

**Oregon Pain Management Commission Minutes: May 10, 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: Gary Allen, DMD; Catriona Buist, Psy.D.; Thomas Carr, MD; Tim Eng, LAc; Namita Gandhi, MS; Kathryn Hahn, PharmD; Teresa Keane, PMHNP; Sunny Kierstyn, DC; Laura Scobie, PA-C; Elaine Smith, RN;</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> Shelley Gunther, RN; Margo Traines, MA,OT/L</b></p> <p><b><u>Members Absent:</u> Edward Goering, DO; Amy Carmona, RN; Rep. Jim Weidner; Senator Alan Bates</b></p>	Chair Hahn welcomed all. Members and meeting participants introduced themselves.
Minutes & Agenda: Review/Approval of March 8, 2012.	Kathryn Hahn, PharmD, Chair	Minutes from the March 8, 2012 OPMC meeting were reviewed. Tom Watson requested the following correction to the minutes: His correct professional designation is DPT (not PTD); this will be corrected under attendance and on page 9 of the minutes.	Teresa Keane, PMHNP, moved to accept the minutes with the change noted to be made. Tom Carr, MD seconded the motion. Motion passed unanimously by voice vote.
Open Forum: Public Comment	Kathryn Hahn, PharmD, Chair	The floor was opened for public comment, but no one in the audience requested the opportunity to speak.	Tabled due to lack of audience request for time to provide public comment.

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<p>Updates: Prescription Drug Monitoring Program (PDMP)</p>	<p>Teresa Keane, PMHNP, Co-Chair</p>	<p>Keane discussed a 6/2011 through 3/2012 Prescription Drug Monitoring Year-to-Date Report which included the following statistics: account requests per day was 16; pharmacies participating was 97%; queries was 92,217 by health care providers and 6,359 by pharmacies; special requests was 115 patient records requests, 34 medical board requests and 1 law enforcement request. Chair Hahn commented that patient records request seemed high, but Keane noted that not all state PDMPs allow patient access. The law enforcement request was denied due lack of court order/subpoena.</p> <p>Keane noted that even though Hydromorphone does not show up in the top 12 prescriptions, there seems to be increased “on the street use of this medication,” so the PDMP will be creating some data to see what is happening and if there has been an increase in Hydromorphone prescriptions being written.</p> <p>There have been lots of questions about opening up the PDMP to other groups such as the coroner’s office, those in the addiction world, and one of the candidates for Oregon Attorney General is quite interested in PDMP information. PDMP board members are in favor of keeping the PDMP access limited and the OPMC can support this position. There are a number of future access issues that the PDMP may support. They may consider if a licensed provider can have one designated (licensed) person with PDMP access. They are also thinking of adding a feature where a licensed provider could enter a DEA number and see everyone for whom that licensed provider has written a PDMP-reported prescription.</p> <p>Currently interstate data sharing is not happening and PDMP board is reluctant to share data with state’s that don’t have the same level of security as Oregon or for states who have a PDMP based on a “law enforcement” model rather than the public health model on which the Oregon PDMP is based.</p> <p>PDMP board members make an effort to educate providers about use of the PDMP whenever possible at professional conferences, etc.</p> <p>Chair Hahn noted that when pharmacists at her community pharmacy spot PDMP irregularities (such as multiple prescriptions written for an individual by multiple providers) the staff contacts the provider’s office to do educational outreach and to make providers aware of the value of using the PDMP.</p> <p>A PDMP federal grant will allow Public Health to create PDMP outcomes data.</p>	<p>Information sharing and discussion.</p>

