

Oregon Pain Management Commission: August 27, 2015

Topic:	Presented by:	Primary Discussion Points:	Actions:
Meeting Roll Call & Welcome to new members	Denise Taray, Staff	<p><u>Members in Attendance: Present:</u> Ruben Halperin, Nora Stern, Gary Allen, Coleen Carlisle, Paul Coelho, Laura Scobie, Michele Koder, Anthony Marrone, Kevin Wilson, ReBecca Duffy, Eric Davis</p> <p><u>Members via Teleconference:</u> Janet Kadlecik, Judith Gilberston,</p> <p><u>Excused:</u> Catriona Buist, Csaba Mera, Amber Rose Dullea, David Eisen,</p> <p><u>Members Absent:</u> Jim Weidner, Alan Bates</p>	
<u>Updates:</u>	Darren Coffman, HERC Director	<ol style="list-style-type: none"> 1) Reorganization of OHA – Consolidation into 7 Divisions: Oregon Health Policy and Research is now Health Policy & Analytics Division, overseen by the Chief Medical Officer (Jeanene Smith- leaving this month); HERC makes up the Clinical Services Improvement Unit with OPMC and recent addition of The Palliative Care and Quality of Life Interdisciplinary Advisory Council (PCAC). The OPMC staff position is shared with HERC 2) PCAC: Denise is now assigned to staff this council as well. Open recruitment started, appointments must be made by Oct. 2nd, 2015. Meetings will be a minimum of 2x/year beginning in 2016. 3) Anticipate change in the availability of Denise; will need to revise OPMC meeting frequency from 6 meetings to 4 meetings/ year. <p>Discussion/ Questions:</p> <ul style="list-style-type: none"> • Can meetings be longer? • Online Module: Opportunity to make this a really good tool and consider need for webmaster – consider looking at other funding to support the development of the online module, student/ internship project? Grant? Or larger corporation to sponsor the work? Public Health Education? • Org Chart available? Not at this time • Clarification about what work is it that creates the need to decrease the frequency of the meetings – meeting preparation, scheduling of speakers, transcribing minutes, coordination with other state entities • Do we need more money to support the work that the OPMC does? – no funds 	

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		<p>allocated to this commission or the PCAC</p> <ul style="list-style-type: none"> • Idea to generate funds for the OPMC curriculum development – provider/ licensee tax/fee. • AGs Settlement \$ from Drug Company r/t inappropriate prescribing; consider requesting funds to support the development of educational module (Oregon specific), large amount of this is slated to go to addiction services 2016 Educational presentations – what is projected to schedule is to be determined with discussion of the evaluation procedure <ul style="list-style-type: none"> ○ Have not evaluated healthcare providers that are not required to completed the Pain Management continuing education units • Palliative Care and what this might imply in relation to chronic non-cancer pain and request that we avoid “mission creep”. <ul style="list-style-type: none"> ○ Coordinate between the council leadership of these two groups 	
Pain Coordinator Report		<ol style="list-style-type: none"> 1) Governor’s Proclamation was signed – each year they are requesting updates and revisions; not able to just carry forward from previous years 2) Resource Disc from ACPA – all the information is available individually on their website 3) Will be attending the AAPM in Washington DC this next month – interested in the focus of integrative medicine/ integrative treatment teams and networking 4) OrCRM: Task Force for the responsible use of medication – October 14th next Summit: Cat is speaking on behalf of the OPMC “Overcoming Barriers to Expanded Use of Non-Opioid Therapies to manage Persistent Pain”, as well as Gary Allen “ Better Prescribing in Dental Offices” Registration and flyer pending <ul style="list-style-type: none"> • Media campaign with Multnomah County/ Healthy Willamette • Coordinating with OPG to use content and shared webpage 5) OPG – topics under discussion will be the co-prescribing of opioids and benzos, lots of work happening within their group, considering a mentor program in collaboration with the Oregon Medical Board, building a model that 	

