

Pfizer Independent Grants for Learning and Change:  
WPHCA's Full Proposal Final Report



**Partners in Pain Program**

Chronic Pain Education and Training for Wisconsin's Health Care Professionals Action

**Wisconsin Primary Health Care Association**

Kay Brewer, MPH

Sarah Wright, RN, MPH

**Project Dates**

February 1, 2015 – October 31, 2016

**Grant Award Number**

16490985

*Many thanks to Pfizer Independent Grants for Learning and Change and the Consortium for Education and Research in Chronic Pain for funding this project.*

## **Abstract**

**Purpose:** The Wisconsin Primary Health Care Association (WPHCA) conducted an analysis of the current condition within Community Health Centers (CHCs), aiming to identify team-based care and chronic pain management practices, any learning and quality improvement (QI) gaps within those practices, preferred methods for future educational opportunities, and how WPHCA can best facilitate the closing of those gaps. **Scope:** WPHCA recruited 6 CHCs from across the state of Wisconsin, including a diverse representation of urban, rural, large, and small centers. Staff roles from these CHCs were wide ranging, including clinical social workers, dental staff, medical assistants, nurse practitioners, physicians, psychologists, and registered nurses. Eight to twelve staff participated from each of the 6 health centers. **Methods:** Throughout the analysis, in-person interviews and workflow observations were conducted at each of the CHCs, and a survey was released online via Survey Monkey. The quantitative and qualitative data was reviewed by WPHCA staff, consulting researchers, and content experts. Once the results were compiled, each CHC received individual reports, group summaries, and a packet of shared tools. **Results:** A total of 62 CHC staff participated in the program through surveys and interviews, 53 participants completed the online survey out of 75 that were invited to do so (70.6% response rate) and 14 participants were interviewed. From the final results, WPHCA found variations between CHCs regarding treatment and assessment of chronic pain. Common challenges included a lack of knowledge of how best to care for patients with chronic pain, lack of time to understand and implement best practices, and limited resources. Many CHCs had evidence of effective practices, such as behavioral health integration, complex pain patient meetings, and provider champions.

## **Project Purpose**

WPHCA conducted an analysis of the current condition within Wisconsin CHCs, with the aim of achieving the following objectives:

1. Document the current state of team-based care for patients with chronic pain in Community Health Centers, including identifying gaps in care for patients with chronic pain and gaps in team-based care functioning.
2. Identify perceived learning and quality improvement (QI) needs of care team members (providers, patient care staff, support staff, behavioral health practitioners, administration, etc.).
3. Identify barriers to participating in educational and/or QI initiatives focused on chronic pain and team based care.
4. Identify incentives and motivators for teams to participate in educational and/or QI initiatives focused on chronic pain and team based care.
5. Identify preferred modality of educational opportunities (webinar, in person, interactive distance, etc.).

## **Project Scope**

When faced with the goal that Pfizer outlined in 2014 of improving clinical outcomes, enhancing quality of life for patients with chronic pain and ensuring value in health care delivery through team-based care, WPHCA thought that it was well positioned to facilitate improvements. CHCs in Wisconsin have been

working on team-based care with the implementation of the patient-centered medical home model and they serve a large number of patients with chronic pain and other complex needs.

In early 2015, WPHCA had planned to meet the goal of this work by recruiting expert faculty to help in the design and development of an educational program that would consist of 6 modules on team-based care and chronic pain in CHCs. Unfortunately, Health Center level of interest was low and WPHCA was unable to recruit enough participants for an effective program. Feedback from members indicated that the programming was premature and did not fit the needs of the Health Centers. WPHCA needed to re-evaluate the project and challenge the assumptions around what would be helpful to participant teams.

After realizing the first approach was not going to be effective in late 2015, WPHCA altered the scope of project and began an effort to improve its comprehension of the current practices in CHCs around caring for patients with chronic pain in the team-based care environment. The hypothesis of the new approach was that by developing a thorough understanding of the current condition of Health Center perspectives, strengths, and weaknesses regarding chronic pain and team-based care, WPHCA would be able to design the content and format of training and technical assistance to be more targeted to the challenges CHCs face in treating this population and to encourage individualized improvement in Health Center teams. Patients with chronic pain have long been a difficult population for CHCs to manage, and with a growing recognition of the challenges it introduces with prescription medications, there was an interest in learning more about what processes are being used in Health Centers, what best practices and barriers already exist, and how WPHCA may be able to provide support in making improvements or creating connections around best practices in the future. The focus of this project shifted from pushing information to the Health Centers, to gaining a thorough understanding of the current condition in order to inform later decisions and opportunities for education.

### Project Methods

With a new focus and renewed energy, late 2015 and early 2016 included planning, research and content expert recruitment and discussions, and enrollment of CHCs. Content experts were recruited in order to help WPHCA better understand best practices of chronic pain and team-based care, and researchers were recruited to help WPHCA collect quantitative and qualitative data. Health Centers were asked to engage by participating in surveys, interviews, and observations around their current processes. Participation was open to all member Health Centers, and outreach for the program included e-mails, face-to-face and phone discussions, and announcements through WPHCA’s Weekly Update newsletter. WPHCA found engagement to be much higher within the revised framework. Six Health Centers were recruited from across the state of Wisconsin, including a diverse representation of urban, rural, large, and small centers as seen in Table 1.

