
Bree Collaborative | Collaborative Care for Chronic Pain Workgroup

April 13th, 2018 | 3:00-4:30

Foundation for Health Care Quality

Members Present

LuAnn Chen, MD, MHA, FAAFP,
Community Health Plan of Washington
Lynn Debar, PhD, MPH, Kaiser Permanente
Washington Health Research Institute
Stuart Freed,* MD, Confluence Health
Andrew Friedman,* MD, Virginia
Mason

Leah Hole-Marshall, JD, Washington State
Labor and Industries (Chair)
Nancy Tietje, Patient Advocate
Emily Transue,* MD, MHA, Washington State
Health Care Authority
Michael Von Korff,* ScD, Group Health
Research Institute
Mark Murphy,* MD, Washington Society of
Addiction Medicine

Staff and Members of the Public

Alicia Parris, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

INTRODUCTIONS AND APPROVAL OF MARCH 12TH MINUTES

Leah Hole-Marshall, JD, Washington State Labor and Industries and 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 3/09/2018 Minutes.

Outcome: Passed with unanimous support.

BUILDING AN EFFECTIVE SUPPORTED SELF-MANAGEMENT TOOLKIT

Leah Hole-Marshall, JD, L&I reviewed the last meeting and discussed the agenda for the present meeting. The group discussed defining core resources and effective interventions that could be used by a primary care provider to support self-management and what to include in a patient toolkit. Ms. Hole-Marshall also voiced the concerns of Kari A. Stephens, PhD, Assistant Professor – Psychiatry & Behavioral Sciences, University of Washington Medicine that the group needs to define cognitive behavioral therapy in the way they are proven most effective.

The group viewed the illustration of patient centered concentric care circles created by Nancy Tietje, Patient Advocate, which displayed how the patient, case manager, community, provider, and administrative aspects all interact.

- Distancing patient from the administrative aspect of treatment
- Case managers ability to navigate all surrounding circles and reach the patient

The group then viewed Michael Von Korff, ScD, Group Health Research Institute's Chronic Pain Toolkit for Supported Self-Management from explained some goals of the toolkit and the group discussed:

- Make providers aware of resources in their clinic
- Non-traditional ways to help
- Time limitations on primary care visits

- Benefits of workflow and team approach
- Breaking patterns of pharmaceutical centric treatment of chronic pain
- Education of providers for what is in their toolkit
- Andrew Friedman MD, Psychiatrist, Virginia Mason pointed out the need for a disruption of referral to ineffective care
- Ms. Hole-Marshall pointed out the existence of billing coding that is specifically for collaborative care

The group then viewed Kaiser Permanente’s Managing Persistent Pain. Lynn Debar, PhD, MPH, Kaiser Permanente Washington Health Research Institute, explained how the illustration showed common patient paths through the health care system with chronic pain and the ways patients were redirected to different channels in the trial and the group discussed:

- Traditionally a great deal of energy is expended in the search for a cause of the pain
- Effective ways to help the patient
- Breaking down barriers to physical activity
 - Fear of movement
 - Prior negative experiences with physical therapy
- Pain generators
 - Interrupting cycles that may be causing pain
- Opens people to more non-traditional ways of treatment
- Treatments in addition to biomedical
- Elucidating the philosophy that pain relief is may be a result but is not the ultimate goal
- Making sure entire care team is sets the same expectations for the patient
- Need for the care team to provide assurance to the patient that activity will not harm them or make their condition worse
- Group agreed to work from Managing Persistent Pain model
- Including administering heat and cold
- Starting with NSAIDs rather than opioids
- The group discussed ways to steer patients away from opioids as treatment
 - Pain and function scales are not related
 - Shift focus of discussion from pain to function
- New language is needed for primary care providers when asking about pain
 - Using motivational interviewing
 - Training would be necessary
- Ms. Tietje suggested possibly using new language to refer to the patient and caregiver
 - More empowering terms than patient
 - Group agreed to a change in language referring to the patient and caregiver but did not agree on a term
- Including online resources that would be accessible to rural providers
 - Tele-psychiatry

Action Item: Group will view draft language in the recommendations

Action Item: Group will send resources to share with everyone

NEXT STEPS AND PUBLIC COMMENTS

Ms. Hole-Marshall set the focus for the next meeting as defining the function of the “Collaborative Care Manager” role. Ms. Hole-Marshall asked for final comments and thanked all for attending. The meeting adjourned.