

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?



Network

Advanced

Primary care referrals to subspecialty care for pain, and Centers of Excellence for pain for most complex cases

#### **Center of Excellence in Pain Management**

- Pain re-assessment service
- Multidisciplinary team-based care
- Advanced pain medicine diagnostics and interventions

Subset of Primary Care Providers with specialized training in pain management or MAT

#### **Advanced Primary Care Chronic Pain Management**

- Chronic pain management
- Team-based care, self-management, lifestyle interventions, alternative treatments
  - Medication Assisted Treatment (MAT)

All Primary Care Providers

#### **Routine Care for Acute and Chronic Pain**

- Assessment and care planning
- Treatment for acute and chronic pain
- Appropriate prescribing and management for pain meds

#### **Preventive Care to Prevent Pain Progression**

- Self care, e.g. nutrition, exercise, meditation, etc.
- Patient education/awareness about pain management

COE provides
Project Echo
guided practice
and eConsults in
advanced pain
management to
subset of PCPs

COE provides training and technical assistance to all PCPs



## **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)