

*An Interprofessional Strategy for
Improving Primary Care Management
of Patients with Chronic Pain:*

Project TEAMS

*(Teleconference Education And
Management Support)*

*Submitted to Pfizer IGLC by
University of Cincinnati
Center for Continuous Professional Development
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TITLE

An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)

OVERALL GOALS AND OBJECTIVES

Goal of Project: To develop practical, teleconference-based, interprofessional consultation coaching “rounds” (Called Teleconference Education And Management Support (TEAMS) that connect a group of primary care providers (PCPs) with each other and experts from a variety of disciplines who work with patients with chronic pain (CP).

Our **primary hypothesis** is that participation in TEAMS coaching by PCPs will increase their comfort, self-efficacy, knowledge and interest in improving the care of chronic pain patients. A **secondary hypothesis** is that patients of PCPs who participate will have more appropriate use of a broader number of chronic pain resources, including experts in chronic pain care from multiple healthcare disciplines, and demonstrate decreased pain severity and increased enjoyment of life and functional ability.

Project Objectives:

1. Develop a provider-driven interprofessional pain teleconference series (TEAMS coaching) readily available in PCP offices of the UHealth Primary Care Network and the offices of interprofessional pain management practitioners.
 - a. Arrange for PCPs to present active patient cases for discussion and problem-solving by other PCPs and interprofessional pain practitioners using evidence-based best practices and real time regional resources.
 - b. Work with pain management, physical therapy, mental health, addiction medicine, pharmacy, nursing, and integrative medicine as well as community agencies and support services (Arthritis Foundation, YMCA, social workers, etc.) to produce interactive and evidence-based presentations of clinical pearls addressing the specific concerns of PCPs related to pain assessment and management.
2. Create an online archive of the TEAMS coaching sessions that will be available via our Center for Continuous Professional Development Learning Management System (LMS).
 - a. TEAMS coaching sessions will be edited to remove information that could violate HIPAA regulations. They will be configured as enduring materials and accredited for *AMA PRA Category 1 credit™* and posted on the University of Cincinnati CPD web site. The site is available to an international audience.
 - b. The TEAMS enduring materials will include the ability to post questions and comments. The questions and comments will be integrated into subsequent live TEAMS sessions for discussion and the results of the discussions will be posted with the enduring materials.
3. Use an ongoing evaluation strategy to assess and improve the applicability of the TEAMS coaching to maximize provider participation; and to assess any resultant increase in PCP self-efficacy, the impact on patient care, and the effectiveness of interprofessional involvement in the care of patients with pain. Additionally, the evaluation data from the enduring materials will be integrated into the assessment of the TEAMS project.

TECHNICAL APPROACH

The Institute of Medicine, in its report, *Relieving Pain in America*, notes that, “Chronic pain has a distinct pathology, causing changes throughout the nervous system that often worsen over time. It has significant psychological and cognitive correlates and can constitute a serious, separate disease entity.”¹ CP is particularly common in primary care settings with prevalence estimated anywhere from 5% to 50%, depending on the source.¹⁻⁶ In alignment with the Patient Centered Medical Home (PCMH) and Chronic Care Model,⁷ many experts and clinicians agree that CP requires a multi-modal, interprofessional approach to achieve maximum benefit for patients.^{1,8} The premise for this project is that primary care providers are facing an increasing number of challenges in caring for patients with CP. Diagnosing and managing a wide range of conditions that produce CP can be very difficult and time-consuming. The regulatory issues related to the chronic use of opioids have added a layer of assessment and documentation that stretches office resources. Another significant challenge for PCPs is their limited awareness of other provider and community resources that are available to assist in the care of patients with chronic pain. This project is designed to provide resources and a support mechanism for primary care providers to discuss their challenging cases with an interprofessional team of pain care practitioners and patient support service agencies. The monthly TEAMS coaching will provide specific support to the PCPs presenting patients, but the general educational content is valuable to other PCPs on the call as well as other pain care providers who are participating. The format of the TEAMS coaching promotes information sharing and the development of integrated, interprofessional approaches to addressing the clinical challenges of chronic pain care. The archived conferences allow the education to be widely disseminated and provide the opportunity for other learners to ask questions and comment, thus creating a broader community of learners.

Incorporating information technology into the delivery of curricula, including mentoring by means of video technology and “telementoring,” has demonstrated an ability to improve physician knowledge and patient outcomes in several areas, including chronic pain management.⁹ Telehealth is defined as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.⁹ We will use readily available and easy-to-use telecommunication technology to implement our interprofessional pain TEAMS coaching. Similar methods have been piloted by Project ECHO Pain, an American Pain Society Center of Excellence in New Mexico, and have been adapted for use by others to meet local needs and conditions.^{10,11} While adapting this model, we will adhere to best practices to reduce variation in care, and utilize case-based learning to support CP expertise and team-based care among primary care physicians.

Current Assessment of Need in Target Area – Quantitative Baseline Data Summary

We have been actively assessing and working to improve the quality of care provided to patients with CP in our region since 2009. The Cincinnati Area Research and Improvement Group (CARInG) Practice Based Research Network, a regional primary care PBRN directed by Dr. Nancy Elder, initiated this work with a study in 2009, in which 21 family physicians reported on 533 patients presenting for office visits. The physicians identified 138 patients (26%) as having chronic pain; of those patients, 65 (47%) were currently taking chronic opioids.¹² The Primary

Care Network (PCN) of UHealth is a subset of CARInG that, at the time, included 14 primary care practices affiliated with the University of Cincinnati. Three PCN practices participated in the 2009 study; 23% of office visits at these practices involved patients with CP.

This study, along with a second study in 2012 funded by the Association for Hospital Medical Education, identified important practice gaps. In 2013, we received a Pfizer Independent Grant for learning and Change to improve the care of patients with chronic pain in primary care (ongoing as of this application). Our initial assessment of 12 primary care practices in the PCN (via chart reviews and PCP and nursing staff surveys) confirmed the practice gaps from our earlier studies, including:

- 1) Poor documentation of CP assessment and management (chronic pain was adequately addressed in the charts of 68% of 485 patients with CP);
- 2) Underuse of structured assessment instruments (pain severity was assessed with an instrument in 77% of patient charts, functional disability with an instrument in 47%);
- 3) Limitations by the provider to assess and understand functional disability and emotional stress of CP (Of 65 PCPs, 36% had high self-efficacy to assess functional disability, 61% to assess emotional states);
- 4) Wide variations in prescribing medications for CP (56% of patients were on opioid medications);
- 5) Minimal use of and coordination with other pain care providers (30% of patients had been referred to pain management, 11% to mental health, 34% to physical therapy and 3% to integrative medicine).

