
Bree Collaborative | Collaborative Care for Chronic Pain Workgroup

July 13th, 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)

Leah Hole-Marshall, JD, Washington Health Benefit Exchange (Chair)

Mary Kay O'Neill,* MD, MBA, Partner, Mercer

Jim Rivard,* PT, DPT, MOMT, OCS, FAAOMPT President, MTI Physical Therapy

Nancy Tietje,* Patient Advocate

Mark Murphy,* MD, Washington Society of

Addiction Medicine

Mark Sullivan,* MD, PhD, Professor, University of Washington Medicine

Andrew Friedman,* MD, Psychiatrist, Virginia Mason Medical Center

Kari Stevens,* PhD, Assistant Professor, University of Washington Medicine

Ross Bethel,* MD, Selah Family Medicine

Stuart Freed,* MD, Chief Medical Officer

Confluence Health

Staff and Members of the Public

Alicia Parris, Bree Collaborative

Linda Radach,* Patient Advocates for Patient Safety

Solongo Sainkhuu, Bree Collaborative

Jeana Weekley,* Washington State Labor and Industries

Morgan Young,* Washington State Labor and Industries

* By phone/web conference

INTRODUCTIONS AND APPROVAL OF JULY 13TH MINUTES

Leah Hole-Marshall, JD, Washington Health Benefit Exchange (Chair), opened the meeting and those present introduced themselves. A motion was made to approve the minutes from the previous meeting.

Motion: Approve 6/15/2018 Minutes.

Outcome: Passed with unanimous support.

REVIEW ADDITIONS TO RECOMMENDATIONS

Ms. Hole-Marshall, discussed the agenda and the group viewed *Stakeholder Specific Actions and Quality Improvement Strategies* and the group discussed:

- Ensuring improving quality of life and function as a key point
- Considering experience outside of the health care setting
 - De-medicalizing chronic pain
 - Making use of family and community resources
 - Encouraging patient to take on agency of their treatment

Action Item: Mary K. O'Neil, MD, MBA, Partner, Mercer will send reference about effective nonmedical interventions

- Group agreed to reorganize recommendations to put emphasis on patient role in treatment and collaborative model
- Mark Murphy suggested a screening tool that captures multiple substance abuse screenings into one

Action Item: Mark Murphy, MD, Washington Society of Addiction Medicine, to send National Institute of Drug Abuse (NIDA) screening tool Tobacco Alcohol & Prescription Medication and Other Substance Use

- Specifying that other members of care team to conduct screenings to help alleviate pressure on PCPs
- Choosing a patient friendly term to identify “maladaptive behaviors”
 - Creating a more specific list or definition of behaviors that would qualify as such
 - Group will wait to discuss terminology survey results until next meeting
- Added “with or without” maladaptive behaviors in Patient Identification in order to be more inclusive
 - Even patients with managed pain can benefit from collaborative care in staying on track
 - Identifying maladaptive behaviors would be beneficial to choose an intervention rather than to include or exclude a patient from collaborative care for their pain
- Changed “*aggregate program data*” to “participate in performance improvement based on”

Group viewed *Care Team* and *Care Management* sections and discussed:

- Need for a well identified and retrievable care plan
- Care plan needs an owner to take responsibility for it
 - Most likely would be PCP
- Ross Bethel, MD, Selah Family Medicine pointed out that the *Care Team* bullets discuss patient education on care team rather than define actual roles
 - Ms. Hole-Marshall referenced *Table 1* specifics of care team roles
 - Organization of recommendations may
- Change focus of recommendations to the system either before or immediately after recommendations for the person with chronic pain
- Recommendations will be reorganized to first describe the function of the system, then go through the individual roles and remove redundancies

Action Item: Leah Hole-Marshall and Alicia Parris to review *Stakeholder-Specific Actions: Primary Care Providers* and *Primary Care Practices and Systems* and remove redundancies

- Third bullet under *Care Management* change, psychiatric to behavioral health
 - Also suggest appropriate specialties such as psychiatrists and physical therapists with experience dealing with chronic pain as potential provider
- *Primary Care Practices and Systems* added recommendation to identify and promote resources available
- Promoting communication between systems to facilitate support between colleagues
- Under *Supported Self-Management* add language about managing patient expectations.
 - Setting functionality and quality of life as the main goal rather than complete elimination of pain

Action Item: Jim Rivard, PT, DPT, MOMT, OCS, FAAOMPT, President, MTI Physical Therapy to send more additional PT interventions specific to chronic pain to add to *Evidence Based Care*

- Nancy Tietje, Patient Advocate, suggested inclusion of language to help patients determine when to seek additional medical attention
 - Being treated for individual immediate needs rather than whole person treatment
- Ross Bethel emphasized importance to empower patients to be selective about who their PCP is and if they are qualified to treat their chronic pain

LINDA RADACH EXPERIENCE AS PERSON WITH CHRONIC PAIN

- Linda Radach, Washington Advocates for Patient Safety, discussed her experience as a person with chronic pain.
 - Barriers to care such as unwilling care providers
 - The isolation of chronic pain
 - Pushing to be productive with unmanaged chronic pain

NEXT STEPS AND PUBLIC COMMENTS

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