**Title: Partners in Pain Care**
**Grant ID number (Request ID): 16490985**
**Wisconsin Primary Health Care Association**


**Abstract:**

The Wisconsin Primary Health Care Association (WPHCA) is the membership organization for Wisconsin's 17 Federally Qualified Health Centers (FQHCs), also called Community Health Centers (CHCs). WPHCA is proposing this "Partners in Pain Care" (PiPC) program to improve care for patients with chronic pain by equipping healthcare providers with shared tools and foundational processes to support optimal collaboration and implementation of evidence-based practices. The program will tap into subject matter expertise around pain management, practice transformation, and specialty behavioral health care.

Interprofessional primary care teams are the initial target audience for training and education and leverages work that these teams are already doing to achieve and maintain Patient Centered Medical Home (PCMH) recognition. Interdisciplinary teams, between primary care and their specialty partners in behavioral health and pain management, are the secondary target.. The program aims to develop and pilot test three main sets of deliverables: PiPC Interprofessional Learning Modules, PiPC Primary Care Team Toolkits, and PiPC Specialty Care Toolkits.

Training and toolkits developed with support from this grant will increase care teams' knowledge of chronic pain best practices and their ability to apply principles of team-based care to the delivery of services for patients with chronic pain. Toolkits will be designed to bridge the gap between primary care and specialty providers to support the creation of high-functioning "medical neighborhoods" for patients with chronic pain. The project will enlist a Pain Advisory Group and patient focus groups to inform the curriculum and toolkit development.

**Wisconsin Primary Health Care Association**
**Partners in Pain Care**

## Overall Goal and Objectives

**The overall goal for the Wisconsin Primary Health Care Association's (WPHCA) "Partners in Pain Care" (PiPC) project is to improve care for patients with chronic pain by equipping healthcare providers from diverse professions and disciplines with shared tools and foundational processes to support optimal collaboration around pain management**. Training and toolkits developed with support from this grant will increase care teams' knowledge of chronic pain best practices and their ability to apply principles of team-based care to care delivery for patients with chronic pain. WPHCA will also create and distribute toolkits designed to bridge the gap between primary care and specialty pain and behavioral health treatment providers. Interdisciplinary toolkits will be used to facilitate the creation of high-functioning "medical neighborhoods" for patients with chronic pain.

This program focuses on interprofessional primary care teams as the initial target audience for training and education and interdisciplinary teams as a secondary and supporting audience. The program aims to develop and pilot test an educational curriculum and set of toolkits through three main sets deliverables:

- Develop, pilot test, and deploy PiPC Interprofessional Learning Modules;
- Develop, pilot test, and deploy a PiPC Primary Care Team Toolkit;
- Develop and distribute two PiPC Specialty Care Toolkits: Behavioral Health Specialty Care and Pain Management Specialty Care

The project will enlist a Pain Advisory Group and patient focus groups to inform the curriculum and toolkit development.

WPHCA will evaluate this program on an on-going basis using three main venues:

- **Advisory Group and Key Informants** to inform the initial development and provide qualitative data on needs, barriers, and other important planning considerations
- **Primary Care Learning Teams Pilot Group** to test the initial PiPC Interprofessional Primary Care Learning Modules
- **Primary Care Learning Teams 2016 Cohort** to collect additional data on the impact of the program and validate changes made to the final curriculum following the pilot group.

Specific elements being measured will be changes in knowledge, team functioning, and capacity to support patients in self-management and distribution metrics.

This project meets the stated goals of the RFP, which are to improve clinical outcomes, enhance quality of life of patients with chronic pain, and increasing the value in health care delivery

through team-based care. The project will meet these goals by increasing the capabilities of care teams to perform as high-functioning units with a thorough understanding of guidelines for the assessment and management of patients with chronic pain, and increasing the capabilities of primary care teams to partner with specialty care. This program is aligned with WPHCA's vision of a future where all individuals and communities in Wisconsin achieve their highest health potential and our mission to improve health through the work of Community Health Centers (CHCs) and their partners.

We will achieve our goal through the following objectives, which are also described in greater detail in the "Project Design and Deliverables" section below:

**Objective 1: WPHCA will convene a Pain Advisory Group** by month 2 of the funded period. This group will be comprised of potential CHC pilot participants and other partners and subject matter experts and will function as a time-limited focus group with the charge of informing the development of educational curricula and toolkits. Patients will also be recruited to inform the development of the curricula and toolkits through key informant interviews and/or surveys.

**Objective 2: WPHCA will develop and pilot test PiPC Interprofessional Learning Modules.** These learning modules will serve as an educational curriculum for primary care learning teams. The pilot will be launched by month 5 of the funded period. These learning teams will be comprised of interprofessional primary care team members. Our target is to identify 2-6 total teams with 1-3 teams representing Community Health Centers (CHC) and 1-3 teams representing non-CHC practices. The pilot will test training modalities (eg. face-to-face, webinar, etc.) and effectiveness of the curriculum and design. This pilot will run for six months with a target of one learning activity per month.

**Objective 3: WPHCA will develop and deploy a "Partners in Pain Care" Primary Care Team Toolkit.** Development of the toolkit will begin by month 3 of the funded period and will continue throughout the pilot period. The audience will be primary care medical home interprofessional teams and will complement the educational curriculum for the Primary Care Learning Teams.

