malignant Pain and Cognitive Behavioral Therapy

Doctor of Nurse Anesthesia Practice Program

AdventHealth University

Orlando, U.S.A

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Certification

We hereby certify that we have no interest, present or contemplated, in the proposed AdventHealth Hope Clinic and that to the best of our knowledge and believe, the statements and information contained in this report are correct-subject to the limitations herein set forth.

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Executive Summary

Chronic Non-Malignant Pain and Cognitive Behavioral Therapy

It is estimated that 116 million Americans suffer from chronic non-malignant pain (CNMP) and the use of opioids among them have been steadily increasing despite questionable efficacy, safety concerns, and economic implications (Lipman &Webster, 2015). The current opioid epidemic is costing the United States 78.5 billion dollars a year from treatment costs and loss of productivity (Lipman &Webster, 2015). This current issue also exists within the local Orlando community specifically in the AdventHealth University Hope Clinic, an occupational therapy-based clinic for the underinsured and uninsured population.

The Centers for Disease Control (CDC) suggests clinicians consider multimodal treatments for chronic pain management because opioids present serious risk of overdose, drug use disorders, and death (Dowell, Haegerich, Chou, 2016). Evidenced based cognitive behavioral therapy (CBT) has shown benefits as part of a multidimensional approach to effectively manage CNMP and its associated comorbid conditions. This project addresses the current community need in managing patients with CNMP and maladaptive thinking or behaviors at the AdventHealth University Hope Clinic.

Background

In 2011, The Institute of Medicine stated that “A comprehensive and interdisciplinary approach is the most important and effective way to treat pain, therefore a cultural transformation is needed to better prevent, assess, treat and understand pain.” Positive and negative correlations have been seen in CBT and its effects on outpatient adjunct treatments in patients with CNMP. Alternative treatments from costly procedures should be considered such as

counseling, self-care facilitation, and other forms of CBT that can help improve quality of life (Institute of Medicine, 2011).

Research Methods

This proposed scholarly project used a descriptive, qualitative approach, based on a feasibility study framework. In-depth interviews of key players, lasting approximately one hour, were employed guided with a student developed, semi-structured, face validated, questionnaire.

Conclusion

The development of a CBT program within the AdventHealth University Hope Clinic is deemed feasible based on the information gathered through interviews of key players, current available resources, identified facilitators, assessment of need, and projected benefits of the client, university, and community. Although a significant and varying number of barriers were identified, they can be overcome by utilizing current resources and seeking out alternative facilitators to offset the issues that may be encountered along the way.

Recommendations

For the implementation of a CBT program, our recommendations include:

1. Formation of a multidisciplinary committee that consists of key players whose personal mission aligns with AdventHealth University.
2. Consultation with a legal professional to confirm the minimum level of provider educational expertise necessary, all pertinent licensure and insurance requirements, and governmental policies that apply to the creation of a CBT program within a small faith-based clinic.
3. Address the financial barriers for the development of a CBT program by integrating Hope Clinic’s participation into course curriculums and the development of collaborative

relationships.

4. Address the economic barriers for the development of a CBT program such as credentialing, business and professional insurance, transportation, and marketing by seeking financial assistance through grants or community donors.
5. Creation of a GANTT chart that will aid in the identification of needed resources, depiction of a project timeline, and sequence of events for project completion.
6. Development of program and client centered objectives for the implementation of a CBT program.

Introduction

Purpose

The AdventHealth University Hope Clinic has limited accessibility to resources and is unable to offer alternative pain management therapies to its patients suffering from CNMP. Currently, there is a gap in care and nothing available at the state or local level particularly for individuals who are underinsured and resource poor. We know that based on our literature review, it is best practice to provide CBT. Due to the lack of resources for this population we proposed determining the feasibility of the development of a CBT program for CNMP in AdventHealth University Hope Clinic. This project will increase awareness of non-pharmacological adjunct treatments, determine the feasibility and viability of a CBT program in the AdventHealth University Hope Clinic, and provide the community with alternative treatments to help improve their coping strategies with CNMP.

Assumption

The assumption made in the proposal of this feasibility study included that there was a sufficient number of patients within the Hope Clinic who suffered from CNMP and have limited access to alternative pain management therapies. Due to the limited resources, we assume the need to determine the feasibility of a CBT program within the AdventHealth University Hope Clinic to determine its viability.

Market Analysis

The AdventHealth University Hope Clinic is a not-for-profit organization and income is a poor measure of efficiency as it does not intend to make profits. The organization functionality relies on grants, donations, and volunteers. The evaluation of the programs created by a non-

profit organization is based on meeting its objectives within its budget constraints (Stevens & Sherwood, 1982).

