

The Care Redesign Series: Organizational Structures for Chronic Pain Management

Case Studies of MultiCare Health System, Carilion Clinic, and Northwell Health

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Introduction

Chronic pain affects over 50 million people in the United States according to the Centers for Disease Control.¹ Yet Leading Health Systems (LHS) continue to struggle with chronic pain management (CPM), resulting in an immense financial burden on the US healthcare system. Healthcare economists estimate that chronic pain-related costs total up to \$635 billion per year in the United States in medical expenses and lost productivity.²

Given the complexity of pain management, health systems are strengthening the structures, processes, and methods of measurement required to establish successful pain care management programs.³ While most health systems have some level of dedicated, centralized committee structure leading pain management, the strategies, goals, and structures of these committees vary widely.⁴ Advanced organizations typically report strong support from senior leadership for CPM, have developed a holistic pain strategy across the care continuum, and have clear objectives and metrics of success. By focusing on developing a mature pain management organizational structure, health systems can execute their pain management strategies more effectively.

To better understand the maturity spectrum of pain management structures across Leading Health Systems (LHS), The Academy conducted a comparative analysis of three not-for-profit LHS - MultiCare Health System, Carilion Clinic, and Northwell Health - to examine the organizational structures, key priorities, and challenges in pain management.

Key Findings

	 MultiCare	 CARILION CLINIC	 Northwell Health
Organizational Profile	Tacoma, Washington \$2.4 billion Total Revenue 9 Hospitals Single-state	Roanoke, Virginia \$1.8 billion Total Revenue 7 Hospitals Single-state	Manhattan, New York \$12 billion Total Revenue 23 Hospitals Single-state
Maturity	Early Stage	Intermediate Stage	Advanced Stage
Organizational Structure	Pain Care Collaborative with separate workgroups corresponding to care settings (e.g., primary care) or specialty (e.g., surgery, oncology)	System level Opioid Task Force with multiple sub-committees (e.g., education, policy)	Interdisciplinary opioid management steering committee with work groups based on specific opioid crisis drivers (e.g., prescribing guidelines)
Timeline	Collaborative formed in 2017	Task Force formed in 2017	Steering Committee formed in late 2016
Focus Area	Building out pain management processes and aligning on specific pain management goals	Transitioning from opioid-specific focus to patient-centered focus on broad pain spectrum, including chronic pain	Scaling multidisciplinary chronic pain management processes across enterprise
Challenges	<ul style="list-style-type: none"> Developing concrete annual objectives Dedicating staff and resources 	<ul style="list-style-type: none"> Improving patient data acquisition Developing a strategy with pharmacy to solicit patient feedback 	<ul style="list-style-type: none"> Aligning chronic pain treatment across the continuum of care Identifying trends in chronic care across silos

MultiCare Health System: Building Robust Pain Management Processes

MultiCare Health System (MultiCare), based in Tacoma, Washington and spanning across the Puget Sound and Eastern Washington, is one of the largest not-for-profit health systems with a total operating revenue over \$2.4 billion in 2017.⁵ As the largest locally governed community health system in Washington, MultiCare spans nine hospitals and 240 clinics, and employs more than 17,000 caregivers and 1,400 providers.⁶ MultiCare provides over 790,000 patient visits annually.⁷

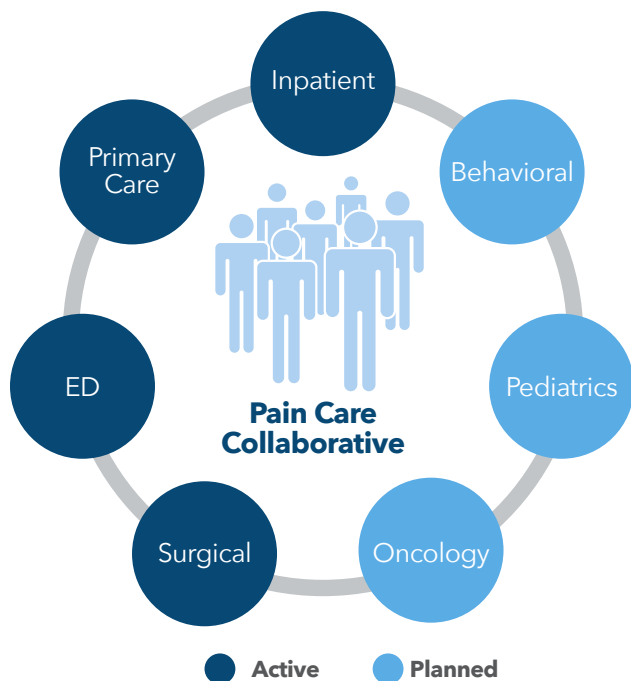
Focus on The Joint Commission's Requirements

