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**Bree Collaborative | Collaborative Care for Chronic Pain Workgroup**

July 13<sup>th</sup>, 2018 | 3:00-4:30

**Foundation for Health Care Quality**

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**Members Present**

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Emily Transue, MD, MHA, Associate Medical Director, Washington State Health Care Authority (Chair)

Leah Hole-Marshall, JD, Washington Health Benefit Exchange (Chair)

Mary Kay O'Neill,\* MD, MBA, Partner, Mercer  
Jim Rivard,\* PT, DPT, MOMT, OCS, FAAOMPT  
President, MTI Physical Therapy

Nancy Tietje,\* Patient Advocate

Mark Murphy,\* MD, Washington Society of

Addiction Medicine

Mark Sullivan,\* MD, PhD, Professor, University of Washington Medicine

Andrew Friedman,\* MD, Psychiatrist, Virginia Mason Medical Center

Kari Stevens,\* PhD, Assistant Professor, University of Washington Medicine

Ross Bethel,\* MD, Selah Family Medicine

Stuart Freed,\* MD, Chief Medical Officer

Confluence Health

**Staff and Members of the Public**

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Alicia Parris, Bree Collaborative

Linda Radach,\* Patient Advocates for Patient Safety

Solongo Sainkhuu, Bree Collaborative

Jeana Weekley,\* Washington State Labor and Industries

Morgan Young,\* Washington State Labor and Industries

\* By phone/web conference

**INTRODUCTIONS AND APPROVAL OF JULY 13<sup>TH</sup> MINUTES**

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Leah Hole-Marshall, JD, Washington Health Benefit Exchange (Chair), opened the meeting and those present introduced themselves. A motion was made to approve the minutes from the previous meeting.

*Motion:* Approve 6/15/2018 Minutes.

*Outcome:* Passed with unanimous support.

**REVIEW ADDITIONS TO RECOMMENDATIONS**

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Ms. Hole-Marshall, discussed the agenda and the group viewed *Stakeholder Specific Actions and Quality Improvement Strategies* and the group discussed:

- Ensuring improving quality of life and function as a key point
- Considering experience outside of the health care setting
  - De-medicalizing chronic pain
    - Making use of family and community resources
  - Encouraging patient to take on agency of their treatment

**Action Item:** Mary K. O'Neil, MD, MBA, Partner, Mercer will send reference about effective nonmedical interventions

- Group agreed to reorganize recommendations to put emphasis on patient role in treatment and collaborative model
- Mark Murphy suggested a screening tool that captures multiple substance abuse screenings into one

**Action Item:** Mark Murphy, MD, Washington Society of Addiction Medicine, to send National Institute of Drug Abuse (NIDA) screening tool Tobacco Alcohol & Prescription Medication and Other Substance Use

- Specifying that other members of care team to conduct screenings to help alleviate pressure on PCPs
- Choosing a patient friendly term to identify “maladaptive behaviors”
  - Creating a more specific list or definition of behaviors that would qualify as such
  - Group will wait to discuss terminology survey results until next meeting
- Added “with or without” maladaptive behaviors in Patient Identification in order to be more inclusive
  - Even patients with managed pain can benefit from collaborative care in staying on track
  - Identifying maladaptive behaviors would be beneficial to choose an intervention rather than to include or exclude a patient from collaborative care for their pain
- Changed “*aggregate program data*” to “participate in performance improvement based on”

Group viewed *Care Team* and *Care Management* sections and discussed:

- Need for a well identified and retrievable care plan
- Care plan needs an owner to take responsibility for it
  - Most likely would be PCP
- Ross Bethel, MD, Selah Family Medicine pointed out that the *Care Team* bullets discuss patient education on care team rather than define actual roles
  - Ms. Hole-Marshall referenced *Table 1* specifics of care team roles
  - Organization of recommendations may
- Change focus of recommendations to the system either before or immediately after recommendations for the person with chronic pain
- Recommendations will be reorganized to first describe the function of the system, then go through the individual roles and remove redundancies

**Action Item:** Leah Hole-Marshall and Alicia Parris to review *Stakeholder-Specific Actions: Primary Care Providers* and *Primary Care Practices and Systems* and remove redundancies

- Third bullet under *Care Management* change, psychiatric to behavioral health
  - Also suggest appropriate specialties such as psychiatrists and physical therapists with experience dealing with chronic pain as potential provider
- *Primary Care Practices and Systems* added recommendation to identify and promote resources available
- Promoting communication between systems to facilitate support between colleagues
- Under *Supported Self-Management* add language about managing patient expectations.
  - Setting functionality and quality of life as the main goal rather than complete elimination of pain

**Action Item:** Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT, President, MTI Physical Therapy to send more additional PT interventions specific to chronic pain to add to *Evidence Based Care*

- Nancy Tietje, Patient Advocate, suggested inclusion of language to help patients determine when to seek additional medical attention
  - Being treated for individual immediate needs rather than whole person treatment
- Ross Bethel emphasized importance to empower patients to be selective about who their PCP is and if they are qualified to treat their chronic pain

### **LINDA RADACH EXPERIENCE AS PERSON WITH CHRONIC PAIN**

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- Linda Radach, Washington Advocates for Patient Safety, discussed her experience as a person with chronic pain.
  - Barriers to care such as unwilling care providers
  - The isolation of chronic pain
  - Pushing to be productive with unmanaged chronic pain

### **NEXT STEPS AND PUBLIC COMMENTS**

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