

**Title of Project:** Transforming Chronic Pain Management in Missouri FQHC Medical Homes

**Principal Investigator:** Karl Haake, MD, DABPM

**Project Lead:** Susan Wilson, MBA

**Consultants:** Rich Lillard, PsyD  
Troy Lambert, RN  
George Oestreich, PharmD, MPA  
Jennifer Kemp-Cornelius, PharmD  
Kathy Davenport, RN

**Organization:** Missouri Primary Care Association

**Dates:** January 1, 2014 through February 28, 2015

**Federal Project Officer:** Not Applicable

**Acknowledgment of Agency Support:** Pfizer Independent Grants for Learning and Change

**Grant Award Number:** Not Applicable

**Structured Abstract:** The Missouri Primary Care Association proposed to build upon the Patient Centered Medical Home model of care and incorporate the bio-psychosocial model of pain management into five Missouri Federally Qualified Health Centers that had achieved Patient Centered Medical Home recognition to improve care, health outcomes, and quality of life of patients living with chronic pain. The IHI Breakthrough Series Collaborative model, including learning sessions and Plan Do Study Act methods, was adapted for initial training and improvement, and the Project ECHO knowledge transfer and case-based learning model was added later in the project through a partnership with the University of Missouri-Columbia to accelerate training for four additional Health Centers. Providers and care teams reported an increased level of confidence in their ability to provide care for patients with chronic pain. A majority of pain patients reported that they experienced a decrease or no change in their pain level, they were satisfied with the bio-psychosocial model delivered by a care team, and they would recommend the approach to others.

**Purpose:** The Missouri Coalition for Primary Health Care dba Missouri Primary Care Association (MPCA), with funding assistance from Pfizer's Independent Grants for Learning and Change program administered through the Physicians' Institute for Excellence in Medicine, began the *Transforming Pain Management in Missouri FQHC Medical Homes* project in January 2014. The project proposed to build upon the Patient Centered Medical Home model of care and incorporate the bio-psychosocial model of pain management into five Missouri Federally Qualified Health Centers (FQHCs) that had achieved National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) recognition.

**Scope:** Five FQHCs began the project; one withdrew, citing staff turnover and challenges with its electronic medical record implementation. The physicians at the four remaining original health centers participating in the project include an internist and four family practice physicians. They are supported by care teams that include nurses, patient intake staff, and a behavioral health consultant at a minimum, with some including care managers, care coordinators and billing staff. These Missouri practice locations are in Joplin, Ellington, Columbia, and St. Louis.

Four additional FQHC practices joined the project in January 2015. They are located in St. Louis, Springfield, New Madrid and Lexington. The circumstances leading to their inclusion are described later in this report.

**Methods:** MPCA contracted with Karl Haake, MD, a physician certified in pain medicine, and Rich Lillard, PsyD, a clinical psychologist, to provide training and consulting services to the FQHCs. Two pharmacists, George Oestreich, PharmD and Jennifer Kemp-Cornelius, PharmD, were added to the consultant team in mid-2014, as will also be described later in this report. Troy Lambert, RN, a nurse that assists Dr. Haake and helped to develop the model in Missouri is part of the consultant team as well and contributes expertise on operationalizing pain management in primary care settings with care team staff.

Following the initial orientation meeting in January 2014, MPCA conducted a kickoff webinar May 13, 2014 to introduce the project to the administrative leadership at the health centers. It was followed by a face-to-face kickoff and learning session on June 10<sup>th</sup>. Four health centers attended. Following presentations covering the bio-psychosocial model of pain care and managements and a review of project objectives, practice teams were asked to choose one of them and complete a Plan, Do, Study, Act (PDSA) worksheet for implementation at their respective health centers. All chose to implement the PEG pain screening tool. Practices were then invited to schedule site visits with the consultant team. Those visits were conducted on the following dates:

ACCESS Family Care, Joplin	August 13, 2014	Care team
Missouri Highlands, Ellington	October 2, 2014	Care team
Family Health Center, Columbia	December 4, 2014	Care team
Grace Hill Health Centers, St. Louis	January 6, 2015	Physicians and Behavioral Health Consultants

The performance improvement methodology used by the health centers is the PDSA rapid cycle improvement method largely because it is the method used in the national Health Disparities Collaboratives in which they all participated in the late 1990s and 2000s. MPCA has continued to use it in state-level quality improvement work within MPCA's Missouri Quality Improvement Network.

During the course of this project, two opportunities were presented to MPCA that provided additional support and contributed to the "optional" goal of determining whether the transformation of pain management practice would impact cost.

MPCA enjoys a strong and positive relationship with MO HealthNet, Missouri's Medicaid agency, and actively collaborated with MO HealthNet and several other organizations when the Primary Care Health Home (PCHH) State Plan Amendment (SPA) was designed in 2011 and launched in 2012. The PCHH SPA pays a flat fee per month when one or more of a set of "health home services", as defined by Section 2703 of the Affordable Care Act, is provided to a qualified and enrolled Medicaid beneficiary that has multiple chronic illnesses. Since one of the essential elements of effective chronic disease management is medication adherence, MO HealthNet made a medication possession ratio measure provided through Care Management Technologies' (CMT) Pro-Act web-based claims data aggregation and quality indicators reporting system available to all enrolled PCHH SPA providers. After the first year, MO HealthNet's director was interested in learning how FQHCs would use the entire Pro-Act system and asked MPCA to identify 4-5 FQHCs this could be offered to. MPCA offered up the health centers in the *Transforming Pain Management* project and as a result, all four health centers that started the program have access to and have received training on Pro-Act. Pro-Act was developed for Community Mental Health Centers and has an extensive menu of quality indicators around prescribing of drugs commonly used for pain relief, including opioids. Dr. Oestreich and Dr. Kemp-Cornelius were under contract to CMT and have provided the training for the Pro-Act tool and contributed their pharmacologic knowledge to the project.