In keeping with MultiCare's mission to "partner for a healing and healthy future," the health system established a Pain Care Collaborative in November 2017 to demonstrate their commitment to caring for patients experiencing pain.⁸ Recognizing the importance of establishing pain management processes that could scale across the health system, leaders at MultiCare have spent the last two years building the foundations of an organizational structure and the required processes to manage pain-related workstreams. Primarily focused on compliance with The Joint Commission's pain management requirements, in May 2018 MultiCare enlisted a trained nursing educator to ensure that the system observed all state and federal legal and regulatory standards.

"Our state [Washington] has been pretty prescriptive in how pain management work should get done. It's not just guidelines, it's law."

- Medical Director, Addiction Medicine & Pain Management, MultiCare

MultiCare's Pain Care Organizational Structure: Active & Planned



MultiCare's multi-disciplinary Pain Care Collaborative has four active workgroups to manage distinct pain care workstreams and plans to add three more in the future. The workgroups are organized by care setting (e.g., inpatient, primary care, emergency department), and by specialty (e.g., surgery, oncology, pediatrics, behavioral health). With multiple stakeholders involved, MultiCare's Collaborative structure was intentionally designed to provide additional dedicated support to pain care efforts. A previous version of the health system's pain committee structure required significant volunteerism on the part of interested providers and lacked administrative support; competing priorities made it difficult to develop or execute a long-term strategy. Therefore, initial committee participants determined that a system-wide Collaborative with supporting care groups would maximize the health system's effectiveness.

Though the health system has defined broad goals for the Collaborative, MultiCare leaders have identified their next step as establishing specific objectives and focusing on implementation to meet these goals. Early efforts to align the committee on objectives stalled due to competing priorities, which has created challenges with defining workstreams and delegating clear responsibilities among the group. In the interim, a few pain management "champions" (e.g., Pain Management Program Managers) are taking the lead, dedicating a majority of their time to implementation.

Leveraging Data and Redefining Pain Assessments

As part of their vision to be the Pacific Northwest's highest value health system, MultiCare leaders are deploying several internal pain management initiatives.

Refining and adopting appropriate pain assessment tools is a high priority to MultiCare's leaders. MultiCare recognized that traditional assessments focused on pain intensity often fail to capture critical functionality information, such as the patient's ability to breath, eat, walk, or perform other daily functions. With a goal of migrating away from traditional pain assessments, MultiCare adopted a new pain scale which accounts for patient functionality and stated pain goals. For chronic pain patients,

questions were added to the assessment about alleviating or aggravating factors for pain. To help providers transition to the new assessments, MultiCare clarified verbiage in patient charts and refined language in EPIC to guide providers in their discussions with patients. They also deployed a computer-based learning model to educate providers about the changes in EPIC. In the future, MultiCare would like to incorporate additional pain assessments tailored toward specific patient populations, particularly individuals who are unable to self-report (e.g., infants, critically ill or intubated patients, adults with advanced dementia).

To broaden the scope of their treatment offerings, MultiCare has also built out a relaxation and wellbeing “menu” of non-pharmacological therapies to allow patients the opportunity to exercise some control over their care. This menu includes an evidence-based aromatherapy program which has been rolled out at several locations. Aromatherapy was selected by leaders due to the minimal resource requirements and relatively inexpensive nature of the intervention. Initial feedback indicates that patients are positive and appreciative about this program, and MultiCare plans to expand to additional facilities in the future.

