Washington State Health Care Authority	CONTRACT AMENDMENT	HCA Contract No.: K1926 Amendment No.: 05		
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.CONTRACTOR NAMECONTRACTOR doing business as (DBA)University of WashingtonCONTRACTOR doing business as (DBA)				
CONTRACTOR ADDRESS 1959 NE Pacific Street Seattle, WA 98195	WASHINGTO (UBI)	N UNIFORM BUSINESS IDENTIFIER		

WHEREAS, HCA and Contractor previously entered into an Agreement for creation and maintenance of the "Pain Hotline" and access to UW Telepain, and;

WHEREAS, HCA and Contractor wish to amend the Agreement pursuant to Section 6 to amend the Statement of Work;

NOW THEREFORE, the parties agree the Agreement is amended as follows:

- 1. Section 1, Purpose, is amended to read as follows:
  - 1. Purpose

UW Medicine's mission is to improve the health of the public by advancing medical knowledge, preparing the next generation of physicians, scientists and other healthcare professionals, and providing outstanding clinical care. UW School of Medicine ("School"), Harborview Medical Center ("Harborview"), and University Washington Medical Center ("UW Medical Center") are among the component entities of UW Medicine. Various School faculty Healthcare Professionals ("School HCPs") have expertise in certain specialty and subspecialty areas regarding pain management. School's Department of Anesthesiology and Pain Medicine has developed the UW TelePain program, an audio and videoconference-based consultative knowledge network of School HCP interprofessional specialists with expertise in the management of challenging chronic pain problems. The goal is to increase the knowledge and skills of community practice Healthcare Professionals who treat patients with chronic pain. In addition, various UW Medical Center and Harborview clinical pharmacists ("Hospital Pharmacists") have expertise regarding pain medication management.

The purpose of this Agreement is for UW to create and maintain a telephonic-based consultation service ("Pain Hotline") and access to UW Telepain, providing clinical expertise to attending providers caring for patients with complex pain medication regimens, particularly involving high-dose opioids and potentially dangerous drug combinations.

- 2. Section 11, Federal Funding Accountability and Transparency Act, is amended to read as follows:
  - 11. Federal Funding Accountability and Transparency Act

This Agreement is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

To comply with the act and be eligible to enter into this Agreement, UW must have a Data Universal Numbering System (DUNS®) number.

Information about Contractor and this Agreement will be made available on www.uscontractorregistration.com by HCA as required by P.L. 109-282. HCA's Attachment 1, Federal Funding Accountability and Transparency Act Data Collection Form, attached hereto, is considered part of this Agreement and must be completed by UW and returned along with the Agreement upon execution of this Agreement.

- 3. Exhibit A-1, Statement of Work, replaces Exhibit A in its entirety and is attached hereto and incorporated herein.
- 4. This Amendment will be effective as of the last date of signature shown below ("Effective Date").
- 5. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Agreement.
- 6. All other terms and conditions of the Agreement remain unchanged and in full force and effect.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK. SIGNATURE PAGE TO FOLLOW.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by HCA.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
Mark S. Green	Mark S. Green	1/28/2019
1E6250FFA1754EC	Vice Dean for Administration & Finance	

	School of Medicine	
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Cynthia Dold Associate Vice President, Clinical Operations, UW Medicine FOR: Lisa Brandenburg Chief Health System Officer, UW Medicine Vice President for Medical Affairs, UW	DATE SIGNED 1/28/2019
CONTRACTOR SIGNATURE DocuSigned by: Michael (rowder, M.D., Ph.D 1F6B5DC28BE6465	PRINTED NAME AND TITLE C. Michael Crowder, M.D., Ph.D. Allan J. Treuer Endowed Professor & Chair, Department of Anesthesiology & Pain Medicine School of Medicine	DATE SIGNED 1/31/2019
CONTRACTOR SIGNATURE DocuSigned by: Groff Austin 23C3CB0E5E8545C	PRINTED NAME AND TITLE Geoff Austin Executive Director UW Medical Center	DATE SIGNED 1/28/2019
CONTRACTOR SIGNATURE DocuSigned by: Sludrir Somani 66E877DDE46B4AA	PRINTED NAME AND TITLE Shabir Somani Chief Pharmacy Officer UW Medicine	DATE SIGNED 2/7/2019
HCA SIGNATURE Docusigned by: Innette Schuffenhauer 422595CAEZC2450	PRINTED NAME AND TITLE Annette Schuffenhauer Chief Legal Officer	DATE SIGNED 2/7/2019