**Objective 4: WPHCA will finalize the PiPC Interprofessional Learning Modules and collect data for the initial cohort (2016 cohort) of participants** by month 14 of the funded period. Following the pilot testing phase, modifications will be made to the Primary Care Learning Team educational curriculum based on evaluation results and pilot participant feedback. Finalized curricula will be will be implemented and made available to a cohort of interprofessional teams recruited for a learning group series (2016 cohort). In addition to providing the curricula in real time to a cohort group, the finalized curricula will be recorded and be made available as an "on-demand" enduring resource.

**Objective 5: WPHCA will develop and deploy Interdisciplinary Partners in Pain Care Toolkits to support collaboration with behavioral health and pain specialists.** Development will begin by month 4 and distribution will begin by month 14 of the funded period. The main objective of

these toolkits will be to bridge the gap between primary care and specialty care providers and promote the development of high-functioning "medical neighborhoods" for patients with chronic pain.

**Objective 6: Distribute and promote the recorded training curricula and toolkit materials to broad audience**. Distribution of all materials will be ongoing throughout the funded period. Broad distribution of finalized materials by WPHCA, MetaStar, and other key stakeholders and external partners will begin by month 14 of the funded period and will be a sustained impact of the funding.

**Technical Approach**

The technical approach of this program will focus on WPHCA's existing strengths as a convener of learning collaboratives, a source of direct patient centered medical home IT and system transformation support, a state-wide expert in Motivational Interviewing and Screening Brief Intervention and Referral to Treatment (SBIRT), and a facilitator of relationships between our Community Health Centers and key external partners.

Wisconsin Federally Qualified Health Centers or Community Health Centers (CHCs) have a long history of engaging in **learning collaboratives.** Since 1998, CHCs participated in National Health Disparities Collaboratives (HDCs), first supported by the Health Resources and Services Administration. The focus of the HDCs was on care management and improvements targeting patients with chronic conditions such as heart disease and diabetes. The goals of the HDCs were to disseminate practice guidelines, establish processes for collecting and using data to drive improvement and establish communities of learners.

When HRSA support for the HDCs ended in 2009, WPHCA and Wisconsin's Health Centers decided to continue a Wisconsin specific "quality improvement collaborative" that integrated all departments: medical, behavioral health, dental, fiscal, and operations. Improvement was driven by all CHCs reporting transparently on an integrated list of core metrics and a peer learning network model that facilitates shared learning between CHCs. This current model employs shared learning strategies similar to that of the HDCs and has been well received by the CHCs. WPHCA supports peer learning networks for cohorts of CHC staff ranging from finance, operations, medical, dental, and behavioral health departments. In addition to regular peer learning network conference calls and/or face-to-face meetings, peer learning networks are supported through modalities such as individual coaching and on-site assistance provided by WPHCA staff and consultants, a virtual resource library, a list-serve, and annual conferences. CHC staff actively engage in performance improvement through the wide array of learning modalities. Health Center participation in the HDCs and this "new" Wisconsin specific integrated quality improvement program has positioned Wisconsin CHCs to engage in current significant system redesign and performance improvement initiatives such as Patient Centered Medical Home (PCMH) transformation and achieving Meaningful Use (MU) of health information technology in response to and in preparation for health care reform.

In January 2014, WPHCA launched the Pain Peer Learning Network with funding from Pfizer Independent Grants for Learning and co-sponsored by the Physicians Institute for Excellence in Medicine. Through that Peer Learning Network, six CHC teams have engaged in rapid PDSA cycles to increase their adherence to evidence-based guidelines using PCMH as a framework for the assessment and maintenance of patients with chronic pain. Through this program, each CHC has been able to identify the goals that were most meaningful to their systems and also to identify realistic objectives, thus maximizing motivation for change and eliminating a common barrier to change in the area of capacity. Participating CHCs have instituted changes ranging from the adoption of a policy and systematic procedures for utilizing Wisconsin's new Prescription Drug Monitoring Program, designing checklists for complete documentation for patients with chronic pain with opioid prescriptions, convening a peer review committee for complex patients with chronic pain and multiple comorbidities, and adopting the use of evidence-based screening tools for substance abuse risk.

Our proposed Partners in Pain Care program leverages WPHCA's peer learning networks in several ways. First we will build on the capacity that has been created through the long-term investments in CHC staff performance improvement competencies. Additionally, we will utilize our existing peer learning networks and their established thought leaders and channels of communication to extend and enhance our internal staff and consultants' knowledge and expertise. This will allow us efficient operations and responsible stewardship of resources.

Member CHCs are actively pursuing **Patient Centered Medical Home** (PCMH) recognition using the National Committee for Quality Assurance (NCQA) standards. The standards of PCMH transformation are foundational and congruent with the vision of WPHCA, our member health centers, and the goals of this program. Currently, 9 of 17 CHC organizations in Wisconsin are now recognized as NCQA Patient Centered Medical Homes. 8 CHCs are actively pursuing PCMH practice transformation using the 2014 NCQA Standards that include a greater emphasis on the integration of behavioral health care in primary care. The change concepts of PCMH match well with the unique health center model established in 1965 to address the complex needs of their patients: multidisciplinary team-based primary care (including medical, oral, and behavioral health services); responsiveness to the needs of the community; and availability of enabling services to address barriers of care (translation, transportation, health education, and case management). Adoption of PCMH team-based care standards has prompted CHC care teams to consider new team members, such as pharmacists and social workers, and enhance processes with new models of care delivery for the specific conditions they addressed in their transformation.