In order to better understand how PCPs coordinated care with other providers, we interviewed 32 providers in primary care, pain management, mental health, physical therapy and integrative medicine (physicians, acupuncturists, massage therapists and chiropractors) about their care of patients with CP and their communication with primary care. A qualitative analysis of these interviews found that many had a poor understanding of the scope of practice of other CP caregivers and did not know how and when to best utilize services for patients. Silos of care were the norm, rather than cohesive treatment by an effective pain care team.

In our ongoing project, we are using a multimodal approach to practice change, including performance feedback, mentored quality improvement and evidence-based academic detailing by other pain practitioners. Interim assessments have shown that primary care physicians are improving their assessment of patients with chronic pain. Evaluations of the academic detailing sessions revealed that up to 33% of those attending wanted to change their referral and coordination activities. **However, the actual provision of appropriate and timely interprofessional care of chronic pain patients remains elusive, even for these motivated primary care physicians. Providers continue to puzzle over appropriate referrals and are unaware of how to take full advantage of the wider range of resources in the community to support patients with chronic pain.**

Primary Audience Targeted

We are targeting primary care providers in the UHealth PCN, including family physicians, general internists and internal medicine/pediatrics physicians, as well as nurse practitioners in these fields. The PCN is a rapidly growing network of providers all utilizing the same Electronic Health Record (EHR), EPIC. There are currently 18 practice locations with 87 providers in both

urban and suburban locations; practices are up to 40 miles apart. Several of the practices have large populations of underserved and vulnerable patients. The PCN saw over 52,000 patients in 2013. All except the newest practices have received National Quality Forum certification as Patient Centered Medical Homes; newer practices are in the process of becoming PCMH certified. In addition to the primary care providers, these practices are staffed with medical assistants, LPNs and RNs; larger offices have office managers while smaller offices share centralized office management. There are two residency programs (internal medicine and medicine/pediatrics) in the PCN. Twelve PCN practices are currently participating in the previously described project to improve chronic pain care in primary care.

Our hypothesized project outcome (increased comfort, self-efficacy and knowledge about chronic pain care by participating PCPs) will also directly benefit the chronic pain patients in these practices. From our previous studies, we estimate that 26% of adult patients in the PCN practices have chronic pain. As the PCPs gain expertise from an interprofessional team of pain practitioners we expect that the chronic pain patients of these providers will have less severe pain, have a better quality of life and have less functional disability from their pain, and that more of these patients will have an interprofessional team providing direct patient care.

INTERVENTION DESIGN AND METHODS

Overview: This project will develop interprofessional consultation/education coaching sessions that will be case-based, PCP-driven, and team-focused. Using ubiquitous and accessible telehealth methods (teleconferencing), we will connect a group of PCPs with other PCPs and practitioners from a variety of disciplines who treat patients with CP. These monthly conferences will include clinical pearls, a PCP-presented patient case of concern for discussion and advice, and previous case follow-up/question and answer. The TEAMS coaching will not just describe evidence-based care, but will coach PCPs on how best to provide that care, including better assessments, use of EHR tools, formal referrals, care coordination and use of a wide variety of community resources. The interprofessional coaching sessions will be recorded and made available (endured) for review to a wide audience through our existing online LMS. Our LMS also allows for questions and comments to be posted. CE credit will be made available for physicians and other licensed professionals for both the live and online sessions. We will begin with the UHealth PCN's 14 practices, with a goal of expanding to all 35 practices within the CARInG network. A broad-based outcomes assessment will examine the impact of these sessions on participant knowledge, changes in practice, use of available consultant and community resources, and improvements in patient outcomes.

Objective 1: *Develop an interprofessional pain teleconference series (TEAMS coaching) using video and audio conferencing technology readily available in PCP offices of the UHealth Primary Care Network and the offices of interprofessional pain management practitioners.*

We anticipate using the online program GoToMeeting to teleconference between PCPs, conference organizers and the pain practitioners. This web based system will allow video conferencing, ability to share screens from a tablet computer or smart phone, audio via the computer or phone and record the meeting for later distribution. There is no cost to those participating, so there will be no burden on them to participate. GoToMeeting also keeps a log of attendees, which will assist with project evaluation. GoToMeeting has been used by UC and UHealth previously, and the IT staff at UHealth and UC will confirm for us that this is the best

system for us to use prior to the start of the project. We will utilize the services of a telehealth expert, Charles Doarn, MBA, who will review our project plans and assist us in interacting with IT support as needed to ensure seamless TEAMS coaching sessions.

During our first three months of the project, we will visit each of the PCN practices to describe the TEAMS coaching and to ensure that each site has the technological ability to download the needed GoToMeeting software. We will work with UHealth IT support as needed to be sure that all PCPs and their staff have the capability to participate. We will also ensure that our core pain practitioners have the technology needed to participate in the project. We will pilot test GoToMeeting logistics with an orientation session prior to beginning the TEAMS coaching.

As previously mentioned, 12 of the 18 UHealth PCN practices are participating in our current improving chronic pain project; four of these in the “active” arm have initiated mentored pain improvement projects in their practices. We will work with these practices to be “early adopters” of the TEAMS coaching so that other PCPs and staff members can participate as observers for the first 1 to 2 months before submitting their own patient cases.

We plan to have a monthly TEAMS coaching session from 12:15 – 1pm once a month. We will poll PCPs and pain practitioners to choose the best day of the week for the sessions. PCPs will be invited to submit real patient cases for which they would like interprofessional pain consultation 2 weeks before each session (see below for details of the case submission process). ALL patient cases will be anonymous, with no identifying patient information. If necessary, the team leadership will slightly change patient details (e.g., age) prior to the TEAMS coaching session to ensure patients are not identifiable. Project leadership will include or exclude monthly cases for discussion based on several factors, to make certain a variety of treatment options are discussed, including whether a similar case has been recently presented, likelihood that the case is representative of CP patients seen in primary care, and whether the PCP has recently had a case presented. Since previous TEAMS coaching sessions will be endured and available for review, we will refer PCPs to the archived discussions when they submit cases similar to ones already discussed. We will invite participation by as many PCPs as possible and will choose cases from different PCPs each month, as available. We will send monthly email reminders to PCPs and office managers prior to each TEAMS coaching session, with a brief description of the selected patient case to be discussed, along with an overview of pearls that will be presented.

The core team of pain practitioners (pharmacy, pain management, behavioral/mental health, integrative medicine and physical therapy) will receive the written summary of the case 1 week prior to the scheduled TEAMS coaching. Depending on the case, we will invite additional pain practitioners as appropriate (e.g., addiction specialists for cases with abuse issues, neurologists for patient cases that include headaches, social work for cases needing supportive services, community agency representatives for cases benefitting from their services, etc.).

