Oregon Pain Management Commission: September 21, 2023			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
Meeting Roll Call	Zachary Corbett	Zachary opened the virtual meeting at 9:05 AM and conducted roll call. **Members via Teleconference**: Zachary Corbett, Cody Traweek, Michelle Marikos, Stuart Rosenblum, Andrew Suchocki, Shad Thomas, Daniel Kang, Lina Dorfmeister, Carolyn Concia, Scott Pengelly, Terrance Manning, Christine Martin **Excused:** Russell Wimmer, Alyssa Franzen, Shinta Imansjah, Kris Fant **Members Absent:** Amber Rose Dullea **Staff:** Mark Altenhofen, Jason Gingerich Guests: None	Quorum Attained
Approval of Minutes & Agenda	Zachary Corbett	Zachary asked for a move to approve the minutes. Michelle moved to approve; Scott seconded. Minutes approved. Zach asked Mark for clarification on the number of individuals signed up to provide public testimony. Mark summarized the -. There was then discussion on how to amend the agenda to allow for more time to provide testimony on the CDC guidelines update agenda item. The agenda was amended to add additional time to the first public testimony period and decrease the second period. There were no new discussion items presented for this meeting.	Vote: Aye – 12; Nay – 0 Abstain – 0

Oregon Pain Management Commission: September 21, 2023			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
Staff Report	Mark Altenhofen	Mark provided an update on SB 607. He also gave a summary of SB 11 and HB 2805. Jason provided more details on the risks of encountering quorum in between scheduled meetings through email or other communication with OHA staff as set forth in HB 2805.	

2022 CDC Guidelines Project	Zachary Corbett	Zach opened the discussion by emphasizing that the document is currently in draft form and there has not been any decision to endorse or adopt the 2022 CDC Guideline update at this time. Andrew gave an update of the work he has been doing around the state to educate providers on the updated guidelines along with the Oregon Academy of Family Physicians and the Opioid Resource Network. The Opioid Resource Network is a federal group funded by the Society of Addiction Psychiatry. Cody shared that OHA updated its policy in August around Buprenorphine to allow for increased prescribing of the allowed maximum daily dose from 24 to 32 milligrams without prior authorization for Medicaid, which will create better access. Lina said this update will be very helpful for many patients on high dosages who do not get much benefit from the 24-milligram limit and can't afford the extra out of pocket costs for an additional 8 milligrams. Mark asked the commission members if they could focus the discussion on the draft document included in the meeting packet. Zach gave the commissioners several minutes to review the document before inviting further discussion. Mark shared the document on-screen and pointed out areas that need input from commission members. Carolyn would like to see less of an emphasis on limits and duration for opioid prescribing and more focus on individual clinician judgment. She said she would be happy to be a resource for clinicians and would like to see an easing of restrictions. She went on to say there is a lot of mistrust between providers and patients. Carolyn wants to see a focus on individualized care and sound clinical judgement. Zach did not see any fundamental argument to what Carolyn said. He also thinks the first bullet point needs to be modified and that it is too broad a statement to say there is no evidence supporting the use of long-term opioid therapy. Zach then asked for more feedback on this topic, especially from members who are prescribers, or this area is withing their clinical scope. Andrew talked about how these are charged conversations to have with patients and that patients can sense stigma from providers who are uncomfortable discussing this topic.	

		Carolyn asked if the commission would agree that untreated or undertreated chronic pain increases the risk of suicide. Andrew said there is research on the risk associated with forced tapers but has not seen anything on opioid naïve patients or looking at untreated chronic pain. He said it is a difficult population to define. Zach aske Carolyn if she could summarize what she would like to see under that bullet point. Carolyn would like to see the bullet point removed completely or include the language on untreated or undertreated chronic pain. Zach pointed out that the sections in blue, to which Carolyn is referring, are what is already contained in the CDC Guideline Update and that the commission should focus on the section above in black to add detail or emphasis. Carolyn said she would like to see more leeway and less restrictions on prescribing for providers so they can base decisions on the evidence and establish trust with patients. There was some discussion of establishing a workgroup and how that would be accomplished to provide more time to work on this topic. Mark discussed three options on how to approach this. Terry would like to see a staff advisory panel consisting of three or four members provide their input to Mark, and then have Mark bring an updated draft for review by the commission at the November meeting. Christine asked if there is more information or guidance that could be included on CDC Recommendation #2 – Non-Opioid Therapies – for clinicians.	

