

>> Oregon Pain Management Commission: Report to the Legislature



Oregon
Health
Authority

HEALTH POLICY AND ANALYTICS
Oregon Pain Management Commission

Acknowledgments

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Executive summary

The Oregon Pain Management Commission (OPMC) submits this report on health care educational institutions' curricula on pain and pain management, per the legislative requirement in Oregon Revised Statute 413.572. This report also shares information on statewide efforts to address the opioid epidemic and the overlapping issues of the treatment of pain in Oregon.

The OPMC's primary work is to improve provider education on pain and pain management. The OPMC endorses the recommended curricula published by the International Association for the Study of Pain as a standard from which to review Oregon's health care educational institutions' curriculum. The OPMC will work with these institutions to identify gaps in the curriculum and make recommended changes. The OPMC has a statutory requirement to review pain management curricula of educational institutions, but participation in the review process by the educational institution is voluntary. In 2015–2016, three schools participated in the review process. The OPMC is awaiting response from six schools for reviews in 2017–2018. The OPMC does not have any recommendations for legislative action related to curriculum reviews at this time.

The OPMC, as directed in ORS 413.590, requires certain licensed health care professionals to complete an Oregon-specific pain management training module. The online module's survey shows it is viewed more than four hundred times per month or 5,559 times in 2015 and 5,538 times in 2016. The module is completed by those health care professionals required by statute to complete as well as others. The current survey does not provide the feedback to identify the professional classes of those others.

In this past year the OPMC published an updated version of their online educational module "Advancing Pain Management in Oregon" to include Oregon-specific information, current research and recommended models of care for the treatment of pain. The module introduces a new understanding of pain and a proposed new pathway of treatment. Improved format changes to the online module are planned for next year.

The OPMC has proposed legislation SB 50, for the 2017 Legislature to expand the pain education requirement to an additional nine health care professionals who treat patients with pain. Pain is complex and results from a combination of biological, psychological and social factors. Just as the cause of an individual's pain may include many factors, the treatment and

management of their pain may require a combination of physical, psychological, pharmacological treatment modalities and social supports to address the whole person with an interdisciplinary approach. Information is essential to successful pain management. Providers should have updated research and treatment recommendations to support improved decision-making with their patients. The SB 50 also amends the frequency of the educational requirement from one time to once every four years.

The OPMC receives phone calls, hears public testimony and engages in dialogue with people who have chronic pain. Their messages clearly demonstrate a climate of fear, frustration, anger and misunderstanding. Treatment of pain is complicated by limited access to integrated physical and mental health care, concerns about medication safety and prescribing guidelines, and lack of reimbursement for alternative and comprehensive treatment options. The statewide efforts to address prescription drug overdose, misuse and dependency have intended benefits for the population as a whole. However, the individual patients with pain are experiencing significant distress. Individuals with chronic pain are forced to make medication changes and the message they hear is that the medication changes are based on law. The clear language and intent of the CDC Prescribing Guidelines to treat each patient individually is not what patients are experiencing.

Inadequate pain treatment, overreliance on medications for pain management and lack of knowledge of biopsychosocial-informed care contribute to the serious public health concerns related to opioid medications. The OPMC is working with public health, behavioral health, health systems, academic institutions, policy makers and law enforcement officials on projects targeting the opioid epidemic and health care policy that affects the care of patients with chronic pain.

The OPMC identifies several key concerns and makes recommendations in this report. Most require further analysis, research and model projects during 2017–2018. The OPMC makes the following recommendations to the 2017 Legislature:

- Pass SB 50 to expand the pain educational requirement to additional health care professionals and revise frequency from one time to once every four years.
- Support measures to improve access to comprehensive services for the treatment of pain.

OMPC purpose

The Oregon Pain Management (OPMC) within the Oregon Health Authority:

- **Develops a pain management educational program for required completion by health care professionals under specified licensing boards.**
- **Recommends curriculum to health care educational institutions.**
- **Represents patient concerns to the Governor and Legislature.**
- **Improves pain management in Oregon through research, policy analysis and model projects.**

The OPMC includes representation from physical and behavioral health; an addiction specialist; pharmacy, dental, chiropractic, acupuncture and naturopathic medicine; and two public members.

Oregon educational institution pain management curricula reviewed

Oregon Revised Statute 413.572 requires OPMC review pain management curricula of Oregon educational institutions. The OPMC makes recommendations about legislation to ensure adequate information about pain management is in the curricula of those institutions, based on the findings of the programs reviewed. The OPMC is directed to report its findings to the Legislature by January 1 of each odd-numbered year.

The following health care institutions voluntarily participated in a review of their curriculum in 2015–2016:

- National College of Natural Medicine
- Oregon Health Sciences University: School of Medicine
- University of Western States: College of Chiropractic

These reviews indicate the health care curricula of physical health providers lack content addressing the behavioral or mental health component of pain and pain management. The institutions responded to the OPMC’s recommendations with intent to improve their curriculum, which will result in better integration of physical and behavioral health for the treatment of pain.