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<p>Updates: Prescription Drug Monitoring Program (PDMP)</p> <p>“Thoughtful Approach to Pain Management” April conference in Medford</p>	<p>Teresa Keane, PMHNP, Co-Chair</p> <p>Kathryn Hahn, PharmD, Chair &amp; Kathy Kirk, RN, Coordinator</p>	<p>Keane noted that she has stepped down as the PDMP chairperson, but is willing to remain as the OPMC representative. No other OPMC person volunteered to take on this task at this time. Keane will remain as the OPMC representative to the PDMP. She noted this term will last for four years and then another OPMC member will have the opportunity to volunteer for this assignment.</p> <p>In April a Continuing Medical Education conference organized by Dr. Jim Shames was conducted in Medford. Dr. Shames is an addictions specialist who works for Jackson County Health Department and with the Jackson County Opioid Prescribers forum. Hahn and Kirk attended on behalf of the OPMC. There were more than 100 attendees at this event with the largest number of participants attending from Jackson county, a few from Josephine and Douglas counties and the Brookings area. The majority of participants were MDs; other attendees included physician assistants, dentists, psychologists, occupational therapists, advanced practice nurses, and RNs.</p> <p>There were many valuable presentations. Of note, Dr. David Tauben and Dr. Alex Cahana, physicians who were instrumental in development of the WA State opioid guidelines and legislation, presented at the conference. Hahn had the opportunity to make the point to Tauben that the OPMC does not believe that the legislative process is the way to address opioid prescribing issues/concerns.</p> <p>Valuable remarks shared by Tauben included specific information about what the WA guidelines do mandate and what they do NOT mandate. For example, Tauben noted that the guidelines do not mandate a specific allowable ceiling morphine equivalent dose that providers must adhere to and they don't mandate that all chronic pain patients must be referred to a pain management specialist. Hahn noted that Peace Health and some other Oregon health groups are trying to replicate guidelines based on the WA legislation, but these groups do not always understand the true intentions and nuances of the WA legislation so this is a needed educational piece.</p> <p>Both participants felt that it was valuable to attend the conference and to have an OPMC presence.</p>	<p>Teresa Keane, PMHNP, will continue to serve on the PDMP as the OPMC representative. She will periodically provide reports and updates to the OPMC re: PDMP activity and issues.</p> <p>Information sharing and discussion.</p> <p>Kathy Kirk, OPMC Coordinator, has copies of some of the presentations that were given at the conference. OPMC Members that would like additional information about the conference presentations should contact Kirk via e-mail.</p>

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<p>Subcommittee update on response to WA State Guidelines concerns</p>	<p>Kathryn Hahn, PharmD, Thomas Carr, MD, &amp; Laura Scobie, PA-C</p>	<p>Dr. Carr created a document which provides information about the intent and background of the WA State guidelines and legislation, includes OPMC statements regarding the guidelines/legislation, and ends with a conclusion which states: “The OPMC advocates that Oregon clinicians approach chronic pain in Oregonians differently than the manner in which Washington State has chosen to <i>legislate</i> pain management.” The conclusion also includes OPMC suggested solutions for addressing concerns related to treating chronic pain in Oregonians.</p> <p>Kirk reformatted this document, added some information suggested by Hahn and sent it back to the subcommittee. The subcommittee needs to vote approval of the formatting changes and additions prior to sharing the document with the entire OPMC.</p> <p>Carr, Hahn, and Scobie voted today to accept the document as re-formatted and to share it with the entire OPMC membership for review and comment.</p> <p>During discussion, it was suggested that the finalized document be posted to the OPMC website, be sent to boards and associations to which previous OPMC position statements have been sent, and to consider mailing it to all Oregon primary care providers as an informational and educational tool.</p> <p><b>Addendum Note:</b> Once a finalized document is approved by the OPMC membership, this document will have to be reviewed and approved by Oregon Health Policy and Research Executive staff (Jeanene Smith, OHPR Administrator, etc.) and possibly by Oregon Health Authority Director Dr. Bruce Goldberg before the document can be posted to the OPMC website or distributed externally. This is similar to the process that was used for review and approval of the OPMC Position Statement on the Medical Use of Marijuana.</p>	<p>Information sharing and discussion.</p> <p>Kathy Kirk, OPMC Coordinator, will send the draft subcommittee document to all members for review. Members will have 15 days to respond with their comments and suggested revisions.</p>

