

OPMC Meeting Minutes November 8, 2007

Attendees: Willard Bertrand (VCON), Stephen Eraker, Timothy Eng, Kathy Hahn, Daniel Kennedy, Peter Kosek, Rick Marinelli, Harry Reinhart, Allan Chino, Christy Vail, Teresa Keane, Helena Scheratski and Lori Nelson.

Not present: Tom Watson, Shelley Gunther, David Jones, Elaine Smith, Senator Laurie Monnes Anderson, Representative Dennis Richardson and Namita Gandhi.

Meeting called to order @ 1:10 p.m. by Kathy Hahn.

Welcome – 10 minutes

- Greetings and Announcements
- Approval of Minutes (July and September)
- Approval and/or additions to Agenda

Roundtable and public introductions were made.

BME license renewal forms are now reflecting the pain management requirement. This is very exciting.

Committee members approved July minutes. September minutes were approved by committee members except Teresa. Teresa was not at the September meeting and wanted a chance to review the minutes.

Review of October Pain Conference – Helena Scheratski

The Pain Management Conference was a huge success. There were approximately 287 participants and the commission raised \$24,000. OPMC will net approximately \$8000. These numbers are tentative until Salem Hospital releases the final numbers. The commission will have to pay for the speaker and the catering. The grant for the speaker fell through.

The response was great from the participants. The only complaints were regarding the room temperature. Many people were disappointed they couldn't attend. The registration fee was \$85 and folks were supposed to pre-register and no walk-ins were allowed. However, folks did show up who were not registered willing to pay and we did let them participate.

A larger future conference was discussed, but determined that this wasn't the best idea. It was suggested that multiple conferences be held throughout the year. The location was excellent and the Salem Conference Center was extremely accommodating.

There was an issue with a donor who ended up being a vendor. DHS had been contacted awhile ago by a lady who wanted to donate money to the pain commission. This vendor showed up at the conference wanting to make a donation and only toward the end of the day did we find out that this donor was a vendor and had set up a table at the conference. Salem Hospital has stringent rules for vendors and we had to abide by our contract with the hospital. Ethically the commission needed to sign the check over to Salem Hospital and accreditations were at risk. Salem Hospital worked with us and will accept the check as a donation from the vendor, so that there wouldn't be any problems. All vendors must to be approved ahead of time by Salem Hospital.

It was asked if the conference was taped and it wasn't.

PT and OT Board decisions re: CE requirements and Rules – Tom Watson

This agenda item will be deferred until the January meeting. They are currently working their OAR's.

OPMC Survey Update – Harry Rinehart (HO)

Harry e-mailed OPMC members a draft of information for the survey from the discussion at the last meeting and he has not received feedback. Once the survey is approved Harry has volunteered to discuss with PSU for final quote and discuss marketing methodology and how they will ensure it is scientifically valid. The survey will cost a little more than \$7000. This is the most important expense the OPMC has. In essence, the proposed survey represents a needs assessment.

It was suggested that if the survey is web based that we will want to market it, but it should not be our responsibility if we are contracting this out. OPMC was quoted \$7143 from September 5, 2007, for design consultation, web server programming, pilot survey, data analysis, oversight, progress report, storage and etc. The quote is very comprehensive.

Methodology is an issue and was discussed before. Is the survey measuring what we want it to measure? Are we looking at a sampling of Oregonians or pain sufferers and what they are doing? A scientific survey will build in a sampling technique. The survey needs to be scientifically valid.

Depending on how the survey is conducted we can add a disclaimer.

It was requested that the OPMC meet with PSU. We can set up a conference call if that is convenient, or VCON. OPMC members want to know the methodology and population explanation. Harry will setup a conference call after he meets with PSU. OPMC volunteers to participate on this conference call with Harry will be Rick, Allan and Willard.

OPMC members would like PSU to make a presentation to the commission members before we spend over \$7000. We need to be sure this will work for both parties and that the commission will get the data they need.

The issue of health insurance as a potential barrier to pain care was raised and it was determined that the survey should assess this question. Care is a much bigger issue than insurance. This is a big barrier. We need to ask if respondents have insurance and then break it down very specifically from there. We need to know what services are, or not, covered (e.g. mental health, complementary medicine, etc.). This can have a huge impact on care and services. Assessing the role of health insurance relative to accessing appropriate care for pain will assist the OPMC in refining possible legislative options.

Possible questions include, "What is insurance coverage? Does your insurance cover pain treatment? Can you see anyone other than your primary care provider? In what ways do you perceive that your PCP is limited in options to care for your pain?" People know what their coverage is. What are underinsured reasons? What are the barriers? No insurance? It was suggested that a multiple choice format be incorporated to make responding easier. This, however, is a technical question that might better be answered by the PSU experts.

Harry reminded OPMC members that the original survey submitted to PSU was too complicated.

It was recommended that OPMC members go through and prioritize objectives 1-10. Remember where you want to go with this survey. Please provide Harry with your responses in a different color.

Other suggested questions for the survey to get the most information possible:

- If the general population is not receiving adequate treatment what changes, if any, would you make to your current situation to receive adequate care? OPMC members agreed with this statement.
- Has anyone ever implied that you may have an addiction problem? If so, by whom (doctors, friends, family, all of the above)?
- The workers' compensation (WC) issue needs to be addressed. It was generally agreed that the WC system presents the most challenges to providing proper care to patients with chronic pain conditions.

