Transforming Pain Management in Missouri FQHC Medical Homes

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Project Proposal

Overall Goal & Objectives:

The overall goal of *Transforming Pain Management in Missouri FQHC Medical Homes* is to improve care, health outcomes, and quality of life of patients living with chronic pain by introducing evidence-based pain management practices into the Patient Centered Medical Home model in Missouri FQHCs.

Initiative goals are to:

1. Increase the knowledge and confidence level of primary care providers and their care teams at five Federally Qualified Health Centers (FQHC) to provide evidence-based, effective chronic pain care.
2. Demonstrate quality and performance improvement in the delivery of care to patients living with chronic pain through improved clinical outcomes.
3. Reduce reported pain severity and improve reported quality of life for chronic pain patients receiving care from participating FQHCs.

Objectives:

1. By February, 2014, five FQHC providers and their care teams will receive training on evidence-based chronic pain management practices and the Institute for Healthcare Improvement (IHI) Model for Improvement including PDSA cycles.
2. By February 2014, quality measures for chronic pain will be identified and integrated into the Electronic Health Record (EHR) systems of participating FQHCs and MPCA's Data Reporting and Visualization System (DRVS) for reporting and measurement of quality and performance improvement.
3. By May, 2014, a standardized evidence-based pain severity scale will be implemented within the participating FQHCs.

These goals and objectives are intended to address the need for training of primary care providers and their care teams as well as the lack of data on pain, both of which are specifically referenced in the recommendations contained in the Institute of Medicine report *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*. Recommendation 2-1 is "Improve the collection and reporting of data on pain." Recommendation 3-3 is "Provide educational opportunities in pain assessment and treatment in primary care."

***Technical Approach**:*

Transforming Pain Management in Missouri FQHC Medical Homes will meet the goal of improving chronic pain care and management using "patient reported, process, or clinical outcome measures in the management of patients with chronic pain who are patients of primary care practices which are beginning, or have completed, PCMH recognition" and "in which chronic pain patients are being assessed and monitored as part of an overall treatment plan."

Missouri is no different from the rest of the nation in terms of pain prevalence and frustrated primary care providers who feel ill-equipped to effectively care for the patients they feel compelled to help, as expressed in this quote:

"I'm the medical director at [health center] in Kansas City. We also struggle with this issue and are torn between caring for patients who have very real pain and addicts/ne'er-do-wells who want to misuse these medications in some way. We do have a disproportionate share of these folks because if you are in pain and unable to work, you end up in the public system. Add into this the fact that many docs would rather not care for these folks and you see how anyone who does choose to help these folks can rapidly become overwhelmed…"

Assessment of Need

None of the primary care providers at the participating FQHCs use standardized pain assessment tools or collect patient data related to chronic pain, other than what is recorded by means of procedure codes, progress notes and prescriptions recorded in the EHR. If the data doesn't exist in the EHR, it will not flow through to MPCA's Data Reporting and Visualization System (DRVS) data warehouse and reporting system. There is not yet a standardized method for identifying chronic pain patients within either the EHRs or DRVS to enable the use of population health management techniques.

We reviewed the extensive set of measures and data in MPCA's Data Reporting and Visualization System, a data warehouse and reporting system used by all MPCA member FQHCs. There are no pain-specific measures or registries currently available.

The target audiences for the intervention are the providers and their care teams at the participating FQHCs and the practice coaches at MPCA. Five FQHCs have expressed their commitment to this project in the letters of support included in **Section H.** All participating FQHCs are recognized Patient Centered Medical Homes.

Patients with chronic pain who receive care at the participating FQHCs will be the primary beneficiaries of the project. Although chronic pain is not limited to adults, we will target individuals over age 18 seeking or receiving care for chronic pain from a participating FQHC. The patient population at FQHCs includes disproportionately more low socio-economic status and low health literacy that correspond to more occurrences of chronic pain AND less likelihood of accessing appropriate care because of the same factors. Nearly 75% of Missouri FQHC patients are at or below the federal poverty level, and over 90% have incomes less than 200% of the federal poverty level.

Intervention Design and Methods

MPCA proposes to adapt the IHI Breakthrough Series Collaborative model to accomplish the training and performance improvement needed to improve the quality of life for patients with chronic pain. The work plan describes learning sessions that will provide training and generate

ideas for changes to be implemented in between learning sessions using the Plan Do Study Act (PDSA) framework. Practice coaches will remain in contact with the participating FQHCs throughout the course of the project to reinforce the learning and provide encouragement and assistance to the providers and their care teams as chronic pain care is incorporated into the PCMH model at their FQHCs.

