

Pain Management Commission

Meeting Minutes for

March 8, 2007

1:00 – 4:30

Attendees: Steve Eraker, Tim Eng, Namita Gandhi, Shelley Gunther, Kathy Hahn, Susan Yasinski, Teresa Keane, Dan Kennedy, Peter Kosek, Harry Rinehart, Elaine Smith, Christy Vail, Tom Watson

Absent: Alan Chino, Willard Bertrand, Dave Jones, Rick Marinelli, Sen. Monnes-Anderson, Rep. Dennis Richardson

Meeting called to order 1:14 p.m.
Round table introductions were made.

Approve meeting minutes – Kathy

All members present, approved the November 9, 2006 meeting minutes as written. All members present approved the December 13, 2006, special e-mail meeting minutes as written.

Joint statement results

The OPMC Joint Statement on Pain Management was sent to licensing boards and professional organizations. Commission members were provided a handout that identifies supporters and response from others. Some boards and professional organizations have posted the joint statement on their web sites. A news release was issued by DHS.

Committee members stated they have contact with some of the associations that did not respond. Some asked if inquiries could be made to those groups, encouraging support of the statement. This action was supported by the commission.

Web based training update

As of February 1, 2007, we are no longer utilizing Webscape to maintain and support the online training program. The presentation was re-created by the DHS web team. It currently does not have a voice over option or time delay, but is providing an excellent transition until a more sophisticated program can be put in place.

The online presentation is now accessed through our web site, which greatly increases our number of hits and utilization of other features. There have been some difficulties for participants with older browsers. Diana and the web team are troubleshooting these calls. A survey monkey is being used to collect and compile the statistical data from participants in the presentation and has been an excellent tool. Diana handed out the quarterly and year end stats for 2006.

The current presentation can be viewed by non-licensed individuals. Commission members suggested we develop and market a comparable online presentation for the general public. This could be for patients, caregivers and family members. This will be considered for a future project.

Currently the website has a “coordinator’s message” which is written by Diana every 1-2 months. It was suggested that we occasionally have members write a piece for the website and include real life success stories on our web site. Christy Vail shared a story of how useful the online presentation information was to a particular caregiver. She was encouraged to write this story for future posting as a website message.

Diana requested a status report from the workgroup currently developing revisions and updates to the current presentation. Medical marijuana will be added to the presentation, among a number of other submitted changes. Peter suggested and others agreed, the presentation should be lightened up and less redundant. Please forward your suggested edits to Diana for review and submission to the workgroup

Action: Submit presentation edits to Diana. Workgroup members requested that Diana find out the format the web team would like for submitting revisions.

Letter/survey to boards re: CE requirement

A draft letter was review by members. The letter, to licensing boards, gives current stats for completion of the online presentation by their licensees. It also requests information and feedback about the implementation of this requirement in the form of a brief survey. Commission suggested the letter also include mention of the information being public and a reminder of the deadline for completion of the presentation.

Vote: Diana will send out letter to licensing boards with survey as soon as possible – all in favor.

There was some discussion about licensees completing the other 6 hours of CE requirement. Diana expressed receiving many calls wanting to know where they may attend a conference or if a certain event will qualify. The curriculum developed by the OPMC is often used as a resource to qualifying topics. This list of topics is posted on the website.

A public member in attendance requested that the commission draft a post card that could be distributed by licensing boards as a CE reminder to licensees.

Action: Diana will create a postcard template for boards to utilize if requested.

Legislative sub-committee update/oar hearing

A copy of SB 879 and SB 880 was distributed for review. These were the versions introduced in the senate on 3/7/07.

SB 880, revising the intractable pain, was briefly discussed. This bill was developed based on consensus of the 12/13/06 special OPMC meeting. It was noted that the bill does not define "pain." Susan and Kathy report these are unnecessary in this case and can prove to be cumbersome.

SB 879 was briefly reviewed and discussed. The main points of the bill include adding dentists, PT, and OT to the current CE requirement, deleting the current duty of developing a pain management practice program, and adding the task of reviewing professional school curricula for pain management components.

Susan explained that both bills have corrections and/or revisions to be made by legislative counsel. She is in communication with them regarding this matter.

Diana has been set up with the LINUS system, which will provide ongoing updates of bills as they progress. She will track these two bills closely and report activity as it happens. Both bills have had their first reading and are now with the Pres. of Senate awaiting committee assignment.