Exhibit A-1: Statement of Work

## EXHIBIT A-1

## STATEMENT OF WORK (SOW)

UW shall provide or arrange for the provision of the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

- 1) Beginning October 10, 2016, maintain and operate the Pain Hotline, which is a telephonic and electronic based medical management consultation program primarily related to pain medication management.
  - a) Goal: Medical providers need to be able to access clinical expertise and consultation when treating patients with complex pain medication regimens, particularly involving high dose opioids and potentially dangerous drug combinations.
  - b) Principles: The Pain Hotline program will provide:
    - i) A telephone consultation line, available Monday through Friday, 8 am to 5 pm, providing individualized case consultation for clinicians, staffed by a pharmacist, and/or a physician pain specialist if needed.
    - ii) UW will require intake information, including:
      - (1) Patient demographics
      - (2) Medicaid status
      - (3) Pertinent medical history
      - (4) Current medications
      - (5) PMP record
      - (6) Seattle Pain Center records, if applicable and available
    - iii) Pain Hotline consultations may include:
      - (1) Interpretation of Washington State Prescription Monitoring Program record to provide guidance to primary care providers on urgent dosing;
      - (2) Generation of opioid taper or patient-appropriate plans;
      - (3) Systemic management of withdrawal syndrome;
      - (4) Evaluation and recommendations for non-opioid/adjuvant analgesic treatment;
      - (5) Consultation regarding triage and risk screening for patients' attending providers;
      - (6) Providing resources for support of evaluation of Substance Use Disorders;
      - (7) Provision of education/review of Agency Medical Directors' (AMDG) Interagency Guideline on Prescribing Opioid for Pain and Center for Disease Control (CDC) opioid guidelines;
      - (8) Individualized case consultation for client care and medication management; and
      - (9) As appropriate, provide input/content and connect providers to UW TelePain, which is described in detail below.
- 2) Beginning January 1, 2017, maintain and operate UW Telepain Sessions, which are collegial interactive videoconferences.
  - a) UW TelePain Sessions include the following:
    - i) A didactic presentation from the UW Pain Medicine curriculum designed for primary care Healthcare Professionals. Didactic presentations are intended for educational use only, and do not in any way constitute medical consultation or advice related to any specific patient.
    - ii) Up to three (3) difficult chronic pain case presentations from community Healthcare Professionals, which generally will be determine on a first-submitted, first-selected basis, but which may be determined based on various aspects of the case. UW will confirm the presentation date with the community Healthcare Professionals.
      - (1) Each community Healthcare Professional wishing to present a case at TelePain Session must submit a Pain Medicine Case Consultation Request Form, which can be found at

<u>https://redcap.iths.org/surveys/?s=D4D33T8LHX</u>, at least 1 week prior to the date of the Wednesday UW TelePain session. The form may be completed and submitted online or downloaded, completed, and emailed to:

UW Telepain Coordinator Email: telepain@uw.edu

- (2) All personally identifiable health information in the Case Consultation Request Form will be de-identified for the TelePain Session; UW will assign a confidential ID number to the case. During the TelePain Session, all participants will refer to the patient only by the confidential ID number.
- iii) Interactive consultation regarding the above-described case presentations from/with an inter-professional panel of UW faculty healthcare provider specialists with expertise spanning pain medicine, internal medicine, anesthesiology, rehabilitation medicine, psychiatry, psychology and addiction medicine. Any participant may ask questions during this consultation segment, if time allows.
- iv) The case presenter will include presentation of measurement-based clinical instruments to assess treatment effectiveness and outcomes for individuals and larger populations.
- v) Recommendations may reference guidelines, including but not limited to:
  - (1) 2015 Agency Medical Directors' Group Interagency Guideline for Prescribing Opioids for Pain;
  - (2) Washington Emergency Department Opioid Prescribing Guidelines; or
  - (3) Center for Disease Control's Guideline for Prescribing Opioids for Chronic Pain.
- b) TelePain Sessions will take place once weekly, for hour-and-a-half sessions. The schedule will be published by UW online. Weekly TelePain Sessions may not occur if it falls on or near a state or national holiday. Each community Healthcare Professional who wishes to participate in a TelePain session must submit a registration form, which can be found at <a href="https://redcap.iths.org/surveys/?s=PL8YLL7JL8">https://redcap.iths.org/surveys/?s=PL8YLL7JL8</a>. The form may be completed and submitted online or downloaded, completed, and emailed to:

