



WellSpan Health: Improving Health Through Exceptional Care for All, Lifelong Wellness, and Healthy Communities

2025 AMGA Acclaim Award Honoree

WellSpan Health is an honoree of the 2025 AMGA Acclaim Award. As part of the Acclaim Award application process, healthcare organizations are asked to submit narratives describing major systemwide initiatives that exemplify the goals of the award. One of the narratives from WellSpan Health's application is summarized below.



Started in 1880 as a single hospital, WellSpan Health has transformed into an integrated health delivery system serving the communities across central Pennsylvania and northern Maryland. It is an integrated clinical network comprised of approximately 3,250 physicians and advanced practice providers (APPs), including more than 2,500 employed physicians and APPs. The system includes seven acute care hospitals, two specialty hospitals, and more than 250 patient care locations offering comprehensive services, including diagnostic imaging, laboratory services, primary care, rehabilitation, retail pharmacy, walk-in care, and durable medical equipment. Services also extend to regional behavioral health and regional home care organizations. As a system, WellSpan Health provides the region's only accredited Level 1 Regional Resource Trauma Center and Comprehensive Stroke Center with an endovascular neurosurgery program.

Acclaim Award honoree WellSpan Health was recognized for the following initiatives:

- Generating awareness of the importance of patient experience, providing education for all physicians and team members, and outlining what the desired experience looks like through action planning and coaching
- Identifying the risk for lead poisoning in children and working with local and state health departments to mitigate the risk for exposed children
- Targeting avoidable health failure admissions, unnecessary inpatient rehabilitation referrals, and avoidable emergency department utilization to reduce care costs
- Reimagining an internal Wellness Portal to provide a single repository for well-being resources, including access to the Employee Assistance Program (EAP) and other well-being materials

Narrative: Transforming WellSpan Health's Approach to Chronic Pain

The Restorative Pain Program (RPP) was established to address significant gaps in chronic pain management, particularly for underserved and Medicaid populations.

The primary goal of the integrated, multidisciplinary, chronic pain-focused RPP is to reduce opioid dependence, improve patient outcomes, enhance patient experience, and lower the total cost of care by shifting chronic pain management from opioid-heavy and procedural interventions to a comprehensive, patient-centered approach. To measure success, the program uses 10 validated clinical tools, including Pain Catastrophizing Scale, Patient Global Impression of Change, and the PEG-3 scale, which together assess mental and physical health, and functional ability. Enrollment numbers, referral patterns, and patient graduation rates are tracked to monitor engagement and program reach. Financial metrics focus on reductions in healthcare costs, particularly through lower opioid prescription rates and fewer emergency department visits and procedures/surgeries. Emphasizing healthcare equity ensures that underserved populations, especially Medicaid patients and patients with low English proficiency, receive access to quality care. Early data show promising results, with reductions in pain catastrophizing, improved patient function, and cost savings, indicating that the program is on track to meet its long-term goals of sustainability and positive patient outcome.

In 2020, WellSpan Health conducted a comprehensive gap analysis, revealing inconsistencies in chronic pain care. Physicians expressed frustration regarding non-opioid pain treatments, the lack of time to discuss them with patients, treatment availability (especially behavioral and complimentary-alternative treatments) and the resistance of patients already on opioids. Solicited patient feedback highlighted misunderstandings and conflicting messages from their providers. The more than 20,000 patients with chronic pain in the system had per-patient healthcare costs twice as high as those without chronic pain. Analysis highlighted the need for a standardized, holistic pain management model that integrated behavioral and physical health interventions, moving beyond a reliance on opioids and procedural treatments.

After an extensive national search, WellSpan decided to replicate a transdisciplinary care model¹ from a multisite private pain practice in California that demonstrated a reduction in the total cost of care in a published study in *Health Affairs*.² This transdisciplinary model incorporates diverse practitioners including psychiatry, behavioral health, physical therapy, massage, acupuncture, nutrition, and care management working together to create unified care plan. The RPP tracks and addresses social drivers of health (SDoH), clinical outcomes and patient identified SMART goals. Patients remain in the program for 12 months, progressing through four distinct treatment phases.

