INTRODUCTIONS AND APPROVAL OF MARCH 12TH MINUTES

Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves. A motion was made to approve the minutes from the previous meeting.

Motion: Approve 2/09/2018 Minutes.
Outcome: Passed with unanimous support.

BUILDING ON PRELIMINARY SCOPE OF WORK AND DEVELOPING FOCUS AREAS

Leah Hole-Marshall, JD, L&I discussed the previous meeting and the results of voting on the Collaborative Care Matrix and viewed matrix 6 Self-Management Support:

- Self-care management as a more effective goal rather than changes to failures in the healthcare system
- Self-management was identified as a later subject for inclusion based on voting and present group consensus
- The group discussed the language
  - “Self-management” may give the patient the idea that they are being abandoned
  - Changed “self-management” to “supported self-management”
- Barriers that may render patients incapable of participating in self-management
  - Complexity of issues like homelessness, addiction etc.
  - Making a system that is responsive to individuals unique situations
- Group agreed to include patient education in the scope
  - Cultural shift to the importance of thoughts, emotions, and activities in managing chronic pain
  - Behavioral health as a resource
  - Setting up reasonable expectations for pain management
  - Value of the patient as a self-advocate
The group looked at another highly voted category 4.3 for possibility of inclusion:

- What type of expertise would be required for a case manager
- What the role of a case manager would need to be in order to be effective
  - Necessity for specific guidelines of expertise
  - Need for a point of contact for a team of disconnected experts to function together
  - Using the case manager as support when the patient is not able to participate in self-care
  - Being aware of the pitfall of setting up a person who simply makes connections to ineffective channels

Ms. Weir defined the goal of the group as a checklist for clinics to ensure provision of effective pain management and support. The group viewed matrix 4.2 and discussed:

- Providing Sustained support in trying alternative evidence based methods
  - Non-traditional pain management options that are evidence-based
  - Including services that are not traditionally included in health care
  - Local anesthetics to reduce pain
  - Lack of insurability as a barrier to non-billable methods
  - Ms. Hole-Marshall pointed that the group does not have the mandate to require insurance coverage but can make recommendations

- Bringing teams into existence rather than requiring trainings
- The group discussed exclusions from the matrix

**Action Item:** Ms. Weir asked the group to make a visual that would show the patient as the center of concentric care circles

**Action Item:** Michael Von Korff, ScD, Group Health Research Institute, will share his chronic pain toolkit he has been developing for the group to make additions to

- Looking for gaps in resources
- Ms. Hole-Marshall set the agenda for the next meeting that the group will begin with defining core elements of self-management support with more specificity to chronic pain

**NEXT STEPS AND PUBLIC COMMENTS**

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