



WICHITA STATE
UNIVERSITY

*CENTER FOR COMMUNITY SUPPORT
AND RESEARCH*

Learning Collaborative

Kansas Medicaid Health Homes Initiative

February 27, 2015

Rolling Hills Zoo Conference Center

Salina, KS



Please assure that your table has five participants from a variety of organizations – do not sit with the person you came with!

Welcome!



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Why are we here?

To celebrate successes,
conquer challenges,
and build a quality Health Homes system.



Case Dilemma/ Peer Feedback Process

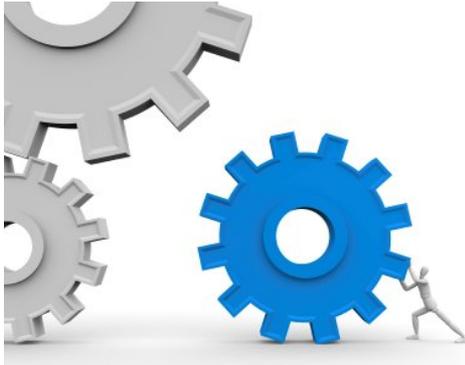
Peer Feedback in Quality Improvement

Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.



<http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/>

Four Key Principles in Successful QI



QI work as systems
and processes



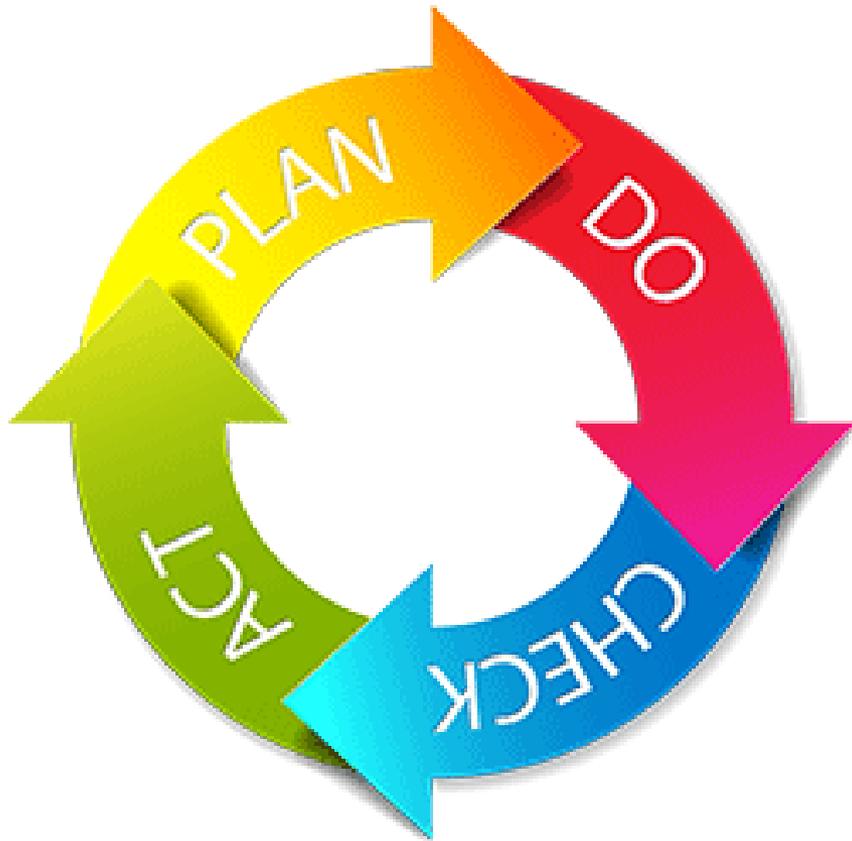
Focus on patients



Focus on being part
of the team

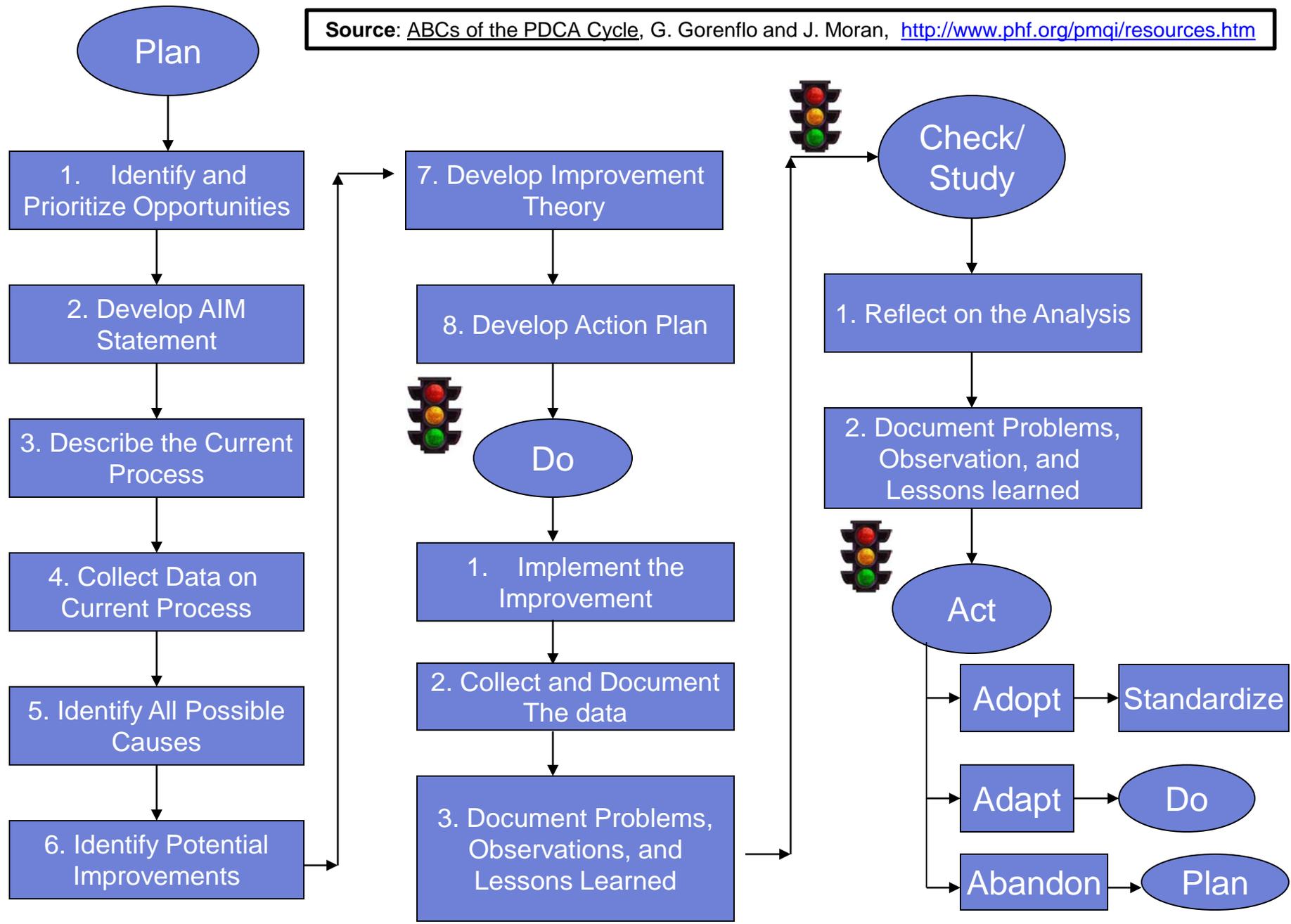


Focus on using the
data



PDCA was made popular by Dr. Deming who is considered by many to be the “father of modern quality control”; however it was always referred to by him as the “Shewhart cycle.”

The continuous improvement phase of a process is how you make a change in direction. The change usually is because the process output is deteriorating or customer needs have changed.



Case Consultation

- Designed to surface new interpretations and areas of activity that could not be realized in traditional dialogue
- The value of the consultation often comes from the diagnostic breakthroughs, helping the presenter see the situation in a fundamentally different way than the way it is presented to the group
- There are no bad ideas, nor are there avenues closed to exploration



Group Roles

One person will serve as the **facilitator**, managing the time boundaries, keeping the **Case Presenter** from controlling the conversation and engaging others in the process.

The Case Presenter should nominate a **Note taker** from the group, someone who will help him/her debrief afterwards.

20 Minutes per Case

Case Presenter Presents
Overview of Challenge: **3 minutes**

Data Gathering Questions: **5 minutes**

Group Diagnostic Brainstorming,
Presenter listens (*Does not speak at all*): **5 minutes**

Group Action Step Brainstorming,
Presenter listens (*Does not speak at all*): **5 minutes**

Presenter Reflections: **2 minutes**



Traps to Avoid

- Lack of clarity on what the Challenge is.
- Presenter might struggle to remain silent and might spend time defending and explaining.
- Consultants will jump too quickly to solutions, especially technical solutions.



