

The Bree Collaborative
Collaborative Care for Chronic Pain Workgroup Charter and Roster

Problem Statement

Treatment of pain is widely variable with high financial and human cost. Moving to a collaborative or team-based approach to managing complex pain has been shown to result in better patient outcomes.^{1,2} However, most approaches to pain management including chronic opioid therapy involved siloed health care providers. There is also a lack of consensus around which elements of a systems-based model are critical and which resources are appropriate.

Aim

To develop collaborative care standards and recommendations for prevention and treatment of chronic pain, including a stepped care approach to acute and chronic pain.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Identifying areas within collaborative care that are unique to chronic pain.
- Best practices for recognizing and limiting the transition from acute and subacute pain to chronic, disabling pain (e.g., screening and appropriate interventions screened using a brief, validated instrument for psychosocial barriers to recovery).
- Managing and treating chronic pain over time using a systems approach to allow most patients to stay within a primary care model (e.g., effective use of resources, care management, stepped care interventions, patient advocacy and engagement).
- Self-management approaches to chronic pain.
- Addressing barriers to delivery of collaborative care (e.g., training, workforce).
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The Collaborative Care for Chronic Pain workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Alignment with other Bree Collaborative recommendations (e.g., behavioral health integration).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative program director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Leah Hole-Marshall, JD (chair)	Medical Administrator	Washington State Labor and Industries
Ross Bethel, MD	Family Physician	Selah Family Medicine
Mary Engrav, MD	Medical Director, Southwest WA	Molina Health Care
Stu Freed, MD	Chief Medical Officer	Confluence Health
Andrew Friedman, MD	Physiatrist	Virginia Mason Medical Center
Lynn DeBar, PhD, MPH	Senior Investigator	Kaiser Permanente Washington Health Research Institute
Mark Murphy, MD/Greg Rudolf, MD	President	Washington Society of Addiction Medicine
Mary Kay O'Neill, MD, MBA	Partner	Mercer
Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT	President	MTI Physical Therapy
Kari A. Stephens, PhD	Assistant Professor - Psychiatry & Behavioral Sciences	University of Washington Medicine
Mark Sullivan, MD, PhD	Professor, psychiatry; Adjunct professor, anesthesiology and pain medicine	University of Washington Medicine
David Tauben, MD	Chief of Pain Medicine	University of Washington Medicine
Nancy Tietje	Patient Advocate	
Emily Transue, MD, MHA	Associate Medical Director	Washington State Health Care Authority
Michael Von Korff, ScD	Senior Investigator	Kaiser Permanente Washington Health Research Institute
Arthur Watanabe, MD	President	Washington Society of Interventional Pain Physicians

¹ Katon WJ, Lin EH, Von Korff M, Ciechanowski P, Ludman EJ, Young B, Peterson D, Rutter CM, McGregor M, McCulloch D. Collaborative care for patients with depression and chronic illnesses. *N Engl J Med.* 2010;363:2611-20.

² Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: the chronic care model, Part 2. *JAMA.* 2002;288:1909-14