The Partners in Pain Care program will build on the foundation of interprofessional team-based care and increase care team members' knowledge of chronic pain best practices, team based communication, and patient engagement. Patients with chronic pain present an opportunity for practices to deploy transformed care teams and processes to a new target population. Our proposed program aims to equip these teams with the practical learning necessary to perform as high-functioning units with thorough understanding of guidelines for the assessment and management of patients with chronic pain.

WPHCA has been engaged in state-wide efforts to promote the uptake of **Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Motivational Interviewing** as strategies to enhance capacity to identify and respond to risky alcohol and other drug use and to enhance staff capacity to effectively engage with patients. WPHCA has on staff a member of the Motivational Interviewing Network of Trainers and an expert SBIRT trainer with experience implementing this program in CHCs and other practices across Wisconsin. This is an area where CHCs have expressed interest and invested time and effort in foundational work. The proposed content for the program that would be developed with this funding would complement and extend those investments.

**Key Relationships**

WPHCA has fostered many strategic partnerships over several years, including work with: the Wisconsin Office of Rural Health on developing a physician and dentist recruiting program; with Area Health Education Centers on linking health centers to workforce pipeline programs; and the Primary Care Office on shortage designations, J-1 Visas, and National Health Service Corps placements. Recently established partnerships have also benefited CHCs, including WPHCA's partnership with MetaStar and WHITEC (Wisconsin's Regional Extension Center) to assist health centers in obtaining meaningful use of electronic health records and the Wisconsin Academy of Family Physicians on Patient Centered Medical Home recognition, etc. Fostering and maintaining these relationships has yielded mutual benefit: the partnering organizations are able to meet their goals of working with safety net providers efficiently, the CHCs have access to a wider cadre of experts, and all partners are able to leverage resources including time, expertise, and sometimes financial support.

Key partnerships that we aim to include in this program include MetaStar and the Wisconsin Department of Health Services (DHS). MetaStar, Wisconsin's designated CMS quality improvement organization, offers health care education, improvement and practice transformation consulting services to independent physicians, physician groups, and systems. MetaStar works with physicians and their clinical teams to address the challenges facing organizations today, including the need for system-wide innovation and consistent evidence-based approaches. MetaStar will compliment and extend the strength that WPHCA brings in convening our CHC members.

The Department of Health Services views WPHCA and the CHCs as strong partners in meeting the health care needs of Medicaid beneficiaries. We have partnered with the Department of Health Services (DHS) Chronic Disease Unit on initiatives to improve outcomes related to diabetes and heart disease. We also serve at DHS' invitation as a member of the Great Lakes Addiction Technology Transfer Center Wisconsin Local Advisory Board. These key relationships offer WPHCA an platform for distributing the products of this program broadly throughout our networks and the extensive networks of those with which we have significant relationships.

**Assessment of need in target area:**

Several needs exist within Wisconsin related to the assessment and management of chronic pain: There is a need in Wisconsin for enduring training and tools to increase the capabilities of primary care teams to perform as high-functioning units with a thorough understanding of guidelines for the assessment and management of patients with chronic pain. Increasing the capabilities of primary care teams and specialty care providers to effectively collaborate to meet the needs of patients is also a need. Overall, there is a paucity of education and practical tools to support policies and practices to ensure the provision of adequate medications and appropriately coordinated care to patients with chronic pain while reducing the amount of medications that are prescribed and subsequently misused, abused and diverted.

**Concern about opioids:** During 2008-2009, 5% of WI residents ages 12 and older reported using pain relievers for non-medical purposes in the past year, matching national prevalence (Wisconsin Department of Health Services, 2012). Health care policies and practices have an important role to play in the amelioration of this problem. Wisconsin has mirrored the rest of the nation in its growing concern regarding the prescribing practices related to opiates. The Wisconsin State Council of Alcohol and Other Drug Abuse issued a Call to Action in 2012 that included 32 recommendations in eight priority areas. Health care policy and practice was one of the priority areas identified, and several of the recommendations addressed issues of education, training, and safe and consistent access to care. The authors further note that "the medical professional and the regulatory community continue to struggle to identify a true balance between the needs of patients for appropriate pain control and the needs of public health and public safety with respect to controlled substance diversion and overdose deaths." This sentiment was shared by a CHC physician in the WPHCA Pain Peer Learning Network who expressed a strong interest in additional training in treatment best practices and standardization of pain management procedures within their clinic: "[I want to know whether I am] helping the patient with their pain or creating an addict." Despite the recommendations and the identified need, there has not yet been a comprehensive statewide program proposed to meet the educational needs of Wisconsin's health care community.

In 2014, the Heroin Opiate Prevention and Education (H.O.P.E.) legislative package was signed into Wisconsin law. Four separate bills comprising the HOPE package will ensure naloxone is widely available, remove barriers that cause reluctance in activating emergency medical services by people witnessing an overdose, and help reduce the diversion of opiate-based prescription medications. This bill had broad bipartisan support and passed unanimously in the Wisconsin State Assembly and Senate. Legislative and policy activity in this area is expected to continue.