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<p>Presentation: Pacific University Physician Assistants (PA) Program and pain management curriculum</p>	<p>Mary Von, PA-C, DHEd, Associate Professor, Academic Coordinator PA Program Dr. Robert Rosenow, PharmD, OD, Professor</p>	<p>The guest speakers introduced themselves. They presented a PowerPoint presentation on “Pain Management Curriculum” for Pacific University School of Physician Assistant Studies and shared information from two documents: “School of Physician Assistant Studies Pain Management Curricular Mapping” and “Analgesics and Antiemetics PA 596 Emergency Department Medicine.”</p> <p>The PA program utilizes a modular structure. Students begin their studies with a summer module which provides foundational material, including pharmacology; additional material is built onto their foundational knowledge as studies advance, such the addition of organ systems, etc. Concepts are carried from one module to the next. (See documents for specific curriculum mapping.)</p> <p>Dr. Rosenow noted that students are taught to “look at pain from more than just the prescriptive perspective.” He noted that he is a chronic pain patient after experiencing a serious life-threatening injury. He stated that when he lectures he freely shares his medical history and the perspective of what it is like to be a chronic pain patient subjected to the provisions of pain agreements, such as urine drug screens and medication “pill counts” and other pain patient perspectives.</p> <p>He shared a long list of pain topics that are sprinkled throughout the modules that included: assessment of pain; inadequate pain control; the Joint Commission perspective of “pain as a fifth vital sign; Pain Patient’s Bill of Rights; federal and state regulations; appropriate pain assessment tools; physiologic responses to acute and chronic pain, looking at chronicity of pain; differentiating between chronic and acute pain and the differences in treatment between these two types of pain; pain pathways and the subjective nature of pain; consequences of inadequate pain management; differentiating between a patient’s behavior with poorly controlled pain; devising a pain treatment plan with emphasis on establishing good communication through use of a common language and reasonable expectations; pain treatment agreements; addressing all options available to treat pain including the use of nerve stimulating units, Complementary and Alternative Medicine; use of alternative drugs such as capsaicin, non-opioids and NSAIDs; characteristics of all classes of opioids;</p>	<p>Information sharing and discussion.</p>

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<p>Presentation: Pacific University Physician Assistants (PA)Program and pain management curriculum</p>	<p>Mary Von, PA-C, DHEd, Associate Professor, Academic Coordinator PA Program Dr. Robert Rosenow, PharmD, OD, Professor</p>	<p>contraindications and adverse drug reactions (ADRs) and managing ADRs; rationale opioid use, including appropriate selection based on individual patient characteristics and weighing alternatives to opioids; risk evaluation and appropriate dosing; changing dosing between opioids; etc.</p> <p>Dr. Rosenow concluded with the statement that students get a “360 degree view of pain” which is spread throughout the curriculum over 27 months of training with both didactic and clinical rotations and with diverse lecturers (PhD, MD, DO, PA-C, LAc, patients, etc.) and diverse curriculum.</p> <p>Dr. Von noted that case studies are shared throughout the modules and students have opportunities in the simulation lab to participate in scenarios that simulate patients in pain. Mandatory case conferences emphasize an interprofessional curriculum where students work in teams (with students from seven other Pacific University health programs) to get another perspective about how to approach treatment. She noted there is a mandatory 6 week clinical project and that approximately 5 to 10 percent of students choose to focus on patients with chronic pain and addiction issues.</p> <p>Dr. Von also noted that fibromyalgia is addressed in the muscular skeletal and endocrine modules and biosocial aspects of chronic pain are addressed in the behavioral health module. She stated that although students currently don’t have a rehabilitation clinic experience option, students have a 6 week elective rotation in which they may opt to work with a pain management specialist. In the future Pacific University will be increasing the amount of time that students spend in (pain) curriculum for the Emergency Department and surgery and is seeking a rehab setting option for students. Two naturopathic physicians address nutrition and its relationship to disease.</p> <p>After the guest speakers departed, there was discussion about any perceived inadequacies in the PA pain management curriculum. It was recommended that Pacific University be given the opportunity to respond in writing to any OPMC concerns or suggestions. One OPMC recommendation: the school should have one module to incorporate and integrate all aspects of chronic pain management.</p>	<p>Information sharing and discussion.</p> <p>OPMC members are requested to send an e-mail to Kathy Kirk, OPMC Coordinator, to identify any specific concerns regarding the Pacific University pain management curriculum. These concerns will be reviewed with Chair Hahn before sending a letter allowing the school to respond with any additionally requested information.</p>

