

# Maine Chronic Pain Collaborative

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# Primary Goals & Objectives

**Goal:** Improve patient safety and outcomes by improving chronic pain management and quality of care using Chronic Care Model & Patient Centered Medical Home (PCMH) model by...

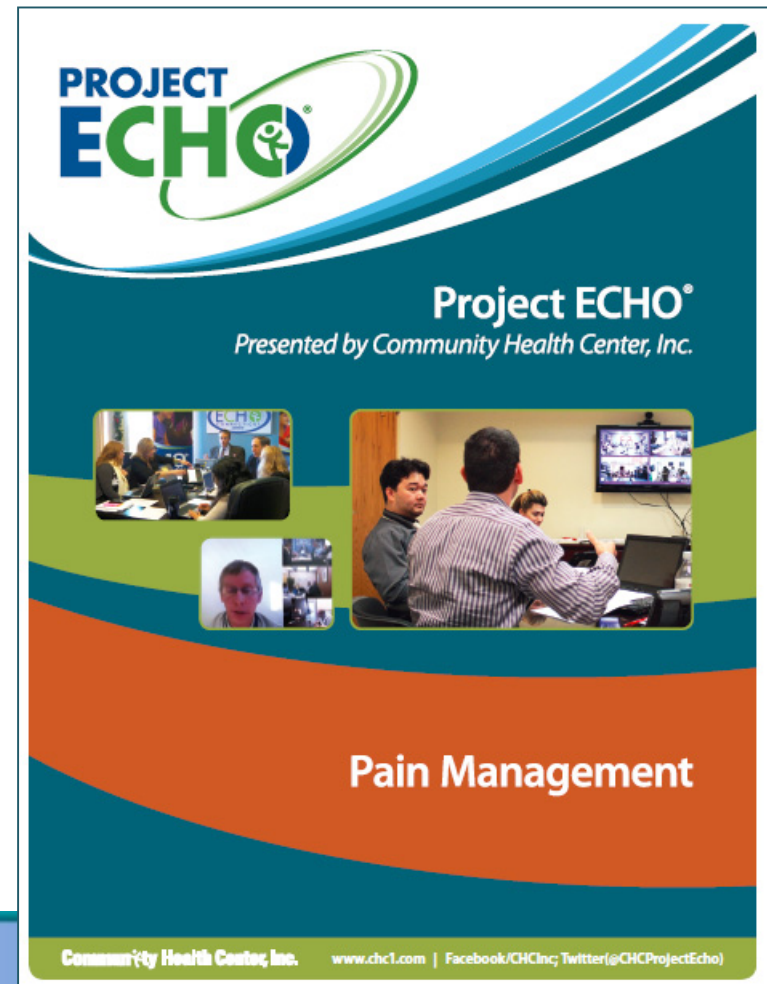
1. Providing structured quality improvement (QI) support to up to 10 PCMH practices
  - Implement set of identified best practices
  - Offer tools, resources
  - Identify set of standard quality measures
2. Providing education, peer support, & specialty consultation to providers
  - Provider peer consultants
  - Project ECHO for chronic pain

# Learning Collaborative Model

- Selected practices required to identify leadership team
  - Provider leader
  - Administrative leader
  - 3<sup>rd</sup> team member (e.g. RN, NP, MA, other)
- Practices asked to implement specific chronic pain “change package”, use rapid-cycle change methods
- Participated in 3 day-long Learning Sessions, monthly webinars, weekly Project ECHO calls

# Project EHCO

- Weekly videoconference with multi-disciplinary specialty experts (Integrative Pain Center AZ)
- Interactive case-presentation format
- Builds knowledge & self-efficacy
- Access to archived sessions



# Maine CPC Evaluation

- Evaluation led by team from Weitzman Institute at Community Health Center, Inc.
- Quasi-experimental design comparing outcomes from intervention vs. control sites
- Analysis of pre/post provider and patient-level outcomes
- Patient outcomes from chart review + EMR

# Key Outcomes

- PCPs' pain-related knowledge and self-efficacy to treat chronic pain patients increased between pre- and post intervention.
- By the end of the project, PCPs were significantly more likely to document functional assessment, assess treatment effectiveness and record patient pain scores in the EMR.
- Practice sites demonstrated a notable improvement in the documentation of patient agreements, urine drug screens and, to a somewhat lesser extent, random pill counts.
- Many of the PCPs who participated in the Collaborative gained the confidence to engage high dosage opioid-using patients in tapering plans to reduce/eliminate their dependence upon narcotics and explore less risky/healthier forms of chronic pain treatment.