



The Challenges of Culture Change:

Reflections from a Partnership between Blue Cross/Blue Shield of Vermont and University of Vermont Medical Center to create a Transdisciplinary Integrative Program of Care for People with Chronic Pain Using a Bundled Payment Model


MODERATOR




Cara Feldman-Hunt, MA, NBC-HWC
Program Manager
UVM Integrative Health
Policy Working Group Vice-Chair
Academic Consortium for
Integrative Medicine and Health



Joshua Plavin, MD
VP & Chief Medical Officer
Blue Cross / Blue Shield
Vermont



Jon Porter, MD
Founding Medical Director
Comprehensive Pain Center
UVM



Janet Kahn, PhD, EdM, LMT
*Massage Therapist, Research
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Introduction

- Cara Feldman Hunt, MA, Program Manager, UVM Integrative Health, Policy Working Group Co-Chair, Academic Consortium for Integrative Medicine and Health
- Vermont landscape
 - UVM Integrative Health Collaboration, 2015
 - UVM, UVMMC, Laura Mann Center
 - Hospital response to the opioid crisis, 2014-16
 - Family Medicine, Anesthesiology, Psychiatry and UVM Integrative Health
 - Acupuncture for Chronic Pain in the Vermont Medicaid Population, 2016, paid for by the Health and Welfare Committee