Break		The Commission took a 10-minute break.	
Public Comment on 2022 CDC Guidelines	Zachary Corbett Mark Altenhofen	Five individuals signed up. Two individuals contacted Mark prior to the meeting and yielded their time allotment to Dr. Stefan Kertesz. Gordana Nichols – yielded time to Dr. Kertesz. She said Section 7 on the draft is not accurate. Wendy Sinclair – Wendy yielded her time to Dr. Kertesz. Stefan G. Kertesz, MD - Dr, Kertesz summarized his disclosures and any legal involvement. He is not representing his employer in giving testimony today. Dr. Kertesz says page 30 of the draft document is in tension with the CDC Guideline document. He clarified that the evidence around opioids is limited and due to risk they are non-preferred, but care needs to be individualized. He agrees with the CDC. He listed three types of evidence that do exist and cited the AHRQ, Space Trial and an international study showing some short-term evidence for the use of opoids. He went on to say that evidence for opioids on average are not superior for chronic pain, however human beings are not living at the statistical average and all other therapies, according to the CDC, have limited evidence too. He finished by summarizing his work on suicide and its links to chronic pain. Brian Chan, MD – Dr. Chan disclosed that he has no financial conflicts of interest but does receive funding from NIH for research purposes. He provided a summary of his background and specialty working in addiction medicine. His testimony does not reflect the views of his employer and he is providing testimony as a private citizen. Dr. Chan said he frequently sees patients with chronic pain and addiction in his practice and has experience in evidence review. He was a co-author on the 2020 AHRQ report. He agrees with Dr. Kertesz and the view perspective that the evidence is limited for	

		opioids and due to risk are non-preferred. He emphasizes that care must be individualized with discussion on risks and benefits when working with patients. Dr. Chan discussed the challenges with how the word “limited” is used in research and reporting. He went on to talk about risks of tapering, racial and ethnic inequities, increased stigma and lack of attention to the management of withdrawal with opioid prescribing. He supports building bridges for patients with chronic pain to primary care. Michelle Strausbaugh – disclosed no conflicts of interest. Her concern dovetails with previous comments and believes the current research lacks attention to the uncertainty associated with the complexities of chronic pain and opioids. She says that while there are no long-term studies beyond three months and much of the research is lacking in randomized and blinded studies. Michelle said the data for other pharmacological treatments is mixed and it is weak for non-pharma treatments. She would like providers to be honest about the research with patients to build trust and more time focusing on activities of daily living (ADL’s) rather than something as abstract as the visual analog scale.	

CME Module Update Project	Zachary Corbett Mark Altenhofen	Mark presented a draft of the current outline and existing structure for the module content. Zach asked the commissioners to take some time to review the information included in the packet. Cody discussed some current grievances that the Oregon Board of Pharmacy has with the current module. She will follow up with an email to Mark to address each of the specific items she presented during the meeting. Zach had a question about Section 4 of the module draft and asked if the bullet points from the previous draft, discussed during the meeting in May, could be added back into the revised draft. He believed there was approximately five minutes each allocated to the different clinical modalities. Michelle had a question on Section 2 regarding the definitions around high impact chronic pain and intractable pain. Mark summarized what was discussed at the last meeting regarding these definitions. Zach said it will be important for the commission to decide upon an accepted list of clinically relevant definitions. Andrew said some terms, such as intractable are utilized differently between clinicians and the patient population, and that it will be important to call that out for clinicians in the educational content. Daniel asked if there is any information or feedback in the exit surveys on the current module to help guide what content changes would be helpful for inclusion in the update. Mark said there is the ability to query this information and a summary was included it in past meetings. Dr. Kang also asked about the possibility of doing some focus groups for professionals and community members. Zach thinks it could be included as one of the bullet points in Section 4 and there should be five minutes allocated to the topic. Terry agreed with this perspective. Christine would like one area of Section 4 to include medication for pain. She also asked if there is a section elsewhere that this will be addressed if not in this section of the module. Mark said there is a small section in the	

