Improve Chronic Pain Management with Interprofessional Teams:  
The Maine Chronic Pain Collaborative 2  
Concept Paper

Maine Quality Counts (QC) will work in partnership with the University of New England (UNE) and the Community Health Center (CHC) to provide support and resources to build the capacity of interdisciplinary primary care teams and their community partners to improve the care of patients with chronic pain.

**Project Description:** We will improve health care delivery, clinical outcomes, and patient quality of life for patients with chronic pain with up to 20 rural Maine primary care practices working together through the Maine Chronic Pain Collaborative 2 (ME CPC2) to (1) build the competence and confidence of primary care providers; (2) build interprofessional collaborative practice competencies and the QI capacity of primary care practice teams; and (3) improve the quality of patient-provider partnerships in a set of participating primary care practice teams.

**Building on existing work:** This effort will build upon QC’s successful track record of supporting primary care practice transformation and implementing provider educational and QI strategies, as well as UNE’s experience with interprofessional education and pain management. We will also leverage QC’s experience leading the Maine Chronic Pain Collaborative, an innovative effort working with primary care practices to improve chronic pain management using the frameworks of the Chronic Care and Patient Centered Medical Home models.

**Primary goals:** Our primary goals are to improve “Triple Aim” outcomes for patients with chronic pain, aiming to improve clinical outcomes and functional status, experience of care, and reducing health care costs through improved, team-based collaborative care.

**Project Description:** The Maine CPC2 will leverage QC’s expertise providing QI support for primary care practice transformation, including promoting improvements in chronic pain management, together with UNE’s expertise in IPCP and CHC’s chronic pain expertise. Key objectives and strategies will include the following:

1. **Improve provider confidence, competence, and skills to manage chronic pain by offering supports and resources.** Specific methods include the following:

   a. **Use Project ECHO to link primary care providers with interdisciplinary chronic pain management specialists:** Maine CPC2 providers will leverage our experience with the first round of the Maine CPC to offer access to Project ECHO (Extension for Community Healthcare Outcomes) initiative for chronic pain management in partnership with CHC (Middletown, CT). ECHO is an evidence-based method for providing video case conferencing for primary care providers, linking them with expertise on an experienced multi-disciplinary team of chronic pain experts.

   b. **Spread provider education using web-based resources:** While Project ECHO Pain has proven to be an excellent resource for Maine CPC1 providers participating in the case-conferencing sessions, experience in our ME CPC1 suggests that practice teams can benefit spreading the ECHO multidisciplinary and interprofessional learnings to other members of the team. Given that input, we will work with colleagues from UNE and CHC to construct a web-based platform that will provide a venue for other providers and members of the practice teams to learn and share evidence-based knowledge, news, and resources about multidisciplinary approaches for chronic pain management. This
platform will feature video recordings of the Project ECHO Pain sessions, and will offer a range of supportive, interactive, collaborative, education activities to build a greater collective understanding of the multi-disciplinary chronic pain management strategies that impact on patient health status and resource utilization/cost reduction. This resource will provide a scalable system-level intervention guided by the needs of primary care providers, and will improve the quality and safety of chronic pain management and opioid prescribing by educating prescribers and care teams.

(c) **Offer Physician Peer Support:** We will leverage another strong and successful component of the Maine CPC to offer participating practices support from a set of physician Provider Leaders who have significant experience in chronic pain management to serve as a resource. We will continue to work with Maine highly respected physicians with expertise and interest in chronic pain management who will serve as our “Peer Leaders” for participating practices. These physicians have all completed a multi-day “Pain Collaboratory” training curriculum in Atlanta (2013). Each Provider Leader will work with the identified leadership team at up to 3-4 PCMH practice sites to provide education, outreach, and coaching to help them implement the key changes outlined above.

2. **Improve capacity of primary care practice teams to manage chronic pain by offering a set of supports and resources:**

(a) **Offer structured collaborative learning through the Maine Chronic Pain Collaborative (CPC2):** QC and UNE will use the Learning Collaborative model, based on the Institute for Healthcare Improvement (IHI) Breakthrough Series model that uses collaborative learning strategies in which learners and experts (in this case, rural primary care providers and UNE clinical faculty) learn from and with each other. QC has a strong track record of successfully implementing the Learning Collaborative model with primary care practices to implement practice change, including improving chronic pain management. Collaborative faculty will include multi-disciplinary pain management specialists from UNE’s Center of Excellence in Neuroscience to provide training on interdisciplinary strategies for pain management. These will include specialists from physical therapy, occupational therapy, osteopathic manipulative medicine (OMM), nurse anesthesia, social work, and pharmacy - all disciplines available in rural Maine and accessible to work with UNE clinical faculty. The faculty team will interact with practice teams through three day-long learning sessions/year that will bring together teams from the participating practices, in addition to monthly educational webinars for practice teams. The UNE faculty will also help participating practice teams build connections and interprofessional competencies with specialists from a range of disciplines in their local community.

(b) **Implement team-based quality improvement approach using CPC Key Change Package:** We provide assistance to practice teams to implement a discrete set of ten “key changes” for chronic pain management developed as part of the initial Maine CPC, using a range of proven QI tools and educational strategies to work with primary care practice teams to improve care and outcomes. These methods will build the skills, competence, and self-efficacy of primary care providers and practice teams to effectively partner with patients, families, and other community providers to manage chronic pain using patient-centered, evidence-based, and team-based models of care.