Traps to Avoid

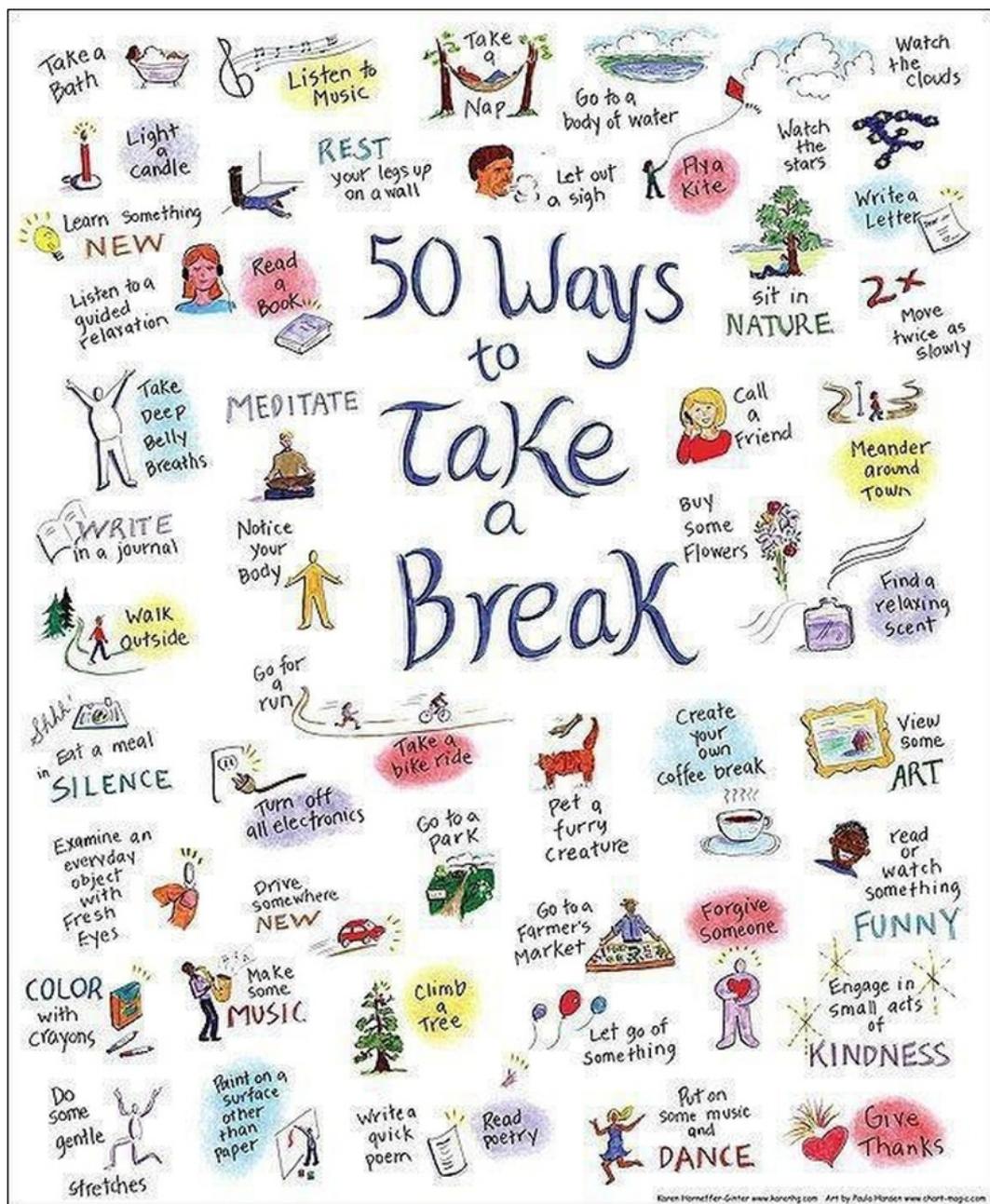
- Consultants will be afraid to tell the Presenter difficult news or information that would be helpful to them.
- Presenter will hide real stakes and anxieties.
- Consultants will offer insight from their own experience or expertise, rather than see the problem through the eyes of the Presenter and other people in the case.













Pain Management & Chronic Pain

Ben Gerrard, LMSW
Psychotherapist
Valeo Behavioral Health
Care. Topeka, KS.

Why Me?

- Parents worked in Mental Health and 20+ years ago I trained as massage therapist in Australia to provide solutions to my father's clients with Fibromyalgia and Chronic Fatigue.
- The Recession.
- 20 Years later I am the therapist and I am still struggling to find solutions for these chronic conditions.