**Table 1.** CHC Participants

	Location	Size (number of patients served)	Percent uninsured	Percent under 200% poverty

Pfizer Independent Grants for Learning and Change:  
WPHCA's Full Proposal Final Report



<b>CHC 1</b>	Rural	8,500	27%	97%
<b>CHC 2</b>	Urban	39,400	19%	98%
<b>CHC 3</b>	Rural	16,800	15%	79%
<b>CHC 4</b>	Urban and Rural	83,200	10%	100%
<b>CHC 5</b>	Rural	8,700	37%	87%
<b>CHC 6</b>	Urban	26,900	14%	77%

Table based on rounded 2015 Uniform Data System health center profiles.

WPHCA identified four main areas of exploration to inform future activities:

- What are current practices in the assessment and treatment of patients with chronic pain?
- How do staff currently perceive and utilize team-based care in the Health Center?
- How do staff acquire knowledge about team-based care and care of patients with chronic pain?
- What are topics and effective strategies for building knowledge and skills among staff?

The collection of quantitative and qualitative data occurred in March, April, and May of 2016. The review was multifaceted; including researchers surveying and interviewing select staff at each Health Center, and observations of patient flow, conducted by WPHCA staff. Surveys were completed online while interviews were conducted in-person at the Health Center. Among the 6 Health Centers, 75 staff were given the opportunity to answer the online survey, of which 53 completed it, and 14 staff were chosen to be interviewed. Workflow observations were conducted by WPHCA staff at each Health Center to understand how teams delivered services and to identify what worked well and what opportunities for improvement existed in their processes. Each Health Center received a stipend; half was received upon signing a Memorandum of Agreement for participation and half was received once the on-site observations were completed.

In June, July, and August of 2016, with assistance from the researchers and content experts, WPHCA reviewed and compiled the results of the surveys, interviews, and observations. Analysis focused on identifying common barriers and knowledge gaps that could inform future technical assistance and promising practices that could be highlighted. From the information gathered through these methods, WPHCA was able to create a fairly representative picture of assessment and treatment of chronic pain in Health Centers, the use of team-based care, and how WPHCA could best support CHCs in this work. The distribution of findings among participating Health Centers and discussions about the reports and next steps occurred in September and October of 2016. Below is a summary of the distributed materials each Health Center received from WPHCA.

- Collective report from the researchers which provides collective results from the surveys and interviews completed across the 6 participating Health Centers. The report includes results from questions regarding the assessment and treatment of chronic pain, team-based care, and opportunities for additional training.

Pfizer Independent Grants for Learning and Change:  
WPHCA's Full Proposal Final Report



- Individual report from the researchers, which provides similar results from the summary report, but only includes the results from the staff that participated at each Health Center.
- Individual observation report from WPHCA, which includes a process map of the observed workflows at the Health Center along with identified opportunities for improvement and things working well. These may or may not have been directly related to patients with chronic pain or team-based care.
- Packet of tools collected from the site visits. During the site visits for observation and interviews, WPHCA collected numerous tools used by Health Centers. With permission, they were assembled in a packet for teams to review and potentially adopt or revise for their own process.
- Packet of de-identified process maps from all Health Centers. These process maps have been compiled to help with visualizing and comparing the different types of workflows observed at Health Centers.

### **Project Results**

A total of 6 Wisconsin Health Centers participated in this project. Participation included having Health Center staff complete an online survey, in-person interviews and allow for onsite workflow observations. The survey was distributed to 75 Health Center staff from the participating Health Centers of which 53 completed the survey for a response rate of 70.6%. Additionally, each of the 6 Health Centers chose 2 to 3 staff to be interviewed, resulting in 14 total participants completing the interview process. There was slight duplication in which 5 participants completed both an interview and a survey, but WPHCA believes this does not significantly alter the project results. This resulted in a total of 62 staff participating through surveys and/or interviews. Table 2 below reviews the descriptions of both survey and interview participants.

When reviewing the tables summarizing results found, note that not all participants answered each of the questions, nor were all questions similar between survey and interview participants. Because of both open text answers in the survey and open ended interview questions, some responses do not fully align. In addition, answers to many of the survey and interview questions were "Select All that Apply," which resulted in participants selecting or providing more than one answer. Therefore, the number of respondents per question will not always equal the total sample size. Answers have been compiled and condensed to the best extent possible. Tables 3-7 reflect some of these differences through incomplete numbers and percentages, as indicated by a double hyphen symbol (--). The full survey tool and interview guide can be found in appendices A and B.

Through the project and Health Center team efforts, WPHCA was able to meet its scope of project aims. The current condition analysis resulted in a better understanding of team-based care for patients with chronic pain in Wisconsin Health Centers, identifying learning and quality improvement (QI) needs and gaps for care team members, identifying barriers, incentives, and motivators to participating in educational or QI initiatives focused on chronic pain and team-based care, and identifying preferred educational modalities.

