

## Oregon Pain Management Commission Minutes: January 12, 2012

<b>Topic:</b>	<b>Presented by:</b>	<b>Primary Discussion Points:</b>	<b>Actions:</b>
Meeting Roll Call	Kathryn Hahn, PharmD, OPMC Chair	<p><b>Members in Attendance: Present:</b> Gary Allen, DMD; Catriona Buist, Psy.D.; Amy Carmona, RN; Thomas Carr, MD; Tim Eng, LAc; Namita Gandhi, MS; Edward Goering, DO; Shelley Gunther, RN; Kathryn Hahn, PharmD; Teresa Keane, PMHNP; Sunny Kierstyn, DC; Dan O’Neal;; Laura Scobie, PA-C; Elaine Smith, RN;</p> <p><b>Kathy Kirk, RN, Pain Management Coordinator</b></p> <p><b>Members via Teleconference:</b> Harry Rinehart, MD  <b>Excused:</b> Tom Watson, DPT; Margo Traines, OT  <b>Members Absent:</b> Rep. Jim Weidner; Senator Alan Bates</p>	Kathryn Hahn, PharmD, OPMC Chair, welcomed all and introduced new members Sunny Kierstyn, RN, DC, and Gary Allen, MS, DMD. All other participants introduced themselves.
Minutes & Agenda: Review/Approval of November 3, 2011.	Kathryn Hahn, PharmD, OPMC Chair	Minutes from the November 3, 2011 OPMC meeting were reviewed. Tim Eng requested the following correction to the minutes: On page 6 where it states “OPMC members verbally congratulated Tim Eng, LAc, on his recent accomplishment of becoming certified in Sports Medicine Management” change the last three words to “Sports Medicine Acupuncture.”	Tim Eng, LAc, moved to accept the minutes with the change noted to be made. Elaine Smith, RN, seconded it and motion passed unanimously by voice vote.
Open Forum: Public Comment	Kathryn Hahn, PharmD, OPMC Chair	<p>Guest Michelle Underwood spoke about the difficulty that her husband has encountered in obtaining management of his chronic pain. She expressed concern for a more objective way to measure pain so that individuals in pain will be believed when they share their stories of pain. She thanked the OPMC for its work on behalf of patients with pain.</p> <p>OPMC members expressed empathy for the information that Michelle shared, thanked her for her comments and wished her husband well with his pain treatment. During later discussion, it was noted that one of the barriers to managing pain is that there is, in fact, no “objective way” to measure pain or pain relief.</p>	Information sharing and discussion.

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<p>Updates: Prescription Drug Monitoring Program</p>	<p>Teresa Keane, PMHNP, Co-Chair</p>	<p>She highlighted information in the Oregon Health Authority Prescription Drug Monitoring Program (PDMP) Year-to-Date Report with the following. Basic facts from June through December 2011 include: 22 account requests per day; 845 (89%) of pharmacies participating; 3,530,060 prescriptions; 36,371 queries by health care providers and 2703 by pharmacies; Special requests include 72 patient record requests, 17 medical board requests and 1 law enforcement request; and the website has had 55,549 hits. System accounts by discipline are as follows: 56% MD; 14% Pharmacist; 14% Nursing; 7% Physicians Assistants; 5% Doctor of Osteopathy; 3% Dentists; 1% Naturopath. There are 786 account request pending approval.</p> <p>She noted that since part of the application process to the PDMP must be certified by a notary, some business practices/clinics have had a notary come onsite to assist with the process.</p> <p>Co-Chair Keane also noted that due to federal privacy laws, VA and Indian Health providers are not currently signing up for or using the PDMP. (Dr. Tom Carr noted that VA providers must first get a signed release from a patient before accessing the PDMP for information about that patient.)</p> <p>She provided the following answers to questions asked by the group: No, patients are not notified of inquiries. No, providers are not notified if a medical board is doing a query; a medical board must have an open investigation to make a query, but the medical board might not necessarily notify a provider about the investigation. Yes, a provider could perform a query on an individual for whom the provider was considering accepting as a patient, but the provider could not turn that client away simply based upon the results of a PDMP query.</p> <p>Chair Hahn noted that since the program was just launched in September 2012, there appears to be robust participation for this early of stage of a new PDMP.</p>	<p>Information sharing and discussion.</p>



