

Project: **The Pain Project: Creating tools for shared decision-making**

What was the challenge?

Pain is a crisis. As many as 100 million Americans suffer from chronic pain, but healthcare providers lack adequate information resources for engaging patients in their own care, and patients lack effective ways to track and communicate their pain or to fully understand treatment options. Further, although pain itself is a universal experience, pain perception and communication vary across ages, genders, and cultures.

Adding to the crisis is an opioid epidemic that began in the 1990s with increased prescribing of opioids to treat pain. According to a 2012 study, opioids cause more deaths than suicide and motor vehicle accidents combined. Nearly one in three Americans knows someone with an opioid use disorder.

What was the solution?

The Pain Project seeks to address the challenging (and often personal and emotional) issues associated with this crisis in three ways. We aim to:

- Improve health literacy surrounding chronic pain treatment through accessible patient education materials, enabling patients to take an active role in their healthcare and to make informed decisions about their pain treatment plans.

- Encourage patients to try alternative treatments for pain, such as acupuncture or physical therapy. Helping patients understand the potential benefits of alternative pain treatment options may reduce use of, and therefore dependence on or addiction to, opioid medications.

- Help clinicians communicate sensitive information surrounding opioids, such as serious side effects and legal consequences that can occur if these

prescriptions are misused or abused. The Pain Project materials deliver this information in an accessible and respectful way that builds trust between patients and care teams and creates opportunities for honest, direct communication.

What was the effect?

We have created reference materials for clinicians, educational videos for patients, and decision aids for clinicians and patients to use together in determining the best pain management options. Outcomes also include pocket guides, posters, handouts, workbooks, after-visit summaries, informed consent agreements, and an hour-long radio show. Videos, after-visit summaries, and an informed consent agreement have been integrated into UC Davis Health's Epic electronic health record platform, MyChart patient portal, and TIGR hospital television system. Pocket guides, posters, and decision cards have been distributed in print and digital form to clinicians and patients at Hill Country Health and Wellness Center, a nonprofit clinic that serves patients regardless of their ability to pay. For individuals with Internet access, videos are accessible on YouTube. All materials are available under a Creative Commons license to encourage sharing and wide distribution.

The Pain Project hinges on building strong partnerships with clinician-researchers, primary care providers, nurses, behavioral health experts, public health agencies, patients, and caregivers in California and beyond. Early efforts connected clinicians at Hill Country Health and Wellness Center, a nonprofit community clinic in rural Shasta County, California, with colleagues at UC Davis Health, a large public academic health center. Our network has grown to include more than two dozen hospitals, clinics, health systems, and public health

agencies in sixteen states across the U.S. and Canada who have adopted the Pain Project's materials to meet the needs of their patients and healthcare providers.