In 2016, the OPMC defined the purpose of the review as a mechanism for quality improvement in the education of pain and pain management. The OPMC works with educational institutions to update and improve their health care curriculum related to pain. The OPMC endorses the recommended curricula published by the International Association for the Study of Pain (IASP) for each health care provider type. The health care institution will be asked to begin a self-evaluation comparing their curriculum to the IASP’s and report on gaps identified and plans to improve or make changes to the curriculum.

Participation by the health care institutions in curriculum reviews is not regulated nor required by statute. To date, the OPMC has sent written invitations to the following institutions and are awaiting their response to schedule reviews for 2017–2018:

- Pacific University: Pharmacy
- Pacific University: Psychology
- George Fox University: Psychology
- University of Oregon: Psychology
- Oregon State University: Pharmacy
- OHSU: School of Nursing

OPMC online pain module and provider education

The OPMC, as directed in ORS 413.590, requires certain licensed health care professionals to complete an Oregon-specific pain management training module. The online module's survey shows it is viewed more than 400 times per month or 5,559 times in 2015 and 5,538 times in 2016. The module is completed by those health care professionals required by statute to complete as well as others. The current survey does not provide the feedback to identify the professional classes of those others.

The online module "[Advancing Pain Management in Oregon](#)" was revised and updated to include Oregon-specific information, current research and recommended models of care for the treatment of pain. The module is intended to provide a foundation for advancing pain management in Oregon and to increase awareness regarding evidence-based treatments for the effective management of pain. The module introduces a new understanding of pain and a proposed new pathway of treatment for a more holistic approach.

Pain treatment issues are complex and cannot be adequately addressed in the one-hour module. Information about additional expanded educational topics has been included in "Advancing Pain Management in Oregon." Providers required to select six additional hours of continuing education curriculum on pain management may choose issues specific to their provider specialty, interests or concerns.

In addition to the recent module updates, the OPMC proposed updates to the educational format of the module and researched options for funding and development to complete. The current format does not validate learning or review for usefulness. The proposed adult learning design will provide information in a multisensory format to improve learning and retention (Figure 1).

The revised format will allow for credentialing for professional continuing education units (CEUs). Offering CEUs encourages providers to re-review the information to fulfill annual CEU licensing requirements outside of the statutory requirement in ORS 413.590.

Figure 1. Proposed adult learning design

| Features | Current module | Proposed module |
|--|----------------|-----------------|
| Adult learning module | | |
| Visual | X | X |
| Audio | | X |
| Interactive | | X |
| Testing with a requirement to pass by 85% to get certificate | | X |
| Post module survey | | |
| Provides registration information: name and license number | X | X |
| Participant feedback on quality of information | | X |
| Usefulness of the information | | X |
| Impact of the information on current practices | | X |
| Course evaluation | | X |
| | | |
| Certified for one hour of continuing educational units | | X |

Data collection at the end of the module does not provide any feedback for use in evaluating or improving the module. Updates proposed to the survey include a process to evaluate the course, reports on the usefulness of the information and the impact of the information on current practices. Survey results will inform future module revisions.

Proposed legislation: SB 50

Review of educational institutions' curriculum for inclusion of pain and pain management and completion of the required OPMC's educational program helps ensure new providers have the information they need. However, there remains a need for experienced providers to stay up-to-date on current information and continuing education as a way to better manage patient care after changes in treatment pathways and opioid prescribing guidelines.

Local and statewide efforts in Oregon involve public health, behavioral health, health systems, academic institutions, policy makers, and law enforcement officials working together to reduce the risks of abuse, addiction and unintentional overdose deaths associated with the use of opioid medications. Current information about the mechanisms of pain; evidence-based, non-pharmacologic treatment options; and strategies to reduce inappropriate opioid prescribing is necessary to address the harms associated with opioid medications.

Existing statute (ORS 413.590) identifies 10 health care professionals required to complete the continuing education on pain and pain management before initial or renewal of licensure as a one-time requirement. The OPMC has submitted SB 50 for the 2017 Legislature to expand the pain education requirement to an additional nine health care professions.

Evidence and research is rapidly evolving in pain and pain management; the OPMC updates the online module every two years. The OPMC recommends any health care professional responsible for assessing the needs of a patient with acute and/or chronic pain should have the information and confidence to treat safely and effectively. The proposed legislation also amends the educational requirement from a one-time obligation to once every four years.

Patient advocacy

The *National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain 2016* states “access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices.” The *CDC Guideline for Prescribing Opioids for Chronic Pain* states the recommendations are voluntary rather than prescriptive standards, *and* clinicians should consider the circumstance and unique needs of each patient when providing care.