Why Me II: Eclectic Boogaloo

- Massage Therapy > Cowboy>Journalist > Bar Tender> Intern Therapist in KC,KS.
- Fox Hole guy.
- Pain Management Group at Valeo.
- Trauma work for pain Clients. Somatic Experiencing (Levine) EMDR (Shapiro), & Brainspotting (Grand).

Pain

- Is the way your brain interprets information about a particular sensation that your body is experiencing.
- **Can be experienced both physically and emotionally.**
- Is “real” and is not “all in your head”
- Is subjective – everyone experiences pain differently.
- **Can affect everything you do – the way you act, think, and feel and vice versa.**

Pain Management

- <http://youtu.be/B2SI-gmpDUU>
- Dr. Kahn KU Med Center - Chronic Pain affects 1 in 3 Americans and is one of the hardest conditions to get insurance companies to pay out for.
- Coordinated care is key. This may be where you can help. Not everyone can get to a Pain Management Clinic.

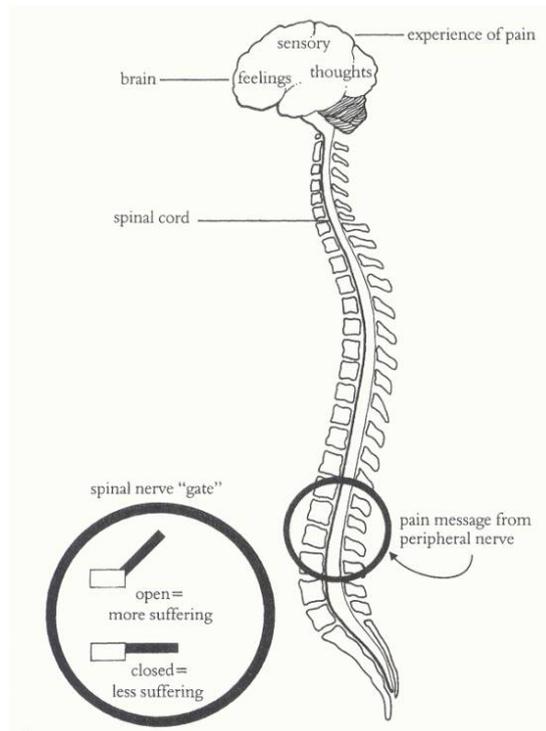
Chronic Pain...

- Lasts 6 months or longer
- Affects up to 100 million adults in the U.S.
- Sometimes has no identifiable cause (ex. Chronic headaches, fibromyalgia)
- Often co-occurs with depression and anxiety. As many as 50% of people who suffer from chronic pain also have clinical depression
- Is not well treated by pain medications :
 - Opioids are extremely effective as pain relievers for acute, short term pain; however, because many people develop a tolerance to the medicines within two to three months, it is often necessary to increase the dosage.
 - Opioids have many side effects
 - Opioids don't always make chronic pain better; they may eventually make it worse.
 - But everyone is different...pain medications are very helpful to some people.

Pain Gate Theory

- When you are injured, a signal travels from the site of injury through nerve fibers to the spinal cord and then up to the brain. The brain interprets the signal about injury, and you feel pain.
- With chronic pain, these signals don't turn off
- There is a type of "gate" in the spinal cord that can open and close based on input from your brain and body. The opening and closing of the gate changes how much information is sent to the brain from an injured area

Pain gate Control Theory





What Keeps Gate Open?

