QUEST CENTER’S W.I.S.H. PROGRAM

AN INTEGRATED AND MULTIDISCIPLINARY APPROACH TO PAIN MANAGEMENT
LEARNING OBJECTIVES

➢ Understanding Quest’s Philosophy and How It Compares to Other Services

➢ Discovering the Community’s Need for a Non-Opioid Based Pain Management Program

➢ Assessing and Constructing a Personalized Treatment Plan

➢ Results and Overall Impact on a Patient’s Life

No Disclosures
HISTORY OF QUEST FOR INTEGRATIVE HEALTH

- Nonprofit wellness center that provides multidisciplinary and integrative healthcare in a community-based setting to all people.
- Founded in 1989 by Lusijah Marx and Lucas Harris.
- Originally a psychosocial support service provider for people living with HIV/AIDS.
- Expansion of services to include all those living with chronic illnesses and pain.
- Serving the LGBTQIA2S+ community for 30 years.
QUEST’S PHILOSOPHY, MISSION, AND CULTURE

➢ EQUITY, DIVERSITY, and INCLUSION
➢ Quest works to foster health and wellness in under-served communities.
➢ All people should have the same access to healthcare services.
➢ Healthcare services, education, and inclusive community support to people seeking a wellness-focused approach to living and dying.
SERVICES

- W.I.S.H. – Pain Management Program
- F.S.R. – Outpatient Substance Treatment Program
- Medical & Wellness Care
- Mental Health Services
- HIV Services
- LGBTQ Health Services
- Nutrition Night
An integrated, non-opioid based, medical and behavioral health program designed to treat chronic pain effectively and compassionately.

**WELLNESS** – Understanding the source of the patient’s pain and its impact on all facets of their life.

**INTEGRITY** – Quest providers and primary care physicians working together to structure a personalized treatment plan.

**SUSTAINABLE HEALTH** – Complete physical, mental, and social well-being.
ENGAGING WITH THE PROGRAM

➢ Referral from primary care provider, behavioral health provider, mentor, or self-referred.

➢ Assessment determines LEVEL OF CARE
  • Level A: acute pain
  • Level B: chronic pain with the need for Behavioral Health services
  • Level C: chronic pain with the need for Behavioral Health services and opioid misuse, abuse, or dependence
NEGOTIATING WITH CCOs

IMPACT OF THE AFFORDABLE CARE ACT ON LOCAL CCO
W.I.S.H. has a contract with CareOregon

- Fee for Service vs. Bundled Case Rate

Benefits of case rates for CCOs and clients

A shared risk model

Assessment-based reimbursement

Clients receive access to care 6 days a week with 6 month authorization

If a client does not access care within a month, no bill is submitted
INDIVIDUALIZED TREATMENT PLAN

➢ Designed to restore function and reduce pain.
➢ Shaped to be manageable and sustainable by integrating the following:
  • Acupuncture
  • Wellness Yoga
  • Nutrition
  • Medication Management
  • Peer Support
  • Meditation
  • Mental Health Service
  • Substance Use Disorder Treatment
2018 CLIENT IMPACT SURVEY RESULTS

REPORTED EMERGENCY ROOM VISITATION

➢ In the first year, CareOregon reported a 71% reduction in ER visits for those engaged in the WISH program.
➢ Directly reducing the price burden on taxpayers and nonprofit hospitals.
➢ Out of 29 respondents that reported they have visited the ER for issues related to their pain prior to the WISH program, 22 have not returned to the ER since engaging in WISH.

90% of respondents strongly agreed to always feeling “heard in relation to pain.”
The WISH Client Survey, collected over this past year, sought data directly from clients in order to “help [Quest Center staff] better serve you.”

**Total Referrals**
- 73% Medicare
- 13.5% Under-insured
- 13.5% Uninsured

**Engaged Clients**
- 57% Medicare
- 25.0% Under-insured
- 18% Uninsured

**OPIOID USE**
Prior to WISH engagement, 40% of those surveyed reported prior opioid use. After engaging in WISH, 80% of those clients reported using less opioids or none at all.
FOLLOWING QUEST’S MISSION AND PHILOSOPHY

➢ ALTERNATIVE PAYMENT MODEL
➢ INDIVIDUALIZED TREATMENT PLAN
➢ SERVING THE COMMUNITY