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The use of Pain Reprocessing Therapy (PRT) is central to the program, with each team member receiving training in the paradigm. PRT is an evidence-based treatment aimed at addressing neuroplastic pain (pain that has changed the brain) and serves as a core therapeutic modality, emphasizing the mind-body connection and helping patients reframe their pain experiences.³ Routine trauma screenings and a trauma-sensitive care approach are integral to the program's philosophy, ensuring care is tailored to the emotional and psychological needs of patients.

Implementation began with securing case-rate payer agreements to ensure financial sustainability. The RPP worked closely with Medicaid Managed Care Organizations (MCOs) and commercial payers to develop payment models that would cover nontraditional services such as yoga, behavioral therapy, and integrative health approaches through a single payment per month to the program regardless of what modalities are utilized. Since program launch in January 2023, case rate contracts have been secured with four of the five regional Medicaid MCOs, in addition to internal agreements with the health system's own health plans, a Medicare-Medicaid managed care plan, and one commercial insurance plan, expanding in one year from two initial payers to eight today with ongoing quarterly conversations with other interested payers.

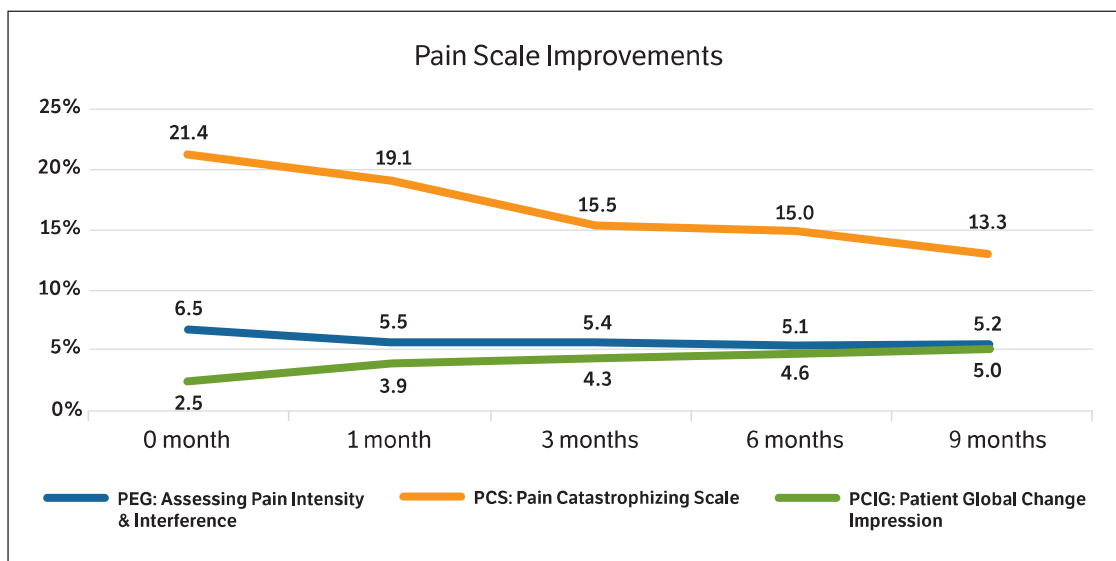
The program was funded internally without reliance on external funding sources, such as grants. This was felt to be critical, as most multidisciplinary pain programs across the country are self-pay, grant dependent, or exclude modalities not covered by fee-for-service insurance coverage. The financial performance of the program has been critically evaluated using investment appraisal techniques, such as Internal Rate of Return, Net Present Value, and Payback Period, over a five-year timeline, providing essential metrics to guide future financial and program growth decisions, and ensure the program's long-term sustainability. After a year-and-a half, the program is now at breakeven financially, with a projection for a positive margin as it progresses from 97 current active patients toward the goal steady-state enrollment of 220 active patients. Total cost of care analysis is ongoing with active collaboration with payers.

