OHS CONNECTICUT Office of Health Strategy

Practice Transformation Task Force

October 9, 2018

Meeting Agenda

1. Introductions/Call to order	5 min
2. Public comment	10 min
3. Approval of Minutes	5 min
4. House rules refresh	5 min
5. Purpose of Today's Meeting	5 min
6. Review of Pain Management Capability	55 min
7. Next Steps	5 min
8. Adjourn	

Introductions/ Call to Order

Public Comment

Approval of the Minutes

House Rules

House Rules for PTTF Participation

1. Please identify yourself and speak through the chair during discussions
2. Be patient when listening to others speak and do not interrupt a speaker
3. 'Keep comments short (less than 2 minutes if possible) and to the point/agenda item (*the chair will interrupt if the speaker strays off topic or talks longer than 2 minutes*)
4. *Members should avoid speaking a second time on a specific issue until every PTTF member who wishes to speak has had the opportunity*
5. *Members should take care to minimize interference (please mute all phones, turn off cell phones, limit side conversations or loud comments)*
6. Please read all materials before the meeting and be prepared to discuss agenda/issues
7. Please participate in the discussion—ALL voices/opinions need to be heard
8. *Participation in the meetings is limited to Task Force members and invited guests; all others may comment only during the initial public comment period*
9. After the meeting, please raise any concerns with meeting process/content or other issues with members of the Executive Team (Elsa, Garrett, Lesley)

Purpose of Today's Meeting

Purpose of Today's Meeting

- Review pain management capability definition and requirements based on design group recommendations

Review Pain Management/MAT Capability

PCM Capabilities: Where We Are

Increasing Patients' Access and Engagement	Expanding Primary Care Capacity	System Supports and Resources
1. Diverse Care Teams DG • Community health workers • Pharmacists • Care coordinators • Navigators • Health coaches • Nutritionists • Interpreters • Nurse managers 2. Alternative Ways to Connect to Primary Care ✓ Phone/text/email ✓ Home Visits ✓ Shared visits ✓ Telehealth	1. Capacities ✓ Genomic screening DG ✓ Subspecialists as PCPs • Practice specialization ✓ Infectious diseases • **Pain management and MAT DG** • **Older adults DG** • **Persons with disabilities DG** • **Pediatrics considerations DG** ✓ Functional Medicine 2. Health Information Technology ✓ E-consults ✓ Remote patient monitoring/Patient generated data	✓ BH Integration (adult) DG **1. BH Integration (pediatric) DG** **2. Community Integration DG** ✓ Oral Health Integration