**Gaps in optimal care:** Due to WPHCA's current work in our Pain Peer Learning Network, we have been monitoring state and national policy and interest and have worked to align our efforts with other environmental factors and partners. Through the current Pain Peer Learning Network, we have become aware that health care professionals at Wisconsin's Community Health Centers need increased opportunities to learn about and obtain support for

implementing best practices in the delivery and coordination of care for patients experiencing chronic pain. Health care professionals in multiple disciplines in Wisconsin need a structure of consistent information, messaging, and best practice tools to ensure that chronic pain sufferers have safe and consistent access to care and to support the establishment of standard prescribing practices across the state.

A 2013 internal WPHCA survey of Wisconsin Community Health Centers found that there was great interest and opportunity to improve care of patients with chronic pain using new resources, tools, and guidelines. Only 67% of respondents indicated they used a standardized tool to assess or measure pain severity in patients. Only 17% indicated that they used a standardized pain inventory tool or physical functional ability tool. No respondents reported regularly monitoring quality data for patients with chronic pain.

WPHCA's efforts since early 2014 have uncovered key findings that indicate an ongoing need for improved data collection and analysis infrastructure, and increased opportunities for spreading knowledge of best practices in the treatment and management of chronic pain, especially with complex patients. We have scant data on the quality of the care delivered in the area of chronic pain because there are no processes in place to collect and analyze this data. The care of patients with chronic pain is an area that has not yet been placed at high priority statewide, and as such has not been a priority for primary care practices when collecting and reviewing point of care data. Although our CHCs have shown dedication to improving care for patients with chronic pain, the sheer volume of improvement initiatives and system transformation efforts they have undertaken in the past several years have resulted in change fatigue. With many initiatives being imposed by external regulatory and market forces, it is challenging for providers to devote time and attention to an area where there are no incentives or mandates to improve. The fact that our teams have entered into this work despite such an environment is a testament to their internal motivation to focus on improvement in this area, and a compelling reason to surround them with additional learning and improvement tools and support.

**Interprofessional Primary Care Teams:** The patient centered medical home model is a relatively new organizing principle for primary care delivery. System transformation involves dramatic changes on every level of a primary care organization. Many resources are devoted to IT enhancements and administrative enhancements. At the center of the patient centered medical home is the delivery of care by interprofessional primary care teams with the patient at the center of the team. The care team model is a dramatic shift for many members of the care team. Established patterns of professional relationships do not change overnight. It takes practice and dedicated effort to determine how the care team will function in various patient clinical presentations. For example, a care team may have an established team-based workflow for the ongoing monitoring of patients with diabetes but that does not necessarily mean that they will automatically apply those same principles to the care of patients with chronic pain. In Wisconsin, and particularly in Wisconsin CHCs there is no data around this, but our experience in our current Pain Peer Learning Network initiative has demonstrated that care teams need dedicated capacity, specifically time, resources, skills, and knowledge to establish

competencies, policies, roles and workflows that support interprofessional team-based care for patients with chronic pain. One example of this is in regards to the Prescription Drug Monitoring Program (PDMP), a relatively new resource available in Wisconsin. One of our participating practices found that prescribing providers were not utilizing this resource because of the time it added to each visit. So the team met and decided that based on the principle of everyone working to the top of their license it would make the most sense for the MAs to look the patients up prior to the visit and have the information available to the providers. This practice's EHR does not currently support an interface so the MAs are printing out the PDMP results and they are being scanned into the chart. However, access to the PDMP is, by regulation, restricted to the prescriber and the process for authorizing a delegate is time intensive. Without knowledge of the benefits of this resource, a heightened awareness of the need for attention to the potential for medication diversion, and a team commitment to focus on improving the care of patients with chronic pain while following best practices for the prescription of opioids, it is unlikely that this practice continue this effort in the face of multiple barriers and no incentives or requirements.

**Interdisciplinary Coordination - Pain management specialty care**: Research has found interdisciplinary pain treatment to be therapeutically superior to less comprehensive therapies or single-modality interventions. However, interdisciplinary care that is not well-integrated can still lead to highly fragmented or inappropriate pain care, as it frequently involves patients being seen sequentially by different health-care specialists, with variable coordination between treating providers[i]. Our proposed program will promote a shift in the care paradigm for patients with chronic pain by increasing the capacity of primary care practices to champion and lead robust integration of interprofessional team-based primary care into sustainable healthcare programs, with a primary focus on CHCs in Wisconsin and a secondary focus on broader statewide network of primary care practices

**Interdisciplinary Coordination - Behavioral health specialty care:** While CHCs are required to provide behavioral health services to their patients directly or through a referral, the degree to which behavioral health services are integrated into primary care services varies considerably. Within the past several years, Wisconsin's CHCs have recognized that their patients' needs for behavioral health services far outweigh the availability of community-based behavioral health services and have begun implementing new services. Still the needs far outweigh the availability of services. This is a national problem that is replicated on the state-wide level and in local communities across Wisconsin.

