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**Bree Collaborative | Collaborative Care for Chronic Pain Workgroup Minutes**November 2<sup>nd</sup>, 2018 | 3:00-4:30**Foundation for Health Care Quality**

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**Members Present**

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Leah Hole-Marshall, JD, Washington Health Benefit Exchange (Chair)  
Mary Kay O'Neill,\* MD, MBA, Partner, Mercer  
Kari Stephens,\* PhD, Psychiatry & Behavioral Sciences, University of Washington Medicine  
Nancy Tietje, Patient Advocate  
Mark Sullivan,\* MD, PhD, University of Washington  
Michael Von Korff,\* ScD, Senior Investigator, Kaiser Permanente Washington Health Research Institute

Lynn DeBar, PhD, MPH, Senior Investigator, Kaiser Permanente Washington Health Research Institute  
Ross Bethel,\* MD, Physician, Selah Family Medicine  
Stuart Freed, MD,\* Chief Medical Officer Confluence Health  
LuAnn Chen,\* MD, MHA, FAAFP, Medical Director Community Health Plan of Washington

**Staff and Members of the Public**

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Mark Murphy,\* MD, Multicare  
Alicia Parris, Bree Collaborative

Chaylee Piger,\* University of Washington  
Ginny Weir, MPH, Bree Collaborative

\* By phone/web conference

**INTRODUCTIONS AND APPROVAL OF AUGUST 10<sup>TH</sup> MINUTES**

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

*Motion:* Approve 9/14/2018 Minutes.

*Outcome:* Passed with unanimous support.

**REVIEW ADDITIONS TO RECOMMENDATIONS**

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Ms. Hole-Marshall discussed next steps of Bree Committee approval, public comments, and reconvening to finalize the draft. She asked if the group for any specific areas that members may want to change or make additions to:

- Nancy Tietje, Patient Advocate, pointed out that Appendix D, MacColl Model should be the header of Column 2
  - Correction change was made
- Mary Kay O'Neill pointed out pg 19 spelling of "*David Handscomb*" should be "*Hanscom*"
  - Correction was made

Group viewed proposed additional language for *Health Plans* and discussed:

- Group accepted first bullet with the addition of, "*or integrated behavioral health services.*"
- Added "*or integrated behavioral health services.*" to second bullet to make consistent with language from first bullet
  - Added "*understanding that this is a first step to adequate reimbursement*"
  - Added "*G0507*" to list of example billing codes
  - Added "*e.g.*" to precede list of codes to show list is not exhaustive

- Group accepted second bullet with additions
- Added mirror language from *Health Plans* to *Employer* section for employers who function as purchasers
- Mark Murphy, MD, Multicare, was unable to find listed codes in EHR
  - Group added bullet to *Primary Care Practices and Systems*, that read “*Modify EHR to reimburse for providing a collaborative care program or integrated behavioral health services including the newer CPT code G0502, G0503, G0504, G0507 for psychiatric management.*”
- In Mary Kay O’Neill her experience providing this type of care these codes do not cover the complex care needed
  - LuAnn Chen pointed out that Medicaid coverage of collaborative care should lead to greater availability of reimbursement codes
- Added bullet to *Health Plans* that reads “*Work to harmonize mechanism for collaborative care reimbursement across health plans.*”

Group viewed documents “Non-Medical Pain Experiences” and “Non-Medical Pain Interventions” and group discussed:

- How these experiences might be addressed
- How these experiences and interventions might be incorporated into the document
- Getting away from a one size fits all treatment
- Improving provider communication
  - Nancy explained how providers may not understand how to draw out what the patient “knows about themselves”
    - Bullet was added under *Primary care “Communication with patients/empathy”* with sub-bullet placeholders for possible resources and elaboration
    - Kari Stephens, PhD, Psychiatry & Behavioral Sciences, University of Washington Medicine, suggested including motivational interviewing as evidence for improving provider communication
    - Bullets from “Non-medical Pain Interventions” were added to *Persons Who Have Chronic Pain with Life Activity Impacts*
- Mark Murphy discussed importance/benefits of group visits. More specific than “*peer support*” which is mentioned in the *Primary Care – Evidence Based Care* portion of the document
  - Changed bullet to read “*Facilitate access to group visits and/or peer support activities, if available.*”
- Leah Hole-Marshall proposed changing the heading *Primary Care Provider* to *Primary Care Team* to assure care providers that they are not expected to accomplish all of this on their own
  - Group agreed to heading change
- Added content from “Non-Medical Pain Interventions” under *Persons with Chronic Pain with life activity impacts*
- Group added statement to *Background*: “*The workgroup acknowledges that these recommendations are in some places aspirational but encourages the health care system to move toward more whole-person care with adequate reimbursement.*”
- Added link to Oregon Pain Management online resources

Group discussed next steps of Bree Committee approval, group agreed draft should be brought to November Committee meeting for approval.

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

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