**Table 2.** Description of Survey and Interview Samples

Characteristic	Survey Sample (n=53)		Interview Sample (n=14)	
	Number	Percent	Number	Percent
<b>Gender</b>				
Female	48	90.6	9	64.3
Male	5	9.4	5	35.8
<b>Age</b>				
18-24 years	3	5.7	0	0
25-34 years	19	35.8	4	28.4
35-44 years	19	35.8	3	21.3
45-54 years	6	11.3	3	21.3
55-64 years	6	11.3	4	28.4
65 or older	0	0	0	0
<b>Ethnicity/Race</b>				
White Non-Hispanic	41	77.4	13	92.3
Hispanic or Latino	8	15.1	1	7.1
Native American or Indian	1	1.9	0	0
Asian or Pacific Islander	2	3.8	0	0
Prefer Not to Answer	1	1.9	0	0
<b>Education</b>				
High School or GED	6	11.3	1	7.1
Associate or Tech Degree	20	37.7	3	21.3
Some College Courses	1	1.9	0	0
Bachelor's Degree	2	3.8	1	7.1
Graduate or Terminal Degree	24	45.3	9	63.9
<b>Employment Status</b>				
Full-Time	49	92.5	11	78.1
Part-Time	3	5.7	2	14.2
90% Time	1	1.9	1	7.1
<b>Position</b>				
Case coordinator	1	1.9	0	0
Clinical assistant	0	0	1	7.1
Clinical Social Worker	0	0	1	7.1
Dental staff	3	7.5	0	0
Dentist	1	1.9	1	7.1
Front desk staff	1	1.9	0	0
Medical assistant	11	20.8	0	0
Nurse	12	22.7	0	0
Nurse Practitioner	0	0	1	7.1
Physician	9	17	5	35.5

Psychologist	5	9.4	1	7.1
Registered Nurse	0	0	4	28.4
Licensed social worker	2	3.8	0	0
Other (lab person, licensed psychologist, LPN team lead patient care coordinator, patient service manager, XR tech,)	8	15.2	0	0

Aim 1: Current State of Team-Based Care for Patients with Chronic Pain in Community Health Centers

WPHCA found that there was significant variation between the 6 Health Centers regarding treatment and assessment of chronic pain, team roles and responsibilities, and levels of expertise. The common challenges among Health Centers fell into three main areas, including knowledge and comfort with caring for patients with chronic pain in a team-based care environment, lack of time to understand and implement best practices, and limited resources within the clinic setting and surrounding communities. Positively, many Health Centers had evidence of effective practices, such as shared office spaces between team members, complex pain patient meetings, behavioral health integration, care team huddles, identifying chronic pain patients prior to visits, and provider champions. In Table 3, the collective answers from both surveys and interviews related to assessment and treatment of pain are shown.

Promising Practices Found:

WPHCA observed many activities that could be considered promising practices in the Health Centers. These included:

Team based care

- Shared office space between team members allowed for easy communication and collaboration.
- Regular complex pain patient meetings where treatment was discussed among an interdisciplinary team.
- Processes to identify patients with chronic pain in advance of the visit to prepare and leverage team resources.
- Provider champions established for managing changes to policy and to drive improvements.
- Integration with behavioral health practices.
- Care team huddles to review schedules and prepare for patient labs, screenings, etc.

Chronic Pain care

- Policies, processes, and tools standardized and utilized by all team members.
- Regular and consistent use and monitoring of a chronic pain narcotic contracts or agreements.
- Thorough education with patients on medications and plans for treatment.
- Use of alternative therapies and treatments like acupuncture and physical therapy.
- Identification of root causes of a patients' pain and/or focus on prevention of pain.

- Lengthened visits to address chronic pain management.
- Support groups for patients with chronic pain.
- Partnerships and collaboration with community organizations, both for resources and managing patients.

**Table 3.** Participant Answers to the Assessment and Treatment of Patients with Chronic Pain

Questions and Answers	Survey Sample (sample size varies)			Interview Sample (sample size varies)		
	Number	Size	Percent	Number	Size	Percent
<b>Participant Descriptions of Chronic Pain</b>						
Daily or Always	23	50	46	--		
Weeks or Months	22	50	44	--		
Function	9	50	18	--		
Requiring Treatment	9	50	18	--		
Affecting Quality of Life	6	50	12	--		
<b>How the CHC Assesses Patients Who Report Chronic Pain</b>						
Standardized Measures (BPI, PHQ-9, FHQ-9, GAD, Pain diagram, PEG scale, X-Rays, MRIs, or Pain Scale of 1-10)	32	48	67	--		
Assessing Pain Includes Assessing Behavioral Health	5	48	10	--		
Protocol in Caring for Chronic Pain	--			5	13	38
Systematic Way to Care for Chronic Pain	--			4	13	31
Electronic Health Record Used for Documentation	27	53	50.9	10	14	71
<b>Staff Who Are Involved in the Assessment of Patients Who Report Chronic Pain</b>						
Patients Report Pain to a Physician	21	48	44	--		
Other Clinical Staff Assess Pain	15	48	31	--		
<b>Participant Rating of the CHC Process Used to Assess Chronic Pain</b>						
Excellent	13	49	26.5	3	14	21.3
Good	26	49	53.1	5	14	35.7
<b>How the CHC Treats Patients Who Report Chronic Pain</b>						
Occupational Therapy/Physical Therapy	28	47	60	--		
Other Non-Pharmacological Approaches (acupuncture, massage, TENS unit, stretching, chiropractor, horse therapy, light exercise, or topical analgesics)	8	47	17	--		



