

## Oregon Pain Management Commission Minutes: March 08, 2012

<b>Topic:</b>	<b>Presented by:</b>	<b>Primary Discussion Points:</b>	<b>Actions:</b>
Meeting Roll Call	Kathryn Hahn, PharmD, Chair	<p><b><u>Members in Attendance:</u> Present: Catriona Buist, Psy.D.; Amy Carmona, RN; Thomas Carr, MD; Tim Eng, LAc; Shelley Gunther, RN; Kathryn Hahn, PharmD; Teresa Keane, PMHNP; Sunny Kierstyn, DC; Dan O’Neal; Laura Scobie, PA-C; Margo Traines, MA, OT/L</b></p> <p><b>Kathy Kirk, RN, Pain Management Coordinator</b></p> <p><b><u>Members via Teleconference:</u> Tom Watson, DPT; Harry Rinehart, MD</b></p> <p><b><u>Excused:</u> Gary Allen, DMD; Namita Gandhi, MS; Elaine Smith, RN</b></p> <p><b><u>Members Absent:</u> Edward Goering, DO; Rep. Jim Weidner; Senator Alan Bates</b></p>	<p>Chair Kathryn Hahn welcomed all. Members and meeting participants introduced themselves.</p> <p>Dan O’Neal’s term of service expires in June and he announced he will no longer be able to participate on the OPMC. Chair Hahn presented Dan with a letter and certificate of appreciation and he received a well-deserved round of applause for his service.</p>
Minutes & Agenda: Review/Approval of January 12, 2012.	Kathryn Hahn, PharmD, Chair	Minutes from the January 12, 2012 OPMC meeting were reviewed.	Tim Eng, LAc, moved to accept the minutes as written. Teresa Keane, PMHNP, seconded the motion. Motion passed unanimously by voice vote.

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<p>Presentation: Pacific University Occupational Therapy (OT) Program and pain management curriculum</p>	<p>John White, OTR/L, PH.D., Program Director</p>	<p>Dr. White noted that the Pacific University OT Program is now transitioning from a master's degree level preparation (OTM) to a doctoral level of education (OTD). The OTD program will add an additional 8 hours CEU on pain. His entire presentation emphasized the guiding concepts of OT education including: client-centered collaboration; a biopsychosocial understanding of human performance; a Person-Environment-Occupation Interaction and relationship to health; and the OT diagnosis which focuses on Occupational Performance (which is an overlap of the above three spheres). He noted that the OTD is a general practitioner with specialty focus and that pain management is taught with pain content integrated throughout the curriculum: pain content is a total of 16 hours; 7 courses explicitly address pain in units of 1 to 3 hours (for a total of 10 hours) and there is a pain management unit of 6 hours in the final year. Pain management emphasizes inter-professional responsibility, non-biomedical approaches supportive of medical intervention and focus on activities of daily living interventions, and evidence-based practice as a key element in clinical reasoning. Other educational units in the curriculum that support pain management include assessment and intervention, therapeutic communication (which includes units with simulated situations such as a client with mental health or chronic pain issues, etc.), interprofessional roles, and core elements of OT. These core elements which incorporate elements of pain management include: occupational engagement and lifestyle modification; energy conservation and task simplification; body mechanics and ergonomics; relaxation; cognitive/behavioral approaches; client and family education; and therapeutic exercise.</p>	<p>Information sharing and discussion.</p> <p>There were a number of questions and comments. OPMC members did not identify any pain management curriculum deficiencies for the Pacific University Occupational Therapy program and did not identify any concerns.</p>
<p>Updates: Final Revision of 2012 Curriculum outline document</p>	<p>Amy Carmona, RN, OPMC Member</p>	<p>She shared the following information: At the January OPMC meeting the curriculum document was approved as written and was posted to the OPMC website. The curriculum document and an accompanying letter were sent to 9 Oregon licensing boards and 38 healthcare educational institutes on January 17. Kirk has received several inquiries from schools of nursing since the letter and curriculum document were sent out. Additional OPMC member suggestions for revision were accepted until</p>	<p>Information sharing and discussion.</p>