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May 13, 2020

Jon Porter, MD

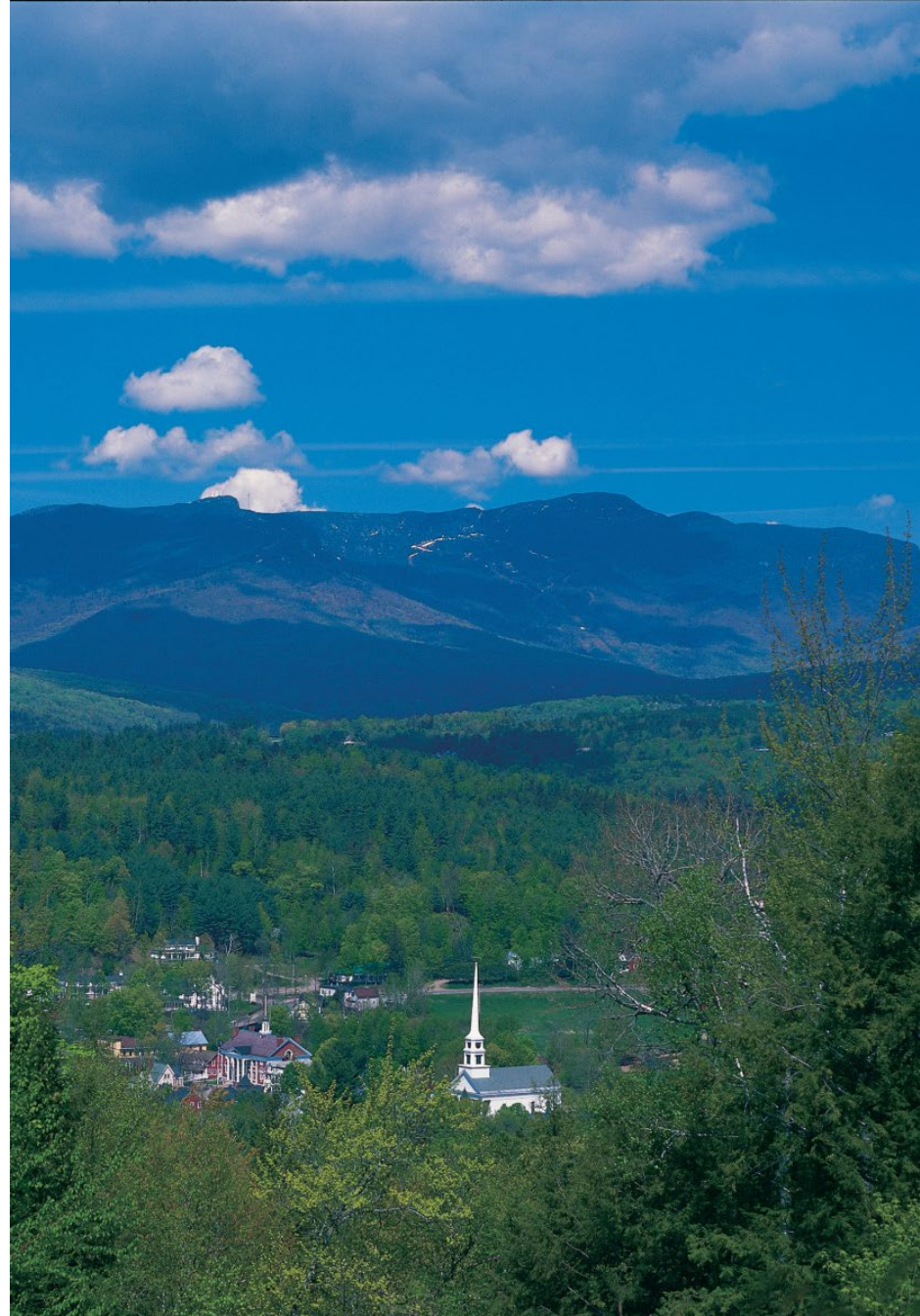
A Quick Ten Minutes

- Program Genesis
- Program Overview
- Lessons Learned (to date)



Program Genesis

- 'Legacy' Patients
- 2014 - UVMMC Planning Group
- 2017 - Medical Director hired



Program Development

- Spring – Summer 2018
 - Office Renovation
 - Program Development
 - Identification of Integrative Therapies and Therapists
 - Team Hiring and Development
 - Outcome Measures
 - Bundle Planning



Program Development

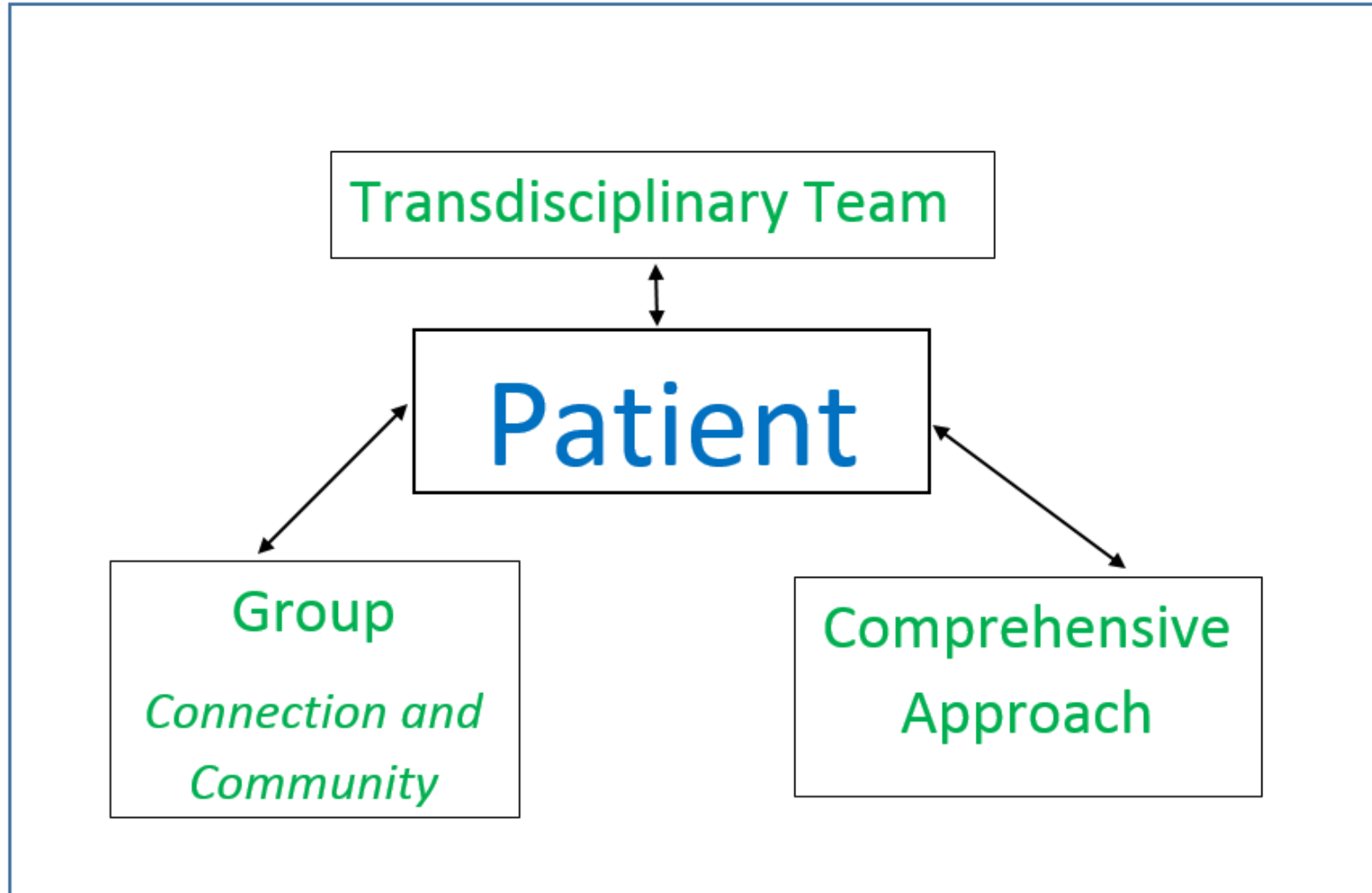
- September, 2018 – Office Opens
- February, 2019 – UVMMC – BCBS
- March, 2019 – First PATH
- June, 2019 – First Bundled Path