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Evaluation of healthcare educational institutions curriculum	OPMC members	After the guest speakers departed, there was also discussion about having a more formal and robust way to evaluate pain curriculum content for healthcare educational institutions. This is especially important since feedback about pain curriculum reviewed is incorporated in a biennial report to the Oregon legislature. Members were in consensus that it would help to have a more formal checklist to assess for the major topic areas identified in the OPMC Curriculum for Pain Management Education outline. For future presentations, members could use this tool during a guest speaker’s presentation to identify if the school meets all of these suggested topic areas. The tool could include a scale of 1 through 5 to evaluate from “did not meet” through “met” and include room for comments.	Kathy Kirk, OPMC Coordinator, will create a sample tool for evaluating the pain management curriculum of healthcare educational institutions. She will bring this to the next OPMC meeting for review and discussion.
2012 Pain Awareness Education Event: Room contract signed	Kathy Kirk, RN, Coordinator and all OPMC members	Kirk reported that she has signed a contract and the September 2012 event will again be held in the Dye House at Willamette Heritage Center at Mission Mill in Salem. This venue will hold approximately 110 total participants. Once again the event will be open to both healthcare professionals and consumers with pain. The event will be free of charge; no CEUs will be offered for the event. The event will be opened for registration in June on the OPMC website and Kirk will coordinate publicity for the event with the OHA Communication Office.	Information sharing and discussion.
Member Presentation Assignments		Members reviewed a draft agenda with the topics for which they volunteered to provide presentations at the event. In discussion, members affirmed their willingness to present on the topics noted. Catriona Buist, Psy.D, requested that all of her topics be listed as one presentation; she noted that she would be able to provide this presentation in a total of 30 minutes.	Kathy Kirk, OPMC Coordinator, will change this portion of the event agenda as noted.
Handouts & Resources		Members had the opportunity to review handouts that are being collected as resources for the event. Kirk suggested that rather than have a table with a large number of handouts, she could bind the materials in a booklet for participants. (This is at no cost to the commission as binding materials are available at OHPR.)	

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<p>2012 Pain Awareness Education Event: Handouts &amp; Resources</p> <p>Budget</p> <p><u>Coordinator Updates:</u> Status of DMAP report to Oregon legislature on guidelines for chronic pain and work on chronic pain OHP coverage</p> <p>Coordinator Meeting attendance</p>	<p>Kathy Kirk, RN, Coordinator</p>	<p>Kirk noted that she had purchased 3 copies of the book <u>The Pain Survival Guide</u> and 3 copies of the book <u>Managing Pain Before It Manages You</u>. These books will be randomly distributed as “door prizes” among event attendees. Kirk also noted that she had been able to obtain free books from the Inflexxion series including: <u>Your Guide to Pain Management</u>; <u>Managing Chronic Pain with Opioids in Primary Care</u>; and <u>PainEDU.orgManual</u>; these will be available for event attendees.</p> <p>\$1000 has been budgeted for the event; \$360 is designated for the room rental; around \$90 has been spent on “door prize books.” Kirk and Hahn suggested it would be nice to spend money on bottled water and snacks, such as fruit, cheese and crackers or a similar snack since the event will run from noon until 5 PM. OPMC members were in agreement with all of the above suggestions.</p> <p>Kirk reported that she followed up with DMAP staff after the last OPMC meeting. DMAP did not submit a report to the Oregon legislature recommending guidelines for chronic pain. DMAP has also decided to table the workgroup that was considering work on a chronic pain services package to be covered by the Oregon Health Plan because DMAP is focused on launching Coordinated Care Organizations (CCOs) at this time. Kirk noted that this is especially disappointing since the underlying premise of the CCOs is to coordinate physical and behavioral health services to capture savings. Not only is chronic pain management an important fiscal topic, but treatment of chronic pain is a perfect practice area in which to integrate behavioral and physical health services.</p> <p>At the April Pharmacy and Therapeutics Committee meeting, a “Proposed Fifteen Day Initial Prescription List” for OHP covered clients was presented. (This list is included in today’s meeting packet.) This list includes some antidepressants and selected serotonin reuptake inhibitors (SSRIs). This list was created because “Drugs that have been identified with high side profiles, high discontinuation rate, or frequent dose adjustments are proposed to be limited to a 15-day initial supply. The initial prescription supply limit ensures cost effectiveness without waste of unused medications.” Kirk shared this</p>	<p>Teresa Keane, PMHNP, agreed to develop a list of relaxation resources. She will send this to Kirk so that this can be included in the materials booklet for event attendees.</p> <p>Information sharing and discussion.</p>