We may want to survey physicians (especially PCPs) and other primary health care providers. What barriers do they perceive? What are the treatment options available to physicians? Have treatment options diminished over time due to increasing restrictions in insurance coverage and/or other factors (e.g. available time for each visit resulting from decreased reimbursement rates and increased overhead)? If so, have they had to increase their reliance on prescribing pain medications (thus potentially explaining the significant increase in opioid prescriptions over the past decade- increases noted with alarm by, among others, the law enforcement community/the DEA, regulatory boards, etc.)? We can learn more from a physician PCP and improve outcomes. This will help determine if training needs to be addressed to the medical professionals. If we find a problem with the pain patients, then we can proceed with a physician survey.

Remember we want to be able and use this information for many purposes, including supporting our mission relative to advising the legislature. We want to be able to make positive changes with these data.

Perhaps the best change we can make is to improve how pain is treated in the insurance industry. This potentially can be accomplished through patient and PCP surveys. It would be great to impact the system (whether by way of a bill or other mechanism) in such a way that people in Oregon can get equal access to care for pain as they would for any other chronic condition. Similarly, it was recalled that the mental health parity bill that was introduced and passed.

Review of Washington Guidelines – Teresa Keane

OPMC members agreed upon a statement pointing out that the Washington guidelines do not meet principles of standard medical practice and are, therefore, a violation of standard care in Oregon.

A violation of standard care is the critical point that the Commission should make and not that it is against the law. The commission would also like to add more comments.

It was pointed out that Washington doctors want our language. Our opinion matters and we should not be shy about going above and beyond the standard care statement. There are significant ethical issues here. The concern is that others will incorporate what Washington has done and that its guidelines will spread!

Teresa moved to reintroduce her original statement for discussion.

First and foremost it is that the Washington guidelines are considered to be unethical, illegal, and a violation of the standards of care. Also, the Commission is aware that the state of Washington knows that the OPMC is monitoring its actions and is drafting a statement.

Teresa will rewrite her statement and e-mail to Commission members for a discussion over e-mail.

Willard suggested we check with DHS leadership to assess whether or not we are working in concert with its policy positions

Prescription Drug Monitoring Program Update – Kathy Hahn (HO)

A handout with new language was provided from the Board of Pharmacy (BOP) meeting.

The difference with this version is the education piece; it was removed from the previous version because we didn't want to weigh down the bill. We also removed the piece about going back to research the effects of the program for the same reason.

OPMC members reviewed a handout of the letter from Patty O'Sullivan. Discussion occurred around the comment to facilitate patient identification, intervention and treatment. This is a component that should be included. There was a discussion at the OPMC meeting she attended regarding the addiction issue and that there is not a mandate to take care of this and we can't just slip it into a bill.

We can't pass a bill that is not funded or we can't do the work required to carry it out. We have been working on this bill for almost six years.

How do they handle the HIPAA violations in other states? A handout was provided to the OPMC to review the new DHS data bank for Medicaid patients. OPMC needs to look into this. The Medicaid data bank is similar to what we are asking for, but worded differently. There were many questions on this new data bank. How much information can we view as a provider? How are patients identified?

The OPMC needs to be careful what we endorse and consider whether or not we are in line with the agency objectives. OPMC members would like to invite Patty O'Sullivan to its next meeting to discuss the future of this bill and the alignment with agency policy.

From a legislative standpoint, we are going to submit this bill in the February session.

OPMC needs to find out where the Oregon Medical Association (OMA) stands on this and if they are going to block the bill. If so, then we should consider dropping it. It has been six years since we started addressing this process proposal. An OMA representative told the OPMC that they would be opposed to the bill in 2008. Doctors will be frightened to treat pain and patients are afraid that their name will be on a registry. Will this bill improve access to appropriate pain treatment or impede access to treatment? If this bill passes a huge educational effort will need to occur. Most of these programs in the other states are run through the BOP.

If enacted, it may be beneficial to use the information to identify abuse and provide treatment options for the care they need, but there is no funding for that.

Teresa moved to scratch the idea without the support of OMA.

BOP has secured an initial grant for \$350,000 to establish a program. In addition, there is an enhancement grant for adding or improving the program. This is a Harold Rogers grant and is an enhancement grant. Copies were requested of the grant.

Are patients notified if someone is requesting information? See Section 7(4) for clarification.

There will be a commission created from this bill and they will work out the details.

ACLU representative stated they are opposed to the PDMP and have been for the last six years. Among other things, there is an issue with the patient not being notified until they pick up their prescriptions. Some OPMC members also have opposed this aspect because patients can't discuss medication-related concerns with their doctor ahead of time. There is no protection of misused information. Issues relating to the security of the database also were addressed.

Why don't we let patients opt out or opt in?

It was suggested that all the stakeholders have a meeting to discuss this issue more in depth. ACLU and BMA expressed concerns that they are not being notified and receiving any outreach from DHS. It suggested that all parties meet with a moderator to facilitate the meeting to facilitate effective communication in this controversial issue. Stay tuned, a meeting will be scheduled for the interested parties.

Subcommittee Review – Kathy Hahn

This agenda item will be deferred until the January meeting when the new the pain management coordinator present.

Target Dates for upcoming Legislative Agenda – Kathy Hahn

Draft bills must be submitted by November 15, 2007

Statistical information on training completion rates – Kathy Hahn (HO)

A handout was provided displaying the latest mandatory training numbers. Numbers are for the first and second quarter only.

Reminder Letter to Boards for completion dates – Kathy Hahn

This agenda item will be deferred until the January meeting when the new the pain management coordinator present.

Close

We still need to put the patient presentation on the OPMC webpage.

Final candidate interviews were held today for the OPMC coordinator. One of the final candidates is present today. Candidate was introduced to the commission. The final hiring decision will be within the next week. The new coordinator should be on board for a month before the next OPMC meeting.

Lori thanked the OPMC members for their help and welcoming her.

Video conferencing will be assigned to the new coordinator.

January 10, 2008, is the next OPMC meeting.

Meeting adjourned @ 3:49 p.m.