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<p>Presentation: Mid-Valley Pain Clinic</p>	<p>Rick Meyers, RN, Director</p>	<p>The guest speaker presented information on chronic pain and Mid-Valley Pain Clinic’s (MVPC) treatment approach for Oregon Health Plan (OHP) clients enrolled in the managed care organization (MCO) Marion Polk Community Health Plan. MVPC only sees OHP clients as noted above. The 10+ week program utilizes a multidisciplinary approach to chronic pain treatment with the following emphasis. The goals of the MVPC pain management program are: assist patients in understanding appropriate use of the medical system for chronic pain with focus on primary care, acute care, mental health, and medications and medical interventions; assist patients in “life rehabilitation” to identify and reduce the psychological and social effects of chronic pain. MVPC assists patients in learning effective communication techniques when working with the medical system and others; preserving or improving patient-provider relationships; and preserving or improving relationships with family/friends. No medications are dispensed at MVPC, as this portion of pain treatment remains under the control of enrolled clients’ primary care provider.</p> <p>The care provided at MVPC is “carved out” of the MCO capitation rate because many client diagnoses (such as chronic pain syndrome) are below the line of coverage for OHP patients. MVPC participated in a Performance Improvement Project (PIP) in which an analysis of costs demonstrated that MVPC clients enrolled in this program had a drop in average per member per month cost, enrolled clients had a large reduction in hospital costs, and enrolled clients had a reduction in Emergency Department utilization. The PIP also demonstrated an increased use of mental health and primary care services.</p> <p>OPMC members expressed enthusiastic discussion and support of this pain management approach. An audience member, Stacie Saverwhite, noted that she had come to the meeting today specifically to hear this presentation because she will be helping to implement a similar strategy at the MCO FamilyCare, Inc.</p> <p>Rick Meyers noted that he is available to share this presentation with other interested groups and anyone wanting additional information may contact him at 503-371-1970.</p>	<p>Information sharing and discussion.</p> <p>Chair Hahn suggested the OPMC should be supportive of Rick Meyers sharing this presentation with medical directors for all OHP MCOs so that they may hear MVPC’s unique approach to addressing pain management in an underserved population. Kathy Kirk, OPMC Coordinator, will contact Dr. Walter Shaffer, Medical Director for the Division of Medical Assistance Programs, to see if there is interest and time available to add Rick Meyers’ presentation to the Medical Directors Meeting agenda this year.</p>

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<p>2012 Pain Awareness Education Event:</p>	<p>Kathy Kirk, RN, Pain Management Coordinator</p>	<p>She led discussion regarding the location, venue, and theme for the OPMC Pain Awareness Event that will occur in place of a regular meeting on September 13. Although previously it was mentioned that it might be nice to take the event to Central Oregon or another part of the state, the fact that the OPMC Coordinator is stationed in Salem makes it most practical to conduct the event in Salem. (It was also noted that some OPMC members will participate in an afternoon pain management event at the Greater Oregon Behavioral Health (GOBHI) Spring Conference in Bend on May 17.)</p> <p>Several venues were discussed. This included returning to the Willamette Mission Mill Dye House or using the large ballroom at this location where the event was held last year, or utilizing facilities at either Willamette University or Chemeketa Community College. It was noted that if the OPMC has a larger room it might be easier to conduct simultaneous sessions which were separately focused on health care providers and general consumers. (A larger room is possible this year as \$1000 has been budgeted for the event.) Dr. Gary Allen noted that sessions focused specifically at healthcare providers might be better attended by this population. All OPMC members were in consensus that Kirk should research the most appropriate and affordable room option and to leave the final decision up to her.</p> <p>After discussion, by voice vote, all members agreed on a 2012 Pain Awareness theme that was recommended by Margo Traines, OT, at the last OPMC meeting: “Empowering the Patient Through Self Management of Pain.” It was also discussed that this topic should be able to incorporate integration of mental and physical health care as this is an important part of OHP transformation; transformation will change health care services from compartmentalized areas of care to integrated care via Coordinated Care Organizations.</p>	<p>Information sharing and discussion.</p> <p>Kathy Kirk, Pain Management Coordinator, will follow-up with all action items related to the primary discussion points as noted. She will begin gathering materials for handouts that relate to the theme. She will report back periodically to the OPMC on the status of a room rental agreement.</p> <p>As the event date becomes closer, there will be ongoing discussion about panels or presentations and OPMC members will be asked for their suggestions and specific commitment to participate.</p>