Medication	24	47	51	--		
Referrals to Behavioral Health	17	47	36	--		
Referrals to Pain Management Clinics	13	47	28	1	7	14.2
Prefer Not to Answer	1	53	1.9	2	7	28.6
Using a Pain Contract	--			8	14	57
<b>Staff Who Are Involved in the Treatment of Patients Who Report Chronic Pain</b>						
Physicians	46	53	86.8			
Nurse Practitioners	34	53	64.2			
Physician Assistants	29	53	54.7			
Psychologists	23	53	43.4			
Registered Nurses	19	53	35.8			
Licensed Clinical Social Workers	13	53	24.5			
Psychiatrists	7	53	13.2			
Care Coordinators	5	53	9.4			
<b>Participant Rating of the CHC Process Used to Treat Chronic Pain</b>						
Excellent	12	48	25	1	14	7.1
Good to Excellent	--			1	14	7.1
Good	25	50	50	7	14	50
Good to Fair	--			2	14	14.2
Fair	9	48	18.8	2	14	14.2
Poor	2	48	4.2	--		
<b>How Often is the Team-Based Care Approach Used at the CHC</b>						
Used to a Great Extent	27	47	57.4	10	14	71
Used Somewhat	15	47	32	--		
Used Very Little	4	47	8.5	--		
Used Not at All	1	47	2.1	--		

#### Aim 2: Perceived Learning Needs

Survey responses also indicated potential topics for trainings, technical assistance, and quality improvement efforts in both chronic pain and team-based care. Staff listed a need for training on standardized protocols for the assessment and treatment of chronic pain as well as alternative treatments (non-pharmacological interventions). They also wanted to see training on caring for difficult patients, especially when “weaning” off of opiates. Additional training topics included working collaboratively and building “teamness” and roles of team members in the care for patients with chronic pain. Table 4 summarizes these findings.

**Table 4.** Participant Answers to Topics and Needs for Training

Questions and Answers	Survey Sample (n=53)		Interview Sample (n=14)	
	Number	Percent	Number	Percent
<b>Participant Perceived Learning Needs and Topic Areas for Training</b>				

Best Practices Discussion	--		4	28.4
Explore Resources in CHC Community	--		4	28.4
How to Implement New CDC Guidelines	--		3	21.3
Team-Based Care	--		1	7.1
Other (alternative treatment options, patient care related to opiates, building “teamness,” and how to work collaboratively)	45	84.9	--	

Aim 3: Perceived Barriers

All 6 Health Centers faced similar barriers in both their use of team-based care and their assessment and treatment of chronic pain. These barriers were voiced both in the researchers’ results and were seen and heard during the observations. The barriers could mostly be summed up in three words: knowledge, time, and resources.

Knowledge related barriers across Health Centers were primarily related to the treatment of chronic pain. Barriers were:

- Knowledge of treatment options available for patients with chronic pain and the appropriate use of those options for different types or expressions of pain.
- Comfort with and knowledge of appropriate use of opioids and how to take patients off of opioids or use replacement drugs.
- Knowledge of how to utilize other members of the team, both in medical and behavioral health.
- Knowledge of protocols or common practices to be used across teams, instead of each provider individually deciding an approach.

Time related barriers were common and included:

- Having enough time in an appointment with the patient to understand their pain and discuss appropriate treatment options.
- Having enough time to establish and implement tools and protocols.
- Taking time away from direct patient care to attend trainings or educational sessions related to managing patients with chronic pain.

Resource related barriers were both internal and external to the Health Centers and their teams.

They included:

- Access to alternative therapies through referral or staffing.
- EHR and documentation access and workflow.
- Staff support for counseling or connection to community resources.

Additionally, time was the most frequent barrier for participation in trainings stated by both survey and interview participants, 68.8% and 49.7% respectively. After time, a second common barrier interview

participants (14%) listed was having funding to pay for trainings. A total of 26 of 53 (49%) survey participants also cited this as a barrier. Funding for trainings includes paying for Health Center staff to attend, either through travel expenses, food, hotel, or scheduled workday time, and paying for indirect costs of the training, such as missed patient revenue.

These challenges were seen in some form or another across most Health Centers. Through a better understanding of these barriers, WPHCA and the Health Centers will be able to work together on navigating solutions. Table 5 summarizes these findings.

**Table 5.** Participant Answers to Barriers to Training

Questions and Answers	Survey Sample (n=45)		Interview Sample (n=14)	
	Number	Percent	Number	Percent
<b>Participant Perceived Barriers to Training</b>				
Time	31	68.8	7	49.7
Funding to Pay for Training	26	57.7	2	14.2
Time Away From Patients	23	51.1	--	
Knowledge About the Trainings	22	48.8	--	
Language	--		1	7.1

Aim 4: Perceived Incentives and Motivators

When asked about incentives to help with overcoming these barriers, 33 of 46 (73.3%) of survey respondents reported that paid time off would provide an incentive to attend trainings followed by 26 (57.7%) stating that having a training held on site would be additional incentive. Table 6 summarizes these findings.

