Oregon Pain Management Commission: 10-23-2014			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
Introductions	Cat Buist, OPMC Chair	**Members in Attendance:** **Present:** Catriona Buist, Psy.D.; Ruben Halperin, MD; Coleen Carlisle; Paul Coelho, MD; Michelle Koder, PharmD; Anthony Marrone, DC; Kevin Wilson, ND; Eric Davis, CADC III; Judith Gilbertson, RN; Laura Scobie, PA-C Denise Taray, RN, Pain Management Coordinator **Members via Teleconference**: Nora Stern, PT; Thomas Carr, MD; **Excused:** Tom Watson, DPT; Gary Allen, DMD; **Members Absent:** Senator Alan Bates, DO; Jim Weidner, Representative; David Eisen, LAC; Sunny Kierstyn, DC;	Welcomed new members: Eric Davis and Judith Gilbertson. Appreciation awards to Thomas Carr, Margo Traines, Amy Carmona, Tom Watson
Minutes & Agenda: Review/Approval of June 2014 meeting minutes	Cat Buist, OPMC Chair	Minutes from 6-26/2014 OPMC meeting were reviewed.	Motion to approve passed unanimously by voice vote.
OHSU Opioid Guidelines for treatment of Chronic Non-Cancer Pain	Melissa Weimer, DO, MCR, OHSU	See Power Point slides in meeting materials Discussion points: • Chronic Opioid Therapy agreements – concern that the COT is not used as intended; gap between policy and implementation into practice, are they effective? Informed consent vs. opioid contract	

Oregon Pain Management Commission: 10-23-2014			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
		• Prescribing practices: clinician education, patient education, education should focus on a culture change and understanding of pain. Start with education about pain and later with medications. • Non-opioid Resources: Arthritis Foundation, YMCA, • Low cost adjuvant options • Primary Care Chronic Pain Treatment Models- Ex: PROPEL (Pain Relief to Optimize Proactive Engagement with Life) new patients already on opioids are included in this clinic, high dose COT, PCP reassurance • Functional Assessment: Functional goal set by the patient; open ended motivational interviewing technique • Treatment "amnesty" for those that have been treated and functional with opioids – need guidelines for those in the "lost generation". • Physicians that get in trouble with the medical board is related to the documentation or lack thereof for the treatment plan/ assessment • CODA MAPS – waiting for funding; interdisciplinary specialty pain and addiction treatment targeting those hardest to treat primary care patients; medication assisted program; functional restoration and patient activation; 3-6 month program with drop in after;	
Healthy Columbia Willamette Collaborative	Meghan Crane, MPH, Program Specialist	Discussion points: • Challenges to get agreement among all participants for a community standard • Need non pharmaceutical treatment options available • Risk is tied to the opioid dose • Education should be part of the guidelines • So. Oregon Prescriber Group actively educating with public service announcements, town halls, • Consider endorsement of the guidelines by the OPMC • Challenges with use of the PDMP: access, time consuming, States are not coordinated or connected; practitioners must check each State's	So.Oregon Group (Jim Shames) to share what their successes and pitfalls have been.

Oregon Pain Management Commission: 10-23-2014			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
		PDMP individually,	

Coordinator Report:
• Budget
• Pain Awareness Event 2015 Planning
• Back Pain Lines Work group
• IM4US
	Denise Taray, OPMC Coordinator	• Budget Balance: unchanged
		• Pain Awareness 2015 Event planning: will begin in December
		• HERC Back Pain Lines Reorganization Workgroup: advisory group to review the current back pain lines and make recommendations and a proposal as to how to reorganize those; first meeting next week
		• IM4US Conference: 3 days of breakout sessions; lots of information available on their website from each of the presentations.
		  ○ Treating Body, Mind, and Spirit; what is Spirit?
		  ○ Clinician education curriculum to include intercollaborative training; education to include rotations into integrated practices.	

New Business: • Curriculum Subcommittee • Provider Needs Survey	Ruben Halperin, V-Chair Denise Taray, Coordinator	Time to review Curriculum Consider a Provider Needs Survey: Members to send in suggestions for questions to ask providers about what their needs are in treating patients with pain; the gap between opioid prescribing and treatment of pain. Are providers really reluctant to treat patients with pain or is it an issue of education, treatment options, request for clinical practice guidelines for treatment. Consider sending out to all licensed practitioners, not just prescribers. Consider adding review of Opioid Prescribing Guidelines being established by various collaboratives, organizations, etc. OPMC push guidelines for the treatment of pain; tx of fibromyalgia, back pain, chronic pain, headaches; create a “buffet” of treatment options – add to educational requirements	Review the pain module for revisions/ updates Review recommended curriculum Members to send coordinator possible survey questions: what the need, want, what would

Oregon Pain Management Commission: 10-23-2014			
Topic:	**Presented by:**	**Primary Discussion Points:**	**Actions:**
			help them in treating patients with pain.
Next Meeting: December 18, 2014		Agenda Items Proposed: Persistent Pain Project – Ruben Halperin & Nora Stern Mid Valley Pain Clinic – Rick Meyers	
Adjournment			The meeting was adjourned at 4 pm by Chair Cat Buist