Dynamics

- Medical Center
 - New Model
 - Cultural Inertia
 - Reporting Lines
- CPP Staff
 - Forming a team
 - Trust
 - Territory
 - Iteration and change
- Medical Homes
 - Please assume care of these patients
 - Proactive Referrals

PATH Program Foundations





CPP Foundational Values

- Compassion
- Kindness
- Empathy
- Engagement
- Honesty
- Connection
- Support
- Integrity
- Self-Efficacy
- Education
- Collegiality
- Positivity
- Rigor
- Resilience
- Innovation
- Agility
- Self-Care

PATH Program Goals



CPP Structure

- Eight Weeks
- Closed Cohort
- Two Group Sessions each Week
 - Group Medical Visit – Spirituality, Self-Compassion, Meditation, Movement “*Shattered but Still Whole*”
 - Acceptance and Commitment Therapy – clarification of values and action steps toward goals



CPP Structure

- Integrative Therapies
 - Reiki
 - Nutrition and Culinary Medicine
 - Massage Therapy
 - Acupuncture
 - Psychologically Informed Physical Therapy
 - Occupational Therapy
 - Movement - Yoga
 - EMDR
 - Hypnosis
- Alumni Group
- Care Alliance Group

Thank You!

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Patient Perspective



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Joshua Plavin, MD

VP & Chief Medical Officer
Blue Cross/Blue Shield Vermont



PATH Program Development

BCBSVT Perspective

Josh Plavin, MD, MPH, MBA
VP & Chief Medical Officer

KEEP VERMONT

well



BlueCross BlueShield
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

BCBSVT Scope of the Problem

Opioid Use and Risks

- 100 million American adults have chronic pain (IOM)
- 40% of older adults have chronic pain (NEJM)
- Chronic opioids are prescribed to 4% of the adult population in the US (NEJM 2016; 374:1253-1263)
- About 20% of abused opioids are prescribed for the individual while 72% are sourced from friends/relatives
- 38 Deaths in VT 2016 due to RX opioids (VT ADAP)
- Up to 30% of patients on opioids for chronic pain have a substance use disorder (or diversion)

BCBSVT Scope of the Problem

Barriers to the Right Care

- CDC/emerging studies - opioids should only be used in acute pain & end-of-life care - not in chronic pain
- Legislature/Governor's Opioid Coordination Council interested in non-opioid alternatives
- CDC/state recommend non-opioid therapy including acupuncture, exercise, CBT as 1st line
- FFS payment - discourages alternative med, team based care, case mgmt. – “Physicians feel stuck” – VMS 2012
- Patients and Providers are voicing that there are few available alternatives for moderate/severe pain

120

BCBSVT Scope of the Problem

Cost of Musculoskeletal Conditions

- Musculoskeletal grouping (MSK) #1 cost for our commercial clients in VT
- Drivers vary but include surgery, office procedures, medications, PT, Chiro etc
- Workers with MSK pain lose 5.5 hrs/wk of productive time, \$61.2 Billion per year in US
(<https://www.ncbi.nlm.nih.gov/pubmed/14665809>)
- As much as 20% of BCBSVT members with MSK have co-occurring MHSUD with up to 40% higher cost

