

**Oregon Pain Management Commission Minutes: July 12, 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.; Coleen Carlisle; Thomas Carr, MD; Tim Eng, LAc; Edward Goering, DO; Shelley Gunther, RN; Kathryn Hahn, PharmD; Teresa Keane, PMHNP; Sunny Kierstyn, DC; Laura Scobie, PA-C; Margo Traines, MA,OT/L; Kevin Wilson, ND; Kathy Kirk, RN, Pain Management Coordinator</b></p> <p><b><u>Members via Teleconference:</u> Amy Carmona, RN;</b></p> <p><b><u>Excused:</u> Tom Watson, DPT; Harry Rinehart, MD; Elaine Smith, RN</b></p> <p><b><u>Members Absent:</u> Rep. Jim Weidner; Senator Alan Bates</b></p>	Chair Hahn welcomed all, especially new OPMC members Coleen Carlisle, Public Member, and Kevin Wilson, ND. Member participants and audience introduced themselves.
Minutes & Agenda: Review/Approval of May 10, 2012.	Kathryn Hahn, PharmD, Chair	Minutes from the May 10, 2012 OPMC meeting were reviewed.	Tim Eng, LA moved to accept the minutes as written. Sunny Kierstyn, DC, 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</p>	<p>Teresa Keane, PMHNP, Co-Chair</p>	<p>The next PDMP committee meeting is tomorrow. She reported that one of the things the PDMP committee wants to figure out is: Does the PDMP make a difference to change prescribing behaviors and to identify problems? Other states with PDMPs have collected utilization data. They have not necessarily looked at data that examines the effectiveness of PDMPs such as how the PDMP has affected prescribing patterns, how it has affected patient care, has it affected “doctor shopping,” etc.</p> <p>The Oregon PDMP has hired an individual to collect data. The first of a series of ongoing surveys was sent out in June. This survey, with about 25 questions, was sent out to four groups: pharmacists who have signed up to use the PDMP; pharmacists who have not signed up to use the PDMP; practitioners who have signed up to use the PDMP; and practitioners who have not used the PDMP. The survey will run for about 8 weeks. When data is available from the survey, Keane will bring information back to the OPMC.</p> <p>Keane asked if anyone had received the survey and Chair Hahn reported that she had received and completed the survey. Hahn indicated that some questions in the survey were related to how she as a pharmacist was working with patients and doctors as a result of using the PDMP. For instance, it asked if use of the PDMP had increased her communication with the patient’s doctor and other team members.</p> <p>The PDMP program is self-funding with license fees so it will not run into the problem of lack of funding to do ongoing surveys, etc.—in other states where funding was provided with limited grants, funding has been a problem. Keane recently received a letter from Dr. Bruce Goldberg officially recognizing her as she will continue to serve on the PDMP Committee as an OPMC representative. However, Keane will no longer serve as the PDMP chairperson.</p>	<p>Information sharing and discussion.</p>
<p>Pacific University PA Program, OPMC Concerns &amp; Response</p>	<p>Kathryn Hahn, PharmD, Chair</p>	<p>She noted that a 6/14 letter was sent to Dr. Mary Von, Academic Coordinator for the Pacific University Physician Assistant program. This letter outlined OPMC concerns about pain management curriculum for this program. Dr. Von responded in a 6/25 letter and included a new eight-page outline with additional information about the school’s pain management curricular mapping for this program. Hahn pointed out highlights from the curricular mapping and the 6/25</p>	<p>Information sharing and discussion.</p>

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Pacific University PA Program, OPMC Concerns & Response	Kathryn Hahn, PharmD, Chair	<p>letter. Hahn noted that, as explained in the 6/25 letter, the school’s presentation at the May OPMC meeting was centered on the school’s pharmacological curricula of pain management in part probably because the school presenters thought that this would be the main area of interest to the OPMC. The 6/25 letter addressed each OPMC item of concern and included that Von thought the idea for the school to develop a separate module that integrates and incorporates all aspects of chronic pain management was a good idea. Von indicated she would bring this before the faculty at the school’s next didactic meeting. In the 6/25 letter, Von also pointed out that the structural component of disease is taught in a variety of modules, including the “Fundamentals of Clinical Medicine” module. Von also wrote that the school has students work with OT, PT, PsyD, Dental, MHA, and Pharmacy students and faculty in Interprofessional Competence Seminars and Interprofessional Case Conferences. Von agreed that “engaging guest lecturers from the other programs is a valid point and I am currently working with a PT speaker who works in chronic pain management to schedule a lecture.”</p> <p>Hahn pointed out that Von took every concern that the OPMC identified, took it to heart and responded with a thoughtful plan to address those concerns. Margo Traines, MA, OT/L noted the value in having these kinds of exchanges with pain management curriculum presenters. Traines emphasized the importance of OPMC feedback which generates more communication and openness between the different professions as they plan education for pain management. Another member noted that the newly submitted eight-page outline does present a more robust picture of the school’s pain management curriculum.</p> <p>The consensus of OPMC members was that the Pacific University PA program presenters do take the OPMC concerns seriously and have addressed all OPMC concerns that were identified.</p>	Information sharing and discussion
Assessment Tool for future curriculum evaluations	Kathy Kirk, RN, Coordinator	She shared the brief tool that she developed. This document was developed so that OPMC members can use it in a more formal way to evaluate curricula. The tool includes all 12 OPMC recommended pain management topics and includes a four-point scale to rate such topics; the scale ranges from “did not meet,” “met only some elements,” “met most elements,” to “met all elements.” Members	Information sharing and discussion

