

Project Title:

Community Health Pain Management Improvement Project

Project Staff:

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Organization:

Wisconsin Primary Health Care Association (WPHCA)

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Structured Abstract

Purpose: To implement a sustainable and team-based pain peer learning network based on a PCMH framework and guideline-recommended practices for the care of patients with chronic pain.

Scope: Project teams representing Community Health Centers from Wisconsin implemented system changes to improve care for patients with chronic pain. Teams identified a pain management improvement project and implemented rapid improvement cycles to achieve their individualized goals. Projects include, but were not exclusively focused on, integrating best practice pain management assessment, treatment monitoring, and evidence-based guidelines within electronic health record systems.

Methods: Practice teams were trained in the use of a common set of Lean tools (PDSA cycles and the A3 problem solving tool). Teams were provided with a standard template for documenting PDSA cycles and were provided with coaching on the utilization of PDSA cycles to plan and test changes.

Results: Six Community Health Center practices in Wisconsin participated in this project. Each participating practice completed a minimum of two PDSA improvement cycles and increased utilization of guideline-recommended assessment and treatment options and integrated these into EMR decision support tools.

Key Words: Chronic Pain, Team-Based Care, Patient Centered Medical Home, Community Health Center, Federally Qualified Health Center, Quality Improvement

Purpose

The overall goal of the Wisconsin Primary Health Care Association (WPHCA)'s Community Health Pain Management Improvement project was to implement a sustainable and team-based pain peer learning network based on a PCMH framework and guideline-recommended practices for the care of patients with chronic pain. We proposed a plan to meet this goal through the following objectives:

- WPHCA and Community Health Centers (CHC) teams will build upon WPHCA's existing peer learning network structure and the PCMH model of care to implement system changes to improve care for patients with chronic pain.
- Participating CHC teams will identify a pain management improvement project and implement rapid improvement cycles to achieve their individualized goals.
- Participating CHC teams will develop relationships with external behavioral health specialists and/or increase internal behavioral health capacity to serve patients with chronic pain.
- Participating CHC teams will demonstrate awareness and utilization of non-pharmacological pain management options available to them by establishing new community collaborations, partnerships and referral sources.
- Participating CHC teams will explore the feasibility of integrating best practice pain management assessment, treatment monitoring, and evidence-based guidelines within Health Center EHRs for each CHC pain management team.
- WPHCA will identify and share key recommendations and lessons learned with statewide, regional and national networks.

Scope

The Wisconsin Primary Health Care Association (WPHCA) is a 501(c)(3) organization that was founded in 1982 to provide technical assistance to Wisconsin's community, homeless, and migrant health centers. The mission of WPHCA is to advance the efforts of Wisconsin community health centers (CHCs) in providing access to comprehensive, community-oriented, primary health care services. 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.

Prior to this project, WPHCA assessed the need for improvement by facilitating focus group telephone conference calls for CHC members interested in participation. Interest was robust, with 8 out of 17 CHCs indicating that they saw a need in their organizations for a pain management quality improvement initiative. A baseline survey was conducted. A qualitative analysis of survey responses and key informant data revealed several trends and themes. The prevailing theme was that the current state of managing the care of patients with chronic pain was not optimal: a patchwork of approaches was in place with inconsistent utilization of guideline-based practices; monitoring of quality was sporadic or absent; and providers and staff felt overwhelmed and frustrated with the complexities of this patient population.

Six Community Health Centers participated in this project. Participating practices are located in both rural and urban areas and serve a diverse patient population and widely distributed geographically across the state. The changes implemented as part of this project impacted a total of 59 providers, 71 support staff, and 1210 patients during the project period.

All of the participating practices are Community Health Centers, a type of Federally Qualified Health Center (FQHC). Health centers are community-based and patient-directed organizations that serve populations with limited access to health care. Health Centers are located in or serve a high need community, governed by a community board composed of a majority (51% or more) of health center patients who represent the population served, provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care, provide services available to all with fees adjusted based on ability to pay, and must meet other performance and accountability requirements regarding administrative, clinical, and financial operations. Health Centers offer a range of services from medical, dental and behavioral health care to community resource and financial counseling to access to affordable medications.

Methods

In this performance improvement initiative, WPHCA trained and supported participating practices in the use of a common set of Lean tools. Through WPHCA's ongoing relationships with participating practices, they all had some degree of familiarity with Lean methodologies at the outset. Practices were provided with a review of continuous improvement and the use of PDSA cycles at a kickoff meeting. Practices were then provided instruction on the use of the A3 problem solving tool, which guides the articulation of the business case for change, the current condition, a root cause analysis, the future/target state, implementation plan, metrics, and follow-up. Throughout the project period, teams were supported in the use of this tool to plan and organize their improvement goals.