Each TEAMS coaching session will begin with a 10 minute clinical pearl presented by one of the pain practitioners (see below for details). The PCP will present the case verbally for five minutes, focusing on key history and physical elements and clinical questions of most interest to the PCP. The next 25 minutes will be a discussion of the case by the PCP and the pain practitioners. Others on the call may send in questions by typing them into the system or asking them verbally during the open question section of the discussion. The final five minutes will be

a time for participants (PCPs and pain practitioners) to give updates on previously presented cases. The project manager will moderate the sessions to ensure that time limits are kept and that the discussion continues to move forward. While the “official” TEAMS coaching will end promptly at 1pm, the pain practitioners will remain available to the PCP presenting the case for an additional 15 minutes if desired, to clarify any remaining points and assist with care logistics.

Objective 1a: *Work with pain management, physical therapy, mental health, addiction medicine, pharmacy, nursing and integrative medicine as well as community agencies and support services (Arthritis Foundation, YMCA, social workers, etc.) to produce an interactive and evidence-based curriculum of mini-didactic clinical pearls addressing common pain assessment and management problems in primary care.*

Our previous work has served to build a strong, highly functional interdisciplinary team that has effectively led the implementation of the current practice-based improvements in CP. This same core team, including Principal Investigators Nancy Elder, MD, and Jill Boone, PharmD, is committed to continuing this support by regularly bringing knowledge, skills, communication and answers directly to PCPs in their offices via technology. The core team of pain practitioners (pharmacy, pain management, behavioral/mental health, integrative medicine and physical therapy) have supported our previous work with academic detailing sessions in primary care offices and are familiar with the pain care problems and concerns of primary care providers. Based initially on feedback from PCPs and their office nursing staff during academic detailing sessions in 2014 by the core pain practitioners, we will select 2-3 common pain care concerns of primary care and ask the core pain practitioners to prepare an evidence-based 10 minute mini-didactic clinical pearl to begin each TEAMS coaching session. Each mini-didactic pearl will be discussed with two primary care physicians on the study team to ensure applicability prior to its presentation. After the initial few months of TEAMS coaching case presentations, we will identify issues that were unable to be discussed completely, or were unable to be answered with sufficient evidence during the live sessions, and assign them to a pain practitioner for a future mini-didactic clinical pearl.

We will also call on other specialists who may work with a specific type of pain (e.g., fibromyalgia, headaches, pelvic pain) or from community organizations (e.g., arthritis foundation, etc.) or quality improvement specialists to prepare mini-didactic clinical pearls as specific needs, requests or new evidence emerges. Project leaders will keep track of the clinical pearls presented to ensure that PCP needs are met and a variety of important issues are covered. We will also look to established pain curricula to ensure that we address recommended evidence-based knowledge and skills for clinicians. Finally, we will refer PCPs to the archived sessions when questions arise that have been covered in a previous clinical pearl.

Objective 1b: *Using simple presentation templates, allow for PCPs to present active patient cases for discussion and problem-solving, using evidence-based best practices and real time regional resources.*

In order to make the TEAMS coaching both useful and efficient for PCPs, a short case summary form will be developed for presentation submission. Project leadership will initially draft this form using findings from the qualitative analysis of the interviews with PCPs and pain practitioners described earlier. We have a good understanding of the type of help that PCPs request from pain consultants and the information that pain practitioners need from PCPs to be

of most assistance. We will work with the UCHHealth PCN Clinician's Research Advisory Group (a group of six primary care clinicians and two primary care staff that meet regularly to review and advise on proposed and active research in primary care practice) to adapt the submission form.

We will share the submission process with PCPs during our introductory visits to each practice. The project manager will then email reminders to all PCPs and office managers each month along with a digital copy of the submission form, reminding providers to submit their patient cases for interprofessional consultation via email.

Objective 2: *Develop an online archive of the TEAMS coaching that will be available online via our Center for Continuous Professional Development Learning Management System (LMS).*

A key feature of this proposal is the enduring educational materials that will be developed from the interactive TEAMS coaching. Each 45 minutes session, containing a 10 minute mini-didactic clinical pearl, a 30 minute case presentation and discussion by PCPs and pain practitioners, and a 5 minute update on previous cases will be edited to remove information that could violate HIPAA regulations. Sessions will be configured as enduring materials and accredited for *AMA PRA Category 1 credit™* and posted on the University of Cincinnati CPD web site. The site is available to an international audience. The project manager, along with the project PIs, will prepare a short, written summary of each video along with 2-3 learning objectives, so that those who visit the LMS to watch the video can anticipate what they will learn. The TEAMS enduring materials will include the ability to post questions and comments. The questions and comments may be integrated into subsequent live TEAMS sessions for discussion and the results of the discussions will be posted with the enduring materials.

Objective 3: *Use an ongoing evaluation strategy to assess and improve the applicability of the TEAMS coaching to maximize provider participation and resultant increase in PCP self-efficacy, the impact on patient care, and the effectiveness of interprofessional involvement in the care of patients with pain. Additionally, the evaluation data from the enduring materials will be integrated into the assessment of the TEAMS project.*

As this is an educational intervention aimed at primary care providers, our assessment strategy will consist of: **1)** surveying PCP and PCN nursing/MA staff about self-efficacy for pain assessment and management, knowledge and use of pain referral and communication, and comfort caring for patients with CP; **2)** responding to and incorporating feedback from evaluations; **3)** monitoring attendance of real-time interactive participation, as well as assessment and use of archived educational sessions. Secondary outcomes to be assessed include patient pain outcomes and system changes. Details are provided in the evaluation design, below.

EVALUATION DESIGN

The overall evaluation design for this project will be to assess changes in provider approaches to challenging situations with chronic pain patients. Specifically, we will be designing an assessment strategy that measures comfort and self-efficacy levels in treating patients with chronic pain, use of interdisciplinary and interprofessional approaches to chronic pain management, and improvements to quality metrics related to the care of chronic care patients.

The first component of the evaluation strategy will focus on the impact of the TEAMS sessions on provider competency and practice. PCPs in the UC Health PCN are the primary target for the TEAMS teleconferences. To measure provider competency, a self-assessment will be completed. All of the PCPs will be requested to complete baseline and 12-month assessments related to the measures described above via online surveys. After at least 12 months of the TEAMS conferences, the survey results from PCPs who participated in TEAMS sessions will be compared to those who did not. For TEAMS participants, there will also be a survey administered at the end of each monthly conference assessing self-efficacy and knowledge of the covered topic. The monthly assessments will provide immediate feedback regarding the impact of the clinical pearl and case conference content. An ANOVA will be done to assess changes over time for repeat participants. For practice changes, referrals and patient pain assessment will be monitored. For analysis of referral utilization, a baseline and post-conference series chart review will be completed to assess the number and type of referrals for all participating practices. Similarly, the utilization of pain tools and change in pain rating during the study period will be determined at baseline and after the completion of at least 12 months of conferences.