Karl Haake, MD, DABPM is an anesthesiologist certified in Pain Medicine who developed an effective patient-centered pain care program at one of MPCA's member FQHCs. He engaged the primary care physicians and a behavioral health specialist to form the core of the care team, supplemented by nurses, care coordinators, pharmacists, and other services as patient needs indicated. Although he is no longer practicing at the FQHC where the model was developed, he remains actively engaged with several FQHCs and understands the FQHC patient populations and accompanying challenges. We will rely heavily on Dr. Haake for the chronic pain care training, and plan to bring in a primary care physician and a clinical psychologist to assist with the training and provide implementation consulting as needed.

MPCA and its FQHC members are familiar with the Breakthrough learning model from their experience in the national Health Disparities Collaborative sponsored by the federal Bureau of Primary Health Care in the 1990's and early 2000's. The Breakthrough Collaborative model was also used to provide training as the Missouri MO HealthNet (Missouri's Medicaid agency) Primary Care Health Home (PCHH) State Plan Amendment was launched.

The PCHH Initiative, authorized by Section 2703 of the Patient Protection and Affordable Care Act, pays qualified and enrolled provider organizations for providing Center for Medicare and Medicaid Services (CMS)-defined health home services, including comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social support services, to qualifying patients that have multiple chronic illnesses. All of the FQHCs committed to this project are enrolled providers in the PCHH Initiative, which requires four specific roles (in addition to traditional care team members) that will be key to accomplishing improved chronic pain care: health home director (executive leadership), nurse care manager, care coordinator, and behavioral health consultant. The MPCA advocated strongly for the inclusion of chronic pain as a qualifying condition in the PCHH Initiative, but we were unable to provide assurance of capacity or ability to treat chronic pain effectively, the very problem this proposal aims to address. We believe the experience of the participating FQHCs in the PCHH Initiative is excellent preparation for the incorporation of chronic pain care into their quality and performance improvement plans.

MPCA is a contractor that reports 17 clinical quality measures to MO HealthNet on behalf of 18 FQHCs and six hospitals at nearly 70 locations for the PCHH Initiative through use of the DRVS data aggregation and reporting system. The pain-related data elements for the measures selected for use in this project will be added to EHRs and the measures will be added to DRVS, building on the established reporting system developed for the PCHH measures. All participating FQHCs have direct access to DRVS and can monitor their own performance and

progress. MPCA also has access to DRVS and our practice coaches will use it to monitor engagement, activity, and performance of the participating FQHCs as implementation of local interventions occurs.

At the end of the 14-month project period, by using the Breakthrough Collaborative learning model supplemented with practice coaching and leveraging FQHC EHRs and MPCA's DRVS data aggregation and reporting system, we expect to have:

1. Providers and care teams that are trained in evidence-based chronic pain care and demonstrate use of PCMH principles and standards in the provision of chronic pain care,

2. Reportable measures that substantiate improvement in chronic pain care at the participating FQHCs, and

3. Valuable experiences and lessons learned to share with other FQHCs, Missouri, and the nation.

Evaluation Design

The two identified gaps are lack of education and training for primary care providers and their care teams on the delivery of evidence-based care to patients living with chronic pain and the lack of data specific to chronic pain care and outcomes.

MPCA expects the project to impact the following measures, and will select the specific measures and tools to be used as part of the learning collaborative:

Process:

1. Use of standardized chronic pain screening tool
2. Increased use of EHRs to manage chronic pain patients
3. Use of evidence-based chronic pain treatment and management practices

Outcome:

1. Patient-reported improved functionality and quality of life
2. Patient-reported experience and satisfaction
3. Care team-reported experience and satisfaction

We also intend to monitor the frequency of Emergency Department and Inpatient Admissions for pain-related reasons. Utilization data is reported to the MO HealthNet PCHH Initiative providers for the chronic conditions included, and we plan to approach MO HealthNet about modifying the utilization report to include chronic pain. There is no guarantee that MO HealthNet will accommodate this request, so we are not listing it as a measure to which we can commit.