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The program's novel, transdisciplinary operational model involves a Flow Coordinator, who manages patient schedules to optimize and prioritize provider-patient interactions in an individual or group format with multiple healthcare practitioners. The RPP model delivers care in three units per day and each unit allows for the efficient care of eight patients within a 2.5-hour period, with only one physician present, effectively addressing the patient-to-provider ratio issue by maximizing provider time and improving patient access to care while improving the quality and depth of interventions. Each patient's progress is tracked through an electronic health record-integrated dashboard that monitors clinical outcomes and patient engagement. The program relies heavily on Lean Management principles, including daily huddles and Plan-Do-Study-Act cycles (example: the choice of the PRT behavioral paradigm and patient recruitment strategies), to regularly assess and refine workflows based on patient feedback and outcomes.

Since its inception, the RPP has enrolled 244 unique patients, with 97 currently active participants. The program has demonstrated significant improvements in key clinical outcomes, including reduced pain catastrophizing, improved patient function, and enhanced Patient Global Impression of Change scores (Figure 1).

Figure 1: Validated Clinical Metric Improvements During Restorative Pain Program



PEG: Measures how patients feel about their pain and its impact on their ability to function and enjoy life. Lower scores are better.

PCS: Measures how patients think about their pain, including rumination, magnification, and helplessness. Lower scores are better.

PGIC: Measures whether the patient believes the program is making a difference for them. Higher scores are better.

(*Early Clinical Outcomes. Sample sizes: PEG: 27, PCS: 26, PCIG: 24)

Most participants report feeling more empowered in managing their pain, with a majority expressing satisfaction with the program's holistic and personalized approach. Furthermore, the case rate model has allowed an overall reduction in the cost of care, which has been a key focus of collaboration with the payers. Inclusion of the RPP as a benefit for WellSpan Health's own employees/their dependents has resulted in improved clinical outcomes and healthier team members, and early data from the claims analysis on an initial patient sample indicate a significant decrease in trending procedural and specialty medication costs (Figures 2 and 3). Although the data are preliminary, the improvement in risk-adjusted per-member per month among this small cohort of very complex patients is encouraging. More robust claims-based analysis is planned as program growth and claims-runout generate a sufficient population for a formal propensity-matched observational cohort study on utilization and cost.

During implementation, the RPP had to overcome anticipated obstacles, including the complexity of securing case rate payer contracts, particularly for nontraditional services, and the difficulties in educating internal referring providers about the program's unique care model. Unanticipated challenges have included adapting the team's dynamics, as providers from various specialties had to shift their practice and focus to align with the transdisciplinary model, which emphasizes collaboration and unified care plans. This led to some initial care team member attrition from the program.

Figure 2: Pre- and Post-Enrollment Risk Adjusted per Member per Month Cost Savings

	Pre-Program Enrollment	Post-Program Enrollment
Total Medical Member Months	100	105
ED Cases Per 1,000	600	none
Admits Per 1,000	120	none
Paid PMPM - Risk Adjusted	\$613	\$577

Figure 3: Milliman Claims Data Pre- and Post-Enrollment

Health Cost Groups	Pre-Enrollment	Post-Enrollment	Risk Adjusted PMPM Change
P43 - Preventive Physical Exams	\$1	\$319	\$318
R74 - Prescription Drugs - Brand	\$29	\$43	\$14
O41 - Other	\$5	\$18	\$13
P84 - DME and Supplies	\$10	\$17	\$6
P34 - Office Administered Drugs	\$0	\$2	\$2
P53 - Physical Therapy	\$2	\$4	\$2
O51 - Preventive	\$3	\$1	(\$2)
P83 - Ambulance	\$2	\$0	(\$2)
P32 - Office/Home Visits	\$16	\$14	(\$2)
P16 - Outpatient Anesthesia	\$3	\$1	(\$2)
P51 - ER Visits and Observation Care	\$2	\$0	(\$2)
P13 - Inpatient Anesthesia	\$3	\$0	(\$3)
P11 - Inpatient Surgery	\$3	\$0	(\$3)
R73 - Prescription Drugs - Generic	\$8	\$4	(\$4)
P14 - Outpatient Surgery	\$7	\$2	(\$5)
O18 - PT/OT/ST	\$6	\$1	(\$5)
O15 - Pathology/Lab	\$16	\$9	(\$6)
O17 - Cardiovascular	\$13	\$0	(\$13)
O11 - Emergency Room	\$32	\$0	(\$32)
R75 - Prescription Drugs - Specialty	\$166	\$103	(\$63)
I12 - Surgical	\$97	\$0	(\$97)
O12 - Surgery	\$159	\$11	(\$148)