Since launching their Pain Care Collaborative, leaders at MultiCare cite challenges with lack of resources (e.g., budget, staff capacity) and clarity on what actions are required to make and sustain progress. To date, staff engagement across workgroups has fluctuated, with some groups demonstrating more engagement than others. In particular, the primary care group has exhibited notably more engagement around pain management, likely due to the burden on the service line and primary care physicians. Recently, MultiCare leaders have focused on refining pain management processes within surgical services because the department is uniquely positioned between inpatient and outpatient services and offers an opportunity to follow the patient across several access points. MultiCare recognizes a need to dedicate additional resources to continue to drive success with implementing and scaling initiatives across the organization, as well as enhancing collaboration and engagement across workstreams.

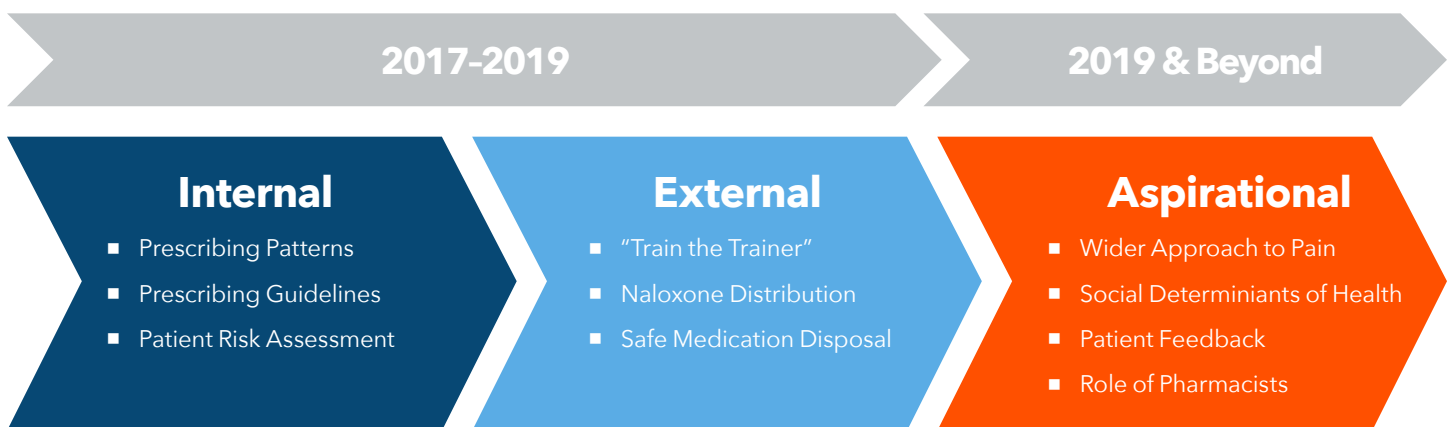
Carilion Clinic: Refining Patient-Centered Care Strategies

Carilion Clinic, based in Roanoke, Virginia, is a not-for-profit health system with a total operating revenue of \$1.8 billion in 2018.⁹ Comprised of seven hospitals and a comprehensive network of primary and specialty physician practices, Carilion Clinic has more than 13,000 employees, including 732 employed physicians representing 77 specialties.¹⁰ Carilion Clinic cares for nearly 1 million patients across Virginia and West Virginia annually.¹¹ Reflective of Carilion Clinic’s focus on serving their community, the health system provided \$196 million in community benefit, including charity care, education, research, and community outreach in 2017.¹²

Evolving from Internal Initiatives to External Engagement

In response to the national call for addressing the opioid epidemic and a firm commitment to caring for their community, Carilion Clinic created an Opioid Task Force in 2017. Between 2016 and 2017, opioid-related deaths quadrupled in Roanoke, prompting leadership to prioritize opioid management across the health system.¹³ The Task Force appointed six sub-committees to work on certain aspects of opioid response: community-based addictions, education and information, prescription-based, research, policy and legislation, and technology, informatics, and analytics. The Task Force outlined the health system’s vision for creating a vibrant and healthy community free from the opioid epidemic.

Evolution of Carilion Clinic’s Pain Management Strategy



Early initiatives of the Task Force focused on internal strategies, such as targeting physician prescribing patterns for both outpatient and inpatient dispensing, as well as identifying patients at risk of opioid abuse. Due to these early efforts, Carilion Clinic successfully reduced opioid prescribing across the enterprise. Carilion Clinic is also working to establish appropriate prescribing guidelines based on the nuances and requirements of the different service lines (e.g., orthopedics, family practice) or types of pain (e.g., acute, chronic).