**Table 6.** Participant Answers to Training Incentives and Motivators

Questions and Answers	Survey Sample (n=45)		Interview Sample (n=14)	
	Number	Percent	Number	Percent
<b>Participant Stated Incentives and Motivators for Training</b>				
Paid Time Off	33	73.3	--	
Training Held On-Site	26	57.7	--	
Training Held During Scheduled Workday/Time	24	53.3	--	
Recognition by a Work Place Supervisor	20	44.4	--	
Coverage for Work Shifts	20	44.4	--	
Specific Information About the Value of Training	16	35.5	--	
Financial Bonus	12	26.7	--	
Knowledge	--		5	35.5

Aim 5: Perceived Modalities

From the data collected through the survey and interviews, there were clear preferences in how training was received and how it could be made more accessible to the Health Center staff. The majority of survey participants, 31 of 46 (67.4%), ranked “face-to-face” format as their top choice for the delivery of training, followed by 19 of 46 (41.3%) ranking a hybrid (face-to-face with a web component) format as their second choice. A total of 15 of 46 (32.6%) ranked webinars as their third preferred training format. Staff that were interviewed valued training modes that included discussion, interprofessional participation, sharing of stories, and experiences that were hands-on, in-person, and interactive. The results show a clear preference for learning in a face-to-face environment, though this mode arguably requires the most time, which was the most frequently stated barrier for training participation. Table 7 summarizes findings.

**Table 7.** Participant Answers to Preferred Training Modalities

Questions and Answers	Survey Sample (n=46)		Interview Sample (n=14)	
	Number	Percent	Number	Percent
<b><i>Participant Stated Training Format Preferences</i></b>				
Face-to-Face	31	67.4	--	
Hybrid	19	41.3	--	
Webinar	15	32.6	--	
Telephone Conference	19	41.3	--	
Open Discussion, Hands-On, In-Person	--		6	42.6
Online or Self-Paced	--		2	14.2
Face-to-Face and Online	--		2	14.2

#### Additional Thoughts from Content Experts

The experts in team-based care and chronic pain also reviewed the results of the observations, surveys, and interviews to provide additional insight into themes, best practices, and other considerations for work in these areas moving forward. The expert recommendations are listed below. WPHCA and Health Centers can use these practices, some of which are already in place at some Health Centers, to inform next steps in training, technical assistance and quality improvement activities.

#### Features of Team-Based Care

- Co-location offers more efficient and effective communication, particularly for complex patients.
- High performing teams have a flat hierarchy where everyone has a voice. However, providers are often the de-facto leaders of teams and should understand their role and influence on culture and function of the team.
- Provider and team panels should be balanced in volume and complexity to support team-based care and adequate capacity for complex patients.
- Provide effective care coordination and population health management to get information from outside sources (like the Emergency Department or skilled nursing facilities) and manage patients with chronic pain as a population (e.g. outreach to those due for urine drug screens,

etc.). Information is then entered into the EHR, preferably into structured data fields that can later be used for population based reporting.

- Utilize evidence-based decision support features relevant to chronic pain assessment and treatment. Tools like care plans, order sets, flowsheets, alerts, and reminders to assist providers and their teams in delivering care are in the record and accessible by the team. The EHR should ideally be set up with a workflow that supports team-based care, prompting the team to collect key information and act on it prior to the provider entering the room.
- Adopt guidelines for assessment that can be initiated by the team independently, using standing orders, a standardized rooming process, and an agreed upon standardized tool embedded in the shared EHR.
- Use provider or team level data to objectively measure the quality or efficiency of care for patients with chronic pain. This can also enhance team spirit and, if used properly, encourages healthy competition between teams to come up with the best ideas of how to successfully deliver care.
- Teams have established and explicit norms and communication standards.
- The patient voice is considered and included in improvements and team-based care approaches.

#### Features of Effective Chronic Pain Management

- Patients should regularly be asked if they have pain, which provides the opportunity to assess and treat before pain becomes chronic or more difficult to manage.
- The numeric pain scale only gives information about pain intensity. Patients should be asked questions which would provide information about the type of pain - whether it is nociceptive, neuropathic or mixed.
- Keep up-to-date lists of community resources sorted by type, with a category for alternative pain management that could include acupuncture, massage, yoga, relaxation techniques, etc., and be aware of how to access them and who on the team is responsible for the referral.
- Use methods, like motivational interviewing, or resources, like behavioral health, to assess and treat the mental component of chronic pain.

#### Project Next Steps

The results of this project provide a solid foundation for quality improvement efforts centered around optimizing team-based care for patients with chronic pain. With significant variations between the barriers and successes at each Health Center, it is clear that the original intention of designing a single curriculum of education was not an effective approach and WPHCA trainings and technical assistance needs to allow for these variations. As a result of this conclusion, WPHCA will leverage Health Center strengths in peer networks, training, and team development to provide a well-rounded approach to facilitating improvement.

Next steps will include:

- Individualized technical assistance: Each Health Center received a full report of the results of the study, including both the comprehensive project-level results and individual results. WPHCA

will encourage the sharing of these results across team members. Catering to the unique needs of each Health Center, WPHCA will work with teams to help them prioritize opportunities for improvement and changes to their workflow that they would like to implement. This customized assistance will ensure that Health Centers are able to address their unique needs.

- **Group training:** Using the information gathered about common barriers and effective teaching methods, WPHCA will identify topics appropriate for larger group trainings. These will start with providing some baseline educational opportunities that will establish common language and understanding of what chronic pain is and how it should be approached. Other education will build upon this foundation and will also leverage existing education opportunities in Wisconsin and through Health Center networks.
- **Group technical assistance:** WPHCA facilitates ongoing networks of Health Center staff that meet regularly to discuss improvement topics and troubleshoot barriers together. Assessment and treatment of patients with chronic pain and team-based care are topics of discussion, which will continue through these established networks. Health Center staff will have the opportunity to work directly with their colleagues through these networks.