A public hearing was held for pain management's OARs. There were no attendees at the hearing and no written testimony received during the comment time period. The OARs were signed into effect on February 1, 2007 by the Sec. of State office.

Comments to the OPMC and Cully neighborhood survey

Diana provided the commission an update on the pilot survey that was conducted in the Cully neighborhood of Portland. There was only one response to the ad requesting a survey. There was discussion around using the same or similar tool, but posting the survey on the internet rather than through postal mail.

There is currently a link on the OPMC web page for interested individuals to communicate with commission. This was initiated in Sept. of 2006. Even with minimal marketing, the commission has received 65 hits. Diana provided handouts and statistical information from this link, a summary of consistent remarks, and print out of participant comments directly from the survey. Discussion ensued around using this method for our statewide patient survey. Diana shared the benefits of using a survey monkey for this purpose. It is cost effective, compiles stats and can be far reaching. It could be advertised through statewide news publications, related websites, flyers in pain clinics, newsletters, etc. With Survey Monkey we can monitor geographic areas and age groups ongoing, and possibly take steps to make certain all are adequately represented.

Members expressed concern over survey bias in that only those with computer access and ability would be included in the survey. This was discussed. Alternate formats will be available to meet ADA regulations. This may include phone interviews, written formatting, brail, etc. There were also suggestions that zip codes be used to determine geographical area, rather than the current drop down menu. Also would like a question around the number of providers a patient has sought before receiving treatment. These suggestions will be incorporated in the survey. The commission is in overall support of moving forward on this project. It will provide a baseline for current status and later comparison.

Action: Diana will email the OPMC members the pilot site for this survey. After each member has an opportunity to review and try it out, suggestions can be submitted. Information around a marketing strategy will be presented at next meeting.

Updates on painweek and PDMP education meeting/ senate hearing

Kathy announced the OPMC will not be co-sponsoring the PainWeek event. However, some commission members will participate as individuals.

Kathy announced, the Prescription Drug Monitoring Program, SB 34, passed out of the health committee yesterday with all yeas. Kathy has been providing legislative testimony, news interviews, etc. in support of this bill and on behalf of the OPMC. She shared, on a public radio program (KLCC) chronic pain patients were calling in support of this, if this would help them get treatment. There was concern in 2005 that this would promote the feeling of big brother is watching. The commission has made this a tool for increased treatment by physicians. This is protected information from pharmacy workers, feds, etc. and law enforcement has testified that this bill will not help them gain information. Kathy states, we should all be proud. The bill will now go to the house and will be assigned to a committee.

Kathy reports, there were nine amendments suggested and three of those were passed. There is no sunset clause on this bill.

There will be a tremendous education issue if this bill passes. We will need to teach people to understand how this will be used as a tool.

Data will be determined by a 13 member commission (in statute) and OPMC will have a chair on this commission.

Special and emergency meetings review/member expectations

Due to the high absenteeism at this point in the meeting, emergency meetings and member expectations will be postponed to May.

2006 in review/strategic plan

A handout was distributed to recap OPMC events/projects from 2006 and prompt discussion topics for 2007 planning. It was mentioned that we need to stay connected with our statutory directives when planning our projects.

Discussion was initiated around having another OPMC sponsored conference in 2007. Commission members suggested a patient advocacy conference this year, which would include caregivers and families. There was a conference in Florence for patients and Kathryn will provide the feedback received that will help to better shape a conference if we decide go this route.

Laynie suggested we follow up with those participants from the fall Mental Health conference to determine any change in attitude or practice regarding pain management.

Actions: Diana will follow up on conference attendees to see if they utilizing the info gained, etc. Have physicians changed the way they practice? Diana will e-mail commission for questions.

Commission suggested we develop a patient side to our web page that would include information, tools, patient care kit, etc. These ideas will be pursued.

Commission members also suggested another professional conference which will provide a service to those needing continuing education credit and also provided needed revenue to the OPMC. Salem hospital was a good partner in this past event. Dan mentioned OHSU may also serve in that capacity.

Action: Diana will do preliminary conference data collection and report back in May.

Misc:

Diana is participating in a long-term care coalition for pain management. This is part of a federal CMS campaign "Advancing Excellence" in Nursing Facilities. A project from this may serve to also meet the OPMC objectives and goals. Diana is also serving on a new committee for a pilot project looking at nursing homes and pain management. Oregon has a poor ranking in pain management according to the federal statistics.

Meeting adjourned @ 4:02 p.m.