
Bree Collaborative | Collaborative Care for Chronic Pain Workgroup

August 10th, 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

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

LuAnn Chen, MD, MHA, FAAFP, Medical Director, Community Health Plan of WA

Michael Von Korff, ScD, Senior Investigator, Kaiser Permanente Health Research Institute

Lynn DeBar, PhD, MPH, Senior Investigator, Kaiser Permanente Washington Health Research Institute

Staff and Members of the Public

Alicia Parris, Bree Collaborative
Solongo Sainkhuu, Bree Collaborative

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 7/24/2018 Minutes.

Outcome: Passed with unanimous support.

REVIEW ADDITIONS TO RECOMMENDATIONS

The group viewed the results of the *Target Population for Collaborative Care for Complex Chronic Pain Concepts and Terminology* voting results:

- Voting was inconclusive, there was no clear winner
 - Challenge of creating a term that is not stigmatizing and is also inclusive of those with well managed pain that still may benefit from a collaborative care model
 - Group agreed tentatively to combine two of the more popular terms into “Chronic Pain with Life Activity Impacts”
 - Looking at pain in terms of life impairment rather than the pain itself
 - Is inclusive of patients across the chronic pain spectrum
 - Group will consider other terms and revisit next meeting

The group viewed *Chronic Pain Recommendations Draft Actions and Quality Improvement Strategies* and Ms. Hole Marshall asked for suggestions of major inclusions/exclusions or changes:

- Alterations to the organization of the recommendations
 - Michael Von Korff suggested changing language to present patient as a resource rather than managing and treating deficits
 - Changing the content under the *Self Management* section to a patient perspective

- Ensure it is implicit stated that the goals to be established are the patient's goals
 - While the *Primary Care* and *Primary Care Systems* contains redundancies, Mary Kay O'Neill, MD, MBA, Partner, Mercer, pointed out the need for such sections in large documents with multiple stakeholders
 - Making the two sections adjacent to one another would be a better arrangement
- Need for more information surrounding the care plan

Action Item: Bring a rehab care plan for the group to look at

- Pain cycle figure has been updated and needs to be replaced
- The group would like to look at a rehab based care plan
- Both *Patient Population Management* and *Care Management* ask providers to use a dashboard. Providing a sample dashboard may be helpful in implementation

Action Item: Lynn DeBar will send example of care plan dashboard

- Providing a referral map (internal and external) for PCPs
- Including a table of resources for persons with chronic pain
- Including more education for practitioners around why certain steps are taken
- Including table of resources available to PCPs
- Initial basic materials that can be recommended that explain chronic pain
- Group agreed that the approach is correct but there are additional resources and risk factor identifications that need to be developed

NEXT STEPS AND PUBLIC COMMENTS

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