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Updates: Final Revision of 2012 Curriculum outline document	Amy Carmona, RN, OPMC Member	February 2. The Curriculum Subcommittee reviewed all suggestions and made changes to the document based on a majority vote of at least 4 of the 6 subcommittee members recommending a suggested revision. Most of the suggested revisions were included, which added approximately 150 words to the document. A third bullet point was added to the introduction to emphasize the importance of treating all individuals with pain with respect and unbiased care. On February 22, the final revised document was posted under documents and links on the OPMC website: <a href="http://www.oregon.gov/OHA/OHPR/PMC/index.shtml/pmc_nav.shtml">http://www.oregon.gov/OHA/OHPR/PMC/index.shtml/pmc_nav.shtml</a> Carmona emphasized that this document is a “living document” and that it will be reviewed more regularly in the future. It will be reviewed again in February 2014.	Kathy Kirk, OPMC Coordinator, thanked the Curriculum Subcommittee members—Amy Carmona, Teresa Keane, Tom Watson, Tim Eng, Shelley Gunther, and Margo Traines—for the extra time and energy they spent working on this document.
Prescription Opioid Prevention Workgroup	Teresa Keane, PMHNP, Co-Chair	This group is inactive at the moment, so there was no news to report.	Information sharing and discussion.
Prescription Drug Monitoring Program (PDMP)	Teresa Keane, PMHNP, Co-Chair	This group will next meet in April and she will bring a quarterly report on utilization data to the next OPMC meeting. The OPMC was asked to provide a volunteer for a high level data workgroup to this group. This data workgroup will look at how to make data from the PDMP more useful and what types of standard reports to issue. Due to the specific qualifications needed and the extremely large time commitment, the OPMC was not able to provide a volunteer. Keane however has volunteered her time on a PDMP workgroup that will address behavioral health outreach, even though many behavioral health providers may not qualify for access to the system. She will periodically report back on the work of both of the above workgroups.	Information sharing and discussion.
Division of Medical Assistance (DMAP) Programs Pharmacy & Therapeutics (P&T) Committee PA for opioids	Kathryn Hahn, PharmD, Chair & Kathy Kirk, RN, Pain Management Coordinator	This DMAP group first introduced Prior Authorization (PA) Oregon Health Plan guidelines for Methadone-New Starts, Opioids-Long Acting, and Opioids-Long-Acting, High Dose Limit back in May 2011. (See OPMC minutes July 7, 2011 for background information: <a href="http://www.oregon.gov/OHA/OHPR/PMC/meeting/index.shtml">http://www.oregon.gov/OHA/OHPR/PMC/meeting/index.shtml</a> ) At the	

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<p>Division of Medical Assistance (DMAP) Programs Pharmacy &amp; Therapeutics (P&amp; T) Committee PA for opioids</p>	<p>Kathryn Hahn, PharmD, Chair &amp; Kathy Kirk, RN, Pain Management Coordinator</p>	<p>November 16, 2011 P &amp; T Committee Meeting, Hahn and Kirk testified in support of prior authorization processes that make for safer dispensing of these medications. They did emphasize that the OPMC wants to assure that “physicians have the opportunity to create individualized analgesic treatment plans” and that there is “the preservation of the principal of analgesic treatment of pain based upon the premise that there is no <i>arbitrary ceiling</i> beyond which a dose of opioids is unsafe.”</p> <p>P. &amp; T. staff explained that if a provider PA is denied based on a dosage limitation, the provider may first appeal this denial (as part of the PA process) and submit additional documentation to support the requested dose. If the denial is upheld, both the provider and the individual client have the opportunity to once more appeal the denial through the DMAP hearing process.</p> <p>These PAs were approved at the 1/26 P&amp; T Committee Meeting. These PAs apply only to new medication starts; patients currently on medications affected by the PAs were “grandfathered in” and so can remain on their current dosages.</p>	<p>Information sharing and discussion</p>
<p>Washington State Guidelines Impact on Oregon Pain Management and Treatment</p>	<p>Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Pain Management Coordinator, &amp; All OPMC Members</p>	<p>Discussion centered on a number of issues that have come to the attention of OPMC members as a result of Oregon’s proximity to Washington State.</p> <p>Kathy Kirk, RN, Coordinator, noted that she is contact with the Jackson County Opioid Prescribers forum participants. At the January meeting, Gary Franklin of the Washington Agency Medical Directors (WAMD) did a teleconference on the WA Guidelines. Dr. Franklin’s talk was essentially positive and supportive of these guidelines. During comment, Dr. Kenneth Rhee, Medical Director for the local Federally Qualified Healthcare Center, noted: “We keep responding to evidence that may be flawed one way or the other and we shouldn’t be too quick to accept the advice of “experts” until we see more evidence that they know what they are talking about.” He noted that previously pain management had swung in support of using opioids for chronic pain patients (based on cancer studies) and providers changed their practice. Now he noted “experts” are saying providers “should stop prescribing opioids so liberally and that our doses our way too high. Maybe that is correct, but maybe it is not. Do we really have data we can rely on to make those practice changes. With a situation this</p>	<p>Information sharing and discussion.</p>

