

**Oregon Pain Management Commission: February 14, 2013**

<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><u>Members in Attendance: Present:</u></b> Gary Allen, DMD; Catriona Buist, Psy.D.; Coleen Carlisle; Amy Carmona, RN Thomas Carr, MD; Shelley Gunther, RN; Kathryn Hahn, PharmD; Ruben Halperin, MD; Teresa Keane, PMHNP; Laura Scobie, PA-C; Elaine Smith, RN; Kevin Wilson, ND;</p> <p>Kathy Kirk, RN, Pain Management Coordinator</p> <p><b><u>Members via Teleconference:</u></b> Tom Watson, DPT; Tim Eng LAc</p> <p><b><u>Members Absent:</u></b> Sunny Kierstyn, DC; Margo Traines, MA, OT/L; Harry Rinehart, MD; Senator Alan Bates, DO; Jim Weidner, Representative</p>	Kathryn Hahn, PharmD, OPMC Chair, welcomed all, with a special welcome to new member Dr. Ruben Halperin. OPMC members and other meeting attendees introduced themselves.
Minutes & Agenda: Review/Approval of November 8, 2012	Kathryn Hahn, PharmD, OPMC Chair	Minutes from the November 8, 2012 OPMC meeting were reviewed.	Kevin Wilson, ND, moved to accept the November minutes as written. Teresa Keane, PMHNP, seconded the motion. Motion passed unanimously by voice vote.

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<p>Dialogue: OMB support and education of providers re: issues connected with opioid use in chronic pain; supporting best practices</p>	<p>Kathryn Hahn, PharmD, OPMC Chair</p> <p>Guests: Joseph Thaler, MD, Medical Director OMB; Kathleen Haley, JD, Executive Director OMB</p>	<p>Dr. Thaler opened the conversation with the following remarks. He expressed appreciation for being invited to share information about what the OMB is doing to support and educate providers around the issues of opioid use for chronic pain and also to exchange ideas with the OPMC.</p> <p>Thaler stated, “The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.” The OMB licenses the following health care providers: medical doctors (MD); doctors of Osteopathic Medicine (DO); podiatric physicians (DPM); physician assistants (PA); and acupuncturists (LAc).</p> <p>Thaler noted that the OMB recognizes that pain is an important symptom in many of the diseases treated by OMB licensees and that it is important that pain be evaluated and treated safely and effectively.</p> <p>Thaler clarified that the OMB provides pain management education in the following ways:</p> <ul style="list-style-type: none"> <li>• The OMB provides educational material in a quarterly report that is distributed to all OMB licensees. Many articles about the evaluation and safe treatment of patients with pain have appeared in the quarterly report.</li> <li>• Board members have heard presentations about pain management as part of the Board’s quarterly meetings.</li> <li>• Board members and OMB staff are asked to participate in local and statewide meetings on opioid prescribing such as the recent Governor’s</li> </ul>	<p>Information sharing and discussion.</p>

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Governor's Prescription Drug Abuse Task Force	Kathryn Hahn, PharmD, OPMC Chair Teresa Keane, PMHNP, Co-Chair	<p>This task force was organized to strategize about how to address concerns with escalating (opioid) prescription drug abuse both here in Oregon and across the nation. Hahn and Keane attended both the December 2012 and February 2013 meetings. (Kirk also attended the February meeting.) There were approximately 100 attendees at the February meeting and a wide range of interdisciplinary individuals participated in dialogue.</p> <p>Governor John Kitzhaber, State Health Officer Dr. Mel Kohn, and Dr. Roger Chou, Associate profession at OHSU were highlighted speakers of the February meeting. During the meetings, breakout sessions included discussion focused on the following five topics: Prescribing Practices; Improving and Utilizing the PDMP; Educating the Public about the Problem; Treatment (of addiction); and (prescription drug) Take-Back Programs.</p> <p>Tom Burns, Director of Pharmacy for Oregon Health Authority, will compile a list of recommendations from the meeting breakout sessions on the above topics and will give these recommendations to Governor Kitzhaber in mid April. This information will also be carried forward to the National Governors Association policy academy that will be conducted in April.</p>	<p>Information sharing and discussion.</p> <p>Any action steps taken by Governor Kitzhaber as a result of these meetings and recommendations will be reported back to the OPMC when this information becomes available.</p>
Prescription Drug Monitoring Program (PDMP) Update  FDA Response Letter	Teresa Keane, PMHNP, Co-Chair	<p>See note on page 9 for discussion about a proposed bill to amend the PDMP.</p> <p>Keane presented information about the Federal Drug Administration (FDA) panel recommendation to reschedule Hydrocodone products to a class II schedule. A link with information about this proposal was previously sent out to OPMC members; see:  <a href="http://www.npr.org/blogs/health/2013/01/25/170255897/to-fight-addiction-fda-advisers-endorse-limits-on-vicodin-and-similar-painkiller">http://www.npr.org/blogs/health/2013/01/25/170255897/to-fight-addiction-fda-advisers-endorse-limits-on-vicodin-and-similar-painkiller</a></p> <p>Keane shared a letter that she composed in response to the panel recommendations. Members reviewed the letter and agreed upon the following</p>	Information sharing and discussion.