UW Telepain Coordinator Email: <u>telepain@uw.edu</u>

- c) Community Healthcare Professionals may participate in TelePain Sessions via telephone or Zoom. Connection information will be sent out prior to each TelePain Session. Recordings of the slide presentations used during Telepain Sessions will be posted online on the Telepain website.
- d) Other UW TelePain activities will include:
  - i) Communication and provider outreach advertising UW Telepain to community healthcare Professionals, with initial contact information and suggestions provided by HCA;
  - ii) Solicitation to providers to submit case consultation via announcement at UW TelePain Session;
  - iii) Provide training, coaching, and consultation with providers on guideline-adherent opioid prescribing and nonopioid alternatives for pain management;
  - iv) Seek to involve participants over geographically dispersed areas, including: rural, Tribal, suburban, urban, and safety net populations with HCA guidance and support;
  - v) Offering Continuing Medication Education (CME) credits for attending healthcare Professionals; and
  - vi) Data analysis related to patient reported outcomes and provider satisfaction.
- 3) Process. To validate the effectiveness and use of the telephone/webinar based consultation outreach program, UW will:
  - a) Generate reports to include:
    - i) Monthly
      - (1) Documentation and aggregate data, including participant credentials, differentiating between telephonic and webinar;
      - (2) Volume of telephone consultation calls;
      - (3) Number of unique patients receiving case consultation, differentiating between telephonic and webinar;
      - (4) Number of unique providers and participants participating in webinar; and

- (5) Slides from webinar presentations.
- ii) Quarterly
  - (1) Successes, challenges, and how challenges were addressed, differentiating between telephonic and webinar; and
  - (2) Number of community healthcare professionals who presented a case and participated by providing deidentified data for outcomes analysis (see Section (2)d)vi)).
- iii) Yearly
  - (1) Aggregate of community healthcare providers who presented a case and provided de-identified data for outcomes analysis (see Section (2)d)vi)).
  - (2) The following patient reported outcomes, to the extent they are available at case registration only:
    - (a) Pain intensity and pain interference;
    - (b) Depression and anxiety;
    - (c) Pain-related disability;
    - (d) Risk for opioid misuse; and
    - (e) Morphine Equivalent Dose (MED).
  - (3) For follow-up outcomes, a subset of presented patients will participate in semi-structured interviews to evaluate:
    - (a) Change in pain-related outcomes since case was presented;
    - (b) Quality of communication/interaction with provider since case was presented; and
    - (c) Attribution of changes in outcomes to case presentation at TelePain.
  - (4) The following community healthcare provider-participant reported outcomes:
    - (a) Satisfaction with training related to chronic pain care and opioid therapy;
    - (b) Confidence with chronic pain care and opioid therapy; and
    - (c) Perceived helpfulness of TelePain case presentations (presenting providers).
- b) UW will create an intake form used for the Pain Hotline that identifies:
  - i) Length of call;
  - ii) Time of day of call;
  - iii) Location of caller participant (county/type of clinic);
  - iv) Categorical nature of need;
  - v) Caller satisfaction;
  - vi) Medicaid status of caller's patient; and
  - vii) Payer type (e.g. Commercial, Medicare, or Medicaid, etc.)
  - viii)Maintain archive of past webinars; and
- c) After four (4) months of operation, UW will conduct a survey, built and administered by the UW, for providers to determine if needs are being met.