With the maturation of the program, Carilion Clinic is expanding their strategy to engage community stakeholders. Recent initiatives include distributing naloxone – a medication that can counter the effects of an opioid overdose – to first responders, as well as working with community pharmacies and hospice facilities on safe medication disposal. Carilion Clinic is involved with several “Train the Trainer” programs at schools, universities, and police departments both locally and in other areas of Virginia. Carilion Clinic also continues to explore non-pharmacological pain management techniques, including acupuncture, mindfulness, and cognitive behavioral therapy, with the goal of building a suite of high-impact, easy to implement interventions.

Carilion Clinic leaders are actively working to address technical and structural hurdles as they refine their pain management approach. A high priority is establishing the right prescribing guidelines for pain management and integrating these guidelines into the system’s EMR. However, EMR integrations can be resource intensive, and Carilion Clinic leaders are concerned that this process will take a substantial amount of time.

Developing a Broader Approach to Pain Management

As Carilion Clinic’s strategy has evolved, leaders have indicated a desire to transition from an opioid-focused approach to a broader focus on pain management and treating chronic pain. As the system aims to broaden their approach, they are focused on several workstreams that emphasize patient-centered care. First, Carilion Clinic leaders hope to develop a strategy to secure more long-term patient feedback on their experience and outcomes. Executives envision longitudinal data around patient satisfaction and outcomes will be particularly valuable to Carilion Clinic’s CPM strategy. Additionally, Carilion Clinic leaders are evaluating additional stakeholders to involve in executing the system’s pain strategy, particularly magnifying the role of pharmacists to prevent unnecessary readmissions.

“We did a small pilot with the idea of having a pharmacist embedded in the medical home model. We discovered that if you can get the patient to give feedback post-discharge, you can do a better assessment of the quality of the treatment as well as patient satisfaction.”

– Senior Director, Pharmacy, Carilion Clinic

Finally, Carilion Clinic is considering options for integrating broader data sets (e.g., social determinants of health) and artificial intelligence technology into their strategy to understand patients more holistically, and to enable risk assessment and targeted interventions.

Northwell Health: Solidifying Distinct Chronic Pain Workstream

Northwell Health (Northwell), based in Manhattan, New York, is New York state’s largest health system and one of the largest not-for-profit health systems in the country. With a total operating revenue of \$12 billion,¹⁴ Northwell is comprised of 23 hospitals and more than 750 outpatient facilities.¹⁵ Employing over 70,000 caregivers, including 4,000 employed and 13,600 affiliated physicians, Northwell is also New York’s largest private employer. With a service area of approximately 11 million people, Northwell treated over 2 million people across 5.5 million patient encounters in 2018.¹⁶

Defining and Delivering on Goals

Northwell Health created an Opioid Management Steering Committee in 2016 to understand drivers of the opioid crisis. Recognizing the value of formalizing their objectives, Northwell created interdisciplinary work groups with SMART (Specific, Measurable, Attainable, Relevant, Timely) goals associated with those drivers and appointed leads to manage workstreams and report on project statuses. Examples of the independent work groups included surgical pain management, prescribing guidelines, medical cannabis, and SBIRT (Screening, Brief Intervention, and Referral to Treatment). Over time, the steering committee has grown to include nearly 150 clinical and non-clinical leaders, and 30 departments.

"Everything we do is associated with a process metric for implementation."

- Regional Medical Director, Northwell Health

Northwell's leaders are using a comprehensive suite of strategies to address pain management. At the physician level, Northwell is focused on education and patient screening protocols, as well as using data-driven interventions such as a prescribing dashboard and prescribing guidelines built into the EMR. The initiatives have yielded positive results thus far: Northwell's emergency department successfully limited overall opioid doses prescribed.