In addition to these immediate next steps, the Partners in Pain project has had a broader impact on WPHCA as an organization. With the early barriers faced in the project, WPHCA learned that in order to have effective programming with engaged Health Centers, it must meet Health Centers where they are and not where WPHCA thinks they should be. The Partners in Pain project has provided the opportunity for WPHCA to develop a method and a set of tools for understanding the current condition of an issue that can be applied broadly. WPHCA has extensive experience in facilitating workflow improvements, behavior change, and skill building, but the Partners in Pain project addressed a gap in how to gain understanding of educational and knowledge needs among members, particularly on emerging topics within the clinical health care environment.

## APPENDIX A: Survey Tool

### Survey

#### Informed Consent

#### Background Information

1. At which community health center (CHC) are you currently employed? [Create a Dropdown Box for 18 CHCS; however, 5 are slated to be surveyed]

2. How long have you been working at this CHC?

- Less than 6 months
- 6-12 months
- 13 to 24 months
- More than 24 months but less than 5 years
- 5 years or more

3. What is your *current position* within the community health center?

- Physician
- Physician Assistant
- Dentist
- Dental Hygienist
- Dental Assistant
- Licensed Nurse Practitioner (LPN)
- Nurse Practitioner
- Registered Nurse (RN)
- Medical Assistant (MA)
- Certified Nursing Assistant (CNA)
- Medical Director
- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Certified Professional Counselor (CPC)
- Case Manager
- Care Coordinator
- Community Health Worker
- Front Desk Staff
- Quality Assurance/Quality Improvement Staff
- Administrative Assistant
- Other (please specify) \_\_\_\_\_

4. What is your employment status?

- Work full-time
- Work part-time
- Unpaid volunteer

5. What is your gender?

- Male
- Female
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

6. Which category represents your *current age*?

Pfizer Independent Grants for Learning and Change:  
WPHCA's Full Proposal Final Report



- 18-24 years old
  - 25-34 years old
  - 35-44 years old
  - 45-54 years old
  - 55-64 years old
  - 65-74 years old
  - 75 years or older
7. What is the highest level of education you have completed?
- High School Graduate (Diploma or GED)
  - Associate/Technical Degree
  - Bachelors Degree (BS or BA)
  - Graduate or Terminal Degree (MS, MA, PhD, MD, OD)
8. Which professional certification do you hold? Check all that apply.  
*[Contingency / specification noted in red.]*
- Medical Certification
    - Please specify/enter text
  - Dental Certification
    - Please specify/enter text
  - Nurse/Nursing Certification
    - Please specify/enter text
  - Social Work Certification
    - Please specify/enter text
  - Licensed Professional Counselor Certification
    - Please specify/enter text
  - Human Service Certification
    - Please specify/enter text
  - Other (specify) \_\_\_\_\_
  - None
9. What is your race or ethnicity?
- White Non-Hispanic
  - Hispanic or Latino
  - Black or African American
  - Native American or American Indian
  - Asian/Pacific Islander
  - Other (please specify) \_\_\_\_\_
  - Biracial
  - Multiracial
  - Prefer Not to Answer



### Chronic Pain in Patients

For the next question, we are interested in exploring your understanding of chronic pain. Please respond briefly to the following open-ended question.

10. How do you define chronic pain? *[enter free text]*

### Assessment of Chronic Pain

For the next set of questions, we are interested in knowing how your community health center (CHC) **assesses** patients who report chronic pain. Please think back to the patients who reported chronic pain and who you cared for in the **past 3 months**. Thinking about those patients, please answer the following questions.

11. How does your CHC **assess** patients who report that they have chronic pain? *[enter free text]*

**11a. ---->** Which health center staff members participate in the **assessment** of pain? *Please check all that apply.*

- |                                     |  |                           |                                     |
|-------------------------------------|--|---------------------------|-------------------------------------|
| • Physician                         | • Psychiatrist                           | • Case Manager            | • Front Desk Staff                  |
| • Physician Assistant               | • Psychologist                           | • Care Coordinator        | • Quality                           |
| • Dentist                           | • Licensed Clinical Social Worker (LCSW) | • Community Health Worker | Assurance/Quality Improvement Staff |
| • Dental Hygienist                  | • Certified Professional Counselor (CPC) |                           | • Administrative Assistant          |
| • Dental Assistant                  |  |                           | • Other (please specify) _____      |
| • Licensed Nurse Practitioner (LPN) |  |                           |                                     |
| • Nurse Practitioner                |  |                           |                                     |
| • Registered Nurse (RN)             |  |                           |                                     |
| • Medical Assistant (MA)            |  |                           |                                     |
| • Certified Nursing Assistant (CNA) |  |                           |                                     |
| • Medical Director                  |  |                           |                                     |

12. Overall, how would you rate the process used by your CHC to **assess** patients who report chronic pain?

- Excellent
- Good
- Fair
- Poor

### Treatment of Chronic Pain

For the next set of questions, we are interested in knowing how your community health center (CHC) **treats** patients who report chronic pain. Please think back to the patients who reported chronic pain and who you cared for in the **past 3 months**. Thinking about those patients, please answer the following questions.