We plan to use FQHC EHRs to the extent possible to capture the data that will enable us to determine whether the practice gaps were addressed. All of the participating FQHCs have fully implemented EHRs and all are connected to DRVS. Data elements that support the measures selected for tracking improvements in chronic pain care during the project will be defined and either located in or added to FQHC EHRs, with the necessary entry screens or templates needed for convenient data entry. They will then be mapped to DRVS, and the selected measures will be developed and added to the set of measures and patient registries in DRVS. DRVS clinical quality measures can be produced at a basic patient level and aggregated by provider, location, FQHC, and MPCA level, enabling overall tracking at a high level and individual monitoring in the practice. The addition of a chronic pain patient registry will support better care coordination and management. Experience and satisfaction reporting may require the use of paper forms or electronic survey methods.

MPCA will use DRVS to aggregate and report on the measures and performance of the FQHC providers and their care teams. Dr. Haake and Susan Wilson will receive reports prepared by Ryan Krull, our Data Analyst, to monitor uptake and progress monthly. The five practice coaches will monitor the participating FQHCs through DRVS also, to determine where assistance may be needed. As mentioned previously, each participating FQHC has full access to DRVS, and can monitor their progress as frequently as desired.

If paper forms or electronic surveys are used, Ryan Krull will also be responsible for aggregating, summarizing, and reporting this information to the project team and to the participating FQHCs.

All of MPCA's FQHC members that have fully implemented EHRs are connected to DRVS. Reporting from DRVS can be done by identified group, so comparison between the participating FQHCs and the non-participating FQHCs that are not otherwise engaged in a chronic-pain related project will be easily done. The measures developed for the participating FQHCs will also be available for use by other non-participating FQHCs should they choose to use them.

The changes expected from this intervention are indicated below next to the measures:

Process:

1. Use of standardized chronic pain screening tool – +80%
2. Increased use of EHRs to manage chronic pain patients – +80%
3. Use of evidence-based chronic pain treatment and management practices – +80%

Outcome:

1. Patient-reported improved functionality and quality of life – +20%
2. Patient-reported experience and satisfaction - +20%
3. Care team-reported experience and satisfaction - + 30%

If we are successful in obtaining Emergency Department and Inpatient Admissions data from MO HealthNet, we hope to achieve a 10% reduction in pain-related ED use and admissions.

The practice coaches will remain in contact with the participating FQHC providers and their care teams, and will have first-hand knowledge of the engagement of the target audience. We will also track attendance at learning sessions, require reporting of PDSAs, and require completion of experience and satisfaction surveys. The use of EHRs and DRVS will also be evidence of the level of engagement.

We plan to provide updates to all the MPCA FQHC members during the project at Missouri Quality Improvement Network (MOQuIN) meetings. We also plan to include an update in a session at our 2014 Clinical and Quality Conference and present the final report at our 2015 Clinical and Quality Conference. Joe Pierle, MPCA's CEO, Susan Wilson, and Angela Herman (lead practice coach) are active in the National Association of Community Health Centers (NACHC) and will plan to present at NACHC conferences and to other state primary care associations. MPCA enjoys a strong and positive relationship with MO HealthNet (Medicaid), the Missouri Department of Health and Senior Services, and the Missouri Department of Mental Health. We know they are interested in improving chronic pain care and will share the outcomes with those agencies. There may also be opportunities to share the outcomes with legislators and other public officials. The Missouri Foundation for Health and the Health Care Foundation of Greater Kansas City provided grant funding to support our practice coaches to assist the PCHH Initiative providers to achievement of NCQA PCMH recognition, and we are confident they would be very interested in continuing the use of practice coaches to transform practices post-recognition.

Detailed Workplan Narrative

The work plan is provided in table format (included with attachments) with each activity linked to the specific objective(s) that then links to the three overall goals. Activities related to Objective 1, relate to provider education and training related to evidence-based chronic pain care and management and appropriate documentation in EHRs. Training and education will be provided in a variety of formats and venues to assure opportunities for participation. There will be three in-person learning collaborative opportunities – the kick-off meeting, a mid-project meeting/training, and a closing meeting. Webinars and other electronic means of communication and presentation will be used for topic or skill-related training apart from the learning sessions. MPCA practice coaches and our data analyst will be available for individual support also.

Activities within Objective 2 are focused on identifying and integrating chronic pain measures and related data elements into FQHC EMRs that can then be reported to demonstrate quality improvement in the delivery of care. Specifically, activities revolve around assessment of EHR capabilities, improving DRVS capability to capture and report data, and establishing a quality improvement team to provide oversight of the entire project. Activities also include developing an evaluation plan and disseminating lessons learned as described in the main section of the project narrative.

