

A Qualitative Analysis of Barriers & Facilitators to Non-Pharmacological Modalities Across Minnesota: Views from Patients, Clinicians, Administrators

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Introduction

- Minnesota providers decreased dispensing opioid prescriptions from 32.1 per 100 persons in 2019 to 30.2 in 2020. (CDC, U.S. State Opioid Dispensing Rates, 2019-2020)
- However, reports show 654 opioid-involved deaths in MN in 2020, a 59% increase from 2019. (Minnesota Opioid Prescribing Guideline, first edition, 2018)
- Funded by the Minnesota Department of Health as part of the 2019 MN Legislative opiate epidemic response law, Hennepin Healthcare conducted a statewide mapping and assessment of community-based non-narcotic pain management (NPM) and wellness resources. (HF 400; Laws of Minnesota 2019, chapter 63, article 3, section 1)
- To gain deeper understanding of NPM accessibility, the assessment also investigated the barriers and facilitators to NPM access and usage.

Purpose

- Elucidate themes around perceived barriers and facilitators to non-pharmacological pain modalities (NPM) from a wide scope of stakeholders in chronic pain management across Minnesota
- Identify similarities and differences in perceptions between and across stakeholder groups

Methods

Grounded methodology (Corbin & Strauss, 2009)

- Purposive sampling (Charmaz, 2002) of ecologically inclusive stakeholder groups and Convenience sampling
- Interviews (N=48**) were:
 - Semi-structured (Guided by Purpose 1)
 - Directed (Stakeholder groups Table 2)
 - Virtual (Zoom)

Table 1. Demographic Characteristics of Participants

	Overall, N = 40*
Age, Mean (SD)	47.45 (12.99)
Gender, N (%)	
Female	24 (60.0)
Male	16 (40.0)
Race, N (%)	
American Indian or Alaska Native	1 (2.5)
Asian	2 (5.0)
Black or African American	5 (12.5)
White	28 (70.0)
Choose not to disclose	4 (10.0)
Education Level, N (%)	
Education beyond high school, but no degree	2 (5.0)
Associate's Degree	5 (12.5)
Bachelor's Degree	1 (2.5)
Graduate or Professional Degree	32 (80.0)
Employment Status, N (%)	
Full-time employment	24 (60.0)
Part-time employment	12 (30.0)
Retired	1 (2.5)
Unemployed or on disability	3 (7.5)

*Out of 49 participants interviewed, 40 completed the optional demographic survey

Table 2. Chronic Pain Stakeholder Groups Sample by Regions

Stakeholder N (%)	Minnesota Regions							TOTAL
	Northeast	Northwest	Central	Southwest	South Central	Southeast	Metro	
Chronic Pain Patient	4 (26.7)	1 (6.7)	2 (13.3)	0 (0.0)	1 (6.7)	1 (6.7)	6 (40.0)	15 (100.0)
Complementary & Integrative Health Provider	2 (16.7)	1 (8.3)	1 (8.3)	1 (8.3)	2 (16.7)	2 (16.7)	3 (25.0)	12 (100.0)
Primary Care Provider	1 (12.5)	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	2 (25.0)	3 (37.5)	8 (100.0)
Hospital Administrator	1 (16.7)	1 (16.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	4 (66.7)	6 (100.0)
Insurance Representative	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	7 (100.0)	7 (100.0)
TOTAL	8 (16.3)	4 (8.2)	4 (8.2)	1 (2.0)	3 (6.1)	5 (10.2)	24 (49.0)	48** (100.0)

**49 participants were interviewed, however only 48 were transcribed for analysis due to one not meeting inclusion criteria as a chronic pain patient

Thematic Analysis (Braun & Clarke, 2022)

- Transcribed by a third-party vendor (SameDay)
- Independent coding of 3 coders (Dedoose)
- Iterative coding with weekly meetings
- Collaborative model development external qualitative researcher (T. Reeves)

Results

Figure 1 maps barriers and facilitators in four main categories:

- Financial
- Logistical
- Relational
- Experiential

Major Barriers were identified as:

- Financial: COST
- Lack of insurance coverage
 - Deductibles/copays
 - Out-of-pocket
- Logistical: ACCESS
- Limited access to services
- Relational & Experiential: KNOWLEDGE
- Lack of knowledge of NPM