Project team and funding

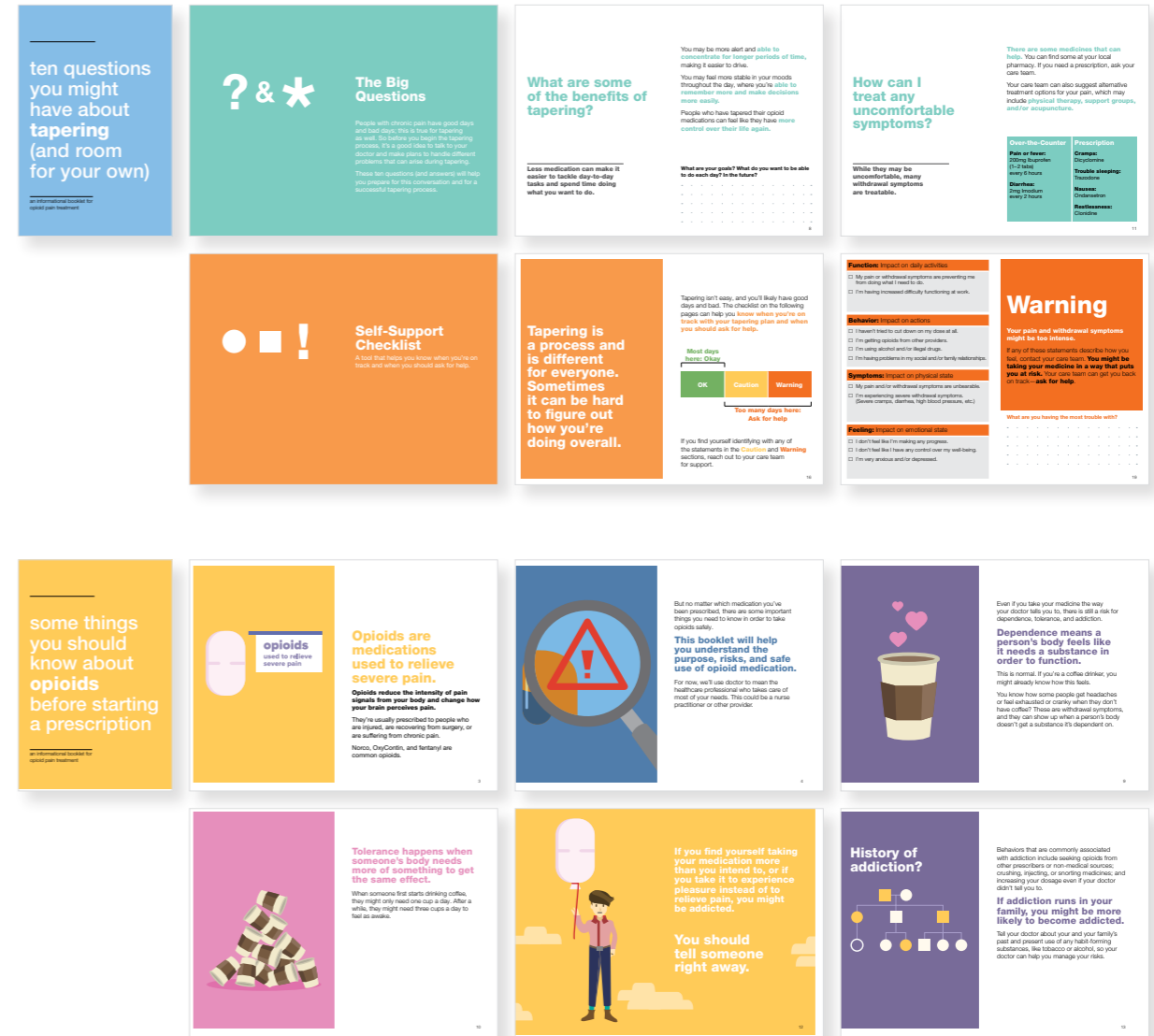
The Pain Project at DiPi—the Center for Design in the Public Interest at University of California, Davis—engages a growing number of partners including UC Davis Health, Hill Country Health and Wellness Center, North Carolina Healthcare Foundation, and New Brunswick Medical Society. DiPi's Pain Project team includes Susan Verba, George Slavik, Sarah Perrault, Tracy Manuel, Kenna Fallan, Bo Feng, Karyn Kershaw, Nima Rahni, Yuting Han, Michelle Lee, Chelsea Best, and Zoe Martin. The project is funded in part by a Sappi Ideas that Matter grant, awarded in support of projects where design can play an important role in helping to solve complex social issues.

About DiPi

The Center for Design in the Public Interest (DiPi) at University of California, Davis was founded to explore the question: "What does democratic design look like?" At DiPi, the power of design is applied to problems that affect people's health, wellbeing, and daily lives. DiPi partners with researchers, clinicians, and community members on projects that include opioid education, health literacy, and emergency preparedness. Our work is public domain so everyone benefits. For more information and to access downloadable resources, visit <http://dipi.design>.

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Pain Project outcomes include a guide to tapering off of opioid medications written in Q&A format (top) and a booklet explaining the risks and responsibilities of starting to take opioid medications (bottom). A video version of the booklet is available on YouTube and through MyChart, the university medical center's online patient portal.

In keeping with DiPi's commitment to public-interest design, all materials are available via a Creative Commons license for other design teams or medical organizations to adopt and/or adapt for their own contexts and patient needs.