The second component of the evaluation strategy is focused on the TEAMS teleconferences and the process and content associated with how they are utilized by providers. We will use qualitative analytic strategies to examine transcripts of each TEAMS sessions. We will examine the content and structure of the interactions, levels of participation, types of questions, and the amount of time spent on various topics. Each TEAMS session will also have a brief evaluative discussion at the end of the teleconference. We will facilitate that discussion to assess the value of the session. A follow-up electronic evaluation survey will be requested of each participant at the conclusion of each monthly TEAMS conference, as is required for continuing education credit. The information collected will help improve future conferences.

The third component of the evaluation will examine the efficacy of transforming the TEAMS sessions into enduring materials and the value they provide to learners who do not participate in the live sessions. We recognize that active participation in learning sessions is a better educational experience and more likely to impact practitioners. However, as a practical matter, the value of TEAMS teleconferences is their relatively small size and the opportunity for interactivity. Archiving these sessions has value for live TEAMS participants who want to review the discussions and will be available as an educational tool for interested learners at a later time. The above described self-assessments as well as the conference evaluation will be obtained from each user at the completion of an archived session.

[Addressing Practice Gaps; Quantify Expected Change](#)

The key practice gaps for the evaluation of this project include:

- 1) Low knowledge and self-efficacy related to solving challenges for chronic pain patient treatment and management.
- 2) Limited use of interdisciplinary and interprofessional expert consultants for better management of CP patients.
- 3) Lack of awareness and use of community resources available to support CP patients.
- 4) Difficulty selecting optimal referrals for complicated CP patients.

The following table provides an overview of the metrics, measures, analysis, and expected changes for each of the practice gaps listed above.

Practice Gap	Metrics	Measures	Analyses	Expected Change
Low knowledge and self-efficacy related to treatment and management of chronic pain patients	<ul style="list-style-type: none"> • Self-efficacy, comfort, and knowledge in managing challenges related to caring for patients with CP • Care impact of monthly TEAMS teleconference • Patient pain assessments 	<ul style="list-style-type: none"> • Self-assessment instrument measuring knowledge gained and evaluation of evidenced-based pearls and case discussion (administered after each team session to all participants of live session and archive sessions) • Self-efficacy, comfort, and knowledge assessment of all PCN PCPs and staff at baseline and after 12 months of TEAMS coaching sessions. • Pain assessments of patients of participating PCPs will be compared at baseline and after 12 months. 	<ul style="list-style-type: none"> • A repeated- measures analysis of variance (ANOVA) will be used to assess changes over time for those PCPs participating in multiple TEAMS sessions. • Chi-square tests will be used to compare baseline and end of project knowledge and self-efficacy and t-tests will be used to compare pain assessments 	<ul style="list-style-type: none"> • We anticipate that we will measure a 30% increase in knowledge and self-efficacy among TEAMS participants. • We anticipate those attending multiple TEAM sessions will show more improvement than those who attend few sessions. • We anticipated the use of pain tools to improve 20% in participants practice.
Limited use of interdisciplinary and interprofessional expert consultants for better management of CP patients	<ul style="list-style-type: none"> • Contacts, consultations, referrals, and other interactions with other providers that are related to CP care in individual patients. 	<ul style="list-style-type: none"> • Pre and Post-TEAMS survey of PCPs asking them to identify the types and frequency of contacts with other providers and experts that are related to care of CP patients. • Pre and Post-TEAMS patient chart review of number and types referrals for chronic pain patients 	<ul style="list-style-type: none"> • We will use chi-square and t-tests to compare Pre- and Post-Teams survey and patient chart data. 	<ul style="list-style-type: none"> • We expect a 20-25% increase in PCP contacts with interdisciplinary and interprofessional providers for challenging CP patients. This will be reflected in self-reports (surveys) and in evidence found in patient health records.

Practice Gap	Metrics	Measures	Analyses	Expected Change
Lack of awareness and use of community resources available to support CP patients.	<ul style="list-style-type: none"> Ability to name community resources and how to connect patients appropriately Use (educating patients or direct referral) community resources that are available to support CP patients. 	<ul style="list-style-type: none"> Pre- and Post-TEAMS survey of PCPs. These surveys will include a knowledge assessment of community resources and a checklist of resources they have used (and how often). 	<ul style="list-style-type: none"> Pre-Post comparisons of knowledge and use of resources will be analyzed by paired t-tests and chi-square tests. 	<ul style="list-style-type: none"> We expect that PCPs will show a 20-40% increase in awareness of community resources for supporting CP patients.
Difficulty selecting optimal referrals for complicated CP patients	<ul style="list-style-type: none"> Ability to identify appropriate referral sources for CP patients with different conditions. 	<ul style="list-style-type: none"> Pre- and Post-TEAMS survey assessing when, and to whom, referrals are made for challenging CP patients. Case study analysis of patients presented for team coaching with follow-up 	<ul style="list-style-type: none"> Measure difference in pre-post surveys We will engage consulting experts to assist in the qualitative analysis of the responses to the case studies. 	<ul style="list-style-type: none"> Increase of appropriate referrals (by self-reported surveys) of 30% Qualitative improvement of referral utilization through the year-long coaching sessions

Participant surveys: Electronic surveys will be provided via the online use of REDCap survey services. Participants will receive an e-mail with a link to REDCap and will be able to complete surveys in a single session or save incomplete surveys and return to the survey at a later time. All surveys data will be confidential but we will know the identities of respondents so that we can appropriately follow-up with participants who do not complete the surveys in a timely manner.

Chart reviews: We work closely with the UC Health IT department and the UC Department of Biomedical Informatics to generate regular reports from the EPIC EHR system. We also will have access to individual patient records for chart reviews. All information is de-identified prior to being entered into our database for analysis.

Engagement of Target Audience

Primary Care Providers and their clinical staff (mainly medical assistants and nurses) are the target audience. We will engage these providers through a multifaceted approach. As previously mentioned, 12 of the 18 UCHealth PCN practices are participating in our current improving chronic pain project; four of these in the “active” arm have initiated mentored pain improvement projects in their practices. We will work with these practices to be “early adopters” of the TEAMS coaching and encourage these providers to informally share TEAMS coaching with their colleagues. We will engage the UCHealth primary care clinician research advisory group to not only review and adapt the TEAMS coaching submission form, but to spread word of the new project in their own practices. We will also send our regular email notices to office managers and medical directors at the primary care practices. And prior to the first session, we will personally visit each practice to describe the sessions and encourage participation.