"But as we look at our criteria in terms of what we feel is medically necessary, it's usually an evaluation of the literature. The difficulty in the alternative medicine space is that the literature can - the quality of studies are generally lower as we rank quality of studies...and it's hard to make a determination as to what we believe the outcome will be based on the literature that is available"
 - Insurance Representative

Major Facilitators were identified as:

- Financial: INSURANCE
- Expansion of insurance coverage
- Relational: PARTNERSHIP
- Partnerships between clinical and CIH providers
- Experiential: EDUCATION
- Appropriate awareness
 - Enhancing education about NPM

"Well, on the positive side, what we do know, if you can do a multimodal approach to people on chronic pain, so that's a combination of physical therapies, some acupuncture, and then cognitive therapy, along with, maybe some exercise. The ability to get more people exercise, that type of thing. There's a number of patients I've seen in which we've employed those strategies along with a standard pharmacy taper. We use pharmacists for our tapering, too. So again, it's a multimodal approach for these patients, especially these patients with hyperalgesia."
 - Primary Care Provider

Figure 2 shows the major barriers and facilitators in each stakeholder group.

Figure 2. Barriers and Facilitators by Stakeholder Group

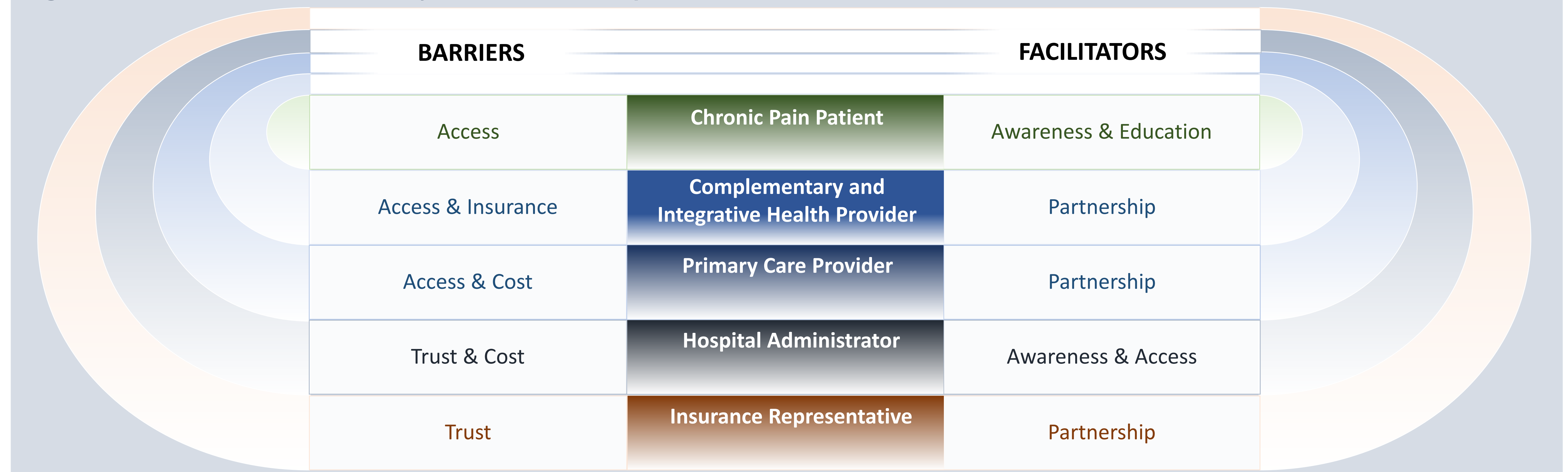


Figure represents the differences in dominant themes across stakeholder groups. The major themes of barriers or enablers are listed within an ecologically representative model of understanding stakeholders within the MN community.