(c) **Implement evidence-based interprofessional trainings:**
QC and UNE’s Center of Excellence in Interprofessional Education will provide the primary care teams with interprofessional collaborative practice (IPCP) training with the objective of building IPCP competencies that have been shown to improve the ability of multi-disciplinary providers to work together effectively.

QC and UNE will use AHRQs validated interprofessional training tool, TeamSTEPPS, as a foundation for the IPCP training, using UNE clinical faculty who are master trainers. We will use the Learning Collaborative to weave together these models to ensure that pain management in these primary care clinical settings is addressed using the local expertise from different professions and using validated IPCP team strategies.

3. **Strengthen patient-provider partnerships using a range of strategies:**

   (a) **Incorporate the patient voice:** Additionally, we propose bringing the patient perspective to the Learning Collaborative through the use of patient narratives and video portraits with chronic pain patients. This technique has been used successfully to educate UNE students and faculty through such projects as Portraits of Pain, to give new insights to providers and to teach skills for listening and communicating effectively.

   (b) **Offer Choosing Wisely decision aids:** QC has excellent experience with implementing the American Board of Internal Medicine’s Choosing Wisely® program designed to improve conversations between patients and providers. Given the need to more fully engage patients in their care, participating practices will be encouraged to use Choosing Wisely decision aids with chronic pain patients to help guide their decisions about testing and treatment options.

   (c) **Provide enduring resources for interprofessional training that promote patient and family-centered and raise the standard of care for patients with chronic pain care:** Using UNE’s extensive video and online technology infrastructure, we will develop online educational modules on the interprofessional approach to chronic pain management, using the voices of the patients, practice providers, QC experts, UNE clinical faculty, and UNE interprofessional education experts. These modules will be available as a sustainable resource tool for other providers and practice teams, providing tools that can be readily accessed by busy providers and team members.

**Project Partners**

The University of New England (UNE) is an excellent partner for this project given its expertise in interprofessional education (IPE) and interprofessional collaborative practice (IPCP). Its faculty have experience with IPE and IPCP education in both classroom and clinical settings. Faculty from UNE’s Center of Excellence in IPE are well published on the field and recognized with multiple invited presentations at international conferences and grant awards. UNE also has expertise in pain treatment: its Center of Biomedical Research Excellence for the Study of Pain and Sensory Function has secured over $10M in federal funding and attracted faculty from across its colleges with expertise in the neurobiology of pain and pain management. Additionally, UNE is well versed in online education and technology to further health professions education: approximately one-third of its students obtain accredited online health-related degrees, including a master of public health (MPH) and a master of social work (MSW). UNE’s robust investment in multimedia technology, including instructional designers, makes it an ideal partner for developing sustainable educational resources.
Community Health Center (CHC) and the Weitzman Quality Institute (Evaluation Partner):
The Center for Health Care, Inc. (CHC) is a leading health-care provider in Middletown, Connecticut providing comprehensive primary care services in medicine, dentistry, and behavioral health and committed to caring special populations and building healthy communities. The Weitzman Quality Institute (WQI) in was established by CHC in 2012 and has served since its inception as the institutional home of CHCI’s research, quality improvement, and knowledge dissemination work. The Institute is dynamic, interdisciplinary, and cross-institutional and welcomes the input and participation of interested clinical and non-clinical leaders from around the world. WQI promotes critical investigation, training, and innovation in areas that have direct implications to the day to day practice of primary care. WQI is committed to a research agenda focused on answering questions that arise in the daily practice of primary care. Adopting patient-centered strategies and promoting the implementation of evidence based care are among the Institute’s top priorities. Research is cross disciplinary, involving medicine, dentistry, behavioral health, pharmacy, and nursing.

Anticipated challenges and solutions
We anticipate (and know from experience) that providers identify many challenges related to management of chronic pain, including limited time for patient visits; low self-efficacy and a sense of isolation and fatalism in managing chronic pain; lack of confidence in alternative chronic pain treatments; limited awareness of standards and evidence for chronic pain management; and bias about motives of patients seeking treatment for chronic pain. We are confident that we can address these challenges by bringing a systematic approach to chronic pain that builds interprofessional competencies, and links primary care providers and practice teams with other professions who have pain management expertise. We will leverage the expertise of UNE clinical faculty from different professions who have chronic pain management expertise, and will teach providers skills for listening and communicating effectively.

Expected outcomes and how the impact of the project will be evaluated
We anticipate that our approach will result in improvements in delivery of care and outcomes, for patients with chronic pain, and will evaluate our model using a set of both process and outcome measures. Process measures will include the use of standard screening and assessment tools; evidence-based guidelines and guideline-recommended treatment options; and referrals to behavioral health and other health profession providers, as well as rates of prescribing of high dose opioids and concomitant use of benzodiazepines and opioids. We will also assess outcomes measures using patient-level measures including changes in functional status and quality of life, and provider-level measures including changes in provider satisfaction. Prescribing patterns will be assessed through both practice EMRs and through the use of the state’s Prescription Monitoring Program database.

Deliverables and dissemination strategies
We will disseminate best practices from this initiative using the leadership and wide array of existing education and communication channels available through QC, UNE, and provider associations. QC has strong connections with providers throughout Maine and national QI efforts, using both in-person and web-based communications. Additionally, the online module on interprofessional strategies for chronic pain management will be disseminated to practices statewide, and will made be available broadly through primary care practice and academic networks. We also expected to publish the findings from this initiative in peer-review journals.