

Policy Level

PL-BA Pain Management Call Center

Agency Recommendation Summary Text

The Health Care Authority (HCA) requests \$1,354,000 (\$676,000 GF-State) in the 2017-2019 biennium budget for a telephonic clinical consultation line for supporting primary care providers regarding pain medication management and medication assisted treatment for Medicaid clients.

Fiscal Summary

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-1 GF-State	\$338,000	\$338,000	\$338,000	\$338,000
Fund 001-C GF-Medicaid	\$339,000	\$339,000	\$339,000	\$339,000
Total Cost	\$677,000	\$677,000	\$677,000	\$677,000
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	0.0	0.0	0.0	0.0
Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-C GF-Medicaid	\$339,000	\$339,000	\$339,000	\$339,000
Total Revenue	\$339,000	\$339,000	\$339,000	\$339,000
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
Obj. C – Contracts	\$677,000	\$677,000	\$677,000	\$677,000

Package Description

Primary care providers need to be able to access clinical expertise and consultation when treating patients with complex pain medication regimens, particularly with high dose opioids and potentially dangerous drugs combinations. Patients often experience challenges in accessing medical providers willing to address their treatment needs for pain and/or medication assisted treatment. The recent closure of the Seattle Pain Centers (SPC) has exacerbated this issue.

In this proposal, pharmacists and pain physician specialists at the University of Washington (UW) would provide telephonic consultation to primary care providers regarding pain medication management and medication assisted treatment, with an initial focus on providers caring for the 11,000 patients who have been previously treated by the Seattle Pain Centers. The consultation line will also be available to other medical providers, as needed, such as providers from emergency departments (EDs).

Services may include:

- Interpretation of Washington State Prescription Monitoring Program records to provide guidance to primary care providers on urgent dosing;
- Individualized opioid taper plans;
- Systematic management of withdrawal symptoms;
- Evaluation and recommendations for non-opioid/adjuvant analgesic treatment;
- Triage and risk screening for primary care providers;
- Support for evaluation of substance use disorders; and
- Provision of education/review of Agency Medical Directors' (AMDG) Interagency Guideline on Prescribing Opioids for Pain and Center for Disease Control (CDC) opioid guidelines.

Amanda Avalos, Clinical Quality and Care Transformation: 360.725.3707 or amanda.avalos@hca.wa.gov

Decision Package Justification and Impacts

Performance Measure Detail:

Activity Inventory

H002 HCA Direct Operations

What specific performance outcomes does the agency expect?

Through this work, the HCA expects to provide additional support for primary care providers as they treat clients receiving pain medication or medication assisted treatment. Evaluation metrics for the pain consultation line may include: volume of calls, length of call time, time of day of calls, number of unique patients receiving case consultation, location of caller (county/type of clinic), categorical nature of need, caller satisfaction, and avoidance of ED visits. In addition, the UW would build and administer a survey for providers to determine if need is being met.

What alternatives were explored by the agency and why was this option chosen?

- Developing continuing medical education (CME) training for providers on pain medication management and medication assisted treatment. This alternative provides an important service for providers to learn about representative cases being seen in the community, including the potential of it being their own case. However, this service is not specific to a provider working through the best clinical options for their patients and therefore would not have the breadth and depth of the current proposal, nor would it be as timely.
- Providing other resources, such as brochures, reports, and web materials, would not be as individualized or as patient-centric as this proposal. Patients with complex needs, who may have other co-occurring medical or behavioral issues, would likely require the nuance of an individualized case consultation.

What are the consequences of not funding this request?

Primary care providers may lack expertise in the management of patients with complex pain conditions and in patients with substance use disorders, and, as a result, providers may be hesitant to treat patients on high dose opioids or with complex medication regimens. Patients who have challenges accessing care may turn to EDs, or potentially, to schedule I drugs, such as heroin, to relieve their withdrawal symptoms. Patients who have untreated pain may experience psychological and emotional distress. The proposed consultation line would ensure that primary care providers have the patient-focused resources and information they need to provide appropriate medication management for these high risk clients.

How has or can the agency address the issue or need in its current appropriation level?

The HCA has referred primary care providers to existing state public health resources, such as the Agency Medical Directors' Interagency Guideline on Prescribing Opioids for Pain. However, this does not provide the level of detail or specificity often needed by providers when treating patients with complex needs.

Provide references to any supporting literature or materials:

Information regarding the closure of Seattle Pain Centers: <http://www.doh.wa.gov/pain>

Base Budget

If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.

The agency is pursuing a contract to provide this service within the current funding level due to the medical necessity.

Expenditure, FTE and Revenue Assumptions, Calculations and Details:

The HCA would develop an interagency agreement and contract with UW to provide this service. UW School of Medicine would operate and staff the pain consultation line. Initial staffing estimates include 1.5 FTE registered pharmacist and 0.35 FTE board-certified pain medicine specialty physician as medical backup/oversight.

1. Seven days per week, 8:00 am to 5:00 pm (expanded business hours including weekends)
 - a. Pharmacy FTE Cost: \$6,825 per week;
 - b. Specialist MD Cost: \$6,200 per week;
 - c. Phone line cost to be determined.

The HCA's management of the contract will be done within existing resources. The ultimate cost of performing clinical consultation statewide may be more than identified in this proposal, depending on the service demand.

Impacts to Communities and Other Agencies

Fully describe and quantify expected impacts on state residents and specific populations served.

The funding requested in this proposal shall allow the HCA to improve client access to appropriate medication management for pain and/or medication assisted treatment, through offering clinical expertise and consultant to support primary care providers. Increasing primary care providers' knowledge and comfort-level in providing treatment to these clients will positively impact their health care. Potentially, this work may impact residents by:

1. Reducing potentially avoidable emergency department care;
2. Increasing providers' willingness to treat these patients;
3. Strengthening the use of evidence-based clinical care for patients; and
4. Improving the ability of primary care providers to serve as the access point for substance use disorder treatment.

What are other important connections or impacts related to this proposal?

The recent closure of the Seattle Pain Centers exacerbated this issue, as more than 6,000 Apple Health clients – many of whom are on long-term, high-dose opioid treatment – will need to locate medical care for their pain management needs from other providers.

Does this request have:

Regional/county impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other local government impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Tribal government impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other state agency impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Does this request:

Have any connection to Puget Sound recovery?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Respond to specific task force, report, mandate or executive order?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contain a compensation change?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Require a change to a collective bargaining agreement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Create facility/workplace needs or impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contain capital budget impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Require changes to existing statutes, rules or contracts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have any relationship to or result from litigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If "Yes" to any of the above, please provide a detailed discussion of connections/impacts.

Not applicable

Information Technology (IT)

Does this request include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No



Yes

Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)