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<p>Washington State Guidelines Impact on Oregon Pain Management and Treatment</p>	<p>Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Pain Management Coordinator, &amp; All OPMC Members</p>	<p>complex with this many variables, it is not so cut and dried.” At the meeting, this question was asked: “Will this group be moving forward to change legislation?” The answer given was “Not part of original mission (of this group), but a possibility. Is there any group in Oregon who is doing this with a governing body?”</p> <p>Dr. Jim Shames of this group will participate in a CME offering “In Search of a Thoughtful Approach to Pain Management” in Medford on April 13. Jackson County Opioid Prescribers forum participants have also expressed an interest in working with the OPMC if the OPMC works on guidelines on opioid use in the treatment of chronic pain.</p> <p>Amy Carmona, RN, noted that at a recent visit to her pain specialist, he told her that he is receiving more referrals than he can accept from Oregon PCPs who are reluctant to prescribe opioids for chronic pain. He also told her that he is seeing a great deal of change; insurance companies are writing to him requiring justification to keep pain patients on opioids or writing about reducing opioid doses—all in response to the WA guidelines. She noted there are not enough pain specialists in Oregon for all chronic pain patients and worried about the pendulum of “cautious prescribing” swinging so far that patients who can be appropriately treated with opioids may not be able to receive this treatment. She noted that she has faced stigma when others learn of her legitimate use of opioids as part of her treatment plan in managing chronic pain and that opioid medications are an important treatment option for those with chronic pain.</p> <p>Dan O’Neal made an impassioned plea for the OPMC to protect the rights of pain patients to have the legitimate use of opioids in their treatment plans. He noted that the legitimate use of opioids has made an enormous difference in the quality of life that he is able to have. He also noted that his own PCP had recently shown him a flyer from a Washington healthcare organization about the WA Guidelines. The PCP noted that this healthcare organization operates in both Washington and Oregon and the flyer may confuse Oregon PCP’s into thinking that the Washington legislation also affects Oregon practice.</p>	<p>Information sharing and discussion.</p>

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<p>Washington State Guidelines Impact on Oregon Pain Management and Treatment</p>	<p>Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Pain Management Coordinator, &amp; All OPMC Members</p>	<p>Laura Scobie, PA-C, noted that she had spoken with Dr. Gary Franklin of WAMD over a year ago. He noted that the WA Guidelines were developed in reaction to opioid deaths. He noted that if a patient is over the 120 mg morphine equivalent dose (MED) and is demonstrating functional improvement, then a dose above 120 MED is allowable.</p> <p>Kirk noted a conversation that she had within the past few months with an Oregon PCP who stated he would begin tapering down the opioid dose of a stable and functioning pain patient. This was because he believed “the WA Guidelines make it illegal to prescribe more than 120 mg MED to an individual. And this law is coming to Oregon soon.” After Kirk explained the actual premise of the Washington State Guidelines and advised the PCP that no such law was currently being considered in Oregon, the PCP contacted his patient and decided not to alter the treatment plan that was working for this client.</p> <p>Kathryn Hahn, Pharm D, pointed out her presentation on “Evaluating Washington State Pain Management Rules” and noted that the principals of the rules are based on sound medical practice and that when the WA Guidelines were first introduced a decrease in overdose deaths occurred. But she also noted that it is important to have a rational use of opioids. “Legislating Pain Care preempts guidelines and regulations coming from state and federal agencies. The result is elected officials dictate medical practice before selecting treatment for their patient with pain—whether or not it is best care becomes secondary.”</p> <p>Tim Eng, LAc, noted, “They are using the wrong metric. One metric is maybe to look at overdosing, but another metric to look at is measuring the quality of life.”</p> <p>Sunny Kierstyn, DC, and Margo Traines, MA OT/L, expressed concern that many PCPs are either unaware of non-prescription treatment options for pain management or that many clients do not have insurance coverage for pain treatment options outside of prescription drug coverage.</p>	<p>Information sharing and discussion.</p>