The second opportunity that materialized is a partnership with the University of Missouri-Columbia (UM-C) to pilot the Project ECHO (Extended Community Healthcare Outreach) model in Missouri. MPCA was invited to attend a Project ECHO immersion event at the University of New Mexico as part of the UM-C team in June 2014. The strategic planning session at the end of the event resulted in a partnership between UM-C and MPCA that allowed MPCA to use the ECHO videoconferencing technology and knowledge sharing structure to augment and reinforce the consultation provided in the webinars, learning session, site visits, and telephone and email communications. MPCA was able to provide the consultant team from the project and the pilot was launched in November 2014.

In October 2014, MPCA, with additional financial assistance from Pfizer, included a day-long track on team-based chronic pain care and management at its Annual Clinical and Quality Conference. This stirred additional interest in joining the project, so in December, all MPCA member FQHCs were invited to attend a three-part series of trainings that repeated the presentations from the learning session. The Project ECHO technology was generously made available to deliver these trainings in January 2015, leading to four more health centers joining the project. They are:

Myrtle Hilliard Davis Comprehensive Health Centers, St. Louis  
Health Care Coalition of Lafayette County, Lexington  
Jordan Valley Community Health Center, Springfield  
Southeast Missouri Health Network, New Madrid

Although the grant period has drawn to a close, MPCA will continue to support learning and transformation of pain management in primary care settings, specifically FQHC Medical Homes.

**Results:** ACCESS Family Care has made by far the most progress with this project. Their team was fully engaged from the beginning with an active physician champion, a supportive medical director and chief operations officer, and a registered nurse that led their PCMH recognition application effort. They created a set of policies for their pain management services. Their approach was to present their pain management program to new patients seeking services at their Joplin location and engage them in the bio-psychosocial model immediately. At the present time there are 45 patients in their pain management program; 28 of these patients responded to a survey regarding their satisfaction with the treatment they received, and 64% expressed “complete satisfaction”. ACCESS monitors changes in the PEG scales of their chronic pain patients.

As noted previously, one FQHC did not continue in the project. The remaining three of the original participating FQHCs have made limited progress. In some instances, there is professional skepticism of the bio-psychosocial model and the associated preference to reduce or eliminate opioid prescriptions; in another, there is a fear that if the health center has a formalized pain management program they will be known as a “pain clinic” and will be overrun by complex and drug-seeking patients. Grace Hill Health Centers utilized their site visit to allow nearly all their medical staff and several behavioral health consultants (licensed clinical social workers) to attend presentations by Dr. Haake, Dr. Lillard, Dr. Oestreich and Dr. Kemp-Cornelius.

Survey questions were distributed to the participating FQHCs in preparation for this final report. Notable comments from one medical director: “Even though our process is not complete, this has really focused us and started us down the right path of enhanced, more holistic pain management.” Another quote from a behavioral health consultant at the same health center: “This process has helped her [a physician] formalize/tighten up her care of patients with chronic pain. She has improved in her ability to monitor patients to ensure safe use of opioids. She gets reports from CyberAccess [a care management tool provided by Missouri Medicaid] and closely reviews urinalysis drug screens and has stopped prescribing hydrocodone to a couple of patients who violated the pain management agreement. She refers many patients to me for behavioral health consultations for the problem of chronic pain.”

The contract with CMT included access to utilization and expenditure reports for Medicaid patients that can be filtered for chronic pain patients. Comparison of “use and spend” reports for the twelve months prior to February 1, 2014 and the twelve months following for **all** the patients at the five original participating health centers that had a Chronic Non-Malignant Pain diagnosis or opioid medication claims for more than 90 days shows an initial indication of decrease in total costs for hospitalization, emergency room, and office visit services. This decrease appears to be a function of utilization, because most per-patient costs increased slightly. Pharmacy costs and outpatient service costs increased, both in aggregate and per-patient. Additional analysis is needed to determine the impact of the project on total cost and to determine the impact on those patients that received intense care management and coordination from the FQHC care teams.

The lessons MPCA learned along the way are bulleted below:

- MPCA should have involved practice coaches assigned to the participating FQHCs earlier in the process and should have been more assertive with the care teams. FQHCs need external support to accelerate change.
- Patient Centered Medical Home recognition is not equivalent to Patient Centered Medical Home transformation. Fortunately, the participating health centers were also enrolled providers in the PCHH SPA and had a good understanding of the value of behavioral health care in improving chronic illness care.
- Taking on a new challenge that fundamentally changes practice is not a good idea for an organization under stress or undergoing significant organizational change, as evidenced by the health center that withdrew.
- The distance learning strategy incorporated with the Project ECHO partnership is yielding initial positive results and MPCA will continue to support it to the extent possible.

The primary disappointment, in addition to the slow progress at some of the participant health centers, is that electronic health records are not yet being used to the extent possible to support the bio-psychosocial model of pain management.