

Oregon Pain Management Commission Minutes: April 10, 2014

Topic:	Presented by:	Primary Discussion Points:	Actions:
Meeting Roll Call	Teresa Keane, PMHNP, OPMC Chair	<p><u>Members in Attendance:</u> Present: Gary Allen, DMD; Catriona Buist, Psy.D.; Coleen Carlisle; Thomas Carr, MD; David Eisen, LAC; Michele Koder, PharmD; Ruben Halperin, MD; Teresa Keane, PMHNP; Laura Scobie, PA-C; Elaine Smith, RN; Margo Traines, MA, OT/L; Kevin Wilson, ND</p> <p>Denise Taray, RN, Pain Management Coordinator</p> <p><u>Members via Teleconference:</u> Tom Watson, DPT</p> <p><u>Members Absent:</u> Harry Rinehart, MD; Sunny Kierstyn, DC; Amy Carmona RN; Rep. Jim Weidner; Senator Alan Bates</p>	Welcome and introduction of members.
Minutes & Agenda: Review/Approval of 8/2013 and 10/2013.	Teresa Keane, PMHNP, OPMC Chair	<p>Minutes from the August 8, 2013 and October 10, 2013 OPMC meeting were reviewed.</p> <p>C.Carlisle requested follow up to the Opioid Refugee topic from previous discussions 8/13. Notified that today's agenda contains time for that follow up discussion with the revised title of Continuity of Appropriate Pain Treatment</p>	<p>_____</p> <p>moved to accept the minutes as written.</p> <p>_____</p> <p>seconded the motion. Motion passed unanimously by voice vote.</p>
Introductions	Teresa Keane, PMHNP, OPMC Chair, Darren Coffman, Health Evidence Review Commission	Denise Taray, RN Pain Management Coordinator/ Policy Analyst Oregon Pain Management Commission Health Evidence Review Commission	.

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<p>Coordinator Updates:</p>	<p>Denise Taray, RN</p>	<p>Budget report not available for this meeting: with the exception of the details included in the 10/2013 Event Report</p> <p>Pain Module Report of the completed CEUs is not currently available</p> <p>Event Report as written by the previous pain management coordinator was provided to the commission with the following recommendations to consider:</p> <ul style="list-style-type: none"> • every other year vs. every year, • venue outside of Salem i.e Portland or Bend • CEUs or something of added value for providers • Patient centered • Weekend day to allow for improved attendance • Target audience public/patient • Health Fairs/ Poster Presentations; commissioners go out to health fairs sponsored by others • Improve planning and set an agenda to generate interest • Apply the commission's work focus to the event <p>Areas to improve: Promotions, registration, identify target audience.</p> <p>Those that did attend had good feedback and enjoyed the event.</p>	<p>DTaray will bring to commission next month.</p> <p>DTaray will bring the pain module report in June.</p> <p>No 2014 Event; look for Pain Awareness Week September 2015</p>

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<p>Guest Speaker: Pain Treatment & Opioid Guidelines</p>	<p>Mark Altenhofen</p>	<p>Presentation to generate ideas about “where do we go from here?” Brainstorming from a big picture perspective: high level Identify Barriers and opportunities to overcome those barriers:</p> <p>Culture of Pain – Labels: Pain Specialist (vague, without defined scope); what is a clear definition of this practice? Stigma: Addicts, recognition of and ability to separate physical vs mental addictions Evidence/ Studies: Self-management: who provides training, counseling, funding Accessibility: rural vs. urban, funding, adequacy Subjective condition: “Quick Fix”/ Expectations of results Preventative Approach: Reduction in Violence/ Trauma/ PTSD: Education to Professions</p> <p>Tools/ Guidelines/ Structure – Challenges in “the trenches” Smoking Cessation, weight management, Exercise, diet, sleep hygiene Trauma Therapy, mental health treatment Fear to Treat: Dose Limitations and Reductions What does the MD need to do their job?</p> <ul style="list-style-type: none"> • Access to services/ Ease of referral • Time • A Team: strengths and skill sets • Funding • Education: • Resources: • Assessment Tools: can we build something that is simple? • System Changes: • Trust/ Rapport/ Communication • Shared Decision Making Model 	<p>Key points, Information sharing and discussion.</p>

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		<ul style="list-style-type: none"> • Focus on function and quality as opposed to just the pain; management of pain is also about managing the changes in one’s life • Goal is not to eliminate pain but to improve function • Pain is intangible; subjective, personal experience • Shared experiences; peer mentoring, “power of the group” <p>Eric Davis shared work being done with Addictions Certification Board in developing Addictionologist degree – certification for physicians to be more effective in addressing pain and risks of addictions</p> <p>Review of MJ/Opioid Prescribing Guidelines: subtle differences but most say the same thing; MD feedback is “now what do I do for the patient?, where am I going to send them?”</p> <p>Reimbursement has not caught up with the model of team approach/ medical homes</p> <p>Access – Funding/ Payers/ Distance/Transportation to services Child Care</p> <p>Silo’d work: limited communication between providers, not a team approach but rather just a notification process</p> <p>Rural areas – sometimes the only access to treatment is for the drugs/ meds; Prescribing guidelines become “the dark side” of pain management;</p> <ul style="list-style-type: none"> • physicians become more reluctant to prescribe pain medications, • dose reductions causing patients decreased function • Not based on care for pain , based on an addiction model <p>Problematic to rely on a specialist model – need to train front line physicians and give them tools/ resources: “Pain Specialist” becomes silo’d as a provider Primary care is in the best position to have the best success but there is potential to be silo’d in that setting as well without a “team” to address all facets of the pain patient.</p>	