Objective 3 is patient centered, with activities focused on integrating evidence-based chronic pain care into the Patient-Centered Medical Home model within each of the participating FQHCs. The primary activities are to identify and implement a standardized evidence-based severity scale in the FQHCs and identifying evidence-based practices to achieve integrated pain management.

The deliverables schedule is included in the Work Plan, with all deliverables to be completed between January 2014 and February 2015. Deliverables are categorized in three specific areas: Training, Data/Evaluation and Coaching. The table below is a summary of the overall work plan, illustrating how activities are linked to objectives, objectives are linked to the goals and how the goals are categorized within the three deliverables. The three deliverables areas match to breakout columns in the budget.

<table>
<tr><th>GOAL 1
(Training)</th><th>GOAL 2
(Data/Evaluation)</th><th>GOAL 3
(Coaching)</th></tr>
<tr><td>Increase knowledge and confidence of providers and care teams.</td><td>Demonstrate quality improvement in care delivery.</td><td>Reduce reported pain severity and improved quality of life.</td></tr>
<tr><td>OBJECTIVE</td><td>OBJECTIVE</td><td>OBJECTIVE</td></tr>
<tr><td>Provider care teams trained in evidence-based chronic pain management practices and other project-specific activities.</td><td>Chronic pain measures integrated into EHRs.</td><td>Integrate evidence-based chronic pain management practices into Patient Centered Medical Home.</td></tr>
<tr><td>ACTIVITIES</td><td>ACTIVITIES</td><td>ACTIVITIES</td></tr>
<tr><td>• Develop training materials
• Identify trainers
• Identify care teams to be trained
• Assess FQHC current approaches to pain management
• Kick-off meeting
• MPCA practice coaches trained in evidence-based chronic pain management practices
• FQHC group and individual training via webinar, site visits, other means as appropriate</td><td>• Finalize FQHC memorandums of under-standing
• Identify quality improvement team
• Assess each FQHC's EHR capabilities
• Build capacity with DRVS to capture/report data
• Resolve EMR issues</td><td>• Implement standardized evidence-based severity scale
• Finalize pain management metrics (standardized measures)
• Identify evidence-based practices to achieve integrated pain management</td></tr>
<tr><td colspan="3">• Evaluation plan developed
• Quality Reporting
• Plan for dissemination of learning/findings</td></tr>
</table>

Integrated Pain Management Learning Collaborative Work Plan 2014-15

To be completed by: Missouri Primary Care Association (MPCA)

Period: Jan 2014 through Feb 2015

Highlight Activities This Week [Month of Progress]

Obj. 1: By February 2014, XX FQHC provider care teams will be trained in IPM and other project-specific activities.

Obj. 2: By February 2014, quality measures for chronic pain will be identified and integrated into DRVS for reporting and measurement.

Obj. 3: By May 2014, a standardized, evidence-based pain severity scale will be implemented within the participating FQHCs.

Work Plan Activities

Obj	Activity	Due By	% Done	Deliverables	Project Lead	Notes/Progress
2	Finalize Memorandums of Agreement with participating Community Health Centers (FQHCs).	Early January 2014		Data and Evaluation	Project Leader	
2	Develop evaluation plan to monitor process and outcome measures.	Late January 2014		Data and Evaluation	Evaluation Consultant; Project Leader	
1	Finalize development of training materials to be used during training with FQHCs.	Mid-February		Training	Angela Herman	
1	Identify trainers/experts to be utilized for the variety of trainings to be offered.	Mid-February 2014		Training	Project Leader; Angela Herman	
1-2-3	Indentify the QI/Care Team structure within each FQHC for purposes of conducting appropriate training and conducting PDSAs.	Mid-February 2014		Training/Data and Evaluation/ Coaching	Project Leader	

Work Plan Activities

Obj	Activity	Due By	% Done	Deliverables	Project Lead	Notes/Progress
1	Host kick-off meeting/ training with participating FQHC's and their identified Care Teams.	Late February 2014		Training	Project Leader	
2-3	Finalize chronic pain care metrics, establishing standardized quality measures for chronic pain (including patient clinical outcomes and patient engagement).	Late February 2014		Data and Evaluation/ Coaching	Evaluation Consultant; Project Leader; QI Team	
1	MPCA practice coaches trained in evidence-based pain care and management practices.	March 2014		Training	Project Leader	
2	Modify Data Reporting and Visualization System (DRVS) and FQHC EMRs to capture and report chronic pain data and measurement.	March - April 2014		Data and Evaluation	Project Leader	
2-3	Identify evidence-based practices to utilize with the FQHCs to incorporate into PCMH model.	Early February 2014		Data and Evaluation/ Coaching	Project Leader; Dr. Haake; QI Team	
3	Provide on-site practice coaching to participating FQHCs.	April - December 2014		Coaching	Coaches; Dr. Haake	