Dissemination plan

In addition to the required reports and participation in funder-initiated meetings to discuss and disseminate findings with other grantees, we will present our findings at national meetings and submit manuscripts for peer review and publication. We will include a sustainability assessment for future implementation into practices. Since our primary audience is primary care physicians, journals and meetings of interest to them will be our main focus.

DETAILED WORK PLAN AND DELIVERABLES

This 20-month project has integrated deliverables that fall into three areas: 1) Development and implementation of longitudinal provider-driven teleconferences; 2) Sharing and discussion of interprofessional pain management practice pearls; and 3) Outcomes assessment/research. The first four to six months will focus on developing standardized approaches for the teleconferences, developing educational pearls and finalizing tools/resources for outcomes assessment. We will also use that time to engage practices for difficult patient management cases and promote the program throughout the practice network. During the 15 month Implementation phase of the project we will facilitate 15 teleconferences and obtain ongoing feedback from participants. Using this feedback, we will refine these activities to optimize their impact on practice and patient care. Qualitative and quantitative data will be collected throughout this period. In the final two months of the project, we will analyze data, prepare manuscripts and develop plans for dissemination to other practices and systems. The following are the focus areas for this project.

Practice Engagement

- Recruitment of practices for patient presentations
- Engaging primary care staff to participate in the teleconferences

Systems Changes

- Broad dissemination of evidence-based education regarding pain management
- Expanded knowledge of systematic resources (eg. Referrals) and tools available for pain assessment and documentation within electronic medical record

Outcomes Evaluation and Research

- Baseline data (surveys and baseline pain assessments of CP in participating practices)
- Assessment of Teleconference (surveys and level of participation)

- Practice changes (use of pain assessment tools, referrals)
- Patient impact (chart/registry review and patient surveys)
- Dissemination (Publications and presentations)

Activity	Project Month	Responsible Person(s)	Anticipated Outcomes
Create and submit IRB protocol	1-3	<i>Nancy Elder Jill Boone Amy Short Pain Consultants Susan McDonald Harini Pallerla</i>	IRB approval/exemption
Develop program evaluation, participant assessment survey and data collection tools for project assessments	1-2	<i>Nancy Elder Jill Boone Amy Short Pain Consultants Susan McDonald</i>	Finalize tools for project assessments
Recruit UCH primary care practices for participation and market teleconference	2-4	<i>Nancy Elder Jill Boone Susan McDonald</i>	14 practices will commit to participate in conferences
Develop the initial structure for the teleconferences including patient case outlines, practice pearls, and practice outcome assessment suggestions	3-4	<i>Nancy Elder Jill Boone Pain Consultant Community Partners</i>	Develop first few presentations of engaging, evidence-based educational content for pain management in primary care
Conduct initial provider/staff surveys	3-4	<i>Susan McDonald</i>	>80% of surveys distributed will be returned
Set up web-based communication system for teleconferences	2-4	<i>Susan McDonald</i>	Pilot sessions to confirm communication process
Establish internet host and access for enduring materials	2-4	<i>IT Consultant Barb Speer</i>	Pilot process to ensure access and tracking for CME
Implementation of longitudinal teleconferences	5-19	<i>Nancy Elder Jill Boone Pain Consultants Susan McDonald</i>	Provision of educational pearls, patient case discussion/management coaching, follow-up of patient interventions
Ongoing quality improvement of teleconferences	5-19	<i>Amy Short Nancy Elder Jill Boone Susan McDonald</i>	Refinement of conference process to optimize success
Develop additional practice pearls for presentation based upon needs identified through conferences	5-19	<i>Nancy Elder Jill Boone Pain Consultant Community Partners</i>	Created practice pearls for all monthly conferences

Assess and document outcomes of presented patients	5-19	<i>Research Assistant</i>	Assess utilization of expert consultation
Final survey of providers and staff	17-19	<i>Nancy Elder Jill Boone Susan McDonald</i>	Self-Assessment by PCPs and staff of perceived impact of conferences on confidence
Qualitative and quantitative data analysis of teleconference impact	17-19	<i>Nancy Elder Jill Boone Susan McDonald Harini Pallerla Pain Consultants</i>	Incorporate pain experts assessment of PCP practice changes
Practice data collection	17-18	<i>Nancy Elder Jill Boone Susan McDonald</i>	Identify impact on practice pain documentation, referral use
Prepare final reports and disseminate learnings	19-20	<i>Nancy Elder Jill Boone Jack Kues Amy Short Susan McDonald</i>	Timely submission of final report; Submission of findings for presentation/publication. Strategy for sustaining and extending the teleconferences.

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ORGANIZATIONAL DETAIL

I. Leadership and Organizational Capability:

Organizational Overview: The University of Cincinnati (UC) Academic Health Center (AHC) is a major source of medical education and care in Greater Cincinnati. The center has a distinguished reputation for training prominent health care professionals and providing leading-edge research and patient care and includes the colleges of medicine, nursing, pharmacy and allied health sciences. Select UCAHC groups will partner to provide the expertise, leadership, and systems to successfully complete this project, including: **UC Center for Continuous Professional Development** ❖ **Cincinnati Interprofessional Care Collaborative** ❖ **Cincinnati Area Research and Improvement Group (CARInG)** ❖ **UC Health** ❖ **UC Health Primary Care Network (PCN)**.

The proposed chronic pain project will be implemented jointly by the **Cincinnati Interprofessional Care Collaborative (CICC) and CARInG**. The **CICC** is an interprofessional, multi-institutional team with representatives from all four colleges in the AHC, the UC College of Business, The Christ Hospital, Kroger Pharmacy, the Cincinnati VA Hospital, and UC Health. The specialties of this team include: family medicine, internal medicine/pediatrics, pharmacy research and resident training, community pharmacy practice, nursing, health services research, public health, health economics, medical education, quality improvement, social work, and psychiatry/behavioral neuroscience. Both Principal Investigators, Nancy Elder, MD and Jill Boone, PharmD, are members of the CICC.