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FDA Response Letter	Teresa Keane, PMHNP, Co-Chair	changes: Eliminate the entire (3 sentence) fifth paragraph. Change the paragraph following the eliminated one to begin as follows: “People who suffer from mental illness, including addiction, need access to treatment.” Eliminate the next sentence: “Jail is not treatment.” With these noted changes, Members unanimously approved that this letter with Chair Hahn’s signature be sent.	Kathy Kirk, RN, Coordinator, will make changes to the letter as noted and mail it to the FDA next week.
Coordinator Updates: Budget Report	Kathy Kirk, RN, Pain Management Coordinator	Kirk reminded meeting participants that the OPMC is allotted no money from the OHA General Funding. Money is simply allotted to cover one full-time staff position (the Coordinator position) and also for administrative costs. In past years, the OPMC raised funds mainly with continuing education program offerings and with some monetary gifts (which the commission is allowed to accept). \$18,595.50 was the balance in the above fund at the beginning of 2012. The OPMC spent \$593.31 on the 2012 Pain Awareness Education event. The 2013 beginning balance for this OPMC fund is \$18,002.19	Information sharing and discussion.
CEU Completion Report		Kirk reported on the number of healthcare professionals who completed the mandatory pain management continuing education last year. In 2012, 5,684 health care professionals completed the online mandatory pain module, “Advancing Pain Management in Oregon.” This compares with the following number of individuals who completed this module in recent previous years: in 2011: 5,738 individuals; in 2010: 7,607 individuals. Since this is a one-time licensing-renewal requirement, the number of individuals completing the module might be expected to drop. (This is because the only individuals remaining obligated to meet the requirement are newly licensed individuals. This would include certain new graduates from an Oregon healthcare program or individuals moving into the state and applying for a new Oregon healthcare license. Many nursing programs now incorporate the module content in the nursing curriculum so that nursing students don’t have to go online to complete the requirement.)	Information sharing and discussion.

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Curricula Report sent to Legislative Assembly in January	Kathy Kirk, RN, Pain Management Coordinator	Kirk noted that the report on OPMC review of Oregon educational institution pain curricula (which was previously reviewed and approved by OPMC members) was sent to the Legislative Assembly in January. The report is included in today’s meeting packet.	Information sharing and discussion.
Coordinator Updates: Legislative Bills of interest to the OPMC	Kathy Kirk, RN, Pain Management Coordinator	<p>Kirk reported on the following 2013 Legislative bills that she is tracking:</p> <p>SB 470: This bill amends the bill that created the PDMP. The bill would allow the collection of additional data not currently collected by the program, including such information as the sex of the individual for whom a drug is prescribed, the number of days for which a prescription was dispensed, the source of payment for the prescription drug, etc. The bill would allow a pharmacist or health care practitioner who is authorized to access information via the PDMP to delegate information access authority to a member of their staff. The bill would allow practitioners to access information in a form that catalogs all schedules II through IV prescription drugs prescribed by the practitioner according to the practitioner’s Drug Enforcement Administration (DEA) number. The bill would also allow the State Medical Examiner or designee and a local public health authority to have access to the PDMP.</p> <p>SB 163: This bill makes a part of the Insurance Code requirements that govern how drug therapy can be determined for coverage of prescription drugs for the treatment of pain. Currently an insured individual must first try an alternative drug for specific conditions and this drug must be found to be ineffective before the insurer will cover the actual drug prescribed by the health care provider. This is defined as a “fail first protocol” and is used to manage prescription drug utilization. “Step therapy” is a type of “fail first protocol” which requires a health care provider to document that a series of less costly or safer drugs have</p>	Information sharing and discussion.

