
Bree Collaborative | Collaborative Care for Chronic Pain Workgroup

May 11th, 2018 | 3:00-4:30

Foundation for Health Care Quality

Members Present

Lynn Debar, PhD, MPH, Kaiser Permanente
Washington Health Research Institute
Stuart Freed,* MD, Chief Medical Officer,
Confluence Health Plan of Washington
Leah Hole-Marshall, JD, Washington State
Labor and Industries (Chair)
Mary Kay O'Neill, MD, MBA, Partner, Mercer

Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT
President, MTI Physical Therapy
Nancy Tietje, Patient Advocate
Michael Von Korff, ScD, Group Health
Research Institute
Mark Murphy,* MD, Washington Society of
Addiction Medicine

Staff and Members of the Public

Alicia Parris, Bree Collaborative
Tag Veal,* Pacific Anesthesia

Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

INTRODUCTIONS AND APPROVAL OF APRIL 13TH MINUTES

Leah Hole-Marshall, JD, Washington State Labor and Industries and Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves. A motion was made to approve the minutes from the previous meeting.

Motion: Approve 4/11/2018 Minutes.

Outcome: Passed with unanimous support.

BUILDING AN EFFECTIVE SUPPORTED SELF-MANAGEMENT TOOLKIT

Leah Hole-Marshall, JD, L&I presented the WA Performance Measures Coordinating Committee AHRQ definition of care coordination and suggested adoption of the definition for the report. The group discussed:

- Possibility of adopting definition of Care Coordination from AHRQ Atlas
 - Would make recommendations consistent with existing efforts across Washington State
- The bulleted topics in the report
- Mary Kay O'Neill, MD, MBA, Partner, Mercer suggested getting further down the clinical pathway of care before articulating language
- Whether to use care management or care coordination
 - Trying to establish if there is a difference between care management and care coordination or are the terms synonymous
 - Care coordination is a component of care management
- Defining functions of care management rather than to require a specific role and defining who may fill them
 - Rather identify models of best practices and staffing models without specific requirements (e.g., shared among many people rather than requiring a specific person)
 - Possible outcome measures and impact criteria
 - Not yet enough evidence to set an outcome measure
- Defining minimum standards of collaborative care

Stuart Freed MD, Chief Medical Officer, Confluence Health Plan of Washington, discussed the chronic care pathway at Confluence Health:

- Integrated behavioral health
- Standard training protocols and documentation templates
- Certification required over time
- Functional capacity is stratified based on PROMIS-10 scores with a goal to elevate PROMIS-10 scores
 - Helps patient see more than pain reduction as a goal
- Benefits of facilitating conversation with PCP, support staff, and case manager
- Relieves stress on providers brought on by perceived inefficacy
- Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT, President, MTI Physical Therapy suggested importance of creating a sequence of treatment for greater standardization

Lynn Debar, PhD, MPH, Kaiser Permanente Washington Health Research Institute, explained the figure Managing Complex Pain Revised and the group discussed:

- Show patients the cycle of pain that is being interrupted
- Pain care team at Kaiser Permanente
 - Nurse care manager
 - Integrated behavioral health provider
 - Pharmaceutical med review and recommendations
 - Physical therapy
- How patients entered pain management program at Kaiser
 - Like a clinical trial
 - Patients were identified with medical records
- Mary Kay O'Neill, MD, MBA, Partner, Mercer pointed out the lack of an efficient method to identify patient population
 - Not all people with chronic pain self-identify or are identified as such
 - Need for ongoing support to sustain gains after intensive help
 - People with PTSD as a large subgroup of those with chronic pain
- Rather than relying solely on traditional screening, allowing for multiple entryways
- Resource toolkit
- Need for provider champions
- Communication trainings for language to use with chronic pain patients
 - Entire team uses "shared language"
 - Lack of materials in multiple languages that fuel health care disparities

Action Item: Jim Rivard will provide language to identify people who need the collaborative care, wrap-around mode.

- Including language about telehealth that will improve access and also be tailored to patient need
- Scaling recommendations
- Added section about Patient Identification to table

Action Item: Ginny Weir will send existing recommendations to work group to add language

NEXT STEPS AND PUBLIC COMMENTS

Ms. Hole-Marshall asked for final comments and thanked all for attending. The meeting adjourned.