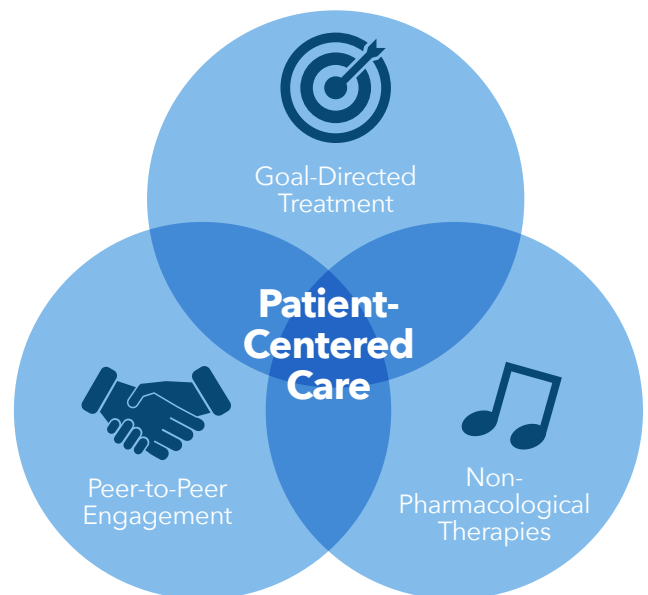
Beyond opioid management, Northwell's pain management strategy also incorporates a variety of non-pharmacological therapies including massage, music therapy, medical cannabis, and reiki to cater to individual patient preferences. Finally, Northwell actively works with external stakeholders (e.g., schools, professional settings) as part of their community outreach interventions. Northwell's pain management staff report that leadership buy-in has been critical to the success of their initiatives.

Building a Comprehensive Chronic Pain Strategy

Northwell's leaders place a high priority on making sure patients with chronic pain receive a multidisciplinary approach to treatment. Accordingly, the system uses a multi-pronged intervention strategy which includes goal-directed treatment protocols, peer-to-peer engagement (e.g., via digital applications), and non-opiate therapies. Despite resource constraints, Northwell's leaders are committed to breaking down silos and engaging chronic pain patients as they would patients with other chronic illnesses. To document their progress, Northwell has focused on implementing process metrics (in addition to outcome metrics) to measure the system's progress on driving culture change.

As a large health system, Northwell leaders note that pain management efforts are often disjointed - with disparate workstreams evolving independently across their many hospitals. Looking ahead, Northwell is focused on streamlining and standardizing pain management efforts across their enterprise.

Northwell's Dynamic Chronic Pain Management Approach



Organizational Structures Supporting Success in Pain Management

For system-wide pain management success, it is critical to establish a robust organizational structure to execute on the health system's objectives, drive engagement, and sustain progress across the organization.

- Early stage health systems are primarily focused on forming internal organizational structures, outlining specific objectives, and delegating clear responsibilities, with the goal of complying with legal and regulatory pain management requirements.
- Intermediate stage health systems are working to expand the scope of their pain management initiatives to engage other community stakeholders, integrate more appropriate patient pain assessments, and leverage data to report the progress of their objectives at committee meetings.
- Advanced stage health systems with mature programs are likely to have broad pain management strategies with specific strategies for the various manifestations of pain (e.g., chronic vs. acute, opioid-related vs non-related), as well as the transitions between care settings. Additionally, advanced health systems tend to leverage data to measure success, tracking process metrics (e.g., patient is administered a functional pain assessment in office), in addition to outcome metrics (e.g., percentage reduction in opioid pills prescribed).

As more health systems evaluate their approach to pain management, organizations can look to MultiCare, Carilion Clinic, and Northwell as models of varying maturity levels for organizational structures and strategies for CPM. Developing strong organizational structures around pain management will facilitate the implementation and scaling of key initiatives in CPM, enabling providers to deliver the appropriate care to their patient population.

Informed Practices for Developing a Mature Pain Management Organizational Structure

- 1 Develop a comprehensive system-level steering committee structure incorporating coordinated workgroups specifically focused on core care settings, specialties, or initiatives.
- 2 Establish buy-in and support from health system senior leadership to ensure appropriate resource allocation and organizational prioritization.
- 3 Broaden the scope of the steering committee beyond opioid management initiatives to develop a holistic pain management approach.

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Methodology

In July and August 2019, The Academy conducted in-depth telephone interviews with executives at MultiCare Health System, Carilion Clinic, and Northwell Health around the health systems' pain management structures and priorities. None of the participants derived any personal profit or gain through participation in this case study.

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