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<p>Coordinator Updates: Legislative Bills of interest to the OPMC</p>	<p>Kathy Kirk, RN, Pain Management Coordinator</p>	<p>been found to be ineffective before the insurer will cover the actual drug prescribed by the health care provider. This bill would allow the individual’s health care provider to determine the duration of each step in a “step therapy” protocol or the total duration of any “fail first protocol.” The act would also require that a patient does not have to first fail on more than two alternative drugs before coverage of the health care provider’s recommended medication, would eliminate the requirement of prior authorization for a drug if the individual has followed a “fail first protocol” and eliminate the requirement for a pharmacist to contact the insurer before filling a prescription subject to a “fail first protocol.”</p> <p>SB 384: This bill authorizes the Oregon Health Authority to establish rules and criteria for training individuals on lifesaving treatments for opiate overdose. The bill targets this training for persons who have or expect to have contact with an individual who takes either a prescription or non-prescription opiate. Training criteria would included both non-pharmaceutical treatments (such as initiating rescue breathing and obtaining emergency medical services) and pharmaceutical treatments i.e. a trained individual may obtain a prescription, dispensing instructions, and medical supplies for the use of the medication naloxone in order to administer naloxone to an individual who appears to be having an opiate overdose.</p> <p>HB 2075: This bill creates a program for individuals to dispose of prescription drugs at hospitals and long term facilities. Participation in this program is optional for the above types of facilities. Establishes a “Prescription Drug Disposal Fund” in the State Treasury Fund into which moneys can be deposited for the purpose of carrying out this program. The bill specifies that gifts, grants</p>	<p>Information sharing and discussion.</p> <p>Kirk will continue to track these legislative bills and hearings. She will report back to the OPMC with the status of these bills as updates become available.</p>

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Coordinator Updates: Legislative Bills of interest to the OPMC	Kathy Kirk, RN, Pain Management Coordinator	or contributions to fund this program may be accepted from any public or private source and shall be sought from the pharmaceutical industry. The bill establishes public education and outreach to promote the program. The bill is repealed on 1/2/18 and any remaining program funds are transferred to the State Treasury General Fund.	Information sharing and discussion.
Online Mandatory Module Revision Process	Kathryn Hahn, PharmD, OPMC Chair Kathy Kirk, RN, Pain Management Coordinator and All OPMC members	<p>The most recent draft version of the online mandatory module, “Advancing Pain Management in Oregon” was reviewed by members. Tom Carr, MD, remarked that he thought the most recent revisions enhanced the module content; this included additions from a variety of OPMC members and new information on “Dentists and Pain Management.”</p> <p>Kirk made note of changes that were requested on pages 1, 6, 10, 11, 13, 14, 15, 20, and 25. Kirk noted that she would check to be sure that the most current quote for the definition of pain from the International Association for the Study of Pain on page 5 and the most current quote for the definition of addiction from the American Society of Addiction Medicine on page 14 were included in the document. Kirk will also check the module document to change any spelling or grammatical errors and to assure that all quotes are the most current ones available.</p> <p>Once the changes noted above are made, Kirk will work with OHPR web staff to have the newly revised module posted on the OPMC website. Kirk estimated that she could have this task completed within the next 30 days.</p> <p>Carr also recommended that healthcare licensing boards be notified of the newly</p>	Information sharing and discussion.

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Online Mandatory Module Revision Process	Kathryn Hahn, PharmD, OPMC Chair Kathy Kirk, RN, Pain Management Coordinator and All OPMC members	revised module. He suggested that the OPMC ask these licensing boards to encourage their members to review this new module, even if health care practitioners have previously completed their pain management CEU obligation by reading the old “Advancing Pain Management in Oregon” module. Reading the new module will be beneficial to healthcare practitioners by assisting them to obtain updated information on pain management.	Teresa Keane, PMHNP, made a motion to make the changes as noted and then to post this revised document to the OPMC website as the new mandatory online “Advancing Pain Management in Oregon” module. Laura Scobie, PA-C, seconded the motion. Motion passed unanimously by voice vote.
Online Patient/Consumer Self-Management Tool/Document Review	Kathryn Hahn, PharmD, OPMC Chair Kathy Kirk, RN, Pain Management Coordinator and All OPMC members	<p>At the last OPMC meeting during discussion about the Chronic Pain Survey, it was pointed out that the OPMC website does not have much information about the self-management of pain which is directed at patients or consumers. Therefore, members decided that such a tool about self-management of pain, along with appropriate web links, should be developed and be posted on the OPMC website. Kirk had requested that OPMC members send her website links that would be appropriate for such a tool; she received a few websites that were identified by members. Kirk then researched information for this consumer tool and also researched additional appropriate websites. She wrote the patient/consumer tool that is in today’s packet. The websites listed in the document are actually embedded links that consumers can click on.</p> <p>OPMC members were in consensus that this document was the kind of tool that they had in mind for sharing pain self-management information with patients and consumers. Hahn noted that she had reviewed all of the document and the embedded web links and she thought the tool was excellent and that the embedded websites were appropriate.</p>	Kirk will have the module posted with noted changes & contact licensing boards when the new module is posted and advise them of Carr’s recommendation.

