



**Primary Care Modernization
Pain Management
Design Group Meeting 2**

September 2018

Agenda

Introductions	5 minutes
Refresher on Purpose of Design Group	10 minutes
Discussion of Revised Approach to Pain Management	60 minutes
Sense of the Group	10 minutes
Next Steps	5 minutes
Adjourn	

Purpose of Design Group

PCM Goals:

- Support patient-centered, coordinated care and a better patient experience.
- Help patients prevent disease, identify health problems early and better manage chronic illnesses so fewer emergency room visits and hospitalizations are needed.
- Expand care teams and improve access outside the traditional office visit.
- Double investment in primary care over five years through more flexible payments.
- Reduce total cost of care while protecting against underservice.

Pain Management Design Group

- What are the elements of an effective pain management model that all practices should invest in?
- What elements of pain management should the network provide but only a subset of practices or providers deliver?

What we Heard in Session 1

Consumer Input, Questions and Concerns

- Important to ensure alternative and preventative therapies are accessible
- Multipronged approach that includes education is needed
- Need to look at overcoming cost and transportation barriers
- Need reimbursements for providers for longer appointments
- CDC guidelines are inefficient and have resulted in unintended consequences and unnecessary prescribing. Should take caution if following these guidelines. Recommend looking at FDA guidelines that will be released soon.
- Need to ensure all services for pain management are in-network and covered by insurance
- Need for more resources for providers to prescribe affordable medications for chronic pain

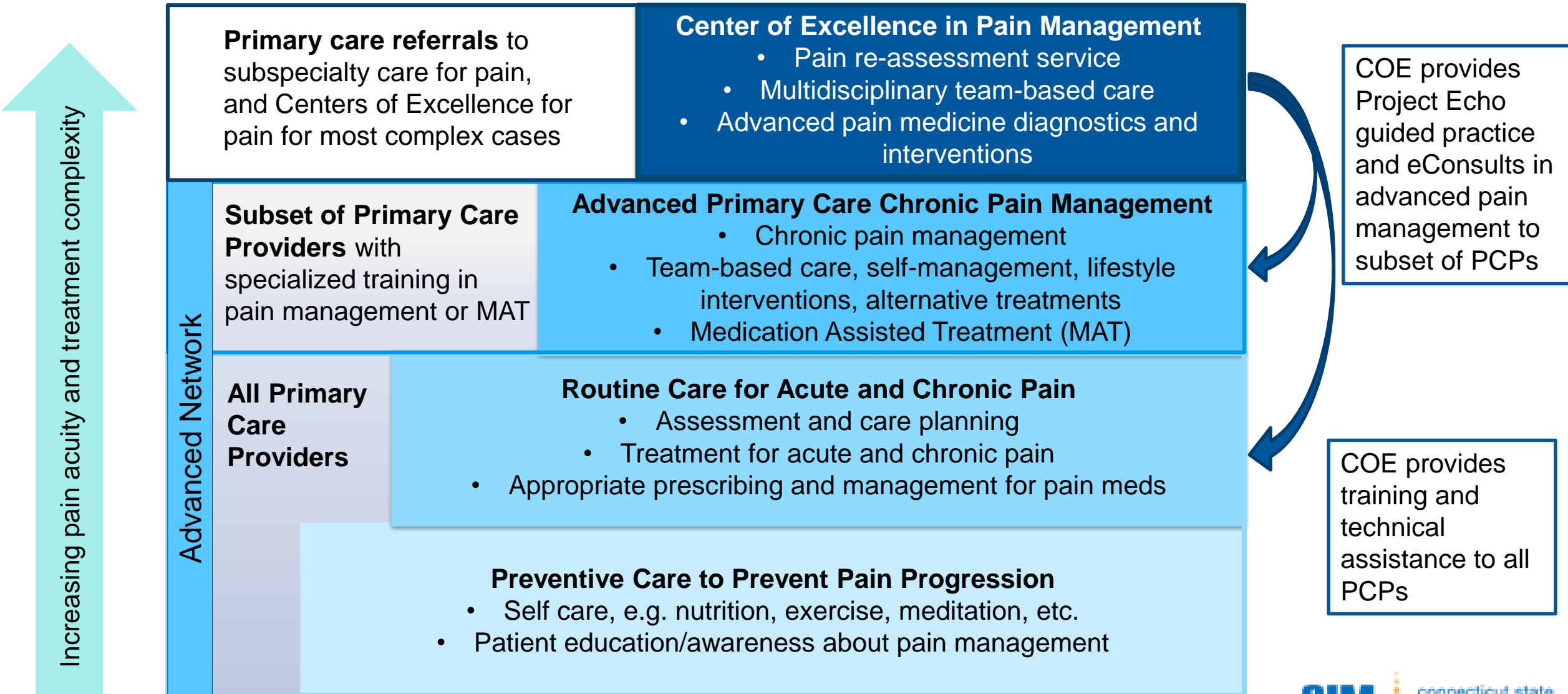
Question: Anything to add?

What we Heard in Session 1

- CT should undertake multi-pronged approach to pain management that aligns with National Pain Strategy and focuses on prevention
- All primary care providers should have training on basics of pain prevention and management
- Begins with proper management of acute pain and preventing progression to chronic pain
- Expanded care teams are needed to coordinate care, provide motivational interviewing, assist with lifestyle interventions, and address behavioral health issues
- Provide access to lifestyle interventions and alternatives to opioid treatment, such as physical therapy, behavioral health interventions, acupuncture, mindfulness, etc.
- All primary care providers should have access to e-Consults with pain management specialists
- Subset of primary care providers should specialize in chronic pain management
 - Need access to Project Echo learning and guided practice model
- Establish CT Center of Excellence resource/comprehensive pain center to refer complex patients

Question: Anything to add?

Primary Care Modernization – DRAFT Concept Map for Pain Management



Questions for Discussion

- What elements of this diagram would you change? What is missing?
- Which elements of pain prevention and management should all primary care practices be responsible for? Which should be for a subset of primary care practices?
- How would PCP specialization in pain management be defined?
- How should MAT be incorporated into this model or should it be a separate capability?
- Are there other resources the network needs to provide to support this capability?
- Is this approach missing any components for primary care delivery?

Next Steps

- Collect today's recommendations and incorporate into model
- Circulate to design group for additional feedback
- Send to Task Force for review
- Task Force makes recommendation to Payment Reform Council (PRC)