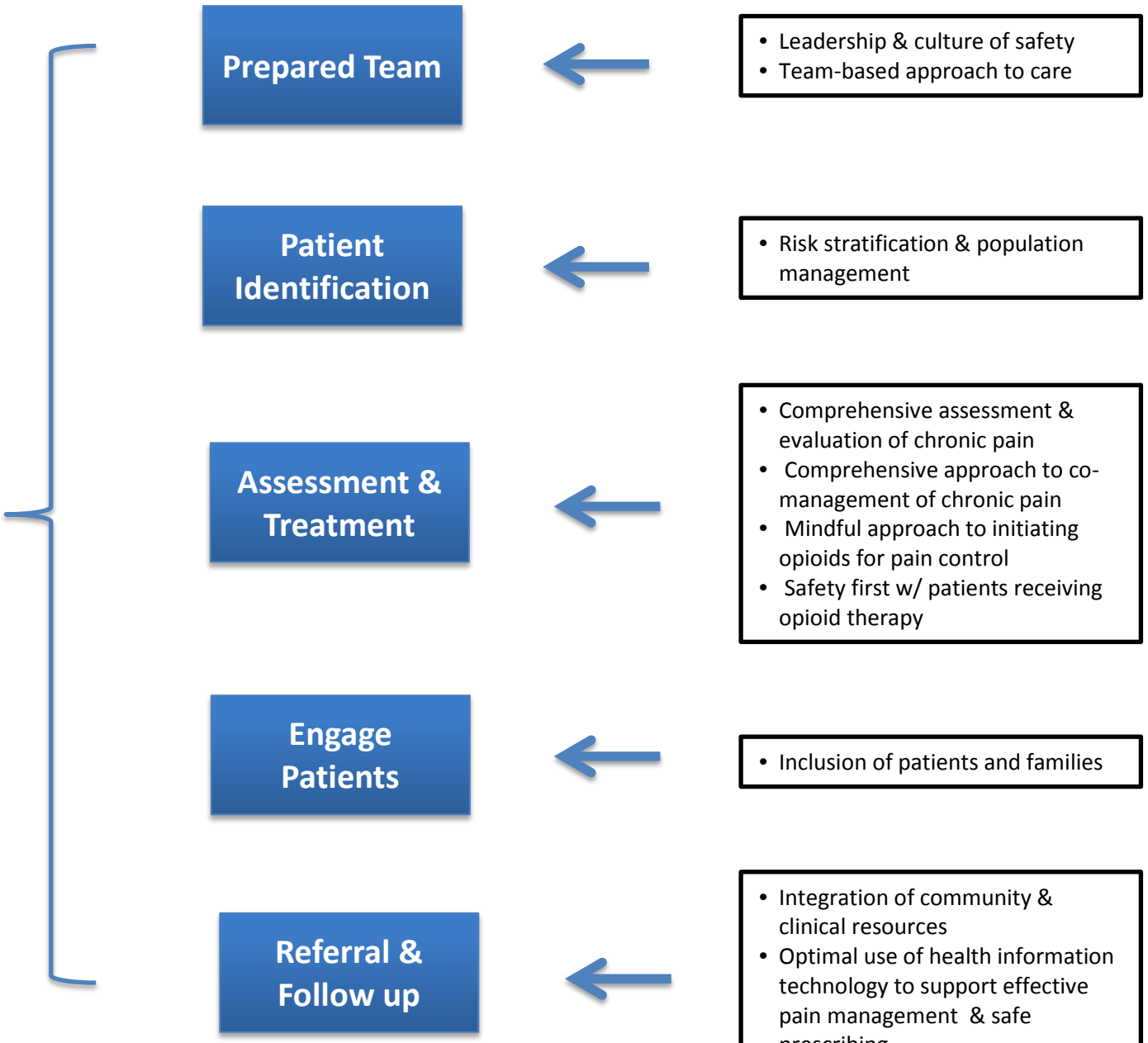
Aim

By July 2016, 100% of CPC2 practices will:

- **Establish a process to identify patients that need chronic pain management (def: pts. on >100 meq morphine equivalents per day)**
- **Decrease # patients requiring >100 meq morphine equivalents per day by 10%**
- **Be in compliance w/ Chapter 21 regulations (includes establishing workflow for pill counts, use of prescription mgmt. program, urine drug testing, & patient agreements)**
- **Increase the presence of pain documented in the chart by 10% (2013 baseline 87%)**
- **Increase % of patients w/ functional assessment documented by 20% (2013 baseline 14%)**
- **Increase % of patients with treatment reassessment documented by 20% (2013 baseline 41%)**
- **Include patient voice in 100% CPC2 webinars, learning sessions and other learning modalities**
- **Incorporate at least 5 TeamSTEPPS into their practice**



MAINE CHRONIC PAIN COLLABORATIVE 2 (ME CPC2) – CHANGE MODEL & DRIVERS

ACTIONS	SECONDARY DRIVERS	PRIMARY DRIVERS
• ME CPC2 providers participate in ECHO interdisciplinary video case conferencing 2X/mo • ME CPC2 providers get access to web-based interdisciplinary educational tools & resources • ME CPC2 providers have direct access to physician peer support with expertise in chronic pain management	Project ECHO Interdisciplinary Video Case Conferencing Web-based tools & resources Peer Support	IMPROVED PROVIDER CONFIDENCE, COMPETENCE & SKILLS TO MANAGE CHRONIC PAIN
• ME CPC2 practice teams participate in interdisciplinary collaborative learning through Learning Sessions, monthly webinars • Practice teams receive training to adopt QI approach to improving chronic pain using CPC Key Changes • Practice teams participate in Interprofessional Collaborative Practice (IPIC) & Primary Care TeamSTEPPS training	Maine CPC2 Learning Collaborative QI Support to Adopt CPC Key Change Package Evidence-based Team Trainings	IMPROVED CAPACITY OF PRIMARY CARE PRACTICE TEAM TO MANAGE CHRONIC PAIN
• Patient narratives and video portraits used to give providers new insights and to teach communication skills. • Patients provided with Choosing Wisely decision aids for chronic pain management • ME CPC2 practices provided with training on providing patient & family centered care	Portraits of Pain (Patient Voices Video Testimonials) Choosing Wisely Decision Aids Patient/Family Centered Care	IMPROVED PATIENT-PROVIDER PARTNERSHIPS

TRIPLE AIM GOALS

By July 2016, chronic pain patients receiving care from Maine CPC2 practices will benefit from "Triple Aim" improvements in care and outcomes: Improved health, improved experience of care, and reduced health care costs.

1. 100% of practices will establish a process to identify patients that need chronic pain management support defined as patients on more than 100 meq morphine equivalents per day
2. By July 2016, practices will decrease by 10% the number of patients that require 100 meq morphine equivalents per day
3. 100% of practices will be in compliance with Chapter 21 regulations, including establishing a workflow around pill counts, use of the Prescription Management Program and urine drug testing and patient agreements
4. Will increase by 10% the presence of pain documented in the chart (Baseline data from 2013 is 87%)
5. Will increase by 20% the percentage of patients with a functional assessment documented (Baseline data from 2013 is 14%)
6. Will increase by 20% the percentage of patients with a treatment reassessment documented (Baseline data from 2013 is 41%)
7. Will include the patient voice in 100% of learning activities, including webinars and learning sessions, with different modalities
8. 100% of practices will incorporate at least 3 TeamSTEPPS tools on a regular basis