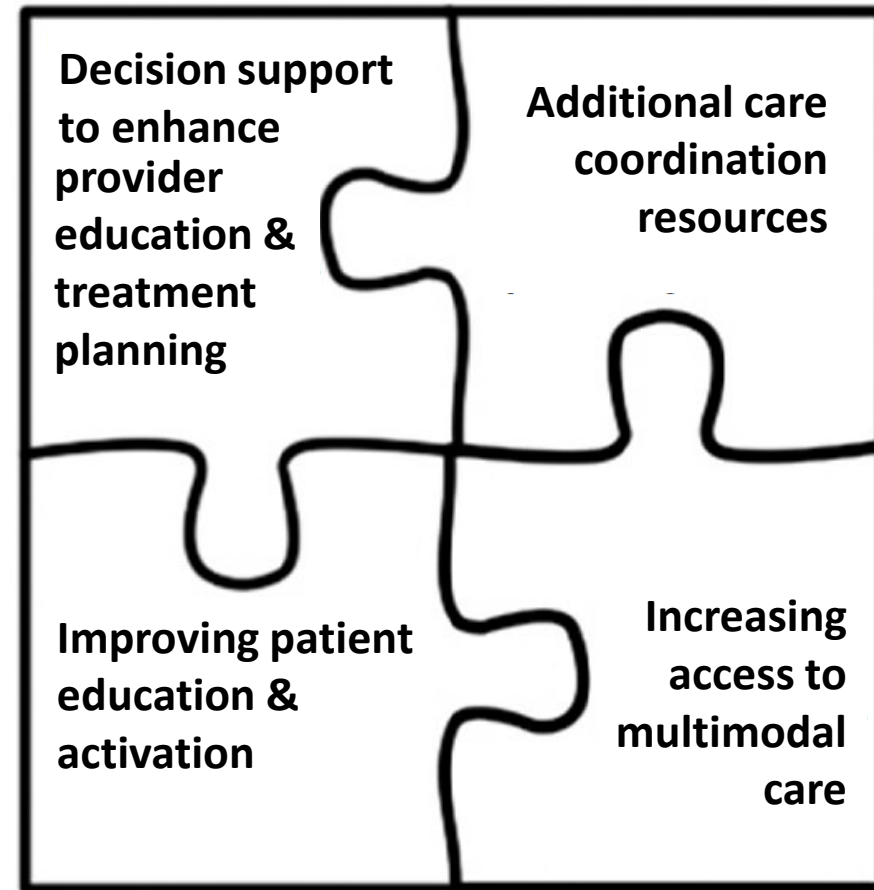# Models for pain care delivery

- 11 articles (10 studies) included
- Most RCTs of fair-good quality (3 poor)
- Most had 12 month follow-up (range 6-18)
- Most used usual care control
- Baseline mean pain on 11-point scale: 5.1-7.7
- 9 diverse models

Decision support to enhance provider education & treatment planning

Additional care coordination resources

Improving patient education & activation

Increasing access to multimodal care

Peterson K, et al. Evidence Brief: Effectiveness of Models Used to Deliver Multimodal Care for Chronic Musculoskeletal Pain. VA ESP Project #09-199; 2017

A Few Definitions

- Integrated Care
  - Multidisciplinary approach
  - Interfaces with and supports primary care
  - Not Integrat*ive* care (or CAM) though may incorporate

- Collaborative Care
  - Team-based
  - Population-based
  - Measurement-based
  - Key components
    - Self-management support
    - Delivery system redesign (addition of care management)
    - Decision support
    - Clinical information system facilitation