Overall Strategic Plan

- Work with providers in VT to develop a new approach
- Comprehensive Integrative Pain Program
- Payment - Outcomes based bundle or episode (value)
- Use as a testbed for Center of Excellence approach & support of integrative care
- Expand to all Health Service Areas – clinical and payment model, education and training
- Integration of MHSUD services foundational
- Serve as “midfielder” between primary care & interventional
- Helps to address MSK issue (right care, right place, right time), mitigate one entry into addiction and serves as platform for integration – lead transformation

BCBS Vermont PATH Program - Reflections

- Clearly identify the problem and its impact from your perspective.
- Find points of shared interest and expand.
- If possible find supporting research and models.
- Find a willing audience to listen to your ideas.
- Talk to all stakeholders both one on one and in more formal groups many times – change mgmt. 101
- Build a relationship based on trust through open, honest communication and meaningful and timely action.

Building the Payment Framework

- Bundled Payments focused on outcomes are one payment path for the future – focus on value not volume and impact from the patient perspective
- This ensures high value impact for our members/clients
- Payment structure development was collaborative
 - What services, for how long and at what intensity?
 - Use FFS as a baseline to build.
 - Take some educated guesses to fill in holes and negotiate a rate reasonable to both parties.
 - Make sure to intentionally revisit actual utilization (track services) vs predicted and adjust bundle if needed at a set time.
 - Put as much as possible into the contract and hold each other accountable within the trusting relationship.

Bundled Payment Worksheet Example – (early draft and partial)

Assume program is 8 weeks long
 Bundle would be billed monthly x 2

SERVICE	CPT/HCPCS CODE	UNITS BILLED	INFORMAL DESCRIPTION	COMMENTS
Initial physician consult, 60-90 minutes	99205	1	new patient E&M, ~60 minutes	billed if new patient, billed by primary care or psychiatry
	99215	1	established patient E&M, ~40 minutes	billed if established patient, billed by primary care or psychiatry
	99354	1	add'l 30-74 minutes, used with either 99205 or 99215	add-on code for additional time
Initial psychology consult with NARRATIVE THERAPY	90791	1	psychiatric eval without medical services	assume patients will have both MD and psychologist evals
Team eval with patient	H2000	2	comprehensive multidisciplinary eval	Assume billed twice during program
Team Meetings without patient	99490	2	multi-disciplinary team meeting, 20 minutes once/month	using code and fee as proxy; part of intake process and then 1x per patient during 8 week period.
PREVENTIVE MEDICINE COUNSELING & RISK FACTOR REDUCTION INTERVENTION				
Led By Non-Physician - 90 minutes/1x per week (Doctoral or Masters in Mental Health)				
Weekly group session, 90 minutes	99412	12	preventive medicine counseling and/or risk factor reduction in group setting, 60 minutes	Sessions are 90 minutes, code description states approximately 60 minutes so just use this code; led by doctoral or masters mental health professional - therefore reimbursement would be 75% of fee schedule amount listed here. Weekly class x 8 weeks but included to reflect actual time spent at 90 minutes per week

Research

- Coverage with evidence determination – program is an active lab
- Study outcomes using what is meaningful, functional outcomes with PROM.
- Study claims and cohort comparison to track utilization and identify potential savings
 - ER, Interventional Procedures, Medication costs, MH utilization etc etc. – initially medical and MHSUD but could be social as well (work absenteeism, presenteeism etc.)
- Publish your results! – if successful plan to sustain and spread

Initial Utilization based on Medical Claims

- 32 members have completed the PATH program as of 1/22/2020
- Medical claims were analyzed for these members for the 6 months before PATH participation and the 6 months following
- There were a total of 192 before member months and 130 after member months

Before PMPM	After PMPM
\$1,197.22	\$1,415.16

ER Visit Diagnosis	Before per 1,000	After per 1,000
Any	937.5	184.62
Pain-Related	500	0

- Utilization of some medical services before and after participation in the PATH program

Provider Type	Before PATH (per 1,000)	Before Total Visits	After PATH (per 1,000)	After Total Visits
Acupuncturist	375	6	923.08	10
Dietitian	375	6	646.15	7
Chiropractor	937.5	15	553.85	6

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Innovation & Progress in Person-Centered Pain Management

Early Indications from the Comprehensive Pain Program at UVMMC

Janet Kahn, PhD, LMT
Senior Research Scientist &
Movement and Manual Therapies Lead

Innovation and Research: partners from different cultures

- Innovation/program creation is a process of constant learning, thus requiring appropriate flexibility
- Clinical Research requires a clear definition of the intervention being tested - program consistency

