



The Bree Collaborative was established by the State Legislature to give clinicians, Washington State agencies, hospitals, health care systems, health insurance plans, quality improvement organizations and others the opportunity to work together to improve quality, health outcomes, and cost-effectiveness of care in Washington State. We select five health care topics every year; convene workgroups of clinical experts, patients, and others; and develop evidence-based recommendations to guide health care purchasing for Washington State agencies and to set a community standard of care.

### **Why Chronic Pain?**

Many people experience chronic pain and those who do often experience frustrating, disjointed health care. This can be hard for clinicians too because of barriers in referring to other types of providers and lack of support within an organization to help patients with chronic pain.

### **Why Collaborative Care?**

Research shows us that a collaborative or team-based approach to managing complex is associated with better patient outcomes when compared to traditional, siloed care. This helps address the gaps in care that patients experience. [Our workgroup](#) looked at the different ways that chronic pain is treated in our state and developed a collaborative care model to support patients, providers, and our health care system.

### **Our [Report and Recommendations](#):**

- Are built on supporting patient self-management in the context of a biopsychosocial model.
- Acknowledge the high number of people with unmet need due to gaps in or lack of comprehensive care.
- Focus on primary care as the medical home for acute and chronic pain treatment and management through a systems-based approach.
- Build off the [Washington State Agency Medical Directors Group Guideline on Prescribing Opioids for Pain](#) and the [Centers for Disease Control and Prevention Guidelines on Prescribing Opioids for Chronic Pain to recommend evidence-informed opioid prescribing](#).
- Focus on goals of improved function, increased quality of life, and greater patient autonomy rather than a primary focus on pain relief.
- Define areas within collaborative care unique to chronic pain with life activity impacts including minimum standards of care of:
  - **Patient identification and population management,**
  - **A care team,**
  - **A care management function,**
  - **Basing treatments in evidence-informed care, and**
  - **Patient-centered supported self-management.**
- Include recognizing and limiting the transition from acute and subacute pain to chronic pain.
- Acknowledge the need for substantial change from current practice, especially within primary care.
- Encourage the health care systems to take incremental steps toward evidence-informed, optimal, whole-person care and support this model of care through adequate reimbursement including value-based or alternative payment models.

Read our report: [www.breecollaborative.org/topic-areas/previous-topics/chronic-pain/](http://www.breecollaborative.org/topic-areas/previous-topics/chronic-pain/)