CARInG is a primary care practice-based research network (PBRN) affiliated with the UC Department of Family and Community Medicine. Begun in 2009 with support from the UC Clinical and Translational Science Award, there are 30 family and general internal medicine practices now in CARInG. The goal of CARInG is to improve the care of patients and the work experience in primary care through a partnership of clinicians, medical office staff, patients, and researchers. Dr. Elder directs CARInG. **UC Health** brings together the region's top clinicians and researchers to provide world-class care to the Cincinnati community and beyond. Continually recognized for excellence and backed by the academic strength of the University of Cincinnati, UC Health provides patients with high-quality and innovative medical treatment and care. **The UC Health Primary Care Network (PCN)** contains more than 60 primary care physicians from 18 practices located throughout Greater Cincinnati. It is from these practices that our cases for review will be drawn. Our interprofessional panel of experts on pain management will be drawn from UC Health, including its pain management clinics and the Center for Integrative Health and Wellness, as well as from a top ranked community physical therapy program. Letters of support from our consulting pain experts have been included, and describe their anticipated contributions.

CICC experience and expertise in chronic pain and quality improvement:

- [*Chronic pain management in primary care*](#) – Several research projects are in progress or have been completed with community primary care physicians to determine the prevalence of chronic pain in primary care practices and the nature of care provided to these patients, as well as to provide academic detailing in pain assessment and management.
- [*Survey of chronic pain management by primary care physicians*](#) – Dr. Kues was responsible for survey development and data analysis for a national pain survey undertaken by a team of four organizations.

- [Quality Improvement projects to improve care of patients with chronic pain](#) – Drs. Elder and Boone will soon complete a project, funded by Pfizer, which has focused on quality improvement techniques as a means to improve evidence-based care of patients with chronic pain. In addition, practices received academic detailing on non-pharmacologic methods of pain management. (Feedback from these academic detailing sessions led to the development of this proposal for TEAMS coaching.)
- [Pain management protocol development](#) – Dr. Boone was integrally involved in the UC Medical Center (UCMC) Pain Committee developing pain management protocols and providing pain education.

II. [Staff Capacity](#)

Principle Investigators: The project is led by Drs. Boone and Elder. Through practice-based research and as a result of previously funded projects focusing on chronic pain, both have experience in research, quality improvement and pain management, as well as expertise in developing interprofessional approaches to care.

Jill Boone, PharmD, Co-Principal Investigator: Dr. Boone is Professor of Pharmacy Practice at the James L. Winkle College of Pharmacy, University of Cincinnati with a focus on chronic pain management and practice based outcomes research. Prior to her current role, Dr. Boone had extensive involvement in outcomes management, assessing resource utilization, and quality of life measurements. She has also been active on many local, state, national, and international committees addressing pharmacy, quality and outcomes issues.

Nancy C. Elder, MD, MSPH, Co-Principal Investigator: Dr. Elder is Professor at the University of Cincinnati College of Medicine, Director of Research for the DFCM and Director of CARInG, a primary care PBRN. In addition to being a practicing family physician, Dr. Elder is an experienced practice-based researcher with expertise in qualitative methods, and has received funding from federal agencies, industry and foundations to support her work. In addition to her recent work on other Pfizer grants, she has studied chronic pain management in primary care practice, and authored a study on opioid use in primary care published in the Journal of the American Board of Family Medicine.

Project Manager: The project manager, Susan McDonald, MA, will work closely with Drs. Elder and Boone on all aspects of the project. These tasks include: work with the consultants and practices to select the presentation dates; organize each TEAMS session; send the chosen case to that month's TEAMS participants; ensure that PCPs are notified and encouraged to participate; manage the session in progress; and ensure the enduring version of each TEAMS session is created and available for review. She will also assist with report writing and dissemination. Since her workload is managed directly by Dr. Elder, she will not have a problem meeting her commitment of 75% time on this project.

Susan McDonald, MA, Project Manager: Ms. McDonald is a Research Assistant in the Department of Family and Community Medicine Research Division in the University of Cincinnati College of Medicine. She has Bachelor's degrees in Neuroscience and Psychology and a Master of Arts degree in Psychology. In her current role as clinical trials manager, some of her responsibilities include program development, participant recruitment, intervention and assessment administration, data collection and entry, and coordinating between investigators, consultants, and staff.

Evaluator and Evaluation Assistant: Other key project team members include Jack Kues, PhD, program evaluator, and Barb Speer, BS, evaluation manager and project assistant. Dr. Kues and Ms. Speer both have extensive experience working on multi-year, interprofessional projects, including several funded by Pfizer. Ms. Speer, in particular, can act as a resource for the project manager should the need arise.

Jack Kues, PhD, Project Evaluator: Dr. Kues is the Associate Dean for Continuous Professional Development and Professor Emeritus of Family Medicine. He developed and implemented evaluation strategies for educational initiatives in family medicine and geriatrics and is currently the evaluator for the Cincinnati Clinical and Translational Science Award (CTSA) grant from the NIH. He has an interest in quality improvement and community-based interprofessional initiatives to improve patient outcomes.

Barbara Speer, BS, Evaluation Assistant: Ms. Speer is Associate Director of the UC Center for Continuous Professional Development. Her responsibilities include specialization in interprofessional healthcare improvement initiatives. She has worked in this capacity for over seven years, and has been responsible for project management on a number of other projects of this magnitude.

Quality Improvement Specialist: In order to ensure that we maintain a high level of quality in the TEAMS sessions, we have included a quality improvement advisor on the team. Amy Short, MHSA, will assist Drs. Elder and Boone in assessing ways to improve the quality of the TEAMS sessions and follow up on the success of incremental changes. She has experience in working with the clinical EHR, EPIC, to produce reports of clinical data we will use for the evaluation, and will assist the PIs in developing the clinical chart tool reports. She will also provide comments and input to PCPs about ways they can improve the quality of their pain care during select TEAMS sessions.

Amy Short, MHSA, Quality Improvement Specialist: Ms. Short is Project Director of the Ohio Valley Sickle Cell Network through UC's College of Medicine, division of General Internal Medicine. Her work with this population has a strong focus on improving the appropriateness and efficacy of pain management through QI methodologies. She has most recently served as the QI facilitator on the soon-to-be-completed Pfizer grant to improve care of chronic pain patients. She has also spent the last 12 years improving processes in her healthcare system as a certified six sigma black belt.

Telehealth Consultant: To compensate for the project team's lack of telehealth experience, we have engaged the expertise of Charles Doarn, MBA. Mr. Doarn has extensive experience in telehealth and telemedicine. He will provide expertise and consultation as the TEAMS sessions are developed, specifically assisting us to work with UC and UHealth IT to ensure our technology is simple to use, yet robust enough to manage our planned project and evaluation.