Strengths and Weaknesses

One of the major strengths is that evidence-based practice supports the use of CBT as an adjunct treatment to CNMP management due to its effects on improved pain coping and perception, maladaptive feelings, improved quality of life, decreased anxiety, depression, and opioid use. CBT has shown benefits as part of a multidimensional approach to effectively manage CNMP and its associated comorbid conditions.

The next strength is the support of the AdventHealth University Hope Clinic staff and identified key players. They support evidence-based recommendations that will benefit the clients as long as they are not being used as test subjects.

Another strength is the adequate amount of space within the Hope Clinic that can provide 1:1 and group therapy sessions for CBT.

As a not-for-profit organization the Hope Clinic solely relies on grants, donations, and volunteers to operate. Therefore, there is a lack of financial solidity to ensure adequate staff, transportation, and resources.

The next weakness we identified is the resistance of private entities regarding the development of a CBT program.

Another weakness is the lack of a certified CBT therapist in the Hope Clinic, therefore alternative collaborative efforts must be sought from AdventHealth University or other institutions with a clearly aligned mission and are mutually beneficial to all engaged.

Cost of the Process

Utilization Cost

The financial implications of clinic staff sustainability could be overcome by AHU integrating courses that would allow the university faculty to use the clinic as part of their course curriculum. Collaboration with other institutions with students of the Master or PhD level who need clinical experience and hours to help decrease the burden of cost.

Economic Cost

Economic implications such as credentialing and transportation would be taken from grants or community donors. Dr. Yvette Saliba, a licensed mental health counselor and Assistant Professor in the Department of Health and Biomedical Studies at AdventHealth University can obtain a supervision certification to oversee master level students of mental health counseling to utilize CBT when running groups. The cost of supervision credentialing would cost $275-375 yearly (Institute of Certified Professional Managers, 2016).

Use of Available Resources

Occupational Therapists, Physical Therapists, and Nursing students from AHU currently use the Hope Clinic as a clinical site for hours and experience.

Marketing would be cost free due to the resources currently available at the Hope Clinic. The internal referral process aids in marketing by providing a constant source of patients to the clinic.

Utilization of the current resources such as the Hope Clinic business and professional insurance, space for 1:1 and group therapy sessions for CBT, and a grant writer would generate no extra cost.

Conclusion

In conclusion, CBT has shown to be an evidenced based alternative to treating CNMP when used as part of a multidisciplinary approach. The development of a CBT program within

the Hope Clinic is deemed feasible based on the information gathered through interviews of key players, current available resources, identified facilitators, assessment of need, and projected benefits of the client, university, and community. Although a significant and varying number of barriers were identified, they can be overcome by utilizing current resources and seeking out alternative facilitators to offset the issues that may be encountered along the way.

Benefits

Clients were projected to benefit as a result of closure in care gaps, improvement of pain with subsequent reduction or elimination of opioid use, improvement in functionality, as well as through the development of lifelong coping skills.

The community would benefit through a university led program created to reduce or eliminate dependency on opioids and as an expansion of services in support of the medical and surgical management of clients experiencing CNMP who are resource poor within the community.

The university and clinic would benefit through expansion of mission aligned community engagement, development of collaborative relationships with other institutions, and possibly increased enrollment of students interested in community engagement. Students and faculty would benefit from community engagement as they participate in the provision of care.

Recommendations

Formation of A Committee

For the implementation of a CBT program, it is necessary to create a committee that consists of key players and experts whose personal mission aligns with AdventHealth University. Committee members should include a licensed psychologist or mental health counselor supported by an interdisciplinary team that contains occupational therapists (OTs), physical

therapists (PTs), CRNAs, and other pain management experts to manage the CBT program. A mental health counselor who is certified in CBT will also be needed to supervise or conduct the program ideally with a terminal degree of MD or PhD, if that is not attainable, however, we recommend a minimum of a master's degree in psychology. We also recommend consulting with a legal professional to confirm the minimum level of provider educational expertise necessary, all pertinent licensure and insurance requirements, and governmental policies that apply to the creation of a CBT program within a small faith-based clinic.

Economic and Financial

Given the lack of response from those individuals with expertise in development and management of CBT programs for CNMP it was not possible to clearly outline the exact expenses that would be incurred during program development as well as maintenance. Individuals who were interviewed did identify financial barriers as well as make recommendations for mitigation of these issues.

The financial barriers resulting from the need for adequate clinic staff could be partially overcome by the integration of Hope Clinic participation into course curriculums and the development of collaborative relationships. Faculty should integrate participation in the Hope Clinic within appropriate AHU program courses. Collaboration with other institutions with students engaged in mental health specialties at the master's or doctoral level who are in need of clinical experience and hours would also help decrease the burden of cost. Collaborative efforts would also contribute to the closure of practice, education, and patient care gaps. Therefore, we recommend seeking collaborative opportunities within the AdventHealth University, AdventHealth systems, and the greater Orlando community.