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Assessment Tool for future curriculum evaluations	Kathy Kirk, RN, Coordinator	were in consensus that the tool will be useful to use as designed. When future presenters are invited to do their one hour presentation on pain management curriculum before the OPMC, Kirk will send them a copy of the curriculum evaluation tool. She will also refer them to the entire OPMC online health professional curriculum, "Curriculum for Pain Management from the Oregon Pain Commission." By sharing this information with future presenters, this should help them focus the one hour of time they will have to present. It will also make presenters better informed about the type of information that the OPMC is seeking and will evaluate regarding pain management curriculum.	Information sharing and discussion
Washington State Guidelines Concerns & OPMC response	Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Coordinator	<p>After the May 2012 meeting, the document titled "Oregon Pain Management Commission's Review and Recommendations Regarding Washington State's Guideline for Prescribing Opioids for Chronic Pain" was sent out to all OPMC members for review and approval. 12 OPMC members (a quorum) voted to approve the document; 5 members did not vote (and there were two member vacancies at that time). After the May meeting, a letter to accompany the document was composed by Hahn and Kirk.</p> <p>In June, both of the above documents were submitted for an internal Oregon Health Authority review. The document had minor changes made to it, including a formatting change on the first page and slight changes in some wording. Both the document and the letter were then approved for the OPMC to use in educational outreach and for posting on the OPMC website.</p> <p>A limited budget (of approximately \$1700) was approved. This money comes from within the OHPR HERC administrative budget and will pay for printing and postage for mailing out both the document and letter.</p> <p>Kirk obtained free-of-charge a data base of providers from the Oregon Medical Board. 3,953 providers were identified from the following areas of actively licensed Oregon providers: gastroenterologists; physician assistants; general practitioners; family practitioners; OB/gynecologists; and geriatric practitioners. Providers targeted were those most likely to be involved in primary care and pain management. On approximately August 15, the above document and letter will be mailed out to these providers. The number of providers to whom the</p>	Kathy Kirk, RN, Coordinator, will follow up with the OHA mailing process to assure that the educational outreach is completed as planned.

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<p>Washington State Guidelines Concerns &amp; OPMC response</p>	<p>Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Coordinator</p>	<p>mailing is to be sent was limited by the size of the budget available for expenses. These documents will also be published on the OPMC website ASAP.</p> <p>A recommendation was made to contact the Naturopathic Board and the Oregon State Board of Nursing to see if they would be willing to either publish the documents in their newsletters or to publish on their website a short message about these documents, along with a link to the OPMC website documents.</p> <p>Hahn noted that during its entire history as a commission, this is the first time that the OPMC has participated in an educational outreach of this type and the first time that administrative funds have been specifically allotted for a commission activity.</p> <p>Ed Goering, DO stated that while he supported this OPMC educational outreach, he is concerned that providers have easy access to straight forward opioid prescribing educational tools. He stated that the bullet points on the first page of the document clearly note the requirements that physicians must meet in order to prescribe opioids, but physicians also need the tools to educate themselves about how to carry out the required steps in prescribing and in documenting these steps. Goering noted that if providers are only told what they need to do, but not given access to the tools that will help them meet the requirements, many physicians will simply quit writing appropriate prescriptions for pain management because the process becomes too complicated or time-consuming. Goering stated it is important for the OPMC to provide education to providers about appropriate documentation and standards of care for prescribing opioids. Kirk pointed out that the OPMC educational outreach document includes footnoted resources to help providers. For instance, on the bottom of page 1, there is a link to the “Agency Medical Directors Group Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: An educational aid to improve care and safety with opioid therapy.” This link includes appendices such as an opioid calculator, screening and opioid risk tools, patient education resources, and sample doctor-patient agreements for chronic opioid use. The OPMC document also includes a link to the Oregon PDMP.</p>	<p>Kathy Kirk, RN, Coordinator, will follow up with the document –posting process on the OPMC website. Kirk will also contact the recommended boards for follow up action as noted.</p> <p>Ed Goering, DO, will review the outreach document bullet-noted items on page 1 and will also review links in the document. He will assess the document to see if a physician can find all resources needed to prescribe opioids and document opioids for chronic pain or if this is an area of need that the OPMC should consider addressing.</p>

