

**Oregon Pain Management Commission: June 25, 2015**

Topic:	Presented by:	Primary Discussion Points:	Actions:
Meeting Roll Call		<p><b><u>Members in Attendance: Present:</u></b>            Cat Buist, Ruben Halperin, Judith Gilbertson, Nora Stern, David Eisen, Coleen Carlisle, Laura Scobie, Michele Koder, Anthony Marrone, Kevin Wilson</p> <p><b><u>Members via Teleconference:</u></b>            Paul Coelho, Eric Davis, Amber Rose Dullea</p> <p><b><u>Excused:</u></b> Csaba Mera, ReBecca Duffy, Janet Kadlecik, Gary Allen</p> <p><b><u>Members Absent:</u></b> Rep. Weidner, Sen. Bates</p>	
Introduction of new members  Minutes & Agenda: Review/Approval	Denise Taray  Cat Buist	Introduction of new members: Csaba Mera, Rebecca Duffy, Janet Kadlecik, Amber Rose Dullea	Agenda item: plan on a new member orientation for August meeting  Motion to approve without amendments
Open Forum: Public Comment		No individuals signed up to speak.	
Presentations: OHSU Medical Program	Tracy Bumsted, Assoc Dean	Medical School transforming their curriculum. New curricula in its first year; old curricula being phased out over the next 4 years. New design is in the structure where everything is integrated; assessments, communication, critical thinking about how to make a difference in population health, better health, triple aim etc. “Spiral curriculum” – learn and apply, teach within context (patients/ case studies) Learner Centered rather than teacher centered; active learning rather than lecture based, 43 Competencies in 6 Domains: what can the student do with the information learned, time independent manner The curriculum includes “Threads” that weave throughout the blocks Pain is not a thread itself but would be part of many of the threads	

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		<p>Requests for input into the development of the pain curriculum which is not yet completed as an intercession course</p> <p>Presented the DRAFT Required Intercession Purpose Statement for Pain – 2 weeks with 8 competencies to be mastered</p> <p>Discussion/ Questions:</p> <p>1: Selection process for admission into the medical program- multiple mini interviews used during the admission process into school: looking for empathy, sympathy, caring, can they be provoked under stress?</p> <p>2: Patient centered care: where is the training? Clinical experience in the non-discipline area and taught throughout</p> <p>3: How have you been able to make this learner centered? Align the infrastructure of each discipline i.e every Friday there will be a quiz. Win/Win processes.</p> <p>4: Details of the Pain Intercession: under development but will include didactic, basic science literature, pain sceneries, participation in the hands on activities to apply what they are learning, - question to develop: application of the knowledge, occurs during the clinical phases; offered 4x/ year and students take these courses between clinical phases, case based approach, approach to patients with complaints of pain.</p> <p>5: Pain Psychology included in the education: exposure to them in the work setting but not yet specifically identified in the curriculum, consider adding the psychology component to the intercession</p> <p>6: What other modalities might be included in the pain curriculum? Communication approach and how to talk with patients about pain, multimodal approach, not MRI or prescriptions. Example would be the Pain Team at OHSU.</p> <p>7: The learning objective have not yet been called out for this Pain Intercession</p> <p>8: Any component of addictions included in the pain intercession? Interest but not yet defined</p> <p><b>Recommendations/ Comments -</b></p> <ul style="list-style-type: none"> <li>• <b>Multi modal approach and multidisciplinary providers/ integrative provider types and include behavioral health component</b></li> <li>• <b>Limited inclusion of interprofessional treatment team members outside of</b></li> </ul>	

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		<p>experience with Pain Team; add an integrated medicine focus related to pain within the curriculum</p> <ul style="list-style-type: none"> <li>• Consider adding a stronger psychology component with goal of de-stigmatizing psychological pain; important to teach that chronic pain is a central nervous system issue and basic psychology is not enough in the education of pain. <i>Include the health psychology of pain</i></li> <li>• Would like to invite back when the Pain Intersession is completed</li> </ul>	
<p>Presentations: NCNM Naturopathic Medicine</p>	<p>Regina Dehen, ND, LAc Leslie Fuller, ND</p>	<p>Present information ND philosophy; NCNM curriculum and pain management strategies            Foundation of Health is primary focus and where we would like to see majority of patients; prevention, lifestyle, nutrition – building blocks of health            Biomedical vs Naturopathic Approach: toolkit of treatment options            Additional training available physical therapies, manipulative therapies, hydrotherapies, acupuncture techniques            Pain Education – ND program outcomes; each of the subject matters includes pain management education as to the subject            Moving to a block curriculum in the Fall which will change the way we teach all subjects.            Pain types taught within each of the subjects            Chronic pain education is taught in an elective course separate from main courses            Additional elective courses that include pain education i.e. NMT, naturopathic manipulative therapy            Diagnostic testing – performed as far as patient can afford to have them done            Educate as to the “red flags” and necessary evaluations            Management for Chronic Pain: “home clinic” pain management policy            -use first homeopathy, botanicals, counseling, nutrition, physical medicine            -pharmaceuticals: informed consent, set baseline goals, evaluate the psychosocial stressors that might also be present.            -referrals to pain management specialists            Educational component – students will gain the ability to select and initiate</p>	

