Maine Chronic Pain Collaborative – Primary Care Practice Pilots

**Introduction:** Maine Quality Counts, in partnership with the Maine Primary Care Association, the Maine Medical Association and Penobscot Community Health Center, has launched the Maine Chronic Pain Collaborative, a multi-stakeholder initiative to increase quality and patient safety related to the management of chronic pain and safe prescribing of opioid medications. Our goal is to enhance care for patients with non-cancer chronic pain in primary care settings using the frameworks of the Chronic Care Model for improving chronic illness care and the Patient Centered Medical Home (PCMH) model for redesigning primary care practice.

With grant support from Physicians Institute for Excellence in Medicine, we are looking to identify up to 10 NCQA PCMH-recognized primary care practices to participate in a pilot project to strengthen chronic pain management through focused education, a structured system of quality improvement support, and specialized consultation with chronic pain experts.

**Objectives:** We will achieve the project goal by focusing on two primary objectives:

1) **Provide structured quality improvement (QI) support** to the selected primary care practice sites to implement standardized, systemic and team-based processes to improve comprehensive chronic pain management. The QI approach will concentrate on delivering consistent and reliable processes of care that promote adherence to current best practice guidelines to advance a multi-disciplinary, patient-centered approach to chronic pain management.

2) **Provide education, peer support and specialty expert consultation for primary care providers** in the chosen sites to increase their knowledge and self-efficacy in the effective management of chronic pain. Project leaders and staff will conduct a 9-month Chronic Pain Learning Collaborative that will include a variety of learning activities and encourage peer support across and within the participating practice sites. Additionally, team members will be offered expert coaching by local provider leaders with experience in chronic pain management, as well as multi-disciplinary consultation from the Project ECHO (Extension for Community Healthcare Outcomes) initiative for chronic pain management, in partnership with the Community Health Center in Middletown, CT.

**Evaluation:** We are partnering with an experienced research team from the Weitzman Quality Institute at Community Health Center (Middletown, CT) to conduct the evaluation for this project. The team will use an evaluation model for the Chronic Pain Collaborative that measures provider participation, satisfaction, and knowledge of chronic pain best practices. We also will measure patient outcomes in intervention sites, including functional status and quality of life. For control purposes, we will identify a set of comparison practices that will be asked to participate in the provider knowledge and attitude survey, as well as potentially accessing clinical quality data if feasible.
**Benefits of Pilot Site Participation:** Primary care practices chosen as *Chronic Pain Collaborative* Pilot sites will receive a number of benefits, including:

- Recognition as a leader participating in the Maine *Chronic Pain Collaborative*, as well as the Physician's Institute for Excellence in Medicine national initiative;

- Access to support and tools provided by our national partners – the Physician's Institute, Project ECHO (Extension for Community Healthcare Outcomes), and the Community Health Center (Middletown, CT);

- Peer consultancy from one of our experienced providers – **Noah Nesin MD**, Chief Quality Officer at Penobscot Community Health Care; **Elisabeth Mock MD, MPH**, a family physician with extensive experience in education and academic detailing; or **Richard Entel MD**, a family physician experienced in addiction medicine, including the development of opioid dependency programs.

- Technical support provided by a group of Maine-based experts. Expertise is available for behavioral and substance abuse integration, legal consultation, quality chart auditing, practice transformation coaching.

- Receive project management support from a dedicated project manager, Eric Buch.

- Opportunities to learn and share best practices on what works in the office setting to help physicians, other health care providers, and patients engage in productive conversations about chronic pain management.

**Expectations of Pilot Sites:** Practices selected as pilot sites must meet the eligibility criteria outlined in Section 3 of the Application and commit to: a) forming a project leadership team that includes an administrative leader and at least one primary care physician or nurse practitioner; b) implementing the components of the Chronic Pain Management Change Package ([www.mainequalitycounts.org](http://www.mainequalitycounts.org)) c) participating in, and contributing to, the Learning Collaborative, including practice representation at all four half-day learning sessions (dates: May 1, June 25, and November 19, 2014; plus January 29, 2015), as well as periodic practice-based project meetings and webinars; d) cooperating with the external project evaluators; and e) embracing the specific expectations articulated in the CPC Memorandum of Agreement (MOA) found at: [www.mainequalitycounts.org](http://www.mainequalitycounts.org).

**Application Procedure:** Interested practices must:

1) Review the *Chronic Pain Collaborative* “Change Package” and the Memorandum of Agreement (MOA) prior to filling out the Pilot Site Application; and

2) Complete and submit the online *Chronic Pain Collaborative* Pilot Site Application by no later than 5:00 pm, Wednesday, March 19, 2014. The application is available at [www.mainequalitycounts.org](http://www.mainequalitycounts.org).
Selection Criteria: Applicant practices will be assessed and scored based upon the extent to which they: a) demonstrate leadership for, and commitment to, the goals and objectives of the Chronic Pain Collaborative; b) show a strong interest and ability to engage patients and families in their chronic pain management efforts; c) exhibit the capacity and willingness to use performance data to improve clinical quality, efficiency and patient experience related to chronic pain management; and d) reflect the diversity of practices around the state, including geographic location, size, ownership (e.g. privately owned, hospital owned, FQHC), specialty type (i.e. primary care, specialty care), populations served (commercially insured, MaineCare, Medicare, uninsured).

Selection Process:

1) Quality Counts and Maine Primary Care Association staff will conduct an initial review (for completeness) of all applications received from interested practices and may elect to follow up with certain practice representatives to clarify specific information.

2) The Chronic Pain Collaborative Leadership Group will convene a Selection Committee to review and score completed applications, recommending up to ten practices for selection as pilot sites.

Timeline for Pilot Practices:

- Application Period: March 3, 2014 – March 19, 2014 (submissions due by 5:00 pm)
- Application Review / Selection of Pilot Sites: March 20 – March 28, 2014
- Notification of Pilot Sites & Applicants: March 31, 2014
- Pilot Site Participation (anticipate ~ 10 months): April 2014 – January 2015
- Post-Pilot Evaluation: February 2015 – March 2015

Questions: Questions regarding the Maine Chronic Pain Collaborative and the pilot site application process may be directed to: Eric Buch, MCPC Project Manager (ebuch@mepca.org; 621-0677 ext. 218); Rebecca Emmons, Maine Primary Care Association (remmons@mepca.org; 621-0677 ext. 207); or Michele Gilliam, Maine Quality Counts (mgilliam@mainequalitycounts.org; 620-8526 ext. 1018).