Program launched w/out commitment from UVMMC to cover costs for research staff

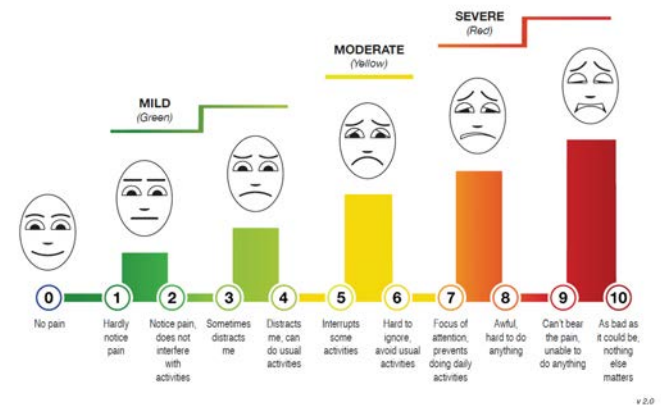


What to Measure???

- Multiple stakeholders = multiple interests
 - BCBS
 - UVMMC Leadership
 - Vermont Department of Health - Blueprint for Health
 - CPP Clinicians

The Outcome Measures

- Program Components Used
- Other Healthcare Services Used
- Pain levels
- PROMIS 29
 - Pain Interference
 - Physical Function
 - Fatigue
 - Sleep Disturbance
 - Anxiety
 - Depression
 - Ability to Participate in Social Roles and Activities
- Resilience
- Self-compassion



About pain...and suffering

- In 1955 - Dame Cicely Saunders coined the term **TOTAL PAIN** which she said includes "...physical, emotional, social, and spiritual distress," and launched the hospice movement in England.

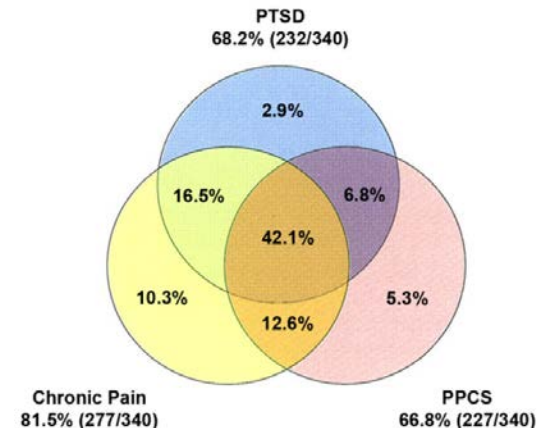


- In 2010 - Walker, Clark & Sanders coined the term **POST-DEPLOYMENT MULTI-SYMPTOM DISORDER** and declared it treatment resistant.

Complex pain requires a comprehensive response

CPP Clinicians jointly seek to address physical pain, emotional and spiritual distress, relationship health, and substance use disorder.

POLYTRAUMA "P3" TRIAD



Walker RL, Clark ME, Sanders SH. The "Postdeployment multi-symptom disorder": an emerging syndrome in need of a new treatment paradigm. Psychol Serv 2010;7(3):136-147. [doi: 10.1037/a0019684]

Population

- 6 Cohorts have started and completed the program

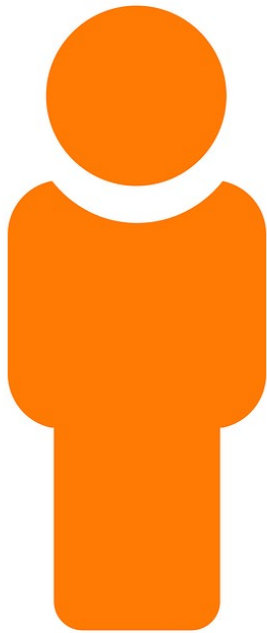
Cohort	Participants	Start Date	End Date	Female	Av. Age
1	9	6/18/2019	8/15/2019	44.4%	58.89
2	5	9/09/201	11/13/2019	80%	39.4
3	11	10/15/2019	12/12/2019	90.9%	53.45
4	7	11/11/2019	1/22/2020	85.7%	48.43
5	10	12/17/2020	2/20/2020	70%	54.5
6	9	01/27/2020	03/18/2020	66.7%	46.89

If you build it, will they come?