13. How does your CHC **treat** patients who enter the health center reporting chronic pain? *[enter free text]*

**13a.**----> Which health center staff members participate in the **treatment** of pain? *Please check all that apply.*

- Physician
- Physician Assistant
- Dentist
- Dental Hygienist
- Dental Assistant
- Licensed Nurse Practitioner (LPN)
- Nurse Practitioner
- Registered Nurse (RN)
- Medical Assistant (MA)
- Certified Nursing Assistant (CNA)
- Medical Director
- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Certified Professional Counselor (CPC)
- Case Manager
- Care Coordinator
- Community Health Worker
- Front Desk Staff
- Quality Assurance/Quality Improvement Staff
- Administrative Assistant
- Other (please specify) \_\_\_\_\_

14. Overall, how would you rate the process used in your CHC to **treat** patients who report chronic pain?

- Excellent
- Good
- Fair
- Poor

### Community Health Care Practices

For the next set of questions, we are interested in knowing about the practices used at your community health center (CHC) Please think about the practices used at your center and respond to the following questions.

15. A *team-based care approach* involves a small, coordinated care team of clinical and non-clinical staff who, together with a provider, are responsible for the health and well-being of a panel of patients. Team members work collaboratively and at their highest abilities to engage patients and their families or caregivers in working towards a shared goal for their health and well-being. To what extent is a *team-based care approach* used at your health center?

- To a great extent
- Somewhat
- Very little
- Not at all

16. Does your CHC document the assessment and/or treatment of chronic pain in individual patient's electronic health record?

- Yes\*
- No

-----> 16a. How frequently does your CHC document the assessment and/or treatment of chronic pain for individual patients in their electronic health records?

- Every time
- Usually, about 90% of the time
- Frequently, about 70% of the time
- Sometimes, about 50% of the time
- Occasionally, about 30% of the time
- Rarely, less than 10% of the time
- Never

### Experience with Trainings

For the next set of questions, we are interested in understanding how educational or professional trainings you have attended have enhanced your work as a health care professional.

. Have you attended trainings offered by **Wisconsin Primary Health Care Association (WPHCA)**?

- Yes\*
- No

----->\* Contingency items for Question #17

Please rate the extent to which the trainings offered by **WPHCA** enhanced your work as a health care professional.

The trainings I attended offered by WPHCA. . .	To a great Extent	Somewhat	Very Little	Not at All
17a. increased my knowledge about issues that affect patients.				
17b. improved my ability to communicate with patients.				
17c. helped me communicate better with family caregivers.				
17d. improved my ability to communicate with other health care professionals.				
17e. taught me how to better work as part of a health care team.				

17. Which elements of the trainings **offered by WPHCA** were most helpful for you to support your patients? *Please check all that apply.*

- Content
- Materials (e.g., handouts, literature, books, etc.)
- Trainers' Knowledge/Expertise
- Activities/Exercises

- Other (please specific) \_\_\_\_\_

18. Have you attended trainings offered by **other organizations**?

- Yes\*
- No

----->\* Contingency items for Question #19

Please rate the extent to which the trainings offered by **other organizations** enhanced your work as a health care professional.

The trainings I attended offered by other organizations. .	To a great Extent	Somewhat	Very Little	Not at All
19a. increased my knowledge about issues that affect patients.				
19b. improved my ability to communicate with patients.				
19c. helped me communicate better with family caregivers.				
19d. improved my ability to communicate with other health care professionals.				
19e. taught me how to better work as part of a health care team.				

19. Which elements of the trainings **offered by other organizations** were most helpful for you to support your patients? *Please check all that apply.*

- Content
- Materials (e.g., handouts, literature, books, etc.)
- Trainers' Knowledge/Expertise
- Activities/Exercises
- Other (please specific) \_\_\_\_\_

### Training Preferences and Attendance

For the following set of questions, we are interested in knowing which elements of educational or professional trainings designed to enhance your work as a health care professional are helpful. We are also interested in learning what things are needed in order to support your attendance. Please answer the following questions and where applicable use the response categories or rankings provided.

20. Which format(s) do you prefer for educational or professional trainings? Please use the scale 1 to 6 (1=most preferred to 6=least preferred) to rank your preferences.

- Face-to-Face
- Webinar
- Hybrid (i.e. combination of face-to-face and online training)
- Telephone/conference call
- Independent (e.g., read materials on own time)
- Other (specify) \_\_\_\_\_

21. Please identify the barriers to attending educational or professional trainings? *Please check all that apply.*
- Time away from patients
  - Time off of work
  - Funds to pay for training
  - Transportation to training
  - Technology to access training (e.g., lack of computer, no access to internet)
  - Family obligations
  - Knowledge about trainings (e.g., not aware they exist)
  - Did not feel the trainings would be beneficial (e.g., did not need the information)
  - Other (specify) \_\_\_\_\_
22. What types of incentives would promote your attendance at educational or professional trainings? *Please check all that apply.*
- Paid time off to attend
  - Recognition by Workplace/My Supervisor
  - Coverage for work shifts
  - Held on site (e.g., at CHC)
  - Held during scheduled work day/time
  - Held on unscheduled work day/time
  - Transportation provided to attend the training
  - Technology support provided to attend (e.g., computer provided, internet access provided)
  - Familial Support such as care for children or older adults provided
  - Specific information about the value of the training provided (e.g., how attending it will enhance my role as a health care professional)
  - Financial Bonus (i.e., additional money) to attend
  - Other (specify): \_\_\_\_\_
23. What training topics would advance your work on ***caring for patients with chronic pain***? [enter free text].
24. What training topics would enhance your CHC's use of a ***team based care approach***? [enter free text].