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2011 Chronic Pain Survey Report	Kathryn Hahn, PharmD, Chair, Kathy Kirk, RN, Coordinator	She referred members to the completed survey report and thanked Kirk for her efforts in completing the report. In turn, Kirk thanked OHPR Research Analysts Patrick Bartsch and Jay Grussing who were instrumental in helping with data analysis and who were responsible for creating the graphs and charts in the report. Kirk also thanked her supervisor, Darren Coffman, HERC Director, for his review of the report and some well-suggested changes to the data and report formatting.	Information sharing and discussion.
Discussion of Report Results	All OPMC members	<p>It was emphasized that because this survey was not completed in a scientific design, the survey results cannot be interpreted or presented as representative of all Oregonians with chronic pain. (Though it was originally planned as a scientifically designed survey to be conducted by telephone by the Portland State University Survey Research Lab, the survey was eventually conducted as a voluntary online survey due to budget constraints.) However, the OPMC does believe that this exploratory survey captures a number of issues and challenges for Oregonians with chronic pain. The OPMC also sees value in having these voices heard.</p> <p>At the end of the report, the OHPR research analysts recommended the following: “To use this survey as a starting point towards undertaking a more thorough and robust analysis of Oregonian with chronic pain conditions. Through such an analysis, a clearer understanding of the degree to which chronic pain conditions affect Oregonians could be achieved.”</p> <p>Highlights of the survey include the following issues:</p> <ul style="list-style-type: none"> <li>• Respondents identified accessibility to health care for their chronic pain conditions as heavily dependent on having health insurance coverage and ability to pay for pain management treatment</li> <li>• Respondents noted the inability to find treatment providers, lack of immediate access to providers, and lack of provider knowledge as further barriers to chronic pain treatment</li> </ul>	

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<p>2011 Chronic Pain Survey Report Discussion of Report Results</p>	<p>All OPMC members</p>	<ul style="list-style-type: none"> <li>• 30 per cent of respondents also mentioned being refused treatment for their chronic pain at sometime</li> <li>• Slightly under half mentioned their health insurance did not provide adequate care to meet their pain management expenses</li> <li>• Respondents also indicated that chronic pain conditions contributed to unemployment and, if employed, affected work performance</li> </ul> <p>Kirk noted that survey respondents from 83 different communities were identified. The largest number of respondents was from the Portland metropolitan area followed by individuals from the Salem/Keizer area. Some small communities included only 1 respondent and thus respondent communities were not included in the demographics to protect anonymity of the survey participants.</p> <p>The following topics and issues were identified when discussing the survey.</p> <p>Some insurance reimbursement is better than others when it comes to treatment for chronic pain. Some companies actually offer benefits for personal trainers and gym memberships/exercise programs that can assist in prevention or treatment of chronic pain, but not all individuals are aware when their insurance offers this kind of benefit. It may be important to increase awareness in the healthcare community so that providers can advise their patients to check with insurance to see if the patient has such benefits. A suggestion was also made for the OPMC to invite a representative from the insurance industry to come and speak about therapies that are reimbursed for pain. This discussion could occur in the context of pain treatment coverage concerns, but also from the perspective of “what is cost effective care?” for pain treatment.</p> <p>The survey identified that 23% of respondents had utilized ER visits. Reasons for ER visits included an increased pain episode that required immediate care,</p>	<p>Information sharing and discussion.</p>