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		<p>appropriate analgesia using local protocols, specific knowledge of pharmacological, physical and psychological interventions, and understanding the role of the pain management specialist and demonstrating ability to access/interact with pain management specialist/ teams</p> <p>Focus on Interdisciplinary Pain Management Education</p> <p>Educate to the Clinic Guidelines in regards to controlled substance prescribing – Shared protocol for the treatment of chronic pain with opioids, pain contracts (informed consent and materials risk notice)</p> <p>Discussion /Questions:</p> <p>1: Urine drug screens? – included in informed consent and materials risk notice</p> <p>2: anyone requiring more than 120 MEUs is referred to pain specialist</p> <p>3: pain assessment/ informed consent are performed by the student with oversight from the provider</p> <p>4: In the educational curriculum how much time is spent educating to the use of opioids vs botanicals, homeopathic, or hands on therapies? – primary focus is on the non-pharmacological while the prescribing of opioids is within their scope</p> <p>5: Discussion focused on the delivery system of care within the NCNM home clinic where student’s education includes rotations through treatment teams.</p> <p><b>Recommendations/ Comments -</b></p> <ul style="list-style-type: none"> <li>• <b>Inherently multimodal but would strengthen the component of behavioral health in the education of pain</b></li> <li>• <b>Recommend revisions to the criteria for diagnostic imaging as stated “done so far as the patient can afford”. Imaging should only be recommended when there are “red flag” signs. Almost all imaging will find some degree of “pathology” which does not necessarily predict prognosis or define treatment planning. Labeling films can label a patient with a disease that may be fictitious.</b></li> <li>• <b>Add the education of chronic pain to the core curriculum rather than an elective</b></li> <li>• <b>Request copy of their protocol for the treatment of chronic pain</b></li> </ul>	
Review of Univ. of Western States		<p><b>Recommendations/ Comments –</b></p> <ul style="list-style-type: none"> <li>• <b>Acknowledged that the preparation for the presentation provided a self-</b></li> </ul>	

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- Chiropractic educational Curriculum		<p>assessment and self-identified gaps in the pain curriculum with internal recommendations for improvement.</p> <ul style="list-style-type: none"> <li>• Add specific education about the assessment and treatment of chronic pain vs. acute pain</li> <li>• Identify the patient with acute pain symptoms that is at risk for developing chronicity or chronic pain and modify treatment planning.</li> </ul>	
Online Module, Curriculum Outline, and Evaluation Form		<p>Need to better prepare the presenters:            Discussed the evaluation tool and its limitations; not sure that when the presenter knows of it and uses it as a format for presentation helped in the evaluation of their program.            -be more specific and provide a template for presentations; how does your curriculum address [topic] [catastrophizing] and then create an evaluation tool based on the template; using the one hour online module curriculum Curriculum outline vs online module information; what level of information is recommended vs required.            Priority is to complete the recommended curriculum outline and online module            Proposal: Use the online module outline as a template</p> <p>Subcommittee meeting to create a template, tool, guide, and letter            Discuss the draft at the August meeting            All members get the outline module and provide feedback            Subcommittee meets after the August meeting to create the template, evaluation, guide and letter to be used to send to future speakers/ presenters from educational institutions</p>	<p>Redesign: use the revised curriculum/ online module</p> <p>Denise to distribute the draft outline of the online module to members, draft a template for evaluation, Present at the August meeting</p> <p>-add Amber Rose to the curriculum subcommittee            - add Judith to Evaluation Tool committee</p>

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			Cancel/postpone the August speaker from Pacific Univ.
Coordinator Report		<p>Legislative updates:                      -meeting with legislative advisor in August to look at the OPMC proposed changes to the provider types required to have the OPMC online module CEU. Need a member from legislative assembly to carry the bill into the next session February 2016.</p> <p>Metrics &amp; Scoring:                      -pain related incentive measure continues “benched” for the 2016 metrics as “not ready for prime time”. Challenge is in the data collection                      -Statewide PIP (Process Improvement Project) is on Opioid Management: CCOs will develop their own improvement project beginning July. The PIP requirements will include the need for strategies to address other treatment options for patients with pain.</p> <p>OHA Analytics:                      -collaborating with OHA to develop a system of metrics for tracking changes in pain prevalence, impact, treatment, and costs over time that will enable assessment of progress, evaluation of the effectiveness of interventions at the population health level – such as the changes made to the OHP benefit plan for the coverage of low back pain conditions</p> <p>Integrative Medicine Advisory Group:                      -complete credentialing tool and it is posted for CCO access and public use. Close to completion of the second deliverable which is a document that is intended to identify each interprofessional team member and how their services may impact the Triple Aim for CCOs</p>	<p>Denise to send ACPA links to the slides from the conference to the members</p> <p>Denise to request copies of the American Chronic Pain Assoc Resources CD</p> <p>August Agenda-extend coordinator report to allow for discussion of the things happening across the state.</p>

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		<p>Following activities of OrCRM (Oregon Coalition for Responsible use of Medications), OHLC (Oregon Health Leadership Council), OPG (Oregon Pain Guidance/ S. OR Prescribers Group)</p> <p>S. Oregon 4<sup>th</sup> Annual Pain Mgmt Conference – attended</p> <p>No September Event since so much is happening around the state already</p>	
Adjournment			