Charles Doarn, MBA, Telehealth Consultant: Mr. Doarn possesses a broad background in telemedicine and telehealth as a scholar and academician and has garnered research experience in telemedicine and telehealth at the state, national, and international level. He also serves as the editor-in-chief of the *Telemedicine and e-Health Journal* (2005–Present) and currently serves as the Co-chair of the Federal Telemedicine Workgroup (FedTel). These opportunities have provided him ample awareness of the many nuances associated with the changing paradigm of medicine.



**The James L. Winkle
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October 14, 2014

To Whom It May Concern,

As Dean of the College of Pharmacy, I am very supportive of my faculty participating in the educational project entitled "*An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)*." The purpose of the project is to develop longitudinal, interactive teleconference as a means to educate and partner with primary care providers regarding the overall management of chronic pain. The monthly pain conferences will include a short presentation of an evidence-based, educational pearl and a discussion of chronic pain patient cases with an interprofessional team of consultants. Medications are an integral part of the management of chronic pain. The number of treatment options for chronic pain have expanded over the last two decades, which has improved the potential to individualize analgesic therapy, but also presented the challenge of increased drug therapy complexity. Additionally, the growing concern of opioid abuse has heightened intensity for prescribers in balancing the use of opioids for pain management versus concern and risk of misuse. Pharmacists provide a unique expertise in this area and play an important role in the interprofessional team.

The College of Pharmacy is rich in faculty with knowledge and expertise of drug therapy for the management of pain. I fully support their engagement in this project and believe that this innovative approach will be very effective in impacting the management of pain in primary care.

Thank you for your consideration of this funding request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Neil J MacKinnon', written over a light blue horizontal line.

Neil J MacKinnon, BSc(Pharm), MSc(Pharm), PhD
Dean and Professor
James L Winkle College of Pharmacy
University of Cincinnati



Speer, Barbara (speerba)

Subject: FW: new chronic pain improvement opportunity - asking for your support for a grant

From: Walker, Nita (walkernw)

Sent: Wednesday, October 8, 2014 10:55 PM

To: Elder, Nancy (eldernc)

Subject: RE: new chronic pain improvement opportunity - asking for your support for a grant

Nancy,

Like the idea and yes, this is a big issue in primary care.

Happy to support and appreciate your doing a draft.

I am on inpatient this month so things are a little crazy.

Nita

From: Elder, Nancy (eldernc)

Sent: Wednesday, October 08, 2014 9:06 PM

To: Walker, Nita (walkernw); UCH-Brown, Elizabeth (Libby.Brown)

Cc: Boone, Jill (boonejo); Elder, Nancy (eldernc)

Subject: new chronic pain improvement opportunity - asking for your support for a grant

Nita,

As you know, management of chronic pain continues to be a major challenge within primary care. We have been assisting with quality improvement efforts (as Tiffany Diers shared with you in an email on Sep. 18) in some of the UC Health primary practices thru a grant funded by a Pfizer Independent Grant for learning and Change.

During these efforts, several physicians mentioned that they would love an opportunity to “be able to talk to a pain specialist (or an acupuncturist or a physical therapist or a psychiatrist) about a specific chronic pain patient – to get some advice and ideas about managing their specific chronic pain concern. We asked if they would like to have access to pain expertise to discuss their patients ... and the response was an enthusiastic yes.

We are now in the process of writing a proposal to offer monthly “telementoring” longitudinal case conferences, based on successful programs in New Mexico, Washington and other states. Using computers or tablets in their offices, primary care physicians and staff can join in a 45 minute session real-time to discuss a (de-identified) primary care selected chronic pain patient with several pain practitioners. Participation will be optional, and primary care docs will have the opportunity to submit specific patient cases each month. The "coaching" would be through the counsel of an interprofessional team discussing the management of each patient presented (1 patient per conference), as well as mini-didactic pearls offered at the beginning of each session. Because this conference is virtual, all UHealth primary care network providers will be invited to call in and listen for educational purposes. Each session will also be recorded for others to watch at a later time, if needed. CME will be offered.

We would like to request a letter of support from you as director of the primary care network. If you agree, we will draft a letter and get it to you by next Monday or Tuesday.

As seems to be the norm these days --- we are on a short timeframe for getting the grant proposal submitted. We need to submit the grant at the end of next week.

October 14, 2014

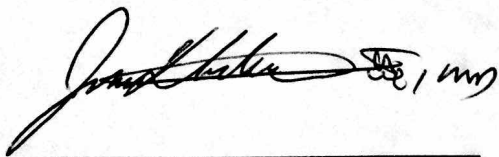
To Whom it May Concern,

Chronic pain continues to be an epidemic within the United States. Primary care practitioners are often the frontline of caring for these patients and serve as a hub of their care long-term. Much advancement has occurred in recent years regarding the options for care in these patients. Based upon previously reported surveys, many primary care practitioners desire additional education and training for managing these complex patients. This proposed project takes steps in meeting this need. The purpose of this project, *An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)* is to develop a longitudinal, interprofessional teleconference as a means to educate and coach primary care providers to enhance knowledge and use of treatment options for chronic pain patients. The pain conference will include a short presentation of an evidence-based, educational pearls and a discussion of chronic pain patient cases with an interprofessional team of consultants for chronic pain. The project is planned to be done virtually for efficiency and convenience of participants and consultants.

As a Pain Specialist, I am committed to improving pain management and look forward to the opportunity to partner with primary care practitioners in this format. Primary care practitioners face a wide variety of chronic pain issues and having 15 monthly case presentations will serve as a great platform to discuss a breadth of pain topics. Additionally, providing interprofessional expertise as a part of these sessions will encourage the needed multi-faceted approach for chronic pain.

I have extensive experience in managing patients with chronic pain and look forward to contributing my expertise as part of an interprofessional team and am very interested in participating in this project as the Board Certified Pain Management Specialist. I believe that this project has strong potential to result improved utilization of available resources for managing chronic pain and in sustainable changes to practice.

Thank you for your consideration of this funding request.



James Fortman, MD
Assistant Professor of Anesthesia
University of Cincinnati College of Medicine
Cincinnati, Ohio



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To Whom It May Concern:

I am writing in support of the faculty of the UC Center of Integrative Health and Wellness participating as consultants on the proposed project entitled, "*An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)*." This creative approach allows interprofessional specialists to partner with primary care practitioners to manage the care of patients with chronic pain. This project builds upon the successful involvement in previous pain quality improvement projects and is a natural progression to further equip primary care practices to optimize chronic pain management.

The UC Center for Integrative Health and Wellness offers a variety of integrative care expertise such as including integrative physician consults, acupuncture, massage therapy, and mindfulness programs (www.med.uc.edu/integrative). We have a strong core faculty of physicians with formal training in both integrative and functional medicine who will be consultants for this project. Many of these integrative modalities have been shown to be effective in managing a variety of acute and chronic pain conditions, though there is often a lack of awareness of the effectiveness and availability of these services by both primary care providers and patients.