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		<p>would allow for providers to be notified that they are an “outlier” and then work with providers that have been “sanctioned”.</p> <p>6) Statewide Process Improvement Project: will chose from the following measures</p> <ul style="list-style-type: none"> • Co-Prescribing of benzos with opiates • Reduction of morphine equivalent dosage • Minnesota Measure – opiate naïve to chronic user <p>7) IMAG (Integrative Medicine Advisory Group) on hiatus as leadership positions are vacant. Work included the development of a tool that identifies each provider types education and credentialing required by the license boards. Additionally, work included advisory role to rule revisions about provider discrimination and process of application to provider panels</p>	<p>Denise to send out the PIP when it has been chosen also includes the report on the Minnesota’s Measure results.</p>
<p>Presentation – OPMC Orientation: Then and Now</p>	<p>Denise Taray</p>	<p>See OPMC Orientation PowerPoint Handout: Brief OPMC History</p> <p>Comments: Ruben addressed the commission member duties as a speaker/ representing the OPMC at speaking engagements – less involvement in last few years</p> <p>Kevin: Consider more public contact information on our website</p>	<p>Consider rule revisions to the 6 hours of CEU and make “less squishy” Update as the OSNB rule revisions to the definition or rule of CEUs required. Revise slide #4 to add current representation on the OPMC</p>

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<p>Recommended Curriculum Outlines – IASP & Curriculum Evaluation Form</p>	<p>Denise</p>	<p>Clarification of what the OPMC On-Line Module vs. the recommended curriculum for healthcare educational institutions. On-Line Module is intended as an advanced level, Oregon specific information for experienced healthcare providers. The recommended curriculum is intended to be foundational education about pain and pain management to be used by healthcare educational institutions in the development of their educational programs.</p> <p>This work today is related to the healthcare educational institutions and the “foundation” for education about pain and pain management. Staff recommendation is to adopt the IASP curriculum outlines Questions: Do we need to score their curriculum? Discussion: Ruben: Score has no value; rather include written feedback Question: Nora: How do we objectively qualify their curriculums? Discussion Points: How do we know what they present is what is in the curriculum Presentation to the OPMC is not a requirement OPMC may add a “seal of approval” Avoid level of scrutiny that is similar to accreditation Consider assuring that our work adds a positive slant to the review of curriculums Suggestion: Use these tools as a self-evaluation for the institution Presentation can then be a report on what their findings are and what did they do to improve. Our “approval” validates quality improvement for the institution Need to identify who is the right person to provide this to – Dean of the [school]</p> <ul style="list-style-type: none"> • Coordinate with the head of the department 	<p>Create a “process” document for the Review of Curriculums</p> <p>Edit evaluation tool for errors; add sections for strength and weaknesses; remove the evaluation scoring</p> <p>Send out draft letter to be sent out to presenters</p> <p>Send out revised Evaluation Tool</p>

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		<ul style="list-style-type: none"> • Provide the appropriate curriculum • Instructions: Review their curriculum as compared to the IASP recommended content and provide results of that review; include identified gaps and plans to improve or make changes • Follow up with any additional recommendations that were not covered in presentation or review looking at areas of strength and others that need improvement • Create a letter that states our process for review looking for areas of strength and need for improvement • Tool may include as area to strength and weakness • We would be a mechanism for quality improvement in their curriculum • Consider adding a list of institutions reviewed on our website as “schools that voluntarily participated in a quality improvement process with the OPMC” • Goal is to support their quality improvement • Try this process for a few presentations and revisit for revisions • Follow up letters to the presenter that summarizes the commissions feedback to be made by the member representing the profession <p>Other thoughts: test students’ knowledge base on graduation; gather data about the schools success as an outcome measure; Commission does not have the authority other than as information collection or “project”</p> <p>Process/ procedure for reviews of educational institutions</p> <ul style="list-style-type: none"> • Provide the institution with the appropriate outline and allow them to tailor their presentation to it 	
On-Line Module Outline		Each member is asked to forward links to additional information as a resource	Send out the drafted outline and the first few

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			<p>chapters completed Send out action item and due date with email notifications</p>
Open Forum		No public statements	<p>Add discussion for 2016 meeting schedule; Consider gotomeetings, rotate locations,</p>
Legislation Recommendations		<p>Consider:</p> <ul style="list-style-type: none"> • Review the statute and OAR for updates and how to allow for improved impact; public interface • Review Mission Statement and update <p>Recommendations to Legislation: Professionals Required for pain education</p> <ul style="list-style-type: none"> • Optometrists • Others <p>Continuing Education Pain Management Content Verify with each licensing board as to minimum requirement</p> <ul style="list-style-type: none"> • 1 hour • 6 hours • Education about what Central Sensitization is <p>Frequency of continuing education requirement</p>	<p>Move forward on the recommendation to add optometrists to the CEU requirement and the additional suggestions for the 2017 Legislative Session.</p> <p>Review statute</p>

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		Budget/ Funding <ul style="list-style-type: none">• Outreach: Public education• Web site platform: public and professional	as to duties mandated to do and review mission statement. Consider rule revisions Tabled further discussion until October meeting
Adjourned	Ruben		