INTRODUCTIONS AND APPROVAL OF APRIL 13TH 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 4/11/2018 Minutes.
Outcome: Passed with unanimous support.

BUILDING AN EFFECTIVE SUPPORTED SELF-MANAGEMENT TOOLKIT
Leah Hole-Marshall, JD, L&I presented the WA Performance Measures Coordinating Committee AHRQ definition of care coordination and suggested adoption of the definition for the report. The group discussed:

- Possibility of adopting definition of Care Coordination from AHRQ Atlas
  - Would make recommendations consistent with existing efforts across Washington State
- The bulleted topics in the report
- Mary Kay O’Neill, MD, MBA, Partner, Mercer suggested getting further down the clinical pathway of care before articulating language
- Whether to use care management or care coordination
  - Trying to establish if there is a difference between care management and care coordination or are the terms synonymous
  - Care coordination is a component of care management
- Defining functions of care management rather than to require a specific role and defining who may fill them
  - Rather identify models of best practices and staffing models without specific requirements (e.g., shared among many people rather than requiring a specific person)
  - Possible outcome measures and impact criteria
    - Not yet enough evidence to set an outcome measure
- Defining minimum standards of collaborative care
Stuart Freed MD, Chief Medical Officer, Confluence Health Plan of Washington, discussed the chronic care pathway at Confluence Health:

- Integrated behavioral health
- Standard training protocols and documentation templates
- Certification required over time
- Functional capacity is stratified based on PROMIS-10 scores with a goal to elevate PROMIS-10 scores
  - Helps patient see more than pain reduction as a goal
- Benefits of facilitating conversation with PCP, support staff, and case manager
- Relieves stress on providers brought on by perceived inefficacy
- Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT, President, MTI Physical Therapy suggested importance of creating a sequence of treatment for greater standardization

Lynn Debar, PhD, MPH, Kaiser Permanente Washington Health Research Institute, explained the figure Managing Complex Pain Revised and the group discussed:

- Show patients the cycle of pain that is being interrupted
- Pain care team at Kaiser Permanente
  - Nurse care manager
  - Integrated behavioral health provider
  - Pharmaceutical med review and recommendations
  - Physical therapy
- How patients entered pain management program at Kaiser
  - Like a clinical trial
  - Patients were identified with medical records
- Mary Kay O’Neill, MD, MBA, Partner, Mercer pointed out the lack of an efficient method to identify patient population
  - Not all people with chronic pain self-identify or are identified as such
  - Need for ongoing support to sustain gains after intensive help
  - People with PTSD as a large subgroup of those with chronic pain
- Rather than relying solely on traditional screening, allowing for multiple entryways
- Resource toolkit
- Need for provider champions
- Communication trainings for language to use with chronic pain patients
  - Entire team uses “shared language”
  - Lack of materials in multiple languages that fuel health care disparities

  **Action Item:** Jim Rivard will provide language to identify people who need the collaborative care, wrap-around mode.

- Including language about telehealth that will improve access and also be tailored to patient need
- Scaling recommendations
- Added section about Patient Identification to table

  **Action Item:** Ginny Weir will send existing recommendations to work group to add language

**NEXT STEPS AND PUBLIC COMMENTS**

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