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<p>Washington State Guidelines Impact on Oregon Pain Management and Treatment</p>	<p>Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Pain Management Coordinator, &amp; All OPMC Members</p>	<p>Keane referred members to a recent article in the Lane County Medical Society’s newsletter by Kathleen Haley, JD and Executive Director of the Oregon Medical Board (OMB), and Jim Peck, OMB Medical Director. The article includes “ten contraindications for treatment with long term opioids.” Keane pointed out several of these contraindications for treatment with which she disagreed, including: “the use of marijuana, regardless of the authorization status” (This statement directly conflicts with the OPMC Position Statement on Medical Use of Marijuana.); “untreated or undertreated mental health condition” (She noted that this could mean that any client with a concurrent depression or other mental health diagnosis might be excluded from receiving long term opioid treatment.); “County public health officials advise that opiates are indicated for prescribing long term less than 10mg equivalent of morphine sulfate.” (She questioned whether this was a typing error or if the statement really meant this low of a morphine equivalent dose.)</p> <p>OPMC members agreed on the following points:</p> <ul style="list-style-type: none"> <li>• The OPMC has always advocated for a multi-modality treatment plan for addressing pain</li> <li>• There is strong support for protecting the use of opioids in appropriate treatment plans for chronic pain patients</li> <li>• There is the risk of the loss of quality of life if legitimate access to opioid pain medications is prohibited due to ignorance or fear</li> <li>• The OPMC should advocate for rational use of opioids in the treatment of pain</li> <li>• Create an OPMC subcommittee to address all of the concerns expressed               <ul style="list-style-type: none"> <li>○ Subcommittee should address the 120mg MED dose limit</li> <li>○ Subcommittee should start a dialogue with the Oregon Medical Board and might do this by sending a letter along with the OPMC Position Statement on the Medical Use of Marijuana.</li> </ul> </li> </ul>	<p>Information sharing and discussion.</p> <p>Teresa Keene, PMHNP, made a motion to create a subcommittee to develop a response to the concerns expressed. Tim Eng, LAc, seconded it and the motion passed unanimously by voice vote.</p> <p>Kathryn Hahn, PharmD, Tom Carr, MD, and Laura Scobie, PA-C volunteered to be on this OPMC subcommittee. Kathy Kirk, OPMC Coordinator, will make contact with these members to help facilitate this process.</p>

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2012 Pain Awareness Education Event:	Kathy Kirk, RN, Pain Management Coordinator	Kirk reminded everyone that the OPMC has adopted a theme for our 2012 Pain Awareness Education Event: “Empowering the Patient through Self Management of Pain”	Information sharing and discussion.
Location for event		Kirk noted that after checking out a number of Salem venues, a return to the Dye House at Mission Mill appears to be the best option. This venue will not allow for individual breakout sessions (so separate sessions for consumers and healthcare providers will not be available), but it does provide a central location, a bright ground floor room with easy access, ample free parking, and nice surrounding green space at Mission Mill. A number of participants last year commented on the “non-clinical feel” of the location and OPMC members agreed that it was a warm and welcoming atmosphere. OPMC members were in agreement to return to the Dye House to hold the 2012 event.	On March 12, Kathy Kirk, OPMC Coordinator, will sign a contract to rent the Dye House for the 2012 Pain Awareness Education Event.
Event length		In order to have more time for the topics at this year’s event and to allow for more break time between sessions, Kirk asked members to commit to participate in the 2012 event from 12 noon until 5 PM on September 13, 2012. (The event will be held in place of a regular OPMC meeting.) All OPMC members were in agreement with this time commitment.	
Potential topics for event	All OPMC members	The floor was opened for discussion of a list of suggested topics to include at the event. Members volunteered to develop presentations for the following topics: <ul style="list-style-type: none"> <li>• Catriona Buist, PsyD: Behavioral Health issues such as fear of pain, anger and frustration, depression and isolation and coping techniques such as Cognitive Behavioral Therapy, acceptance and commitment, and changing unhealthy habits (30-40 minutes)</li> <li>• Amy Carmona, RN and Laura Scobie, PA-C: Communication, both from a provider’s perspective and from a patient’s perspective: building collaborative relationships, describing your pain/discussing your treatment options; using assertive communication versus passive or aggressive communication (30 minutes)</li> </ul>	Information sharing and discussion.