Work Plan Activities

Obj	Activity	Due By	% Done	Deliverables	Project Lead	Notes/Progress
1	MPCA provide topical training both onsite and remotely to FQHCs.	April - September 2014		Training	Project Leader; Angela Herman	
3	MPCA practice coaches supporting Care Teams in designing and executing PDSAs to improve chronic pain management.	April - September 2014		Coaching	Coaches; Dr. Haake	
1,2,3	MPCA host mid-project learning session	August 2014		Training, Data and Evaluation, Coaching	Project Leader	
2	Work to resolve EMR issues of each participating FQHC as they surface.	Ongoing		Data and Evaluation	Project Leader	
2	Quarterly reporting on project work plan and on data measures.	Quarterly (April, July, October, January)		Data and Evaluation	Project Leader; Dan Kempker	
2	Develop plan for dissemination of lessons learned and findings within Missouri and nationally.	January - February 2015		Data and Evaluation	Project Leader	

Work Plan Activities

Obj	Activity	Due By	% Done	Deliverables	Project Lead	Notes/Progress
2	MPCA host close-out learning session	2/1/2015		Data and Evaluation	Project Leader	

Organizational Detail

***Leadership and Organizational Capability*:**
The Missouri Coalition for Primary Health Care dba Missouri Primary Care Association (MPCA) was organized in 1984 to represent and serve the federally-funded Community Health Centers, now known as Federally Qualified Health Centers (FQHCs), in Missouri. The mission statement of the MPCA is "to be Missouri's leader in shaping policies and programs that improve access to high-quality, community-based, and affordable primary health services." Every program and service offered by MPCA addresses either improved access to primary care or improved quality of care and health outcomes for the patients in our FQHC members' service areas and communities. In 2012, MPCA members, including all FQHCs in Missouri, served over 440,000 persons with nearly 1.6 million visits at over 150 locations. 34.7 percent are uninsured, 42.6 percent MO HealthNet Division (Missouri Medicaid) beneficiaries, 8 percent have Medicare coverage, and 14.7% are commercially insured.

MPCA's proven track record is demonstrated by the fact that it has been funded continuously by the Bureau of Primary Health Care (BPHC) within the Health Resources and Services Administration (HRSA) since 1984 and is tasked with providing training and technical assistance for performance improvement and compliance to the HRSA grantees in Missouri. In addition, MPCA has successfully administered state funding to Missouri FQHCs for service expansion, oral health service development and enhancement, outreach and enrollment in Medicaid and Children's Health Insurance Program (CHIP), capital improvements, electronic health record acquisition, and primary care/mental health integration partnerships for the past ten years. MPCA received HRSA funding for Health Center Controlled Networks to create the Missouri Quality Improvement Network and to develop a data repository and reporting system that provides over 150 clinical quality measures for MPCA members to support individual and statewide quality improvement efforts. This system is used to report clinical quality measures to MO HealthNet Division on behalf of 24 enrolled provider organizations for the Missouri Primary Care Health Home Initiative, a Medicaid State Plan Amendment authorized by Section 2703 of the Patient Protection and Affordable Care Act (PPACA) focused on health home services for patients with multiple chronic illnesses and risk factors.

Assisted with foundation funding, MPCA also provides practice coaching toward National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) recognition to the provider organizations in the Health Home initiative. MPCA is the lead Primary Care Association for thirteen partner Primary Care Associations from federal Regions IV, V, VI, and VII and contracts with the American Institute of Research for CMS to provide and oversee practice coaching toward NCQA PCMH recognition for FQHCs who are participating in CMS' Advanced Primary Care Practice Demonstration.

MPCA employees and consultants work directly with FQHCs and are familiar with the needs of the populations served by them, especially MO HealthNet and uninsured patients. MPCA was fully involved during the formation of the PPACA Section 2703 Primary Care Health Home Initiative State Plan Amendment, gaining knowledge of Medicaid reimbursement and coverage

limitations that impact the provision of comprehensive chronic illness care. MPCA advocated strongly for the inclusion of chronic pain as a qualifying condition in the State Plan Amendment, but we were unable to provide assurance of capacity or ability to treat chronic pain effectively, the very problem this proposal addresses. The practice coaching supported with foundation funding has provided opportunity for on-site work at the FQHCs that furthers understanding of patient needs, desires and behaviors.