DG = Design Group, Bold text = ongoing design group work

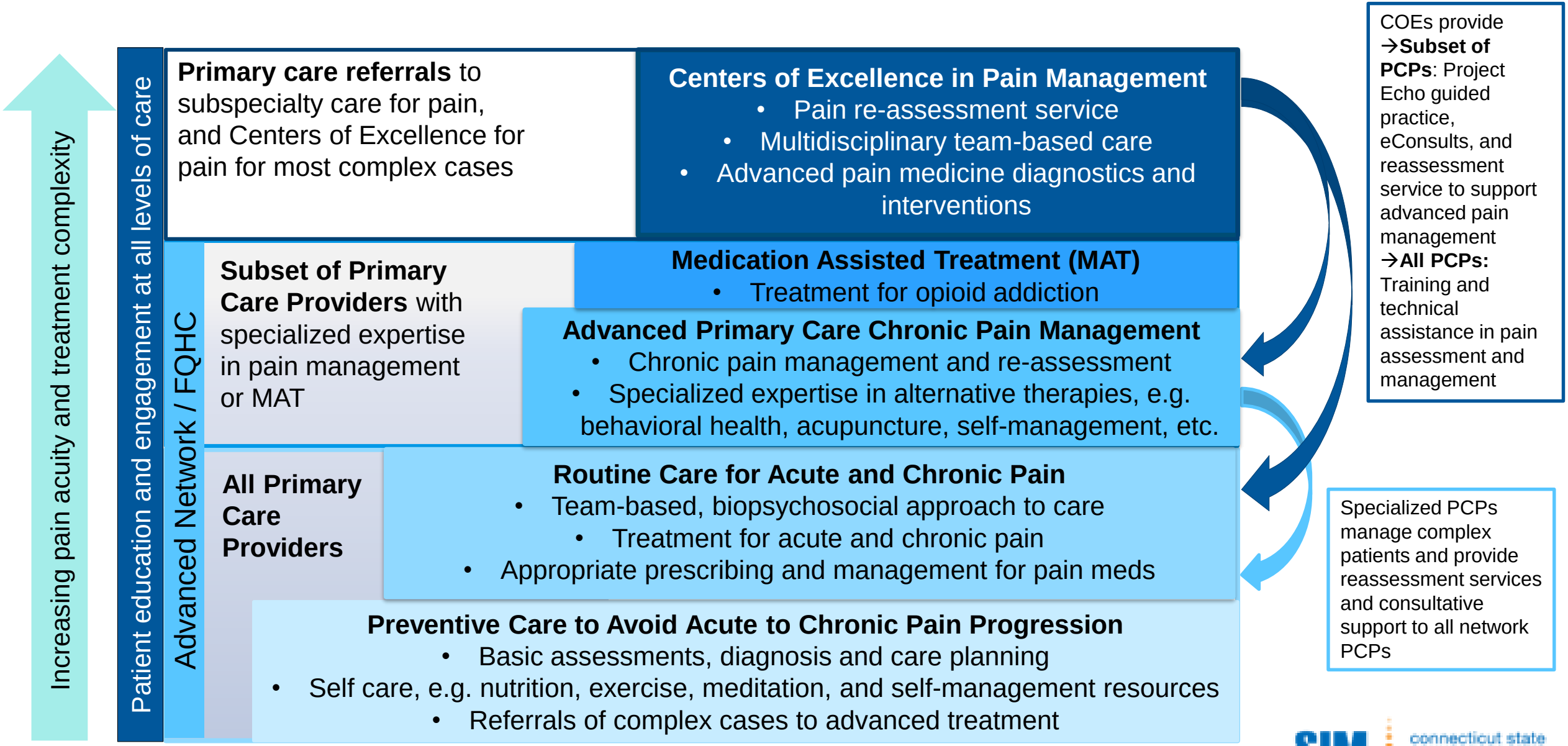
Pain Management Consumer Input, Needs and Concerns

- Important to ensure alternative and preventative therapies are accessible
- Multipronged approach that includes education is needed
- Need to look at overcoming cost and transportation barriers
- Need reimbursements for providers for longer appointments
- CDC guidelines are inefficient and have resulted in unintended consequences and unnecessary prescribing. Should take caution if following these guidelines. Recommend looking at FDA guidelines that will be released soon.
- Need to ensure all services for pain management are in-network and covered by insurance
- Need for more resources for providers to prescribe affordable medications for chronic pain
- Patients and providers need education in pain assessment and management
- Patient education about pain management should be provided at all levels of care, not just as part of preventive care

Capability Definition

- Definition: Integrated preventive, routine and advanced care management of acute and chronic pain in primary care, with support from Centers of Excellence in pain management

Primary Care Modernization – DRAFT Concept Map for Pain Management



SIM connecticut state innovation model

Key Capability Requirements

- All Primary Care Providers in AN/FQHC:
  - Receive training for basic assessments and routine care for acute and chronic pain management
  - Provide preventive care to prevent progression of acute to chronic pain
  - Provide routine care for patients with acute and chronic pain

- Subset of Primary Care Providers in AN/FQHC with expertise in pain management:
  - Receive training through Project Echo guided practice from Centers of Excellence in pain management
  - Provide advanced chronic pain management and specialized expertise in alternative interventions (e.g. behavioral health, acupuncture, self-management)
  - Provide re-assessment services and consultative support to all network PCPs

- Subset of Primary Care Providers in AN/FQHC with expertise in Medication Assisted Treatment
  - Receive training and provide MAT for patients with opioid addiction

- Centers of Excellence in Pain Management:
  - Provide Project Echo guided practice, eConsults, re-assessment services to subset of PCPs with expertise in pain management
  - Provide clinical decision support, resources, training and technical assistance in pain assessment and management to all PCPs
  - Direct care for patients with complex cases

Patient education and engagement are incorporated across all levels of care

Key Capability Requirements

- Primary care providers and teams are trained in how to assess and diagnosis pain and determine appropriate care plan and treatment path
  - Supported by access to clinical support tools and patient self-management resources