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<p><u>Coordinator Updates:</u> Coordinator Meeting attendance</p> <p>OPMC member recruitment</p>	<p>Kathy Kirk, RN, Coordinator</p>	<p>information because some OHP clients might be prescribed one of these medications for treatment of chronic pain.</p> <p>The OPMC has a public member vacancy due to Dan O’Neal’s resignation to the commission. A healthcare member vacancy will become available when Namita Gandhi finishes her second term of service, which will end in July 2012. Kirk posted a notice on the OPMC website in February to recruit for the vacancies. So far 4 individuals have inquired about the public member vacancy and one person has submitted an application. Five individuals, including 2 naturopathic physicians, 1 medical doctor, 1 psychologist, and a service coordinator for one of the managed care organizations have submitted applications for the healthcare member vacancy</p>	<p>In June, Kathy Kirk, RN, Coordinator, will submit all applications for OPMC member vacancies to Dr. Bruce Goldberg along with a letter requesting member appointment. The goal will be to have two new members appointed ASAP.</p>
<p>Status of 2011 Pain Survey</p>	<p>Kathy Kirk, RN, Coordinator</p>	<p>Kirk has been working with an OHPR analyst on the responses to the OPMC chronic pain survey that was posted online from September 1, 2011 through December 1, 2011. 413 surveys were submitted; of these, 254 were appropriately completed by Oregon residents with chronic pain issues. Kirk expects to have an official report to present at the July 2012 OPMC meeting.</p>	
<p>Budget Correction</p>		<p>Kirk had reported in the May 2011 minutes that the balance in the OPMC account was \$18,883.50. Since that time the balance has been adjusted for outstanding OPMC bills that were paid for 2010 expenditures. So, the balance as of 2011 was actually \$18,595.50. The OPMC spent \$300 for the September 2011 Pain Awareness Education Event; the current balance in the account is \$18,295.50. This does not include any expenditure for the 2012 Pain Awareness Education Event.</p>	<p>Information sharing and discussion</p>
<p>New Business</p>	<p>Kathryn Hahn, PharmD, Chair</p>	<p>Hahn noted that today will be Namita Gandhi’s last meeting since Namita will be out of town during July when her second term of OPMC membership would have concluded. Gandhi has agreed to present at the September event. Hahn thanked Gandhi for her many years of gracious service and presented her with a letter and certificate of appreciation. All OPMC members expressed their appreciation and thanks with a well-deserved round of applause for Gandhi.</p>	

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New Business	Kathryn Hahn, PharmD, Chair	<p>Hahn distributed a copy of a press release that provides information about the sudden shut-down of the American Pain Foundation (APF) on May 8, 2012. She noted that this may be a set back for the pain community as APF was the one major patient advocacy groups for individuals with pain.</p> <p>Hahn noted that she and OPMC members Amy Carmona, RN, Tom Watson, DPT, and Laura Scobie, PA-C will present a pain management workshop at the spring conference for Greater Oregon Behavioral Health, Inc. (GOBHI) on May 17<sup>th</sup> in Bend. Kirk will also attend to provide background on the OPMC.</p> <p>The group was invited to provide a workshop because a GOBHI representative attended the OPMC 2011 September education event and thought that a pain management workshop fit with GOBHI's conference theme. The conference theme is about the forthcoming Coordinated Care Organizations and the integration of physical and behavioral health services.</p> <p>The OPMC workshop will include the following topics: rights, roles, responsibilities, expectations and communication from a provider's perspective—Scobie; rights, roles, responsibilities, expectations and communication from a patient's perspective—Carmona; pain and the brain, physical therapy and other treatment modalities—Watson; treating the chronic pain patient who also has concurrent mental health or substance abuse issues—Hahn.</p>	Information sharing and discussion.
Adjournment			The meeting was adjourned at 3:40 pm by Chair Kathryn Hahn.

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