CIVIC
Center to Improve Veteran Involvement in Care

Principles of Effective Collaborative Care
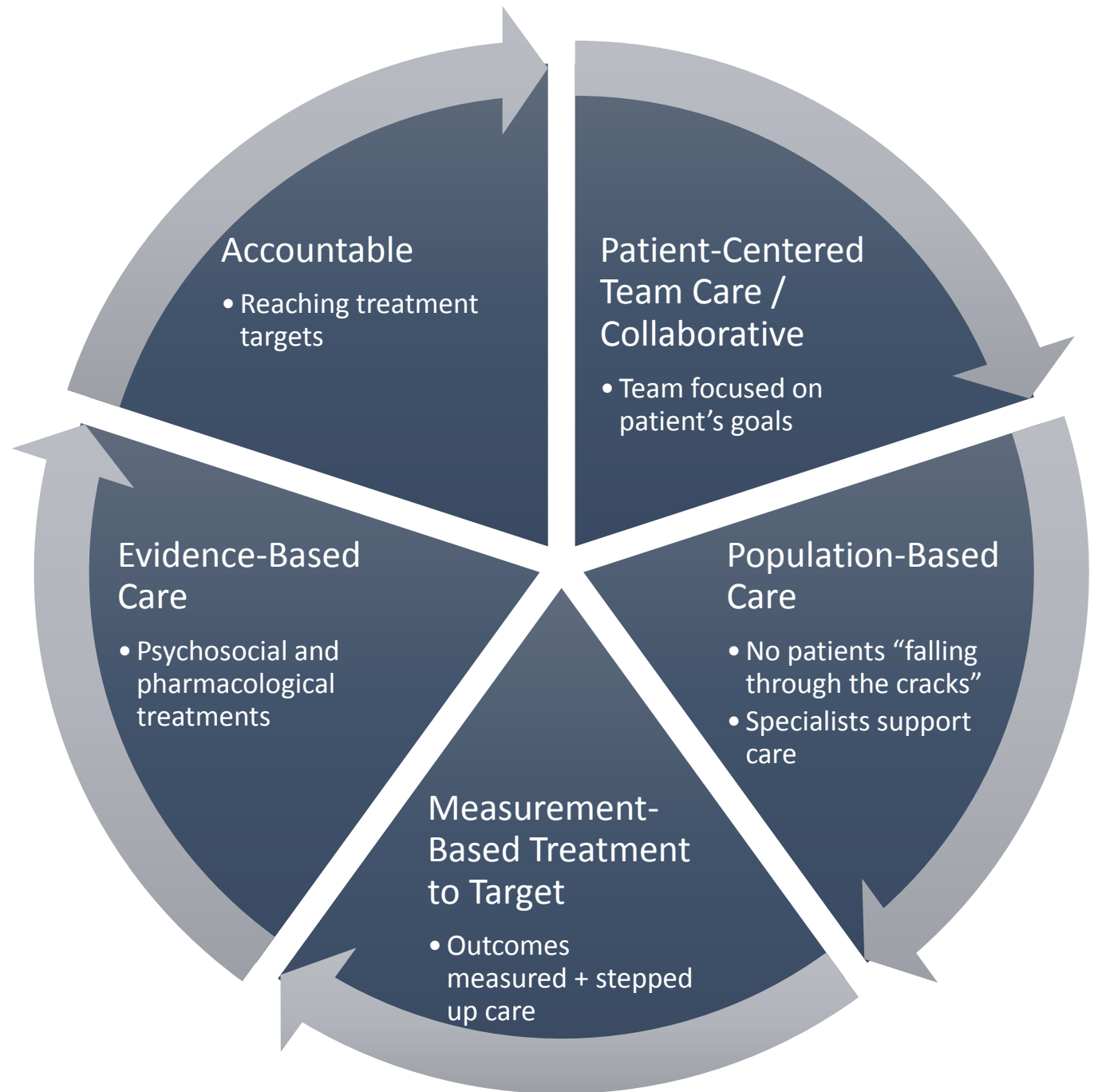
Facilitated conversation with teams in each clinic: agreement on current state for each Building Block

1. Leadership & Consensus

2. Policies & Workflow

3. Population Health/Use of a Registry

4. Planned, Patient-Centered Visits

5. Complex Patients' resources

6. Measuring Success

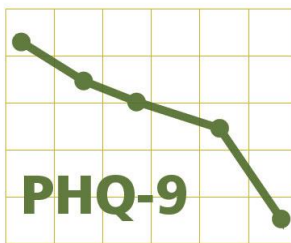# System Redesign through COHE

- Four quality indicators, representing occupational best practices, linked to physician payment incentives
  - <u>Each time</u> a physician performed a best practice he/she received added payment

- <u>Community-based</u> COHEs

  - Quality improvement (QI) activities:

    - Care coordination
    - Mentoring and CME for community MDs
    - Disseminate treatment guidelines and best practices information
    - Medical leadership

Wickizer et al. <u>Milbank Quarterly</u> 2001 & 2004.

Collaborative Care

Primary Care Practice

- Primary Care Physician
- Patient
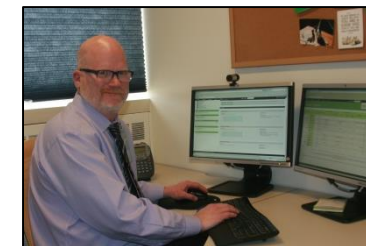
  +

- Mental Health Care Manager
- Psychiatric Consultant

Outcome Measures

Treatment Protocols

Population Registry

Psychiatric Consultation

Building Capacity. "Let Doctors be Doctors"

- Who needs to be on the Primary Care Team?
  - Pharmacy Support
  - Integrated Behavioral Health
  - RN Case Management
    - Centralized Resource
    - Embedded Nurse Navigator
    - Empowered, engaged support staff
  - Available to the team?
    - Chemical Dependency
    - Social work
    - Community resources/ church/ other
- Standard Work!
  - Local Practice teams creating work flow that supports best practice.
    - This drives specific job expectations, skills training and skill task alignment.
- Accountable leadership, willing to invest in resource and training.
  - Support metrics and reliable dashboards that encourage performance.