Despite challenges with pay or eligibility limiting enrollment, efforts are ongoing to secure more payer agreements, and there is optimism that expanded coverage will soon allow more referred patients to access RPP services. To address these issues, the RPP team has launched initiatives to educate referring providers about the program's eligibility criteria and the benefits of the RPP, as well as provide them a list of their eligible patients with appropriate chronic pain diagnosis that are already filtered for eligible payer. The program created patient-facing materials, including a recruiting video with patient testimonials and segments on local newscasts to promote the program. These efforts improved the number and appropriateness of referrals by 66% the following month. Furthermore, during monthly discussions with payers to actively collaborate on the model, WellSpan Health continues to explore new ways to capture the

total cost of care savings (some payers have said the encouragement has spurred this analysis for them for the first time), as well as discuss barriers to patient care and connect patients with payers' social drivers of health (SDoH) resources.

One of the key takeaways from the program's first year of operation is the importance of having flexible, cross-trained staff. The RPP has implemented a model in which team members can cover each other's roles, ensuring continuity of care. This effort, along with clarifying the transdisciplinary model and the system's unifying Pain Reprocessing Therapy paradigm has stabilized and strengthened the team. Trauma-informed care and addressing SDoH (example: providing transportation, on-site, take-home food boxes and hygiene products) have proven to be critical components in delivering effective care to a population that often faces significant barriers to accessing traditional healthcare.

The RPP's success has garnered national attention and provided the opportunity to collaborate with leading academic health centers. WellSpan Health is working on publishing their implementation experience and engaging in discussions with national health organizations for further research on the transdisciplinary model and exploring the model's applicability to other chronic disease processes.

Achieving the Quadruple Aim is both WellSpan Health's responsibility and the key to sustaining success. The RPP fulfills this goal for patients with chronic pain who have exhausted other treatment options. The program delivers excellent clinical outcomes for complex patients, offering hope and a positive experience, while demonstrating potential reductions in total cost of care. It provides a much-needed solution for patients suffering with chronic pain and fosters a care environment where team members find renewed joy in treating patients often seen as too difficult. Furthermore, the RPP's focus on healthcare equity, particularly in serving a predominantly Medicaid population, reinforces its leadership in advancing access to comprehensive pain management for underserved communities.

References

1. Hooten, W. Michael, et.al. Integrated Pain Care Models and the Importance of Aligning Stakeholder Values. *PAIN Reports* 9(3): p e1160. 2024.
2. Gilmer, T.P., et al. Evaluation of the Behavioral Health Integration and Complex Care Initiative in Medi-Cal. *Health Affairs* 37(9) (2018): 1442–1449. 2018
3. Ashar, Y. K., et al. Effect of Pain Reprocessing Therapy vs. Placebo and Usual Care for Patients with Chronic Back Pain: A Randomized Clinical Trial. *JAMA Psychiatry* 79(1): 13-23. 2022.

AMGA Acclaim Award

The AMGA Acclaim Award honors healthcare delivery organizations that are bringing the American healthcare system closer to the ideal delivery model – one that is safe, effective, patient-centered, timely, efficient, and equitable.

AMGA's prestigious Acclaim Award highlights the continued research and investigation toward finding the finest models of medical management, coordination of care delivery, and a systemic approach to improving the patient and provider experience.

Henry Ford Health has been named AMGA's 2025 Acclaim Award recipient. For their accomplishments,

Dallas Nephrology Associates and WellSpan Health were named Acclaim Award honorees.

The 2025 Acclaim Award finalists were:

- BJC ACO
- Mayo Clinic
- Mercy Medical Group
- Northwell Health
- Ochsner Health
- Southwest medical Associates
- SSM Health
- SSM Health Oklahoma

For more information about applying for the 2026 Acclaim Award, visit amga.org/acclaim.