- Use team-based, biopsychosocial approach to pain management that promotes patient activation and self-management
  - ***Aligns with diverse care teams capability***: Proposed expanded care teams can be cross-trained to support pain management goals such as care coordination, motivational interviewing, medication, lifestyle interventions, and behavioral health issues

- Care may be provided through in-office visits or telemedicine visits where appropriate
  - ***Aligns with telemedicine capability***

Pain Management Design Group Recommendations

- Payment model should support training, preventive and routine care for acute and chronic pain management for all PCPs
- Payment model should support specialized training for a subset of PCPs in advanced pain chronic pain management
- Payment model should support specialized training for subset of PCPs to provide Medication Assisted Treatment

Beyond primary care delivery:

- Need reforms that support affordable insurance coverage for alternative therapies such as acupuncture, physical therapy, etc. and pain medications as prescribed
- Broader public education to de-stigmatize pain

Sense of the Task Force: Polls

- Should this capability be core or elective, or not included?
- Does the Task Force support the design group recommendations?

Next Steps

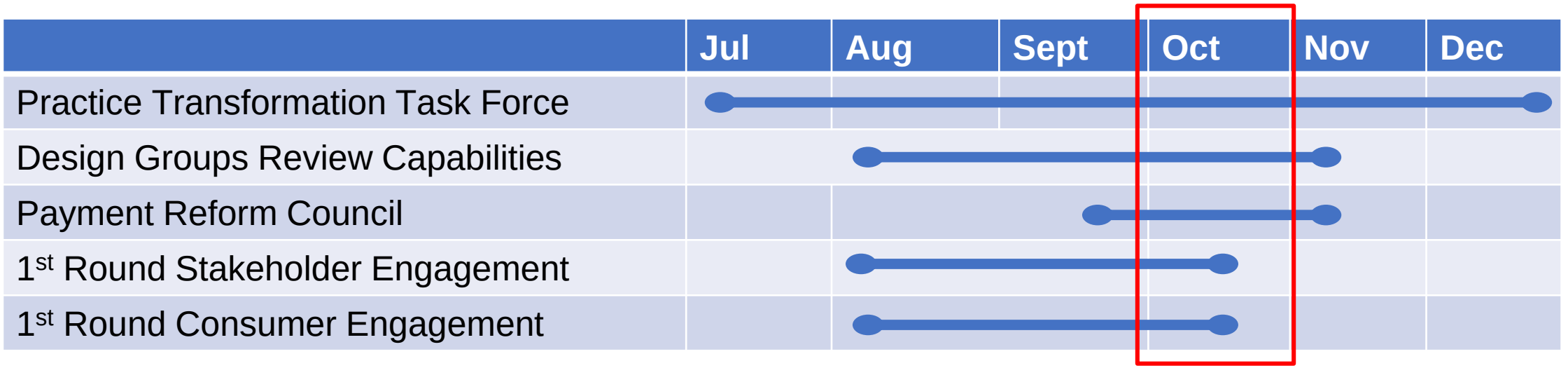
Next Steps

- Next PTTF Meeting: October 30th
- New PTTF Meeting: November 13th
- Design groups wrapping up in October
- Payment Reform Council meetings through early November