**Project Design and Methods:**

**Objective 1: WPHCA will convene a Pain Advisory Group** by month 2 of the funded period. This group will be comprised of potential CHC pilot participants, partners and subject matter experts and will function as a time-limited focus group with the charge of informing the development of educational curricula and toolkits in several key areas. We will assess perceived learner needs, potential barriers, incentives to optimize engagement and participation in pilot and further dissemination efforts (including potential stipends and

continuing education credits). We will also evaluate receptivity to various learning methodologies, point of care decision support and patient level tracking capacity, quality monitoring workflows and strategies for sustaining practice transformation.
Concurrently, we will attempt to convene a focus group of patients with chronic pain to inform our pain advisory group. Due to patient privacy concerns, this group will initially complete surveys and key informant interviews and will only be incorporated into the Pain Advisory Group as interest and comfort level allows.

**Objective 2: WPHCA will develop and pilot test PiPC Interprofessional Learning Modules.**
These learning modules will serve as an educational curriculum for primary care learning teams. These learning teams will be comprised of interprofessional care teams in primary care. Our target is 2-6 total teams with 1-3 teams representing Community Health Centers (CHC) and 1-3 teams representing non-CHC practices. Each team will have representatives from at least three different professions from their medical home including, but not limited to, physicians (MD, DO), mid-level providers (PA, NP), nurses, medical assistants, health educators, behavioral health clinicians, pharmacists, social workers.

The content of this educational curriculum will be informed by the Pain Advisory Group as well as contracted consultants with subject matter expertise. The curriculum design will be informed by MetaStar due to their experience and expertise in continuing professional education. The curriculum will be developed around three main themes:

- Guideline-based assessment and management of patients with chronic pain utilizing the guidelines developed in the Institute for Clinical Systems Improvement.
- Characteristics, behaviors, and practices of high-functioning interdisciplinary care teams
- Strategies to support patient self-management activities, including Motivational Interviewing for effective partnering with patients.

In this pilot we will be testing the feasibility and effectiveness of the curriculum and curriculum design. We will assess care-team treatment behavior, perceived competency, barriers to care, and clinical knowledge. We will also evaluate team functioning, practice-based changes to the delivery of care, and pilot participant engagement and satisfaction. (See Evaluation section for more detail).

This pilot will run for six months with a target of one learning activity per month.

**Objective 3: WPHCA will develop and deploy a "Partners in Pain Care" Primary Care Team Toolkit.**
The audience for this toolkit will be primary care medical home interprofessional teams. The materials in the toolkit will complement the educational curriculum for the Primary Care Learning Teams. The toolkit will include sample best practice tools to facilitate guideline-based care processes and support the optimal functioning of the care team and ideal patient self-management. Items in the toolkit may consist of screening and patient assessment tools, guides for patient monitoring, EHR templates, sample scripting for important transitions in care, team communication aids, materials for patient education and other tools to support patient

self-management, referral facilitation and tracking by the primary care interprofessional care teams. The materials contained in the Primary Care Toolkit will be developed alongside educational curriculum for the Primary Care Learning Teams and its content will be informed by both the Pain Advisory Group and the Primary Care Learning Team Pilot participants. (see Objective 6 for a description of toolkit distribution).

**Objective 4: WPHCA will finalize educational curriculum for Primary Pain Care Learning Teams and collect data for initial cohort of participants (2016 Cohort).**

Following the pilot testing phase, modifications will be made to the Primary Care Learning Team curriculum as indicated by evaluation results and pilot participant feedback. After final modifications are completed, this curriculum will be made available as a durable resource on WPHCAs website and through various other networks (see Objective 7). The curriculum will be available "on-demand" to ensure consistency in care delivery and communication between providers and their patients while contributing to sustained change. In addition to the enduring web-based learning modules, we will conduct one facilitated collaborative learning group series using the Primary Care Learning Team curricula. This will allow us to collect additional data on the impact of the program and validate the changes made to the final curriculum following the pilot group.

**Objective 5: WPHCA will develop and deploy Interdisciplinary "Partners in Pain Care" Toolkits to support collaboration with behavioral health and pain specialists.**

The main objective of these toolkits will be to bridge the gap between primary care and specialty care providers and promote the development of high-functioning "medical neighborhoods" for patients with chronic pain. These toolkits will focus on developing and equipping primary care and specialty care teams with tools to support key features of high-functioning medical neighborhoods as described in the White Paper prepared for the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality. Those key features are: Clear agreement on and delineation of the respective roles in the system, care teams to develop individualized care plans for complex patients (such as those with multiple chronic conditions) that describe a proactive sequence of healthcare interventions and interactions—followed by tracking and assisting to ensure that this takes place (including care transitions), continuity of needed medical care when patients transition between settings, and a focus on the patient's preferences through a dedicated care coordinator within the PCMH playing a key role in interfacing with other clinicians to ensure that patient preferences are incorporated into decision making. These toolkits will also help providers in the specialty care settings understand the unique challenges of this population and opportunities that CHCs offer as a medical homes such as the array of enabling services such as case management, translation, and transportation.

