Texas FQHC develops integrative model to help patients with pain

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Staff News Writer

It started with stabbing back pain, and then Fred Blackman’s legs gave way as he was showering before work. He was rushed to the hospital, and after nine months and multiple surgeries, Blackman left the hospital depressed, and needing help learning how to walk again and to quit slurring his words.

To make things more challenging, he also lost his job and his health insurance.

Sharad Kohli, MD

“Not all of our 18,000 uninsured and underinsured patients have debilitating chronic pain,” said Sharad Kohli, MD, a family physician at People’s Community Clinic, a federally qualified health clinic (FQHC) in Austin, Texas. “But we recognized a need and developed a comprehensive, integrative pain-management model that can help all of our patients with pain.”

Dr. Kohli explained that his clinic takes advantage of the fact that FQHCs, in general, have long provided a wide range of services under one roof, including primary care and behavioral health.
Creative solution required

Still, People’s needed to get creative to establish a progressive approach to treating pain, since most of its adult population is uninsured, which left more limited access to some services such as orthopedics and physical therapy, or other treatment options such as acupuncture, chiropractic, massage and yoga.

“We know from best practices that patients’ pain care must be individualized, so we created our own program that—based on their preferences—allows them to choose from a larger toolkit,” Dr. Kohli said.

People’s received a boost through Health Resources and Services Administration (HRSA) grants to better integrate nutrition and cooking classes, hire a care coordinator, expand acupuncture services, and add yoga therapy.

Still, Dr. Kohli is concerned that the isolation forced by the pandemic will worsen pain for its patients through stress, depression and anxiety. Recently, staff has created protocols that has allowed them to safely resume acupuncture. The clinic has also begun offering telehealth services for behavioral health visits, substance-use counseling and yoga therapy, and will soon restart its chronic pain group medical visits virtually.

Group medical visits are an innovative value-based model increasingly being used in underserved settings. A provider has a face-to-face visit so it is billable, but there typically is more time for education, information about self-management, peer-to-peer learning and connection.

“So many of our patients are lonely and isolated, which often worsens their pain,” Dr. Kohli said. “When they are able to come together and realize that there are others who are going through something similar, they often feel less alone and more supported.”

No one-size-fits-all approaches

People’s also convenes weekly case conferences for staff to discuss complex cases.

“We emphasize that there is no such thing as a one-size-fits-all approach for our patients,” Dr. Kohli said. “Coming together lets us better understand the nuances for patients with pain and address some of the upstream determinants that impact their health.”

The AMA Pain Care Task Force, recognizing that the treatment of pain can be complex and should be individualized for each patient, recently developed a document, “Evidence-Informed Pain Management: Principles of Care.”

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The work of Dr. Kohli and the People’s Community Clinic embodies many of the principles outlined by the Task Force.

Blackman is thankful for the care he received at People’s and is glad to share the story of his journey.

“Because of the care I received, I am better able to help others,” Blackman said. “Whether it is through referrals to the clinic, by sharing my story, or because I am the better person that I am because People’s Community Clinic has helped me, I am able to help others—and that really makes me happy.”