

Emerging Practices on Collaborative Care Management of Chronic Pain

June 14, 2017



Presented By:



AMDG

agency medical directors' group



Washington State Department of
Labor & Industries

Washington State
Health Care Authority

AGENDA

Time	Topic
8:00 - 8:15	Welcome and Setting the Stage for the Day
8:15 - 8:35	Primary Care is at the Center of Collaborative Care in Health Systems
8:35 - 9:00	MacColl Principles: Building Effective Collaborative Teams in Health Systems
9:00 - 9:20	The AIMS Center: The Evidence Basis for Collaborative Care
9:20 - 9:40	Evidence-based Interventions: Improving Patient Self-efficacy
9:40 - 10:00	<i>Break</i>
	Module 1: Preventing the Transition to Chronic Pain
10:00 - 10:15	<ul style="list-style-type: none"> Introduction
10:15 - 10:45	<ul style="list-style-type: none"> Preventing Chronic Pain and Long Term Disability through Early Stepped Care Management: Centers for Occupational Health and Education
10:45 - 11:35	<ul style="list-style-type: none"> Panel Comments; Discussion and Q&A
11:35 - 12:20	<i>Lunch</i>
	Module 2: Improving Community Based Treatment for Chronic Pain – The Best Antidote to Reversing the Opioid Epidemic
12:20 - 12:40	<ul style="list-style-type: none"> Introduction
12:40 - 1:00	<ul style="list-style-type: none"> Delivering Integrated Pain Care to Veterans
1:00 - 1:20	<ul style="list-style-type: none"> The PRACT Study: Delivering Collaborative Care for Pain in Primary Care
1:20 - 1:40	<ul style="list-style-type: none"> Healthy Worker 2020: A Collaborative Care Plan for Injured Workers
1:40 - 3:00	<ul style="list-style-type: none"> Panel Comments; Discussion and Q&A
3:00 - 3:15	<i>Break</i>
	Module 3: Hub and Spoke for Delivery of MAT
3:15 - 3:30	<ul style="list-style-type: none"> Introduction
3:30 - 3:50	<ul style="list-style-type: none"> Implementing Hub and Spoke in Vermont - Outcomes and Challenges
3:50 - 4:40	<ul style="list-style-type: none"> Panel Comments; Discussion and Q&A
4:40 - 5:00	Wrap-up

Symposium Purpose

Title: Emerging practices on collaborative care management of chronic pain: Equipping primary care and the community to manage an epidemic

Goal: An in depth conversation with thought leaders in chronic pain and collaborative care from experienced “on the ground” practitioners, academicians, and community leaders and policy makers. This invitation only symposium will focus on evidence and emerging best practice approaches to support primary care providers in three main areas of pain management:

- Prevention of transition to chronic pain
- Treatment of chronic pain
- Addressing complication (addiction)

In particular, what components of systems based interventions (collaborative care/behavioral health intervention for prevention and treatment, and community based MAT for addiction) are necessary to attain successful health outcomes.

Purpose: Washington State has led the nation on curbing the opioid prescribing epidemic and is now focusing on innovations to address chronic pain at a population level. Chronic pain is debilitating for patients and overwhelming the current health system. Aligning efforts across the spectrum of chronic pain – from prevention to management, including addiction in the context of chronic pain –requires systems-based approaches grounded in evidence-based care coordination. Evidence indicates that appropriately resourced primary care achieves the best outcomes at the best value.

Takeaway: Common framework for community action on the prevention and adequate treatment of chronic pain, including addiction in the context of chronic pain.

Symposium Modules

Population health is at the core of innovations in health care delivery to meet the Quad Aim of better health, better care, better value and provider satisfaction. Improving care for patients in pain will be critical in abating the opioid epidemic and is a perfect cauldron for implementation of behavioral health integration. Moving to a future of efficient delivery of care for patients with pain – from acute to chronic—will require implementation of collaborative care models grounded in evidence-based principals of chronic care management. Such primary care based models will replace existing inefficient and expensive care that is primarily specialty based. Under these conditions, patients in pain can receive most of the care needed to prevent disability and further worsening of pain from their primary care team, supported by a health system.

Notes

Module 1:

Preventing the Transition to Chronic Pain

Facilitator: *Gary Franklin, MD, MPH*

Panel Members: *Tom Wickizer, MD, MHA; Doug Zatzick, MD; and Robert Mecklenburg, MD*

Recognizing and preventing the transition from acute and subacute pain to chronic pain is critical to efforts in effective treatment of pain and prevention of avoidable disability. Within a few weeks of initial care, all acute low back patients should be screened using a brief, validated instrument for psychosocial barriers to recovery. Such psychosocial barriers are strong predictors of transition to chronic pain. Once these barriers to recovery are recognized, effective patient education and application of reactivation and cognitive behavioral techniques can help improve patient self-efficacy and function, and be an effective foil to the critical avoidance of potentially harmful opioids.

Questions:

- 1) How could your system / facility / clinic systematically screen patients for increased risk of transition to chronic pain with a brief validated instrument?*
- 2) Are you already thinking about or taking action on how effective reactivation and cognitive behavioral techniques could be delivered early on in patients with acute episodes of routine musculoskeletal pain?*
- 3) What are the barriers your institution faces in preventing the transition from acute to chronic pain?*

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Module 2: Improving Community-based Treatment for Chronic Pain

Facilitator: Erin Krebs, MD, MPH

Panel Members: *Stephen Dobscha, MD; Lynn DeBar, PHD; Kari Stephens, PHD; Malcolm Butler, MD; and Brian Sondoval, MD*

While most episodes of pain will resolve, for patients at increased risk of developing, or in chronic pain, the current model of referral to specialty care is largely ineffective at preventing chronic pain and reducing harm. Collaborative care to manage and treat chronic disease is more effective and meets the Quad aim, but requires a population-based framework. A systems approach like this allows most patients to stay with their primary care provider, allows more efficient use of specialty resources as mentors to collaborative care professionals and increases patient self-efficacy. Large health systems such as the VA Healthcare System are moving briskly in this direction. This will also prove to be the most effective means of behavioral health integration for a widespread problem such as chronic pain.

Questions:

- 1) An important component of effective delivery of collaborative care are use of health care coordinators / collaborative care professionals who can deliver brief interventions that effectively address psychosocial barriers to recovery.*
- 2) What is the role of measurement in building a shared, evidence based, stepped management protocol to assist health systems and primary care teams in effective treatment of chronic pain?*

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Module 3: Hub and Spoke for Delivery of MAT

Facilitator: Charissa Fotinos, MD, MS

Panel Members: Harry Chen, MD; Judy Tsui, MD, MPH; Charles Watras, LICSW, CDP, MAC, ICCS

Vermont has blazed a trail to effectively deliver Medication Assisted Treatment to patients with opioid use disorder on a population basis. Within this model is a collaborative care concept that allows the primary care provider and the patient to be supported by team-based care. Bringing together the mental health, substance abuse, and medical silos is a clear aim of this model, particularly as the behavioral and medical components of addiction become evident.

Questions:

- 1) Hub and Spoke is an example of collaborative, community based model of delivering MAT. What has been your experience in using collaborative care and/or population-based methods to effectively deliver MAT?*
- 2) What have been the barriers to implementing a community centered, collaborative or integrated model of care for the treatment of opioid use disorder?*

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Published Meeting Materials:

<http://www.agencymeddirectors.wa.gov/CollaborativeCareSymposium.asp>