**Objective 6: Distribute all materials to broad audience**

After final revisions are made to the Partners in Pain Care Learning Team curriculum, the learning curriculum as well as the Primary Care and Interdisciplinary Partners in Care Toolkits will be made available in electronic format. They will be disseminated broadly through WPHCA's members and partners. WPHCA will share materials with the Wisconsin network of

CHCs through our Fall Learning Sessions, Peer Learning Networks, newsletter Update, and electronic Community Health Center Library. MetaStar will partner with us to promote the dissemination of materials through their Annual Quality Symposium, newsletters, listservs, and physician office learning and action networks. We will work with the National Association of Community Health Centers to explore national avenues for distribution of materials. WPHCA will also work with the State Department of Health Services to explore existing and emerging opportunities for distribution**.**

**Evaluation Design**

This program proposes a multi-pronged evaluation strategy. We will utilize focus groups, distribution metrics, and pre- and post- educational curriculum evaluation for the Primary Care Learning Teams participating in the pilot and the first cohort.

**Focus groups**, through our patient informant interviews and surveys and our Pain Advisory Group, will provide qualitative feedback on learner needs, barriers, incentives to optimize engagement and participation in training, such as continuing education credits, receptivity to various learning methodologies, point of care decision support and patient level tracking capacity, quality monitoring workflows and strategies for sustaining practice transformation.

**Distribution Metrics** will evaluate the number of participants in the Primary Care Learning Team pilot and cohort one, as well as the number of times that the educational curriculum is accessed online, number of times that the educational curriculum is completed once accessed, the number of toolkits downloaded, and the number of external partners who agree to promote distribution of the educational curriculum and the toolkits.

We are targeting a minimum of 2 practices in the pilot, 4 practices in the 2016 cohort, 30 instances of the educational curriculum being accessed online and 10 instances of completion of the curriculum. We are targeting a total of 4 external partners promoting the distribution of the educational curriculum and toolkits. This is a modest and conservative estimate. We hypothesize that there is likely a scalable statewide need for these materials once development and testing is finalized and outcomes have been distributed.

The **educational curriculum evaluation** will assess:

a) Acquisition of knowledge - using pre-and post-testing with tests administered including:
    a. modified KNOWPAIN 50[ii]
    b. Practice Survey Assessment Tool[iii]
b) Care team functioning – using survey developed to assess participation in several of the Institute of Medicine's core activities of an interprofessional care team[iv], such as:
    a. discussion of team members' roles and responsibilities
    b. clinical huddles with patient care team
    c. team meetings patients and their families
    d. development of shared treatment goals

e. virtual communications through an electronic health record, email, or text message
f. evaluation of team processes and outcomes

c) Capacity of care team learners to support patients in self-management using the Assessment of Primary Care Resources and Supports for Chronic Disease Self Management (PCRS)[v]

We will use these metrics to establish a baseline related to the percent of participants who increase their knowledge as a result of participating in the Pain Care Learning Teams; percent of participants who report making improvements in the assessment of care team functioning and a percent of participants who report improvements in the PCRS score.

**Dissemination of outcomes:** We will explore avenues to disseminate outcomes with the external partners we engage in the distribution of materialsWe will share outcomes broadly with the Wisconsin network of CHCs through our Fall Learning Sessions, Peer Learning Networks, newsletter Update, and electronic Community Health Center Library. MetaStar will partner with us to promote the dissemination of outcomes through their Annual Quality Symposium, newsletters, listservs, and physician office learning and action networks. We will work with the National Association of Community Health Centers to explore avenues for distribution of materials and outcomes through their broad slate of conference offerings.

**Detailed Work Plan and Deliverables Schedule**

We will continue our ongoing work to cultivate relationships with key stakeholders and subject matter experts in the period prior to the funding announcement and the commencement of the funded period.

Our initial tasks and short term goals will be:

- Recruitment
  - Pain Advisory Group participants
  - Subject matter experts (key informants)
  - Patients (key informants)
  - Pilot participants
- Development of educational curriculum for Primary Care Learning Team Pilot
- Beginning development of Primary Care and Interdisciplinary Toolkits
- Launching Primary Care Learning Teams Pilot
- Collecting baseline pilot data

Our medium-term goals will be:

- Completing Primary Care Learning Teams Pilot
- Collecting post-pilot data and feedback
- Modifying educational curriculum based on pilot outcomes and feedback
- Completing development of Primary Care and Interdisciplinary Toolkits
- Recruiting participants for Primary Care Learning Teams-Cohort 1

Our long-term goals will be:

- Faciliate Primary Care Learning Team-Cohort 1 and collect evaluation data
- Distribute materials through WPHCA networks and external partners
- Monitor distribution of materials
- Disseminate outcomes

See Table below

| Activity | Pre-project period | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Month 13 | Month 14 | Month 15 | Month 16 | Month 17 | Month 18 | Month 19 | Month 20 | Post-project period |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Formalize agreements with key partners | X | X | | | | | | | | | | | | | | | | | | | | |
| Cultivate relationships with external stakeholders to inform materials and facilitate distribution of materials | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Recruit participants for Pain Advisory Group | X | X | X | | | | | | | | | | | | | | | | | | | |
| Recruit Patient Informants | X | X | X | | | | | | | | | | | | | | | | | | | |
| Recruit behavioral health key informant(s) | X | X | X | | | | | | | | | | | | | | | | | | | |
| Recruit pain management key informant | X | X | X | | | | | | | | | | | | | | | | | | | |
| Recruit and contract with medical consultant | X | X | X | | | | | | | | | | | | | | | | | | | |
| Attend face-to-face project launch meeting | | X | | | | | | | | | | | | | | | | | | | | |
| Convene Pain Advisory Group | | | X | | | | | | | | | | | | | | | | | | | |
| Survey/Interview Patient Informants | | | X | X | | | | | | | | | | | | | | | | | | |
| Develop educational curriculum for Primary Care Learning Team Pilot | | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Recruit 2-6 teams to participate in Primary Care Learning Teams pilot | | X | X | X | X | | | | | | | | | | | | | | | | | |
| Launch Primary Care Learning Teams Pilot | | | | | | X | | | | | | | | | | | | | | | | |
| Collect Baseline Pilot data | | | | | | X | | | | | | | | | | | | | | | | |
| Facilitate Primary Care Learning Teams Pilot | | | | | | X | X | X | X | X | X | X | | | | | | | | | | |