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<p>2012 Pain Awareness Education Event: Potential topics for event</p>	<p>All OPMC Members</p>	<ul style="list-style-type: none"> <li>• Tom Carr, MD, Harry Rinehart, MD, Kathryn Hahn, PharmD: Managing your medications safely (rational use of opioids) (30 minutes)</li> <li>• Margo Traines, MA, OT/L: Pain Management thru lifestyle management (OT, stress management, improving sleep) (30 minutes)</li> <li>• Tim Eng, LAc: The role of Chinese Medicine in the self management of pain (20-30 minutes)</li> <li>• Sunny Kierstyn, DC: The role of Chiropractic care in self management of pain and Evaluating new treatment options (nutrition) (30 minutes)</li> <li>• Teresa Keane, PMHNP: Relaxation practice, including spontaneous laughter practice, diaphragmatic breathing, etc. (20 minutes broken down into four 5-minute segments)</li> <li>• Kirk will ask for commitment to the following assignment: Tom Watson, DPT and Namita Gandhi, MS: the role of Exercise in maintaining and improving strength, flexibility and endurance (30 minutes)</li> </ul> <p>Members who do not have an individual assignment for presenting a topic are encouraged to attend the event to represent their area of specialty. There will also be the opportunity to mingle with attendees and to assist answering questions during the “Q &amp; A” sessions.</p> <p>Kirk is gathering resources to be put on a handout table similar to displays at last year’s event. She will use part of the money allocated for the event to purchase copies of the book <u>Managing Pain Before It Manages You</u> by Margaret Caudill, MD. These books will be given away as “door prizes” to event participants.</p>	<p>Information sharing and discussion.</p> <p>Kathy Kirk, OPMC Coordinator, asked members to send her any electronic (copyright free) handouts that meet the event theme of “self-management of pain” so that she can make copies for the handout table. Amy Carmona, RN, noted that she would attempt to gather some resources such as the Tai Chi and meditation videos that she was able to obtain for last year’s event.</p> <p>Ongoing discussion and planning as the date of Pain Awareness Education Event approaches.</p>

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<p><u>Coordinator Updates:</u></p> <p>OPMC Budget Report 2012</p> <p>Coordinator Meeting attendance</p>	<p>Kathy Kirk, RN, Pain Management Coordinator</p>	<p>The only expense acquired by the OPMC during 2011 was the \$300 spent on the rental of the Mission Mill Dye House for the Pain Awareness Event. (\$25 that was spent on bottled water for the event was absorbed as an administrative cost by the Office of Heath Policy and Research (OHPR).) The current balance in the OPMC account is \$18,295.50.</p> <p>There have been no meetings of the DMAP pain management workgroup since the last OPMC meeting. Kirk has attempted to contact DMAP staff multiple times to find out when/if a DMAP subcommittee is going to meet to address a “chronic pain services package” for OHP clients and to obtain a copy of DMAP’s report to the 2012 Oregon Legislature discussing where DMAP is going with guidelines for chronic pain.</p>	<p>As it becomes available, Kathy Kirk, OPMC Coordinator, will share more information about DMAP legislative report and pain projects with OPMC members.</p>
<p>Miscellaneous</p>		<p>Follow-up from previous meeting action items. Addresses and locations of locked boxes for returning unwanted and unused medications have now been posted on the OPMC website.</p> <p>Kirk spoke with Wally Shaffer, DMAP Medical Director, about the possibility of the DMAP Medical Directors Meeting inviting Rick Meyers, RN and director of the Mid-Valley Pain Clinic, to present on his managed care organization’s pain clinic. Dr. Shaffer noted that Meyers presented to this group about a year ago and might be invited back in the future.</p> <p>Harry Rinehart, MD, had expressed concern at a previous meeting about how the Tillamook County Medical Director was addressing the use of opioids (legitimately prescribed) for chronic pain patients who then became incarcerated in the county jail. Rinehart noted that this issue has been resolved since a new physician assistant now has oversight of these duties. Kirk had researched how the OPMC might address the issue of opioids and incarcerated individuals and advises that the OHPR administrator suggests that if future concerns arise, it would work well for the OPMC to invite staff from the jail of concern to come to an OPMC meeting. This would provide an opportunity for the OPMC to discuss legitimate concerns and also provide an opportunity for the OPMC to</p>	<p>Information sharing and discussion.</p>