		current module that focuses on medications, but nothing yet in the draft content. She thinks there is a need for resources and education on prescribing of medications and thinks including this information would be helpful for clinicians. Cody said she had edited a list of drugs last year for the current module and there was a slide or handout created by Dr. Ruben Halperin that may be useful for reference. It may need updating however. Dr. Manning supported the need to include content on non-opioid pharmacology and that it could be defined as one of the spokes on the wheel or included in another section. Zach would like to have this bullet point on the draft discussed in more detail at the November meeting. Zach and Andrew emphasized the need to include nociceptive and nociplastic pain, as there is a broad clinical research base supporting those terms which clearly separates them from terms such as intractable. Andrew also clarified why the terms nociceptive and nociplastic are important, as they need help clinicians validate the experience of pain. For instance, as nociceptive refers to insult and nociplastic, which is related to the interpretation of pain. These are not remotely parallel to the concept of intractable pain and are very useful for clinicians as an aid in helping patients understand the complete pain experience. Michelle agrees with Andrew about separating definitions into the separate categories of clinical, legal, those used by the public. She said we should make that very clear. Stuart added, for the purposes of the pain commission, the module should use definitions consistent with those in the CDC guidelines. He also thinks it is helpful to identify that there are other terms used when dealing with chronic pain and there could be a little blurb about this. There was discussion on where to include sleep and pain. Commissioners felt it is important to include and could be discussed in the pain science section. Carolyn said that individuals may have sleep and mood issues due	

		to undertreated pain. She would like to see more compassion and listening to patients to build trust. Stuart reminded Zach that there is a need to include a section on interventional pain. Zach thought this could also be included in Section 4 as one of the bullet points. Lina also asked if interventional pain procedures could be included in the section on non-opioid modalities.	

Public Comment - OPMC Module Update Project	Zachary Corbett Mark Altenhofen	Gordana Nichols – She disclosed no conflicts of interest and said there is a definition of intractable pain in Oregon state statute. Gordana also supports Carolyn's comments on the need to understand the perspective of patients. She believes the commission can best help clinicians by providing a balanced perspective on treating pain and the reality of access to treatment. Gordana also discussed how fibromyalgia is not covered under the Oregon Health Plan. She would like to see the of the commission align with CDC guidelines. Wendy Sinclair - Wendy disclosed she has no conflicts of interest. She said she learned the term intractable pain by meeting with members of the legislature. She referenced the 1995 intractable pain act and read the definition. Wendy said it was helpful for her in speaking with legislators. Wendy read a prepared statement from the National Council on Independent Living that pertains to the CDC Guidelines and the draft document Section 7. Michelle Strausbaugh – she indicated she provided her testimony earlier and had nothing further to add.	

Oregon Pain Management Commission: September 21, 2023			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
Commission Review and Discussion after Public Comment	Zachary Corbett	Zach asked if commissioners had any response to the public testimony. There was not any further discussion by the commission. Zach reviewed the structure and time allotment needed for Section 4. He suggested standardizing the definitions section, clarifying how the definitions were decided upon by the commission and why they are being used in the module. Jason summarized the history of the Administrative Rule pertaining to the establishment of the intractable pain law and how it was to be utilized for a material risk notice. He went on to discuss how this is what was accepted by the Oregon Medical Board and how the commission may reach out to discuss possible changes that may be needed. Carolyn emphasized the difficulties in accessing multidisciplinary care and how this is challenging for patients. She also discussed the lack of insurance reimbursement and other issues associated with non-pharmacological care and wondered if it was worthwhile for patients given the reality. She said she would reduce the time allocated to non-pharmacological content in the module. Zach thought it would be useful to include an acknowledgement of the insurance, evidence, and access issues for each non-pharmacological intervention. Zach closed the meeting with a brief discussion of the overall definitions. Stuart liked how the terms are listed in the draft and to include other terms that are important. He also said it would be important to call out that this is not an exhaustive list or representative of all terms that are included in this area of practice. Mark talked about the need to change the timeline for receipt of written testimony to allow individuals to review the meeting packet prior to the meeting date.	

Oregon Pain Management Commission: September 21, 2023			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
Adjournment	Zachary Corbett	Zachary adjourned the meeting at 12:00 PM Next Meeting: November 16, 2023	