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Updates: OPMC Pain Survey Status	Kathy Kirk, RN, Pain Management Coordinator	She reported that there were 412 responses to the online OPMC Survey of Chronic Pain Issues, with 80 non-Oregon responses. So there were a total of 332 Oregon responses. An OHPR analyst will pull together data analysis based on demographics and other requested information. Since this analyst has another fulltime assignment, a report of the survey data analysis will not likely be available to the OPMC until June or July 2012.	Kathy Kirk, Pain Management Coordinator, will provide updates about data analysis progress as it occurs and will plan to bring the report back to the OPMC once it is finalized in June or July.
2012 Speakers at OPMC		The following speakers have been invited to present at the OPMC. Dr. John White, Program Director for the Pacific University Occupational Therapy Program, will present on the school's pain management curriculum at the March 8 meeting. Dr. Mary Von, Academic Coordinator for the Physician Assistant Program at Pacific University, will present on the school's pain management curriculum at the May 10 meeting.	Information sharing and discussion.
Module Completion Report for 2011		She reported that a grand total of 5,734 individuals completed the survey for the OPMC online Pain Module. Of this number, 4,427 individuals self-identified as health care professionals associated with a licensing board. Individuals may have completed the online module without completing the survey as survey completion is not mandatory. The above total compares with 7,607 individuals who completed the survey for the online Pain Module in 2010. The number of individuals completing the module will vary from year to year as completion of the requirement is tied to licensure renewal.	If OPMC members hear concerns from pediatricians regarding lack of coverage for Chronic Otitis Media for OHP clients, they can refer the pediatrician to Kirk so she can explain what options they have to get treatment coverage for this diagnosis.
Meeting attendance and other updates		She reported as previously assumed the line of coverage for OHP prioritized services was "moved up" on January 1, 21012 and coverage for Chronic Otitis Media has now fallen below the line of covered services. However, there are two other lines on which some treatment services for Chronic OM can be covered and OHP has a medical management review process for non-covered services.	

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Meeting attendance and other updates	Kathy Kirk, RN, Pain Management Coordinator	<p>As previously discussed, the State of Oregon Evidence-based Clinical Guideline for the Evaluation and Management of Low Back Pain is now being disseminated to the general public with a media campaign and a brochure entitled “Safe and Effective Care for Low Back Pain.” (This document was put together in coordination with the Health Services Commission (now renamed the Health Evidence Review Commission or HERC) and the Oregon Health Care Quality Corporation.) An interesting note is that the document advocates the following: if low back pain is not resolved within 30 days, suggested types of treatment include acupuncture and spinal manipulation. Since the OPMC will be represented by the OPMC Coordinator when a future pain management package is discussed by DMAP, the OPMC can advocate for this acupuncture and spinal manipulation coverage for low back pain as recommended above. Currently low back pain is below the line of covered services for OHP clients.</p> <p>She reminded OPMC members about the FDA warning about packaging mix-up in the production of opioids; she sent out information earlier this week to all OPMC members about this warning.</p>	Information sharing and discussion.
New Business	Kathryn Hahn, PharmD, OPMC Chair and OPMC members	<p>It was noted that the Salem Police Department now has a 24-hour/7 day-a-week locked box for the safe disposal of medications on a “drop off” basis. Chair Hahn suggested that it might be good to have a list of all such locked medication drop boxes posted on the OPMC website.</p> <p>It was announced that Chris Pasero, RN and national pain management expert, will be speaking at Valley River Center in Eugene on March 10. MacKenzie Willamette Hospitals is sponsoring this event.</p>	Kathy Kirk, OPMC Pain Management Coordinator, will research a list of locked medication drop boxes to be posted on the OPMC website.
Adjournment			The meeting was adjourned at 3:55 pm by Chair Kathryn Hahn.