| Activity | Pre-project period | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Month 13 | Month 14 | Month 15 | Month 16 | Month 17 | Month 18 | Month 19 | Month 20 | Post-project period |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Develop Primary Care Toolkit | | | | X | X | X | X | X | X | X | X | X | X | | | | | | | | | |
| Develop Interdisciplinary Toolkit for Pain Management Specialists | | | | | X | X | X | X | X | X | X | X | X | | | | | | | | | |
| Develop Interdisciplinary Toolkit for Behavioral Health Specialists | | | | | X | X | X | X | X | X | X | X | X | | | | | | | | | |
| Present at WPHCA Fall Learning Session | | | | | | | | | X | | | | | | | | | | | | X | |
| Collect and evaluate post-pilot data and feedback | | | | | | | | | | | X | X | X | | | | | | | | | |
| Modify educational curriculum for Primary Pain Care Learning Teams based on pilot outcomes and feedback | | | | | | | | | | | | X | X | X | | | | | | | | |
| Modify Primary Care Toolkit based on pilot outcomes and feedback | | | | | | | | | | | | X | X | X | | | | | | | | |
| Recruit participants for Primary Care Learning Teams 2016 Cohort | | | | | | | | | | X | X | X | X | X | | | | | | | | |
| Collect Baseline data for 2016 Cohort | | | | | | | | | | | | | | | X | | | | | | | |
| Facilitate Primary Care Learning Teams 2016 Cohort | | | | | | | | | | | | | | | X | X | X | X | X | X | | |
| Collect 2016 Cohort post-course data and feedback | | | | | | | | | | | | | | | | | | | | X | X | |
| Establish durable monitoring systems to track ongoing distribution of materials | | | | | | | | | | X | X | X | X | X | X | X | | | | | | |
| Distribute Materials (Toolkits, Educational Curriculum) | | | | | | | | | | | | | | | X | X | X | X | X | X | X | X |
| Monitor distribution of materials | | | | | | | | | | | | | | | X | X | X | X | X | X | X | X |
| Attend face-to-face convocation | | | | | | | | | | | | | | | | | | | | | X | |
| Final report/reconciliation complete | | | | | | | | | | | | | | | | | | | | | X | |

**Organizational Detail**

The Wisconsin Primary Health Care Association (WPHCA) is a 501(c)(3) organization that was founded in 1982 to provide training and technical assistance to Wisconsin's community, homeless, and migrant health centers. The mission of WPHCA is to improve health through the work of Community Health Centers (CHCs) and their partners. WPHCA accomplishes its mission through a wide range of activities and services, including developing partnerships, gathering and disseminating information, educating the public, and providing training and technical assistance to our CHC members. WPHCA actively works with its health center membership and partners to educate decision-makers about health care access issues facing vulnerable populations, to leverage resources among local, state, and national stakeholders, and to develop collaborative programs to improve the quality and viability of Wisconsin's health centers so they are able to increase access to primary care.

WPHCA's staff will integrate the program into WPHCA's overall training and technical assistance efforts. Together, WPHCA staff will develop educational curriculum and toolkits, coordinate external subject matter experts, establish participant agreements with pilot practices and key partners, and maintain the engagement throughout the program. Staff will also provide training, coaching, and assistance to the Health Center teams as needed.

Mia Croyle, MA, Project Director,is currently the Pain Peer Learning Network Project Lead and the Behavioral Health and Patient Engagement Program Manager at WPHCA. In this capacity she plans, implements, and evaluates the Pain Peer Learning Nework efforts. She coordinates and directly provides training and technical assistance and assists CHCs in identifying their pain management goals and provides coaching on management improvement plans. She is also charged with developing and coordinating WPHCA's training and technical assistance programs related to behavioral health, patient engagement, integrated care, Motivational Interviewing, collaborative care, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and chronic pain. Prior to joining WPHCA, Ms. Croyle served in several roles at the Wisconsin Initiative to Promote Healthy Lifestyles, including Health Educator/Treatment Liaison, Manager of SBIRT Services and most recently Director of Operations. Ms. Croyle has significant experience in community mental health, program design, and implementation science. Ms. Croyle received her Bachelor's degree and Master of Arts in Clinical Mental Health Counseling degree from Valparaiso University. Ms. Croyle will commit 80% of her time to this program to plan, implement, and evaluate the proposed program.