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<p><u>Coordinator</u> <u>Updates:</u></p> <p>Miscellaneous</p>	<p>Kathy Kirk, RN, Pain Management Coordinator</p>	<p>provide education on the legitimate use of opioids within the criminal justice system.</p> <p>Kirk reported a call from Deter Zimmer, vice-president of the Doctors Company Northwest Region (a physician owned professional liability company). He was looking for OPMC opinion on the use of medical marijuana in concurrent use with opioids. Kirk directed Zimmer to the OPMC Position Statement on the Medical Use of Marijuana and discussed this statement with him. Zimmer expressed appreciation that the OPMC had this information in writing.</p> <p>Kirk and Hahn were contacted by Jennifer Wagner, Executive Director of the Western Pain Society, with the request that the OPMC not support a proposed poster and “Oregon Emergency Department (ED) Opioid Prescribing Guidelines” that is being proposed by ED providers. Kirk was later contacted by Lisa Millet of the POPP group with a request to support the above poster and guideline. These ED guidelines were developed based on this problem statement: “Prescription drug abuse is an epidemic, and abuse, misuse, and diversion of prescription drugs is a current public health crisis. The Emergency Department is the largest ambulatory prescription source (39%) for opioid analgesics . . . A standardized approach to prescribing pain medication in the ED of all Oregon hospitals would provide the opportunity to reduce abuse, misuse, addiction and death from these drugs significantly. The Oregon Chapter of the American College of Emergency Physicians has developed a guideline to support a new community of standard, and this has been endorsed by the Emergency Nurses Association.”</p> <p>Hahn noted that while many of the principals and language in the guideline are sound, the OPMC should be concerned for those individuals who may legitimately fall outside of the guideline. She gave several examples. A recent client who changed insurance providers at the end of December has not secured an appointment with a new provider willing to write prescriptions for her opioids until March; this client cannot get her previous primary care provider (PCP) to write the prescription, but will run out of medication long before the new</p>	<p>Information sharing and discussion.</p>

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<p><u>Coordinator Updates:</u></p> <p>Miscellaneous</p>	<p>Kathy Kirk, RN, Pain Management Coordinator</p>	<p>appointment. So, she may have no option but to go to the ED. Hahn noted that as PCPs become anxious about writing prescriptions for opioids, clients may have their medications which are effective discontinued. These individuals may not be offered any other treatment option or may not have coverage for other pain treatment options. Thus they may turn to the ED with their pain issues.</p> <p>Keane noted that she frequently sees problems with lapses in opioid prescribing coverage due to individuals changing insurance and needing to change providers.</p> <p>In addition to the above OPMC request for support, Kirk was contacted by Nora Stern, MS, PT, of Providence Health Services. Stern requested a letter of support from the OPMC for a grant that her organization was applying for a project titled "Providence Health and Services Persistent Pain Project." Stern requested the letter of support with a 48-hour turnaround time deadline. Kirk advised Stern that a minimum of a 30 to 45 day turn around would be needed in order to make OPMC members aware of the request and to obtain a commission vote on the matter. (Kirk advised Wagner of this same information when she requested OPMC opposition to the ED Guideline.)</p>	<p>Information sharing and discussion.</p>
<p>New Business/ Future Agenda Items?</p>	<p>Kathryn Hahn, PharmD, OPMC Chair &amp; All OPMC Members</p>	<p>There was no new business for discussion.</p>	<p>Kathy Kirk, OPMC Coordinator, asked any members who have an agenda item for future meetings to please e-mail the information to her.</p>
<p>Adjournment</p>			<p>The meeting was adjourned at 4:00 pm by Chair Kathryn Hahn.</p>