COHORT	Prev Med Grp PATH	MD Visit	ACT Grp Compass	MT & CST	Med Nutr	Acu	Yoga	Reiki	PT/OT	TOTALS
C1 10	69	7	59	38	21	36	13	13	13	269
C2 5	28	8	24	17	2	9	3	4	2	97
C3 11	67	19	71	58	21	32	24	20	21	313
C4 8	55	12	55	29	13	43	32	19	16	274
C5 11	83	21	74	37	16	91	15	37	14	388
C6										
TOTALS 45	302	67	283	179	73	211	87	93	66	1,361

Summary of visits recorded in the EHR.

45 participants averaged 30 sessions across 8 weeks; attending 13 support group sessions & 17 other therapeutic session of their choice.



1,361 total sessions attended; 585 in Support Groups; 776 sessions in other therapies.



Patient's Self -Identified Pain Assessment

- Participants were asked to rate their pain on a scale of 1-10.
- 33 Participants responded to Pre and Post self-identified pain assessment questions.

Measurement	Pre	Post	Difference
Average pain in the last week	5.70	4.5	-1.2 (21%)
Interference with life enjoyment	6.02	3.98	-2.04 (34%)
Interference with general activity	5.91	4.03	-1.88 (32%)

Brief Resilience Scale (BRS) and SELF-COMPASSION SCALE–Short Form (SCS–SF)

BRS

Pre	Post	Difference
2.92	3.13	0.21 (7%)

SCS-SF

Pre	Post	Difference
2.90	3.21	0.31 (11%)

- The brief resilience scale (BRS) is a questionnaire aimed at assessing a person's ability to recover from stress and consists of six questions, each answered via 5-point scale from Strongly Disagree to Strongly Agree.
 - *38 Participants completed the Brief Resilience Scale (BRS).*
- (Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.)
- The SELF-COMPASSION SCALE–Short Form (SCS–SF) consists of twelve questions assessing six components of self-compassion into an overall self-compassion score, using a 5-point scale ranging from Almost Never to Almost Always.
 - *38 Participants completed the SELF-COMPASSION SCALE–Short Form (SCS–SF).*

(Raes, F., Pommier, E., Neff, K.D., and Gucht, D.V. (2010). Construction and factorial validation of a short form of the self-compassion scale. *Clinical Psychology and Psychotherapy*, 18, 250-255.)

PROMIS-29 Profile v2.1

- The PROMIS-29 questionnaire is used to assess pain across seven domains.
- Summary measures are the average T-scores for members who answered all questions in that domain pre and post.

Physical Health:

- Pain Interference
- Physical Function
- Fatigue
- Sleep Disturbance

Mental Health:

- Anxiety
- Depression

Social Health:

- Ability to Participate in Social Roles and Activities

Domain	Pre	Post	
Pain Interference	64.81	60.1	↓
Physical Function	39.21	41.84	↑
Fatigue	60.94	57.92	↓
Sleep Disturbance	54.59	51.71	↓
Anxiety	59.57	57.82	↓
Depression	55.91	52.58	↓
Social Roles and Activities	41.77	44.08	↑

Take-Aways

- Feasibility? – It can be done
- Participant Engagement? – Overall quite strong
- Pain Reduction? – Yes, very modest reductions
- QOL Improvement? – Yes, everything moved in the right direction and when we have a larger sample we will know more.
- PROMIS – Again, all changes were positive, and modest.
- Unmeasured outcomes? – We have not systematically gathered data from CPP clinicians, but the obvious take-home is that this has been a very rewarding place to work.

**Which techniques
produced those results?**



**The ones they used!
Key values of Integrative
Healthcare include patient
choice, patient
engagement, patient
empowerment.**

THANK YOU!

QUESTIONS?

Upcoming Events



ACADEMIC CONSORTIUM
FOR **INTEGRATIVE**
MEDICINE & HEALTH

Consortium Grand Rounds, 5/20/20, 12pm ET
Increasing Access to Comprehensive Pain Care in VT
Collaborating with Key Stakeholders,

INTEGRATIVE PAIN MANAGEMENT CONFERENCE

Saturday, May 8, 2021
Davis Center
University of Vermont

NEW THIS YEAR! Pre-Conference Friday, May 7, 2021



UVM
Integrative
Health

A landscape photograph with a green color cast. In the foreground, a wooden post-and-rail fence runs across the frame. Behind the fence is a grassy field leading to a dense forest of trees. In the background, rolling hills are visible under a sky with some light clouds. The text "Thank you!" is centered in the middle of the image.

Thank you!