Teams were provided with a standard template for documenting PDSA cycles and were provided with coaching on the utilization of PDSA cycles to plan and test changes. Teams varied in the degree to which they stuck to the PDSA framework in planning and testing changes. We found that teams benefited from reminders and coaching to plan and test small iterative changes and make rapid adjustments rather than spending a great deal of time planning changes upfront and then trying to implement broad-scale changes at once without having conducted small tests. Our teams were eager to implement changes and at times benefited from coaching on tenets of change management.

Additionally, teams benefited from support around the use of data to inform and guide changes. The use of metrics was a challenge for some teams because they found that their EHRs did not provide the robust reporting capabilities that they had anticipated. Many teams found that they needed to adjust their initial objectives and start with improving documentation and build additional reports and templates into the EHR so they would have access to the necessary data to inform their quality improvement efforts.

This project was limited in its results in that it was not designed to collect data to measure the impact of the improvements made by the participating teams.

Results

WPHCA's overall goal for this project was to implement a sustainable and team-based pain peer learning network based on a PCMH framework and guideline-recommended practices for the care of patients with chronic pain. This project achieved its primary goal of building a cohort of practices that have capitalized on the learning opportunities provided and have established a network of practices experienced in implementing guideline-recommended practices for the care of patients with chronic pain in the context of a PCMH-transformed practice.

Progress toward objectives:

Proposed objective	Outcome
100% of CHC pain management improvement teams will have completed 2 or more PDSA rapid improvement cycles	100% of practice teams achieved this target
Practices will collect baseline and follow-up data for patient engagement/satisfaction/activation and provider/staff satisfaction	This target was deleted in consultation with PIEM following the learning collaborative event held in January 2014.
100% of Health Centers will have implemented system changes to improve care for patients with chronic pain based on the PCMH model	100% of practice teams achieved this target
100% of CHCs will have increased utilization of guideline-recommended assessment and treatment options	100% of practice teams achieved this target
80% CHCs will have integrated best practices and guidelines in EMR decision support tools	100% of practice teams achieved this target
50% of CHCs will report increased internal/external referral sources to behavioral health services for patients	50% of practice teams achieved this target
50% of CHCs will report increased internal services/referral sources to alternative therapies	50% of practice teams achieved this target
Document strategies and barriers to the integration of Wisconsin's Prescription Drug Monitoring Program into current workflows.	This target has been achieved. 2 practice teams specifically focused on this.
CHC pain management improvement teams will have shared findings on learning collaborative calls	This target was not achieved because learning collaborative calls were not continued throughout the duration of the project period. However, findings will be shared in a written paper as well as via a learning collaborative final webinar in Spring 2015.

We have learned several key lessons through our participation in this initiative. In some instances these lessons were new, and in other instances they were new versions of lessons we have encountered in other aspects of our work. The lessons were centered on issues of practice culture, capacity, and buy-in.

1. **Organizational culture impacted the degree to which practices embrace various aspects of our initiative.** Some practices quickly embraced the team focus of this initiative and brought full teams to the kick-off meeting and readily delegated QI tasks to various members of the team. Other practices decided to adhere to a more traditional physician-led process and the providers made most of the decisions about the project and directed most of the work in a very hands-on manner. Additionally, some practices were more open to the value of collaborating with other practices while some practices were very internally-focused and were not interested in sharing until changes had been completed and results were in.
2. **Capacity is a major concern, but not an insurmountable one.** All of the practices identified capacity and time major challenges. For some practices this was a very limiting factor. For other practices this factor was accounted for and planned around in the initial stages of the initiative and did not limit their ability to accomplish their goals. Successful teams identified realistic goals and were intentional about setting aside dedicated time and blocking provider schedules far in advance. As one team lead put it “you have to do whatever you have to do to get everyone in the room on a regular basis.” Additionally, teams that utilized non-provider team members to drive the changes and hold others accountable experienced less impact due to capacity.
3. **Passionate champions are necessary, but not necessarily sufficient.** We were surprised that some of our teams with the most passionate champions on the provider and leadership levels struggled with team engagement and buy-in. It appears that some champions, while passionate about improving care for patients with chronic pain, were not the best positioned to spread that passion and consistently communicate about the changes in a way that supports practice transformation. This speaks to an ongoing need for leadership and change management training for providers and Health Center leaders.

An additional theme that emerged through this initiative is that, even for practices that have achieved PCMH recognition, the transformation process is ongoing. Using the PCMH team-based care concept as an organizing feature for this initiative highlighted for WPHCA and our participating practices the need for ongoing learning and attention to the development of effective, efficient, high-functioning teams. WPHCA has secured additional funding for a project to develop interprofessional and interdisciplinary educational resources for improving care for patients with chronic pain and team-based care in the medical home and medical neighborhood will be a central organizing feature of our work on that project.