MPCA is governed by a Board of Directors composed of a representative, usually the CEO, of each federally-funded FQHC. The Board bears ultimate fiscal responsibility for funding received and successful performance for all grants and contracts, and will receive quarterly reports on the progress of *Transforming Pain Management in Missouri FQHC Medical Homes*. The members of this Board will also influence the success of the project, since they will provide executive leadership and support locally as training is provided at their FQHCs across the state.

The MPCA Center for Health Care Quality houses MPCA's training and technical assistance programs and quality improvement initiatives. The Center focuses on strengthening individuals, organizations and communities by facilitating learning, leadership development, quality enhancement and networking in support of efforts to develop, implement and sustain community health improvements. Products and services cover quality improvement, performance improvement and best practices; data collection, research and analysis; technical assistance; and network development. This Center will be the institutional home for *Transforming Pain Management in Missouri FQHC Medical Homes*.

MPCA has five practice coaches trained in patient centered medical home principles and standards. They will be further trained to effectively support chronic pain management improvement efforts at the participating FQHCs within the PCMH framework. They are listed in the table below with accompanying descriptions of their areas of expertise.

Practice Coaching Team

Team Member	Role and Expertise
	Team Lead, Generalist
	Compliance
	Operations, Risk Management
	Outreach, Patient Engagement
	Workflow, Operations, HIT

Karl James Haake, M.D.
Curriculum Vitae (Updated 11/18/13)

Personal Information

Home Address: 9215 Ensley Lane
Leawood, Kansas 66206
Contact: 573-353-6027
Email: karljhaake@me.com

Born: January 7, 1972
Birthplace: Omaha, Nebraska
Marital Status: Married, 3 children

Education

1998 to 2002	Resident, Anesthesiology, University of Nebraska, Omaha, Nebraska
1999 to 2000	Intern, Internal Medicine, Creighton University, Omaha, Nebraska
1994 to 1998	Student, Creighton University School of Medicine, Omaha, Nebraska (M.D. degree conferred May 1998)
1990 to 1994	Student, Major in Psychology, Creighton University, Omaha, Nebraska (B.A. degree conferred May 1994)
1986 to 1990	Student, Rockhurst High School, Kansas City, Missouri

Professional Employment

2013 to present	Consultant, Care Management Technologies, Raleigh-Durham, North Carolina
2013 to present	Director of Pain Management, Research Medical Center and Midwest Pain Management Associates, Kansas City, Missouri
2013 to present	Consultant, Community Health Center of Central Missouri, Jefferson City, Missouri
2012 to present	Consultant, Crider Health Center, Wentzville, Missouri
2012 to present	Honorary Medical Staff, Department of Anesthesia and Perioperative Medicine, University of Missouri, Columbia, Missouri
2012 to present	Regional Medical/Dental Consultant, Centene Corporation, St. Louis, Missouri
2011 to present	President, Haake Medical Services, LLC, Jefferson City, Missouri
2011 to present	Pain Clinic Director, Golden Valley Memorial Hospital, Clinton, Missouri
2012	Consultant, Heartland Health System, St. Joseph, Missouri
2011 to 2012	Director of Anesthesia Services, Golden Valley Memorial Hospital, Clinton, Missouri
2009 to 2013	Pain Clinic Director, Community Health Center of Central Missouri, Jefferson City, Missouri
2005 to 2012	Clinical Assistant Professor, Department of Anesthesia and Perioperative Medicine, University of Missouri, Columbia, Missouri
2005 to 2010	Physician/shareholder, Mid-Missouri Anesthesia Consultants, P.C., Jefferson City, Missouri
2004	Physician/employee, Stevens Point Anesthesia Association, S.C., Stevens Point, Wisconsin
2002 to 2004	Physician/employee, Mid-Missouri Anesthesia Consultants, P.C., Jefferson City, Missouri
2001 to 2002	Physician/employee, Emergency Practice Associates, Waterloo, Iowa

Professional Experience

2013 to present	Member, Opioid Prescribing Initiative Expansion Committee, Missouri Department of Mental Health
2013 to present	Member, Cancer Pain Research Consortium
2012 to present	Member, Pain Action Alliance to Implement a National Strategy (PAINS)
2012 to present	Member, Primary Care Special Interest Group, American Academy of Pain Medicine
2012 to present	Member, Credentials Committee, Home State Health Plan, Centene Corporation, St. Louis, Missouri