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<p>2011 Chronic Pain Survey Report Discussion of Report Results</p>	<p>All OPMC members</p>	<p>because the respondent could not access their primary care provider, because the respondent ran out of medication, and/or because the respondent did not have healthcare coverage. The question was raised about how ERs are addressing individuals who come in for chronic pain treatment. It was noted that many ERs are developing written policies about not writing prescriptions for opioids for individuals who come to the ER for chronic pain, but there doesn't seem to be a coordinated approach about how to deal with these individuals or their chronic pain needs. Does the ER provide information about community resources that are available for the treatment of chronic pain? Why don't ERs staff with chiropractors, physical therapists, naturopathic physicians, etc. when so much of pain is muscular skeletal related? This type of pain indicates a different approach other than just ordering an MRI. A suggestion was made to invite someone from the Hospital Association to come and talk with the OPMC about how hospital ERs are dealing with chronic pain and are there any coordinated efforts between the ERs and primary care physicians who treat chronic pain patients.</p> <p>Discussion also centered on the idea that while some chronic pain patients simply want "someone to fix them," the reality is that there is a large consumer need for education about alternative tools for self improvement of pain and self-management of pain. As a commission, the OPMC needs to communicate, "Chronic pain patients have to become involved in their own self-management of pain." The OPMC can support such self-management options of pain care and support the peer-supportive process. (An example of OPMC work along these lines includes the September 2012 Pain Awareness Education Event.) The survey highlights areas in which chronic pain individuals might benefit from self-management of pain e.g. respondents identified that they feel isolated and that their pain creates a barrier for being connected to others and to their community.</p> <p>Tim Eng, LAc noted that the survey data on employment and employment opportunities (pages 6 and 7 in the report) emphasizes that the OPMC needs to look at chronic pain from a medical insurance consumer perspective--both</p>	<p>Information sharing and discussion.</p>

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2011 Chronic Pain Survey Report Discussion of Report Results	All OPMC members	<p>patients and human resource departments of the employers. The data supports that chronic pain is a huge drain on human potential and human productivity.</p> <p>An individual pointed out that the OPMC had considered in the past an idea to write up a short informational piece about how each profession (physicians, OT, PT, chiropractic care, etc.) can address the treatment of pain. This type of information could then be shared on the OPMC website as a resource for individuals with pain.</p> <p>Several individuals suggested that the survey might eventually be used as a springboard for writing OPMC grants for future educational or outreach projects. Coleen Carlisle, Public Member, volunteered to do some investigation regarding possible grant writing resources available to the OPMC.</p> <p>The question was asked: “With whom does the OPMC want to share the results of the chronic pain survey—the legislature, other commissions, the public, health care providers, insurance carriers?”</p> <p>Members emphasized the importance of talking with healthcare education institutions about pain management and in creating awareness about the importance of an interdisciplinary approach to pain management. (The OPMC can do this through pain management curricula review and through the online required pain management module.) All OPMC members agreed about the importance of linking systems of care and practitioners.</p>	<p>Information sharing and discussion.</p> <p>Coleen Carlisle, Public Member, will report back at the OPMC November meeting on her investigation of grant writing resources.</p> <p>Tom Carr, MD, Margo Traines, MA, OT/L, and Tim Eng, LAc, will meet as a subcommittee and identify future OPMC priorities after further reviewing and discussing the 2011 Chronic Pain Survey Report. They will report back to the November OPMC meeting.</p>
2011 Chronic Pain Survey Report Identification of Priorities/Action Items	Kathryn Hahn, PharmD, Chair, and all OPMC members	<p>Tom Carr, MD made a motion to create a subcommittee to spend further time reviewing the 2011 Chronic Pain Survey Report and to identify priorities and action items for the OPMC to focus on in the future. Margo Traines, MA, OT/L seconded the motion and the motion passed unanimously by voice vote. Carr, Traines, and Tim Eng, LAc, volunteered to staff the subcommittee.</p> <p>Teresa Keane, PMHNP, suggested that Kirk check with the OHP Medical Directors group and see if they are willing to have the OPMC give a presentation</p>	