Adjourn

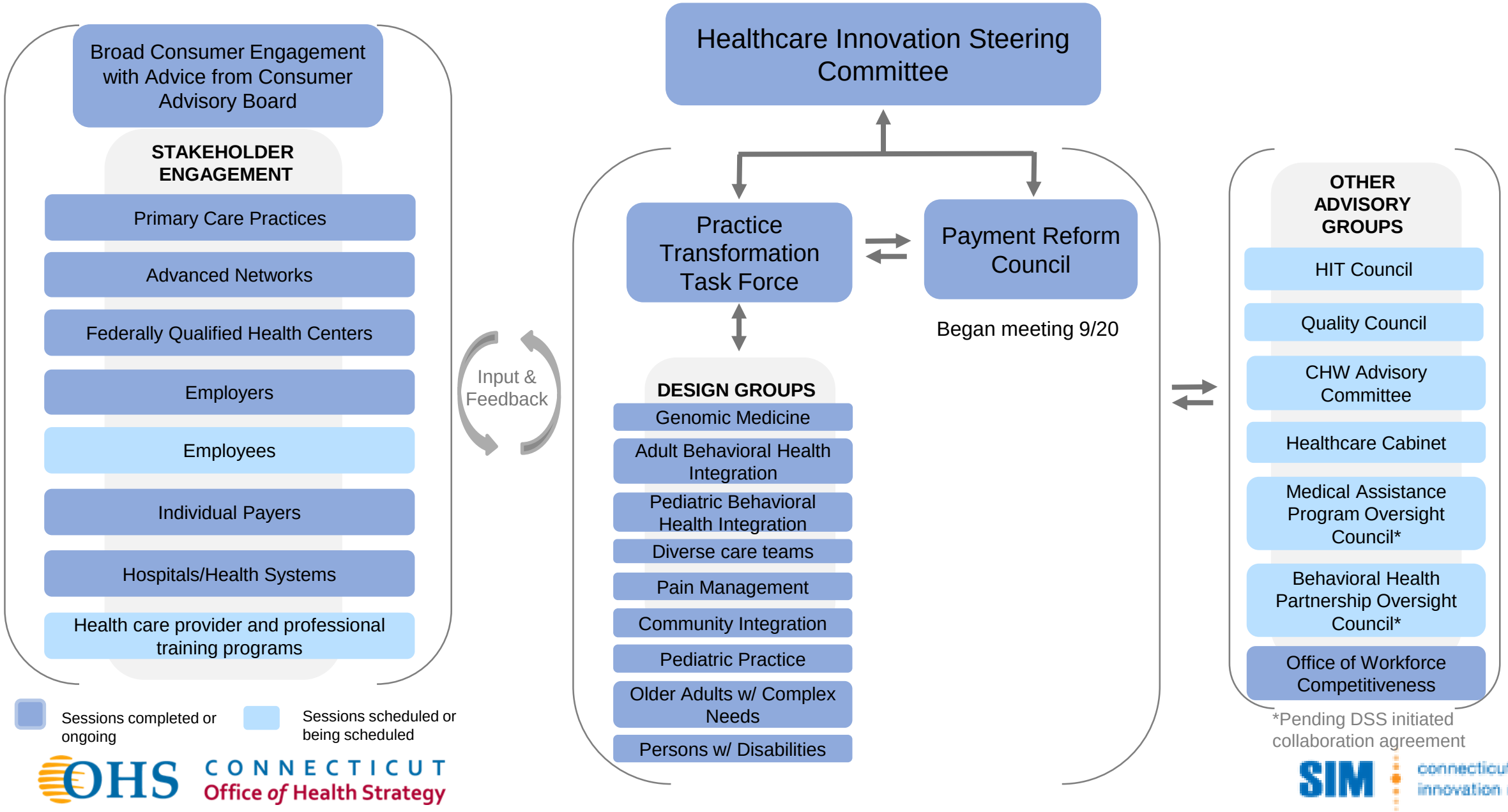
Appendix

PCM Work Plan Update



- Practice Transformation Task Force: Complete review of capabilities by November, review Payment Reform Council recommendations by December
- Design Groups: Complete design groups in October/early November
- Stakeholder and Consumer Engagement: Wrapping up first round in October
- Payment Reform Council: Meeting October – early November

Stakeholder Engagement Progress



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Task Force Recommendations to Date

Capability	Included in Model	Core or Elective	Deployed in All Practices or Subset
Phone/text/email	Yes	Core	All
Telehealth	Yes	Core	All
Remote Patient Monitoring	Yes for certain conditions	Core for conditions w/ efficacy & cost savings	
eConsults	Yes	Core	All
Oral Health Integration	Yes	Core	Maybe only pediatrics
Home Visits	Yes	Elective	For certain populations
Shared Medical Appointments	Yes	Elective	
Infectious Diseases	No	N/A	
Genomic Screening	Tabled until further evidence	N/A	
Functional Medicine	No but explore integrative medicine	N/A	
Diverse Care Teams			
Pain Management and Medication Assisted Treatment			
Adult Behavioral Health Integration	Yes but continue development		
Pediatric Behavioral Health Integration			
Community Integration			
Older Adults			
Persons with Disabilities			
Implications of Capabilities for Pediatric Practices			

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