Discussion & Future Work

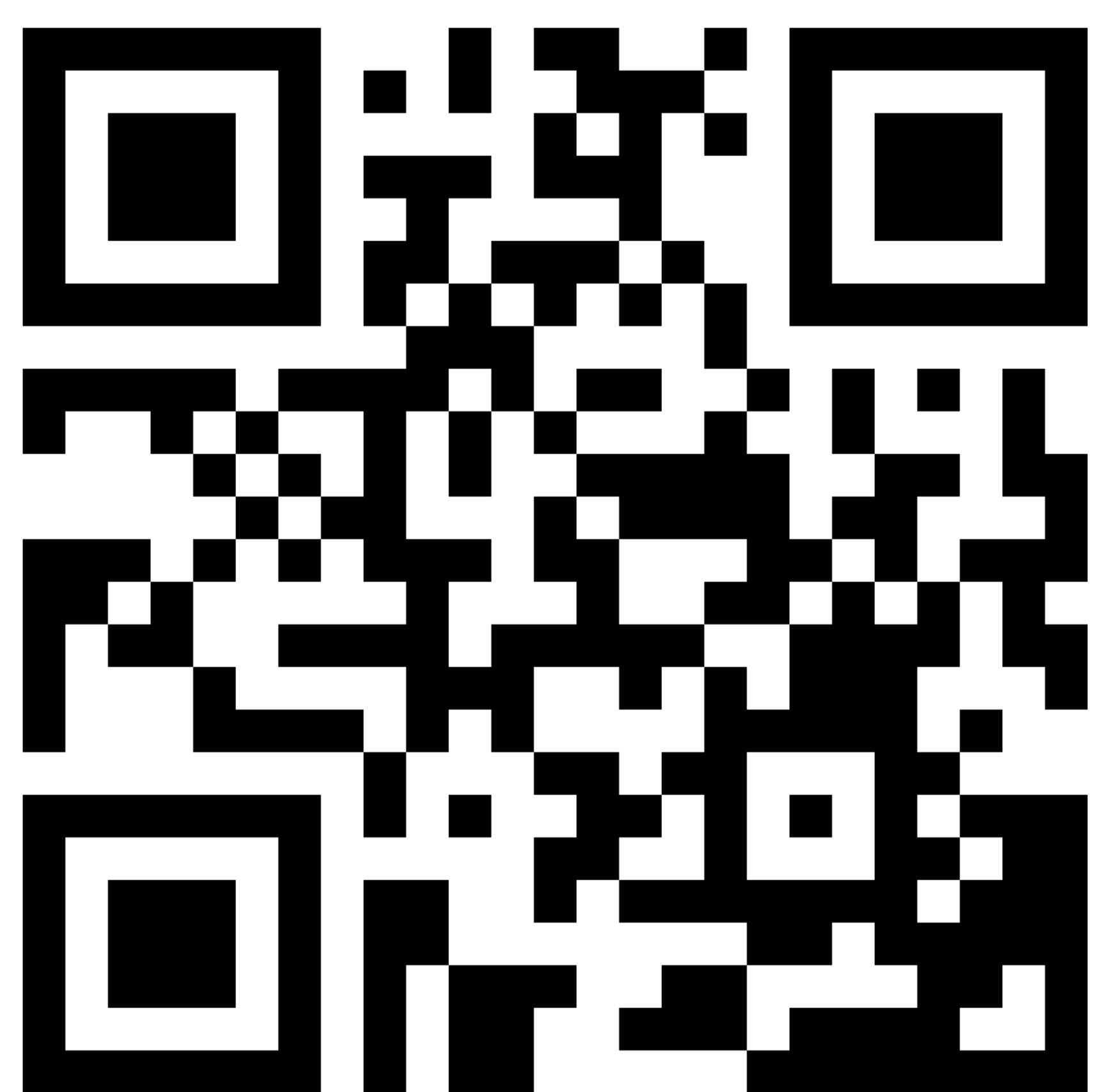
- Cost, Access, and Knowledge should be explored through financial, logistical, relational, and experiential intervention strategies to decrease barriers in NPM use.
- Insurance, Partnership, and Education could be explored as interventions to facilitate NPM use. Specifically, it underlines efforts to improve cross-disciplinary communication and partnership.



In partnership with



Check out the statewide mapping website and informational resource on non-narcotic pain management created by the NO PAIN MN project!



<https://nopainmn.org>

The **N**on-**O**pioid **P**ain **A**lleviation **I**nformation **N**etwork, Minnesota (NO PAIN MN)

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