

Oregon Pain Management Commission: October 22, 2015

Topic:	Presented by:	Primary Discussion Points:	Actions:
Meeting Roll Call		<p><u>Members in Attendance: Present:</u> Catriona Buist, Ruben Halperin, Judith Gilbertson, Nora Stern, Gary Allen, Coleen Carlisle, Laura Scobie, Michelle Koder, Anthony Marrone, Kevin Wilson, Eric Davis, Csaba Mera, Amber Rose Dullea</p> <p><u>Members via Teleconference:</u> Paul Coelho, Janet Kadlecik</p> <p><u>Excused:</u> David Eisen, ReBecca Duffy</p> <p><u>Members Absent:</u> Alan Bates, Jim Weidner</p>	
Minutes & Agenda:	Cat Buist, Chair	OPMC Meeting Minutes from 6-25-2015 and 8-22-2015 approved as presented, no discussion	Post approved minutes
Open Forum: Public Comment		<p>No individuals signed up to speak. Additional topics discussed/ Other emerging issues:</p> <ul style="list-style-type: none"> • Education to primary care providers – the path to decrease inappropriate prescribing needs to go through primary care: we are both the problem and the solution • Nora reported on work in Multnomah county for Clinician education and public service announcements- initiate is primarily about opiate abuse, not treatment of pain • Eric shared information about Addiction Certification Board Educational curriculum to provide PCP with additional training about substance abuse, dependence, and addiction. Also provides additional training about recommended alternative treatments for pain management. • Prescribing Guidelines – Input/ Considerations <ul style="list-style-type: none"> ○ education to providers i.e. number of tabs prescribed/ 7 tabs vs. 30 tabs ○ Medical Marijuana ○ Acute to Chronic prevention 	Denise to send out agendas and meeting dates/ times that may impact the OPMC work/ interest so other members may attend

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Curriculum Review Process		<ol style="list-style-type: none"> 1. Criteria for posting CEU programs to our website; discussed utilizing the curriculum subcommittee to review for placement on the OPMC website. Would not indicate “endorsement” but to verify that OPMC approves of it. This would allow for member input and not just staff to determine inclusion of information available on the website. Process will be to utilize the curriculum review subcommittee to review these requests and make determinations about posting to web page. 2. Curriculum review process: Review the documents before next month’s meeting Spend time at December meeting to finalize the process; add what will the follow up process be with those reviews? What is our role and scope? 3. Define our scope: Outline what is in rule, what we have to do in statute, and what we want to do in the Mission statement and bring back for discussion in December Not necessarily in our scope to just know about everything that is happening but rather discuss what we can do as an advisory committee 	<p>Denise to draft a non-endorsemnt letter for solicitors</p> <p>Add to December agenda to review, discuss and vote</p> <p>Discuss and define our scope to better define what legislative concepts we want to move</p>
Coordinator Report	Denise Taray	<ul style="list-style-type: none"> • Announcement: OHA delay the implementation of the back condition line changes “The package of changes approved to the Prioritized List involving treatments of back conditions are being delayed from their projected January 1, 2016 implementation date. This delay will allow Health Systems Division operations staff time to work with their contracted actuaries in developing an accurate assessment of the fiscal impact of these changes, as there was not a strong enough confidence in a preliminary assessment to include them in the 2016 CCO rates. We’ll be kept apprised of when implementation will take place” • Statewide Project Improvement Project (PIP) – Metric chosen is the 120 MED Concern discussed that there will not be the alternative treatments covered Consider position statement in response to this concern, prevention of acute 	<p>Ruben to draft a position statement/ response to OHA; pushing a model that not all pain is nocioreptive- in process;</p>

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Strategies	Prevention Program	<p>meeting proposed for end of year or first of 2016. Propose a prescribing guideline for chronic non-cancer pain to be available Fall 2016. – Question about how to roll this out successfully: health plans get info to patients, education in the health care world, and get endorsement from the healthcare community</p> <p>Gary Allen recommends making sure that the prescribing guidelines include prescribing for acute pain</p> <p>Managing a grant to support and provide technical assistance for communities ready to roll out opioid management strategies beginning next year.</p> <p>CDC Grant: Prescription Drug Overdose: A boost for States Technical assistance to 5 regions in the state over the next 4 years to implement: Prescribing Guidelines to reduce unnecessary medications in circulation Provider and public education Naloxone prescribing Medication Assisted Therapy Non-pharmacological pain care Safe storage and Disposal</p> <p>Federal Agency Grants CDC SAMHSA</p> <p>State Agency/ Divisions OHA Health Analytic/ Acumentra Public Health HSD HERC QHOC Quality Council</p>	

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		<p>Transformation Center</p> <p>Outside Stakeholders OrCRM OHLC OPMC AG's office Board of Pharmacy</p> <p>HRSA: part of DHHS (Department of Health & Human Services)</p> <p>Public Health Toolkit: Strategies for CCO and Health Systems – handout This is a living document that will continue to be modified as needed.</p>	
<p>Recommendations to Legislative Assembly</p>	<p>Jen Lewis-Goff, Legislative Coordinator</p>	<p>Background and foundational work for proposing legislative changes: Legislative Coordinator: works in between entities and legislature Process Identify issue/ problem and what the solution is – clearly justify reasons or need Coordinate with LC LC and supervisors/ OHA cabinet decide which concepts move forward – sign off Moves to Governor's office for approval Fiscal impact statement Legislative Council – draft the language for the bill Filing of the bill – assigned a bill number Life of a Bill 101: process of how it moves between the chambers</p> <p>Initial work will need to be to the LC by March 2016 for the 2017 Legislative Session</p> <p>Lobbying: as a member of the commission you are not allowed to present individually on business related to the commission; you may lobby individually for</p>	

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		<p>your own business. Coordinate with the LC when wish to desire to attend or present during session.</p> <p>We are always neutral on issues and provide information to legislation.</p> <p>In workgroups appropriate for this body to participate in then the LC coordinates with the staff to determine who is the most appropriate person to be present</p> <p>Nora suggests: Next meeting to discuss what we might want/ ideas and/or concerns and bring back the LC to discuss among the commission</p> <p>February Session is a short session “clean up session” – each member gets only 2 bills; it is only a one month session.</p>	<p>December agenda: Legislative discussion on concepts</p> <p>February agenda: bring LC for finalizing bill design/ issue document</p>
Adjournment			