## APPENDIX B: Interview Guide

**Informed Consent [Discuss here have interviewee sign] [Interview will last 60-90 min]**

**Background information –Interviewer will ask these questions, record responses, and clarify if necessary**

**A. At which community health center (Health Center) are you currently employed? \_\_\_\_\_**

**B. How long have you been working at this Health Center?**

- Less than 6 months
- 6-12 months
- 13-24 months
- More than 24 months but less than 5 years
- 5 years or more

**C. What is your position within the Health Center**

- |   |  |                           |   |
|---|--|---------------------------|---|
| • Physician                             | • Psychiatrist                           | • Case Manager            | • Front Desk Staff                            |
| • Physician Assistant                   | • Psychologist                           | • Care Coordinator        | • Quality Assurance/Quality Improvement Staff |
| • Dental Provider                       | • Licensed Clinical Social Worker (LCSW) | • Community Health Worker | • Administrative Assistant                    |
| • Dental Hygienist                      | • Certified Professional Counselor (CPC) |                           | • Other (please specify) _____                |
| • Dental Assistant                      |  |                           |   |
| • Nurse Practitioner                    |  |                           |   |
| • Registered Nurse                      |  |                           |   |
| • Medical Assistant (MA)                |  |                           |   |
| • Certified Nursing Assistant (CNA/LPN) |  |                           |   |
| • Medical Director                      |  |                           |   |

**D. What is your employment status?**

- Work full-time
- Work part-time
- Unpaid volunteer

**E. What is your gender?**

- Male
- Female
- Other (please specify)
- Prefer not to answer

**F. Which category represents your *current* age?**

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

**G. What is your highest level of education?**

- High School Graduate (Diploma or GED)
- Associate/Technical Degree
- Bachelors Degree (BS or BA)

- 
- Graduate or Terminal Degree (MS, MA, PhD, MD, other?)

**H. What is your race or ethnicity?**

- White Non-Hispanic
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian/Pacific Islander
- Other (please specify) \_\_\_\_\_
- Biracial
- Multiracial
- Prefer not to answer

**Current practices for assessing and treating patients with chronic pain**

A. Please think back to the past **3 months** in which you have encountered patients who have reported chronic pain. Please describe the assessment and treatment process/protocol [workflow] in your Health Center for a patient who reports chronic or persistent pain. Please describe in as much detail as possible from the time the patient schedules an appointment to the time they may receive follow up appointments/care.

**Potential follow up questions (if not addressed in description):**

- What process, if any, do you have for identifying patients with chronic or persistent pain before they get to the Health Center?
- What tools, if any, do you use to assess and treat chronic pain?
- In what ways does your CHC document the assessment and/or treatment of chronic pain? Are individual patient's electronic health record used? (Further prompts to understand how frequently an EHR is used)
- What is your specific role in caring for patients with chronic pain?
- What do you do independently, based on established guidelines or protocols?
- Can you tell me about care during visits and actions taken between visits, and who coordinates these actions?
- Others?

B. Please use the following scale to rate the process used at your Health Center to assess patients who report chronic pain:

- Excellent
- Good
- Fair
- Poor

Please explain your rating.

C. Please use the following scale to rate the process used at your Health Center to treat patients who report chronic pain:

- Excellent
- Good
- Fair
- Poor

Please explain your rating.

D. A team-based care approach involves a small, coordinated care team of clinical and non-clinical staff

who, together with a provider, are responsible for the health and well-being of a panel of patients. Team members work collaboratively and at their highest abilities to engage patients and their families or caregivers in working towards a shared goal for their health and well-being. Please explain in what ways this definition does or does not fit with how your Health Center utilizes a team based approach when working with a patient and his/her non-professional caregiver who reports chronic pain.  
E. What other observations can you share about managing patients with chronic pain?

**Potential follow up questions (if not addressed in description):**

- Struggles observed, workflow inconsistencies, patient reactions, staff attitudes about patients, cultural issues that might be barriers,

**Current knowledge acquisition**

A. How did you obtain your current knowledge of assessing and treating patients with chronic pain? Options include through professional education, on the job training, CME, etc.

B. What educational opportunities would assist you to improve your current knowledge of assessing and treating patients with chronic pain?

**Potential follow up questions**

- Work-flow re-design (standing orders and protocols)
- Enhancing staff roles and responsibilities
- Development and implementation of clinical decision support

**Preferred method and participation of educational opportunities**

A. What would be the most useful presentation format to help improve your current knowledge?

**Potential follow up questions**

- Have you attended previous trainings?
- Were those educational opportunities useful? If yes, how were they useful? If no, why not?

B. Are there any barriers which prevent you from getting the most out of additional educational opportunities presented to you? If so, what are these barriers?

C. How would you like WPHCA to overcome the barriers identified in question above which might prevent you from participating in future educational opportunities?

D. What incentives would lessen the barriers identified above?

**Additional information**

A. Is there a key staff person at your Health Center that is the go-to person for pain management issues?