Other economic barriers such as credentialing, business and professional insurance, transportation, and marketing should be addressed by seeking financial assistance through grants or community donors. Grants could be sought through national organizations and pharmaceutical companies who support holistic care to assist with the financial costs and sustainability of the program. Traditionally, a grant writer is an additional issue for the development of an CBT program, however, that is a resource already in place within the Hope Clinic.

GANTT

A GANTT chart detailing the stages of project development should be created to assist with the planning and scheduling of tasks to be completed (Mind Tools, 2021). GANTT charts aid in the identification of needed resources, depiction of a project timeline, and sequence of events for project completion. They also manage the relationship between tasks and required time frame (Mind Tools, 2021). Therefore, we recommend the creation of a GANTT chart to identify methodology, the steps required for the development of a CBT program and all necessary cyclical assessments.

Program and Client Objectives

In the creation of a CBT program within the AdventHealth University Hope Clinic program and client-centered objectives should be developed. Program-centered objectives should include:

1. Develop a program mission statement.
2. Construct evidence-based content for a CBT for CNMP program in collaboration with mental health and chronic pain experts.
3. Cultivate community relationships that are mutually beneficial and align clearly with the mission of all engaged institutions,

4. Pursue funding through grant applications and private donations.
5. Examine legal implications of governmental policies and licensure requirements.
6. Standardized documentation to meet HIPAA and AdventHealth policies to facilitate multidisciplinary communication and interventions.

Client-centered objectives should include:

1. Employ the Short Form-36 as a validated reliable tool for the identification and progress assessment of those clients who are the most likely to benefit from a CBT for CNMP program.
2. Reduce client pain
3. Improve quality of life and vocation
4. Reduce pain medication utilization.
5. Provide safer pain management through alternative treatments such as CBT for CNMP.
6. Address psychosocial gaps in client care
7. Provide client support in the form of written plans and videos for home management.
8. Engage client family members in the education process.

With regards to measuring the effectiveness of CBT, respondents recommended the use of validated tools to assess pain and quality of life, specifically the SF-36. According to the literature the SF-36 is the most comprehensive form that will incorporate both quality of life and pain (Dysvik, Kvaloy, & Furnes, 2014; Elliott, Renier, & Palcher, 2003). The SF-36 assesses a total of eight domains which consist of physical, emotional, and social limitations, pain, mental health, perceptions on health, and vitality (National Multiple Sclerosis Society, 2020). Currently, the Hope Clinic staff uses the SF-36 for their clients and are familiar with its entirety. Therefore, we recommended that this specific form be employed.

Education for Clients and Providers

At the conclusion of interviews, it was determined that most providers have limited to no exposure to CBT as a treatment for CNMP. This significant health care provider knowledge gap should be addressed through the provision of educational opportunities for clinic staff, university faculty and community health care providers. Education should focus on what CBT is and how it can be used as an effective multidisciplinary evidence-based approach to CNMP management as recommended by the IOM and CDC (Dowell, Haegerich, Chou, 2016; IOM, 2011). Education through written materials and the employment of online learning platforms such as Echelon

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Appendix C

GANTT Chart

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Nov-20	Dec-20	Jan-21	Apr-21
Planning										
	Identification of key players	1st wave of interviews		2nd Wave of interviews						
Build Up										
					Synthesis of interview responses Identification of team member Delineation of cost and resources Identification of legal and licensure implications					
Implementation										
							Creation of written feasibility study report and creation of poster for presentation			
Close Out										
									Post feasibility study report and recommendation presentation to key players	

Appendix D

Facilitators	Barriers
Sovereign immunity	Licensure, credentialing, and liability insurance
There is available space for program implementation	Workload, scheduling, and balancing time (# of people and clients to prevent overcrowding)
Collaborative opportunities within the university, AdventHealth systems and the greater Orlando area.	Inconsistent key players commitment
Faculty open to interprofessional collaboration	Participation of appropriately credentialed providers with CNMP management and CBT experience who are a good mission fit
Clinicians currently in the hope clinic who support CBT for CNMP	Medical prescriptions as a primary method of treating CNMP
Consistent patient load that would support the inclusion of CBT for CNMP in the Hope Clinic	Lack of knowledge regarding on CBT for CNMP
Clients are committed to self-help and trying something new	Development of a clear definition of CNMP for Hope Clinic
Obtain support from National Association for Mental Illness, the American Medical Association as well as pharmaceutical companies who support holistic care. (important for financial resources)	Need for financial assistance/grants for staff, transportation, and resources
	Referral source physicians
	Travel for faculty and students to clinic
	Transportation, social (limited # of care givers), and economic challenges that may impact consistent attendance
	Medical challenges, the stigma on mental health issues, resistance to any treatments that are not a quick fix, and cultural and language differences that may require different materials