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<p>Online Patient/Consumer Self-Management Tool/Document Review</p> <p>Pain Awareness Education Event 2013</p>	<p>Kathryn Hahn, PharmD, OPMC Chair Kathy Kirk, RN, Pain Management Coordinator and All OPMC members</p> <p>Kathryn Hahn, PharmD, OPMC Chair Kathy Kirk, RN, Pain Management Coordinator and All OPMC members</p>	<p>Members decided to continue to work on this draft document. The goal will be to post a tool on the OPMC website once the document is finalized. The assignment for the next OPMC meeting is as follows: members will review the draft tool and send to Kirk suggested revisions, edits, or additions and any additional new appropriate web sites to be added to the tool. (Changes should be sent to Kirk by March 27 so that she can send the newly marked document to members prior to the April 11 meeting.)</p> <p>A brief discussion was held regarding the previous decision to have a 2013 Pain Awareness Education Event in place of a regular OPMC meeting. It was decided to hold the event once again in Salem, to hold the event on October 10 and to have the event from 1 to 4 PM.</p> <p>Members agreed that Salem is the most central location along the I-5 corridor. It will provide access for individuals to participate from the southern Willamette Valley (including the cities of Albany, Corvallis, and Eugene) and from the Portland metropolitan area. Members were in consensus to hold the event once again in the Dye House at the Willamette Heritage Center at Mission Mill, if the venue is available for rental on October 10, 2013. This location was chosen for its easy, central access, the free parking, and the fact that the Dye House has a bright and cheery atmosphere. It was noted that equipment is now available in the room for using PowerPoint presentations and since the event will be for a shorter period of time, participants may be better able to tolerate sitting on the plastic chairs.</p> <p>It was suggested that a more interactive event would allow participants to be up</p>	<p>All OPMC members will review the draft document which is a tool for patients/consumers on self-management of pain. They will send revisions and any new suggested web sites to Kirk by March 27. This topic will be on the April agenda for further discussion.</p> <p>Kirk will check for the availability of the Willamette Heritage Center Dye House for rental on October 10, 2013. If the room is available, she will pursue a rental contract for the above date. Information</p>

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<p>Pain Awareness Education Event 2013</p>	<p>Kathryn Hahn, PharmD, OPMC Chair Kathy Kirk, RN, Pain Management Coordinator and All OPMC members</p>	<p>and round and that participants could again be encouraged to bring their own pillows for comfort.</p> <p>It was discussed to hold the event more like an open house and to invite attendees to come at their convenience and to bring their questions about pain management. Members also recommended having some of the event planned around structured activities and interactive activities.</p> <p>An example of an interactive activity discussed: Catriona Buist, PsyD. stated that she might consider bringing biofeedback equipment and to demonstrate the use of this equipment for biofeedback exercises used in managing pain. Members also discussed using part of the event time to allow audience participation for individuals to share their story about pain. Audience members would be asked to answer a specific question about their pain experience and have a specified amount of time to share their story. Carr suggested the above idea and noted that it was very powerful when the VA held an event at which they used the National Public Radio “Story Corps” process to allow pain patients to share and record their pain stories. A similar informal process could be used at the OPMC event; to avoid concerns about HIPPA and the legal need for signed consents, no recordings of the stories would be made. Carr will send a list of questions that were used in the “Story Corps” project to Kirk to share with all members.</p> <p>There was discussion about advertising the event to the public in similar ways that have been previously used including notices on the OPMC website, flyers, e-mail blasts to OPMC website subscribers, etc. Members were in consensus to allot a budget of \$1000 for the 2013 event.</p>	<p>sharing and discussion.</p> <p>Tom Carr, MD, will share the list of pain questions that was used in the VA “Story Corps” project.</p> <p>Further discussion about program content and additional planning for the 2013 Pain Awareness Event will occur at the April 11 OPMC meeting.</p>

**Oregon Pain Management Commission: February 14, 2013**

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New Business/Future Agenda Items	Kathryn Hahn, PharmD, OPMC Chair	<p>Shelley Gunther, RN, reminded everyone that an event titled “Bridging the Future of Spine Care” was being sponsored by the Pain Society of Oregon and Peace Health Southwest Medical Center. This event will occur on March 8 and 9 in Vancouver, Washington. CEUs will be available for a variety of health care participants.</p> <p>Hahn shared a brochure with information about the American Academy of Pain Medicine’s Annual Meeting that will occur from April 11-14 in Fort Lauderdale, Florida. (This event is targeted for pain physicians.)</p>	Information sharing and discussion.
Adjournment	Kathryn Hahn, PharmD, OPMC Chair		The meeting was adjourned at 4:00 pm by Chair Kathryn Hahn.