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		<p>Coexisting chronic medical conditions are treated and pain is not addressed until end of a visit: consider dedicated pain visit</p> <p>T.Watson informed the group that the American Academy of Pain Management is working to address and define “Pain Specialist” with advanced certification for primary care providers for pain management: University of New Mexico</p> <p>How do we fund those programs that are beneficial but fall below the funding line and move away from the Fee For Service model: Case Rate: Mid Valley Program – set \$ amount for each patient to treat with yoga, PT, massage, community health workers, peer mentors, pool therapy</p> <p>Sustainability – Champions that drive the continued work for pain management programs, Continuity of programs; Need to empower the patient to get them to figure out what they can do to improve their life vs. focus on the pain; keep a patient actively engaged in treatment Need to be able to offer patients the treatments that we know will be helpful When the grant funding runs out how do we keep these going?</p> <p>As an advisory commission do we need to say something about the funding & the monies rather than just models of care?</p> <p>In closing: What are the opportunities moving forward? Further discussion follows with the topic of Continuation of Appropriate Pain Treatments and the future of OPMC moving forward.</p>	

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Continuity of Appropriate Pain Treatment	L. Scobie	<p>“Opiate Refugee” changed to “Continuity of Appropriate Pain Treatments”: This are for those lost group of patients that are doing well; no monitoring issues, going to work, taking care of families, otherwise functioning well until faced with dose reductions related to prescribing guidelines.</p> <p>Scobie is asking for broad perspectives, ideas and feedback from the members that can be used to define focus of commission work and bring to the Legislature What are our goals?</p>	<p>Members are to email Scobie with input or goals as to how they might address the issue for this group of patients</p> <hr/>
Workers’ Compensation Conference 11/13	T. Keane	<p>Keane shared her pain presentation that she provided to the Worker’s Comp Conference: What’s going on in the field of pain management currently? OHSU, VA, Southern Oregon and Washington’s work was shared Claim reviewers/ claims management staff attended Worker’s Compensation Division is working on an “Opioid Prescribing Guideline”</p>	<p>November 13 and 14, 2014 will be the next Worker Comp Meeting</p>
Future Agenda Items: Meeting Schedule	D. Taray	<p>Discussion of scheduling conflicts for DTaray between Health Evidence Review Commission meetings and the OPMC Meetings:</p>	<p>Members agreed to move the OPMC meetings from the 2nd Thursday to the 4th Thursday of the month (June, August, October) and 3rd Thursday in December for 2014</p>

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<p>Commission Member Reappointment – Term Limits</p>	<p>T. Keane</p>	<p>Expiration of Member appointments: Keane is completing her 2nd term is not eligible for reappointment Commission will need to appoint a new chairperson These members have agreed to fill the following vacancies: Chairperson (Dr. Buist) and Co Chairperson (Dr. Halperin) Additional vacancies needed will be representatives for: Public Health, Hospice, MD, PT</p> <p>Recruitment for replacement members</p> <p>A brief discussion was held regarding expectation of member attendance at the meetings</p>	<p>Those members interested in and are eligible for a 2nd term will email DTaray with that information.</p> <p>Provide interested individuals with Coordinator’s email for the application process. DTaray will contact previous applicants from last year to notify of openings.</p> <p>New members to be appointed in June.</p> <hr/> <p>The commission will develop a written policy for attendance. DTaray will check for language of expectations for attendance</p>

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Media & Web page management	D. Taray	<p>Discussion on improving electronic communications for consumers via : Social Media - Twitter, Facebook Improve access to links already on the website and in the document for consumers, Blogs/ Coordinator’s Message Blog input from the commissioners Coordinate/ partner with other organizations: Arthritis, Pain Society</p> <p>CEU Programs – The commission discussed a request from a private vender to post a link to their continuing education program on the Pain Management Website. Discussed concern about promoting programs without review and that the placement of a CEU program on the website suggests endorsement. It was determined that the commission should review any program before placing on the website.</p>	<p>Taray will follow up with OHA for the policies around web design and social media</p> <hr/> <p>David will create a policy regarding CEU programs to establish consistent review and endorsement for the group to vote on in June</p>
Other:	T. Keane	<p>Citizen Advisory Committee to the Prescription Drug Monitoring Program: Keane will be resigning as a representative from the pain commission with the end of her term.</p>	<p>A replacement representative will be appointed at the June mtg</p>
Planning for OPC moving forward:	Round Table Discussion: Members	<p>Where can we have the most impact? The committee members discussed what the next steps should be and review of the Mission Statement. Several areas of work was suggested:</p> <ul style="list-style-type: none"> • Provide models of a collaborative decision making process • Define the various health disciplines and their contribution to the management of chronic pain 	<p>Information sharing and discussion.</p>

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Adjournment		<ul style="list-style-type: none"> • Recommendations for coverage of a multidisciplinary approach • Patient Education and Realistic Expectations • Coordinate with HERC for evidence based practices • Elicit input from provider networks about their barriers to treatment and/or current successes • Provide education to providers about how to use guidelines and continue appropriate pain management strategies • Remove “exclusions” targeted specifically at the condition of pain • Evidence reviews for recommendations of assessment tools and treatment strategies <p>The Transformation Center has scheduled “Complex Care Collaborative” April 29th in Eugene. Taray will be in attendance. Topics include integration of mental health, opioid prescribing and pain management.</p> <p>Next meeting June 26th, 2014: location TBD</p>	<p>Motion: Members are to look at the Mission Statement and submit via email to Taray ideas for commission goals, deliverables or work product. These will be compiled for review and continued discussion in June</p> <p>The meeting was adjourned at 3:45 p.m. by Keane.</p>