Bree Collaborative | Collaborative Care for Chronic Pain Workgroup
June 15th, 2018 | 3:00-4:30
Foundation for Health Care Quality

Members Present

Emily Transue, MD, MHA, Associate Medical Director, Washington State Health Care Authority (Chair)
Lynn Debar, PhD, MPH, Kaiser Permanente Washington Health Research Institute
Mary Kay O'Neill, MD, MBA, Partner, Mercer
Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT President, MTI Physical Therapy
Nancy Tietje, Patient Advocate
Michael Von Korff, ScD, Group Health Research Institute
Mark Murphy,* MD, Washington Society of Addiction Medicine
Mark Sullivan,* MD, PhD, Professor, University of Washington Medicine
Andrew Friedman, MD, Physiatrist, Virginia Mason Medial Center
Kari Stevens, PhD, Assistant Professor, University of Washington Medicine
Ross Bethel,* MD, Selah Family Medicine

Staff and Members of the Public

Alicia Parris, Bree Collaborative
Solongo Sainkhuu, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

INTRODUCTIONS AND APPROVAL OF MAY 11TH MINUTES

Emily Transue, MD, MHA, Washington State Health Care Authority 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 5/11/2018 Minutes.
Outcome: Passed with unanimous support.

IDENTIFYING A PATIENT POPULATION

Ginny Weir, MPH, Bree Collaborative, discussed the agenda and the group viewed the table outlining the focus areas starting with Patient Identification and Population Management. The group discussed:

- Possible methods and metrics for patients screening into the program
  - The impracticality of various screening tools (e.g., proprietary, time needed).
  - Patient friendly screening tools
  - Need to define who the recommendations are directed towards
  - Many of the tools described currently are good, but would be very hard to use
  - Function is more important to measure than pain.
- Possible tools including:
  - SF-12 that includes a function measure and a pain interference measure
  - PEG is a three-item scale.
  - Recent emergency department visit
  - Asking for or receiving a recent opioid prescription.
  - STarT Back tool has been modified to apply to conditions beyond just low back pain
- Different pathways into collaborative care

- That the workgroup is recommending capturing people who already have defined chronic pain rather screening people who may be good candidates for collaborative care
    - Worry of creating an unsustainable number of people who need high-intervention care.

  Action Item: Jim Rivard to send modified version of STarT Back Tool applicable beyond low back pain.

- Mark Sullivan discussed the risk stratification procedure being developed at MultiCare.
    - Highest risk get most support
    - Developing a standard risk stratification procedure would be a good gap for the workgroup to fill.
- Creating a definition of the specific patient population the recommendations refer to
    - Who is collaborative care appropriate for? Would be beneficial to initially target high-risk people, those with chronic pain and who are not participating in daily life.
    - Patients with persistent pain and maladaptive behavior.
    - Chronic pain typically described as three months of pain on most days.
    - Labor and Industries is using 10 weeks for chronic pain.
    - Maladaptive behavior possible measured by catastrophizing scale
        - Not fulfilling major social roles
        - Excessive seeking of medical care without results
        - Failure to progress
    - Primary care should be asking if the patient is working and how many days they have not been working (measure of function)

  Action Items:
    - Michael Von Korff will create alternative patient friendly phrases for maladaptive behavior.
    - Mark Sullivan will send relevant documents to assist alternate term.

- Need for multiple possible entry points into collaborative pain management
    - Actual intervention will occur within primary care
        - Will need to be able to send people to primary care from wherever they present with chronic pain and maladaptive behavior (e.g., emergency department, physical therapy).
        - Very difficult to find out who a person's primary care provider is outside of a closed system.
    - Recommendations will focus on a primary care setting
    - Need a separate pathway for patients presenting with chronic pain and those presenting with acute pain
- Whether it would be possible to test this model in the real world with primary care providers. May not be possible to do testing, but can get feedback.

- Defining the collaborative care team
    - There are multiple models of how a collaborative care team can work, nurse care manager, medical social work.
    - The workgroup will lay out the functions of the care team rather than proscribe specific clinical roles.
    - Goals are to:
        - Physically activate the patient

        - Mentally activate the patient
        - Coordinate all the care that the patient is receiving
    - Case management can do brief interventions. Specialist only needed in certain cases.
    - The role of Buprenorphine and how to taper a patient off opioids.
- Need to provide examples of how this is actually working. Solongo, the Bree Collaborative summer intern, will be working to interview workgroup members about what this looks like at their organization (e.g., care team functions and who fills them, case management role).

  Action Items:
    - Kari Stevens and Lynn Debar to develop language about brief interventions for case management
    - Andrew Friedman and Kari Stevens to define care team functions
    - Group members to provide examples of care team functions for Bree Collaborative intern, Solongo, and patient and provider testimonials

NEXT STEPS AND PUBLIC COMMENTS

Dr. Transue asked for final comments and thanked all for attending. The meeting adjourned.