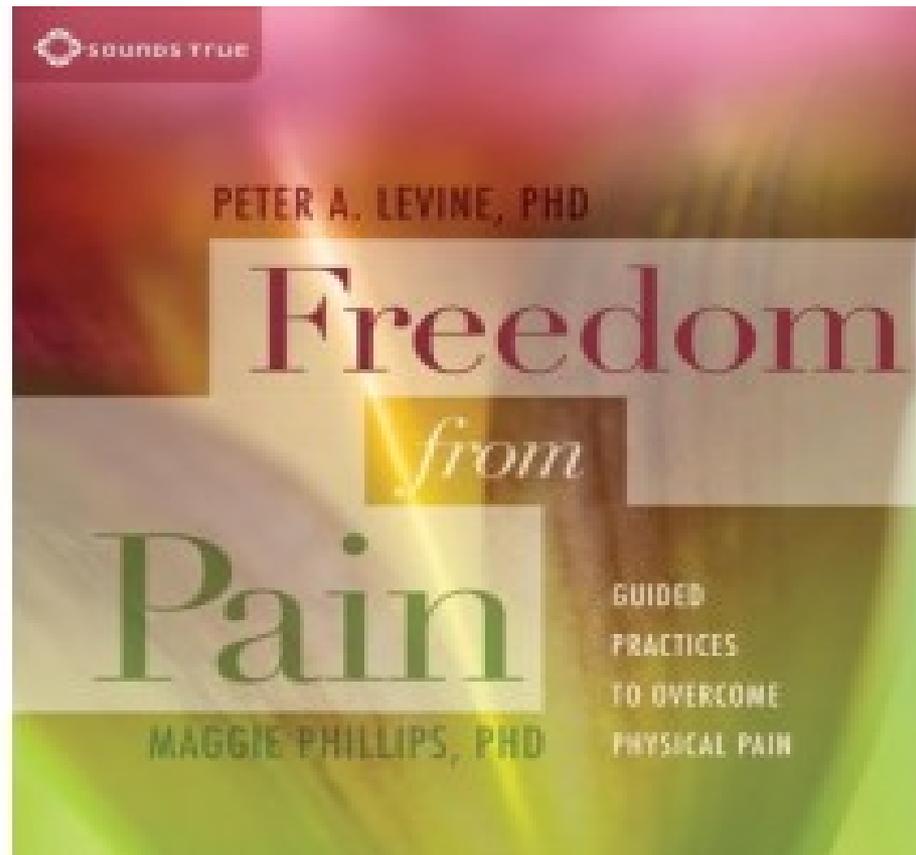
- Muscle tension
- Attention to pain
- Negative thoughts about pain
- Depression
- Fear and anxiety
- Anger
- Too much or too little activity
- Little support from family and friends
- Others trying to protect you too much
- Long term use of pain medications



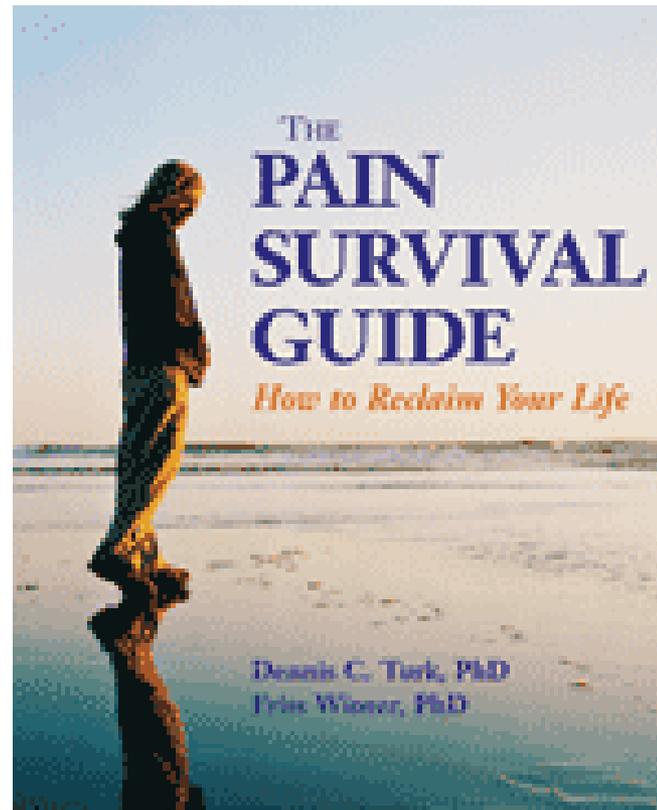
Helps Close the Gate?

- Distraction (external and internal)
- Thoughts of control over pain
- Beliefs about pain as manageable
- Relaxation and calm
- Positive mood
- Balancing activities and rest
- Support from others
- Acceptance Vs fighting the pain

Resources



Resources





Pain Management Group

- Education on chronic pain
- Mindfulness
- Relaxation strategies
- Thoughts, Feelings, and Pain (CBT)
- Time-Based Pacing
- Pain & Fatigue
- Relationships and Communication
- Self-confidence and Self-esteem
- Resilience and Hope
- Maintenance & Dealing with Setbacks

Using the small post-its on your table:

What other topics would you like to see covered in future Learning Collaborative meetings?



Using the large post-its on your table:

What additional info do you want to share with the Learning Collaborative Design Team?

UPCOMING

Mark Your Calendars

EVENTS



Learning Collaborative Webcasts

Resume in April – Every other month

Health Action Plan Webinars:

Summer 2015 & Winter 2016

Community of Practice Webcast:

March 17 – 11:00 a.m. – 12:00 p.m.

thank
you!





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