Kay Brewer, MPH, is the Program Manager of the Strengthen, Transform, Adapt, Replicate (STAR) Initiative. As STAR Program Manager for the Wisconsin Primary Health Care Association (WPHCA), Ms. Brewer is responsible for the management of the STAR Program, which is a joint program with the Indiana Primary Health Care Association, with support from Fiscal Management Associates, IFF and the Kresge Foundation. She provides and arranges for technical assistance to participating health centers around the STAR program's standards of excellence, including team decision making, revenue optimization, access to capital and efficiencies, as well as manages the program administration. Prior to joining the WPHCA team,

Ms. Brewer was a Quality Improvement Specialist with the Pittsburgh Regional Health Initiative, where she taught and trained a Lean-based quality improvement methodology and coached CHCs on their journeys to become Patient-Centered Medical Homes. Ms. Brewer also managed a family medicine practice while completing an Administrative Fellowship at the University of Pittsburgh Medical Center. She holds a Masters of Public Health degree from Yale University and a BA in Physics from Albion College. Ms. Brewer will commit 40% of her time to this program to assist with educational design, quality improvement and coaching methodology and will assist in the evaluation of the proposed program.

Sarah Zepnick has served as a Clinical Data Analyst for the Wisconsin Primary Health Care Association since 2013. In her current role, she is responsible for development of WPHCA's data analytics tool and providing technical assistance and training to users. Additionally, she assists in the clinical and operational reporting needs of WPHCA and members including reporting to support Meaningful Use, PCMH requirements and Quality Improvement needs. She has 7 years of experience as a data or business analyst and 4 years in the health care industry. She came to WPHCA from Dean Health Systems in Madison, WI where she served as a business analyst supporting projects to improve clinical decision support, quality improvement and the Meaningful Use program. She earned her Bachelor's degree in Mathematics from the University of Wisconsin – Stevens Point. Ms. Zepnick will commit 25% of her time to this program to assist with the evaluation, data collection, and coordination with HIT strategy.

All key staff are US residents.

**Summary**

In conclusion, WPHCA's proposed Partners in Pain Care program will improve care for patients with chronic pain by equipping healthcare providers from diverse professions and disciplines with shared tools and foundational processes to support optimal collaboration. We appreciate your thoughtful consideration of this proposal.

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[i] A primary care-based interdisciplinary team approach to the treatment of chronic pain utilizing a pragmatic clinical trials framework. Debar LL, Kindler L, Keefe FJ, Green CA, Smith DH, Deyo RA, Ames K, Feldstein A Transl Behav Med. 2012 Dec 1; 2(4):523-530. Epub 2012 Aug 30. PMID: 23440672.

[ii] Harris Jr, J. M., Fulginiti, J. V., Gordon, P. R., Elliott, T. E., Davis, B. E., Chabal, C. and Kutob, R. M. (2008), KnowPain-50: A Tool for Assessing Physician Pain Management Education. Pain Medicine, 9: 542–554. doi: 10.1111/j.1526-4637.2007.00398.x

[iii] Interstate Post Medical Graduate Education. Opioid Therapy in the Management of Chronic Pain: An Integrated Needs Assessment. White paper, December 2009.

[iv] Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel.Washington, D.C.: Interprofessional Education Collaborative.

[v] Assessment of Primary Care Resources and Supports for Chronic Disease Self Management. Copyright 2006 Washington University School of Medicine, with support from the Robert Wood Johnson Foundation, Princeton, NJ.

METASTAR Higher quality. Healthier lives.

October 16, 2014

Ms. Stephanie Harrison
Wisconsin Primary Health Care Association
5202 Eastpark Blvd., Suite 109
Madison, WI 53718

Dear Ms. Harrison:

On behalf of MetaStar I am writing to express our support for the Partners in Pain Care proposal in response to the Request for Proposals for Engaging Interdisciplinary and Interprofessional Teams in the Care and Management of Chronic Pain Patients issued and sponsored by Pfizer's Independent Grants for Learning and Change and co-sponsored by the Consortium for Education and Research in Chronic Pain.

The mission of MetaStar is to effect positive change in the quality, efficiency, and effectiveness of health care in support of our vision of optimal health for all. As a nonprofit quality improvement organization dedicated to ensuring the healthiest lives possible, we work with health care providers to continually improve the quality of care. We do that by being an independent, credible resource for improvement, bringing individuals together in local networks to learn from one another, and share best practices for healthier communities, and for better care that is centered on patients and their families.

We are invested in the success of this effort because we recognize that both chronic pain and prescription opioid abuse are prevalent and continue to exact a heavy toll on patients, health care providers, and our communities across Wisconsin. We appreciate the opportunity partner with WPHCA and Community Health Centers on this important endeavor.

We are committed to the success of this project, and agree to:

- reach out to practices in our network of over 2,000 providers to recruit participants for the Pain Advisory Group, Primary Care Learning Team pilots and first cohort;
- promote broad dissemination of materials through our Annual Quality Symposium, newsletters, listservs, and physician office learning and action networks;
- support WPHCA in evaluating the demand for and appropriateness of continuing education credits and the provision of such credits if they are determined to be useful.

Please accept this letter of commitment for your application, and as recognition of our commitment to full participation in this initiative.

Sincerely,

METASTAR, INC.

Greg E. Simmons
President and Chief Executive Officer

GES/LM/vla

www.metastar.com

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