This proposal promotes an interprofessional, team-based approach to care which is consistent with our center's philosophy to provide collaborative care. The proposed project will be implemented in an efficient manner which makes it practical for our clinicians to be involved. Our integrative medicine faculty are enthusiastic about providing longitudinal education and consultation to facilitate integration of integrative techniques and services into chronic pain care. I look forward to the potential positive impact of this project and welcome the opportunity for our faculty to help make this project a success.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sian Cotton'.

Sian Cotton, PhD
Director, UC Center for Integrative Health and Wellness
Director, UC Health Integrative Medicine
Research Associate Professor, Department of Family & Community Medicine
University of Cincinnati College of Medicine



Christopher C. White, MD, JD, MHA, FCLM, FAPA
Department of Psychiatry & Behavioral Neuroscience
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E-mail: Christopher.White@uc.edu

October 14, 2014

To Whom it May Concern,

The purpose of this project, *An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)*” is to develop a longitudinal, interactive teleconference as a means to educate and coach partner primary care providers regarding the management of chronic pain. The pain conference will include a short presentation of an evidence-based, educational pearl and a discussion of chronic pain patient cases with an interprofessional team of consultants. The project is planned to be done virtually for efficiency and convenience of participants and consultants.

The need and benefits of behavioral medicine services in chronic pain have been well described, but the utilization of these services are often limited by accessibility and lack of referral. Being a part of an ongoing case conference of a variety of pain cases will provide the opportunity to educate primary care providers regarding the role of these services in selected types of chronic pain states and enhance awareness regarding the means to access them. Further, this concept allows the reinforcement over time with the follow-up case discussions regarding the impact of interventions.

I am very interested in participating in this project as the behavioral medicine specialist. I have extensive experience in managing patients with chronic pain and look forward to contributing my expertise as part of an interprofessional team. I believe that has strong potential to improve the confidence of primary care practices to care for chronic pain patients and can result in sustainable changes to practice.

Thank you for your consideration of this funding request.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Chris White'.

Chris White, MD, JD, MHA, FCLM, FAPA
Adjunct Assistant Professor of Psychiatry & Family Medicine
Assistant Program Director Family Medicine & Psychiatry Residency Program

October 14, 2014

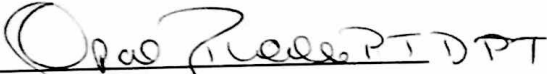
To Whom it May Concern,

Physical therapy is a key component of comprehensive care for many chronic pain syndromes. Optimal use of physical therapy may improve pain and lessen morbidity in patients. Primary care practitioners serve as a hub of care for a majority of chronic pain patients. The purpose of this project, *An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)* is to develop a longitudinal, interprofessional teleconference as a means to educate and coach primary care providers to enhance knowledge and use of treatment options for chronic pain patients. The pain conference will include a short presentation of an evidence-based, educational pearls and a discussion of chronic pain patient cases with an interprofessional team of consultants for chronic pain. The project is planned to be done virtually for efficiency and convenience of participants and consultants.

Being a part of an ongoing case conference of a variety of pain cases will provide the opportunity to expand the horizons of primary care providers regarding the role of physical therapy in a number of chronic pain states as well as assist in identifying resources available for patients. With the longitudinal conferences, there will be opportunity for reinforcement over time with the follow-up discussions regarding the impact of interventions.

I have extensive experience in managing patients with chronic pain and look forward to contributing my expertise as part of an interprofessional team and am very interested in participating in this project as the physical therapy specialist. I believe that this project has strong potential to result in sustainable changes to practice.

Thank you for your consideration of this funding request.


Opal Riddle, PT, DPT
Manager, Outpatient Physical Therapy at The Christ Hospital
Cincinnati, Ohio



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October 16, 2014

To Whom It May Concern,

Management of chronic pain continues to be a significant problem in the United States and is often wrought with psychosocial complications. This team is proposing an innovative approach to supporting care of chronic pain patients through the project proposal entitled "*An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)*": The project engages an interprofessional team in an longitudinal, virtual case conference to discuss patient cases and evidenced-based medicine in chronic pain.

I and my faculty colleagues have significant experience in managing psychosocial issues in patients with chronic pain and look forward to contributing our expertise as part of an interprofessional team when consulted. This project drives the concept of interdisciplinary support to a very complex patient population and has the potential to make a significant impact in primary care practices.

Thank you for your consideration of this funding request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ruth Anne Van Loon'.

Ruth Anne Van Loon, PhD, MSW, LISW, ACSW
Associate Professor
School of Social Work
University of Cincinnati College of Allied Health Science
Cincinnati, OH 45221-0108





October 10, 2014

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To whom it may concern,

As the Vice President of the UC Health Primary Care Network (PCN), I am pleased to be writing in support of the proposal "*An Interprofessional Strategy for Improving Primary Care Management of Patients with Chronic Pain: Project TEAMS (Teleconference Education And Management Support)*". The fourteen practices of the PCN are committed to providing the highest quality of care to our patients, as evidenced by our participation in a variety of local improvement collaboratives, including the Patient-Centered Medical Home Collaborative and the Primary Care Innovation Group, which have improved our management of a variety of chronic conditions. All our practices are also now members of the Cincinnati Area Research and Improvement Group (the CARInG Network). In the area of chronic nonmalignant pain (CNMP), three of our practices participated in a pilot study in 2009, revealing that 23% of visits were for patients with CNMP. We are well prepared to benefit from the guidance of the project team in using improvement methods to impact the lives of hundreds of patients with CNMP.

This project's effort to improve care for patients with chronic pain across the health system is very much in keeping with the integrated strategy of UCHealth. This innovative approach of providing interprofessional "telementoring" through longitudinal case conferences builds upon ongoing quality improvement efforts in the area of chronic pain management. Because it is virtual, all UCHealth primary care network providers will be able to call in and listen for educational purposes. Each session will also be recorded for access at a later time and continuing education will be offered for all sessions. Further, the practice coaching provided by the team of experts will help further develop the skills of our practice staff in management of chronic pain which will both drive and sustain the care improvements we make together.

In summary, this project has the potential to significantly improve the management of patients with chronic pain in our primary care practices and to connect our practices to valuable consultative resources. I am confident the project team will find the practices very willing to engage in this approach to improving that then will benefit patients with chronic pain seen throughout the PCN.

Thank you for your consideration of this funding request.

A handwritten signature in black ink that reads "Nita Walker, MD".

Nita Walker, MD, FACP
UC Health- UC Physicians
Vice President, Primary Care
513-475-8009