The OPMC has heard testimony and talked with members of the public who are patients with chronic pain and find the clear language and intent of the CDC guidelines to treat each patient individually is not what patients are experiencing. Practitioners are telling patients the CDC guidelines are the reason for treatment plan changes such as mandatory reduction in or the complete cessation of opioid medication. The message patients are hearing is their medication changes are because of a law. The public testimony clearly demonstrates a climate of fear, frustration, anger and misunderstanding.

There are major concerns about what the public says they have experienced and heard from people in their communities regarding opioid prescriptions and other treatment. Patients who have had chronic pain for years and use opioids as a component of their pain management are now fearful they may lose this treatment.

They testified this treatment has helped them to function and they are concerned they will no longer be able to take care of themselves and become dependent on caretakers without it. Some who have tried many modalities for pain management have found opioids are an essential treatment component to maximize their quality of life. It allows them to manage the pain well enough to be able to spend time with children, grandchildren, participate in activities of daily living, move and “have what type of life they can.”

Patients are being told by their doctors they will no longer be able to get opioids. When patients have tried to locate another doctor, they are told that the doctor is not taking on people with chronic pain. Some patients are identified as drug-seeking even when they are not asking for or want opioid medication.

In addition to challenges related to their medications, patients are not able to access comprehensive treatment options. Many insurance plans do not cover or have high cost-sharing for non-pharmacologic therapies, treatment modalities and pain management programs. Patients taken off opioids are left with limited or no treatment options.

Major concerns from a patient perspective:

- Viewed with suspicion or like a criminal when seeking treatment
- Not being believed that the pain is real
- Not included in planning process/shared decision-making about medications and treatment options
- Mandated medication reductions despite a history of benefit and low risk for associated harms in their case
- Difficulty accessing practitioners
- Lack of insurance coverage for treatments other than opioids
- Disorders of addiction are treated as a moral failing rather than a disease
- Patients with chronic pain are presumed to be addicts

Living with chronic pain can be debilitating and stigmatizing. Patients want to engage in their lives at whatever level their abilities allow and need to receive treatment that is effective and respectful.

Projects

Additional projects the OPMC and members participated in during the past two years:

- Participation on the Back Line Reorganization Task Force for the Health Evidence Review Commission’s work on the Prioritized List of Health Services resulting in coverage of evidence-based, effective therapies to treat painful back conditions based on a bio-psycho-social model of care for Oregon Health Plan recipients:
 - » Oregon Health Plan coverage now includes non-pharmacologic treatments for pain resulting from back and spine conditions
- OHA Opioid Initiative Task Force – [Oregon Prescription Drug Overdose, Misuse and Dependency Prevention Plan](#)
- Participation and presentations to various groups supporting implementation of the prevention plan:
 - » Oregon Coalition for the Responsible Use of Meds (OrCRM) – regional summits
 - Eastern Oregon Summit in La Grande
 - Central Oregon and Gorge Summit in Redmond
 - Lane County Summit in Eugene
 - North Coast Summit in Seaside
 - SW Summit in North Bend
 - » Oregon Statewide Prescribing Guidelines Task Force
 - » Prescription Monitoring Program Advisory Commission
 - » Tri-County Opioid Safety Coalition
 - » Oregon Pain Guidance Group
 - » A Thoughtful Approach to Pain Management Conference – Medford, May 2016
 - » USDOJ/Law Enforcement Roundtable

- Submitted recommendations to Health Evidence Review Commission on development of Guideline Note 60: Opioid Prescribing for the Prioritized List of Health Services
- Submitted recommendations to Health Evidence Review Commission on the use of the pain scale to determine pain severity as a threshold for coverage
- Collaborative educational event planned for 2017 related to the OHP coverage changes for the integrative treatment of pain associated with back and spine conditions, coordinated by Oregon Collaborative for Integrative Medicine

Summary

Key concerns

- Need for improved provider education and training to prevent the transition of acute pain to persistent pain
- Public education on “what is pain” and “appropriate pain treatment” is lacking
- Lack of resources for individual patient advocacy
- Limited coverage for non-pharmacologic treatment of pain to reduce opioid medications
- Limited work force capacity to meet the needs of and treat patients with chronic pain conditions, manage chronic opioid therapy and/or treat identified substance use/opioid use disorders.
- No requirement of health care educational institutions to participate in curriculum reviews

Recommendations:

- Pass SB 50 expanding the requirement to take the OPMC online pain module to additional health care professionals who see patients with pain
- Provide incentives to health care educational institutions to participate in curriculum reviews
- Provide incentives to providers to expand practices rather than limiting or denying services to patients with pain
- Public service announcements and media campaign

This report is respectfully submitted by the OPMC on Jan. 27, 2017.

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