
Bree Collaborative | Collaborative Care for Chronic Pain Workgroup

September 14th, 2018 | 3:00-4:30

Foundation for Health Care Quality

Members Present

Emily Transue,* MD, MHA, Associate Medical Director, Washington State Health Care Authority

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

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

Mark Murphy,* MD, Multicare

Ross Bethel,* MD, Physician, Selah Family Medicine

Lynn DeBar,* PhD, MPH, Senior Investigator, Kaiser Permanente Washington Health Research Institute

Staff and Members of the Public

Alicia Parris, Bree Collaborative

Peter Dunbar, MB ChB, MBA, CEO, Foundation for Health Care Quality

* By phone/web conference

INTRODUCTIONS AND APPROVAL OF AUGUST 10TH MINUTES

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 8/10/2018 Minutes.

Outcome: Passed with unanimous support.

REVIEW ADDITIONS TO RECOMMENDATIONS

The group viewed *Chronic Pain Recommendations Draft* and discussed:

- Group consensus on the term: Chronic pain with life activity impacts
 - Group agreed to this term
- Ms. Hole-Marshall asked if there are any changes or comments on the draft that was edited by Michael Von Korff, ScD, Kaiser Permanente Washington Health Research Institute.
 - Group agreed that changes accurately represented discussion and to accept current draft as is

Group viewed *Chronic Pain Recommendations Draft: Managing Complex Pain Infographic* and discussed:

- Ms. Hole Marshall proposed choosing one infographic or combining the two
 - Graphics do contain redundancies but group agrees both infographics contain important information that should be included
 - Appendix: Managing Complex Pain Reversing the Persistent Pain Cycle may give the impression that actions in the boxes should be done sequentially
 - Suggested distilling Reversing the Persistent Pain Cycle to the Pain Amplifiers
 - Changing interventions that specifically address pain amplifiers
 - Under Reversing The Persistent Pain Cycle suggestion to list interventions rather than professions
 - Ensuring it is clear that list is not exhaustive

- Andrew Friedman, MD, Psychiatrist, Virginia Mason Medical Center pointed out that all interventions are medical, lack of social elements of recovery from pain

Action Item: Andrew Friedman and Nancy Tietje, Patient Advocate, will work on list of social elements of recovery from pain

Action Item: Peter Dunbar, MB ChB, MBA, CEO, Foundation for Health Care Quality, and Alicia Parris, Bree Collaborative

- In Rewiring the Pain Neuromatrix, the proximity of the arrows near Pain & Activity can be misinterpreted as pain and activity going up and down, rather than the intended message of thoughts and messages from the mind effecting the body
 - Infographics were not necessarily meant as stand-alone tools, would require interpretation from a member of the care team
- Managing Complex Pain appendices should be adjacent to one another

Action Item: Alicia Parris will rearrange appendices so that they are adjacent

Group viewed *Chronic Pain Recommendations Draft: Supported Self-Management* on pg 11 and pg 21 and discussed:

- More specifics surrounding patient goal setting
 - Goals appropriate for chronic pain vs a patient with an acute issue
 - Goals in line with biopsychosocial model
 - Table of goals as an appendix e.g. educational goals, reengagement as opposed to a medical measure

Action Item: Leah Hole-Marshall will contact Kari Stevens about goal setting document.

Action Item: Other group members may provide a starting point for the Sample Goals for People with Chronic Pain table

- Supporting patients who are not meeting goals, or experience fluctuations in progress
- Providing patients with a list of self efficacy measures so that they may choose one that fits their lifestyle and presenting with multiple options can help patient and provider maintain hope if one or more option proves ineffective
- Addressing fear of loss of support with success
- Reconciliation is needed for Self-Management section and Self-Management Resources for redundancies

Action Item: Lynn DeBar, PhD, MPH, Senior Investigator, Kaiser Permanente Washington Health Research Institute Debar with review Self-Management (pg.10) and Self-Management Resources (pg.31) and reconcile consistency with current discussions

Group viewed Oregon Pain Guidance Six Building Blocks Guide for practices on implementation and Healthier WA Practice Transformation Hub Resource Portal and considered reference.

- Portal will continue after grant funding is exhausted. Portal will continue, hub will not
 - May be referenced with disclaimer about availability and quality of resources
 - Left open for later discussion

Group reviewed document “Additional Thoughts for Inclusion” written by Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT President, MTI Physical Therapy, and discussed

- Group agreed to include as Appendix: Dispelling Myths About Pain
 - Reference could be added
- Mark Murphy,* MD, Multicare, asked about payment for collaborative care, specifically Care Manager
 - *Health Plans and Employers* sections need more information
 - May be beneficial to provide information on cost saving achieved when chronic pain is properly managed.
 - Ms. Hole Marshall asked for codes that may be applicable or other ways to make the recommendations more implementable.

NEXT STEPS AND PUBLIC COMMENTS

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