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<p>2011 Chronic Pain Survey Report Identification of Priorities/Action Items</p> <p>2012 Pain Awareness Education Event:</p> <p>Response to date</p> <p>Member Assignment and Collaboration</p>	<p>Kathryn Hahn, PharmD, Chair, and all OPMC members</p>	<p>about the report at one of their meetings. If there is not interest in having an actual presentation, Kirk will check to see if DMAP would be willing to mail a copy of the 2011 Chronic Pain Survey Report to all OHP Medical Directors.</p> <p>The 2012 OPMC Pain Awareness Education Event, “Empowering the Patient Through Self-Management of Pain,” will take place on September 13 and will be held in place of a regular OPMC meeting. It will be held from 12 noon until 5 PM in the Dye House in Willamette Heritage Center at Mission Mill in Salem.</p> <p>Kirk has worked with the OHA communication office to publicize the event. She has also published an article about the event on the OPMC website, took flyers to the OHP Medical Directors and QI Coordinator meetings in June with a follow-up e-mail to these groups. She contacted the Marion Polk Medical Society about publicizing the event in their newsletter and contacted a number of other individuals. The OHA communication office targeted “Living Well with Chronic Condition” programs in order to specifically reach individuals with chronic pain and posted the information on the OHA Facebook page. As of today, there are 50 individuals registered for the September 13 event; 19 are individuals with chronic pain issues and 31 are healthcare professionals.</p> <p>General handouts have been bound in a booklet for the event and a Governor’s Proclamation declaring September as “Pain Awareness Month” will be displayed. Members have agreed to present on topics for specific amounts of times as noted in today’s agenda packet handout for the event and as previously discussed. There are several topics that will be presented as a group effort. (Amy Carmona &amp; Laura Scobie will present together and Tom Carr, Harry Rinehart, and Kathryn Hahn will do a joint presentation.) Members doing a joint presentation need to connect with one another before the September event to assure smooth coordination of their presentations.</p> <p>All members—even those not presenting a topic—are invited and encouraged to attend the event to represent the OPMC and to be available to interact with the audience. If possible, members are requested to arrive by 11:45 am to the event.</p>	<p>Kathy Kirk, RN, Coordinator, will follow up with Dr. Walter Shaffer at DMAP re: report action items noted.</p> <p>Kirk will continue to work with OHA communications and other groups to publicize the event and to target inviting individuals with pain.</p> <p>Kirk will be available for assistance or to answer member questions between now and the September event.</p>

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Deadline for handout submission	Kathryn Hahn, PharmD, Chair, and Kathy Kirk, RN, Coordinator	Presenters will not have access to a laptop or projector during their presentations. However, if members have a PowerPoint presentation or other document that they would like printed and included in the packets for the event, these documents must be submitted to Kirk by 5 PM on Monday, August 20.	Information sharing and discussion.
2012 Pain Awareness Education Event: Ethical and Professional Boundaries	And all OPMC members	Members will have the opportunity to introduce themselves and to share information about their professional background and current area of practice. All members were reminded of the need to be careful in their interactions so that their participation in the event is not interpreted in a way that would be seen as benefitting either the presenter or the OPMC in a financial or other manner that is not consistent with the mission of the OPMC.	
New Business/ Future Agenda Items?	Kathryn Hahn, PharmD, Chair, and all OPMC members	<p>Recently Kirk was contacted by a physician from Klamath Falls. He noted that he had contacted the Oregon Medical Board (OMB) several times and had searched the OMB website, but he had not been able to find a clear OMB position statement on the board's official policy on physicians prescribing opioids to someone in conjunction with that patient using medical marijuana.</p> <p>Kirk discussed this issue with Hahn. They both reviewed an OMB editorial that was written by James Peck (OMP Medical Director) and Kathleen Haley (JD, OMB Executive Director) and publicized in a March 2012 Lane County Medical Society newsletter. The editorial listed "ten contraindications for treatment with long term opioids." This included the following: "the use of marijuana, regardless of the authorization status." At Hahn's direction, Kirk wrote an e-mail to OMB Policy Analyst Nicole Krishnaswami to ask for clarification.</p> <p>Krishnaswami responded in a 7/03 e-mail in which she clarified the following: "Currently the Oregon Medical Board does not have a policy position on prescribing opioids to medical marijuana patients. The Administrative Affairs Committee did not create a policy at its meeting on June 13, 2012 [as was originally planned on the agenda]. The full board will discuss the topic at its meeting on July 13, 2012. You and anyone else from the Pain Commission are welcome to attend this public meeting if you are interested in hearing the Board</p>	Information sharing and discussion.

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New Business/ Future Agenda Items?	Kathryn Hahn, PharmD, Chair, and all OPMC members	<p>members’ discussion and providing public comments during the public comment portion of the meeting.”</p> <p>“Dr. Hahn’s statement that the OMB does not discipline physicians solely based on certifying patients for the use of medical marijuana or for creating treatment plans for medical marijuana patients remains true.”</p> <p>Since neither Kirk nor any OPMC member will be available to attend the OMB 7/13 meeting, Keane suggested that Kirk submit the OPMC document “Oregon Pain Management Commission’s Review and Recommendations Regarding Washington State’s Guidelines for Prescribing Opioids for Chronic Pain” as written public testimony.</p>	<p>Kathy Kirk, RN, Coordinator, will contact the OMB before the 07/13 meeting and—if it is permissible—will submit the OPMC document to be submitted as written public testimony on the OMB subject of opioids and chronic pain.</p> <p>Kirk will also send the e-mail exchange between her and the OMB to all OPMC members.</p>
Adjournment			<p>The meeting was adjourned at 3:45 pm by Chair Kathryn Hahn.</p>