

**NCPI - Pain Stakeholders Meeting Planning Committee Conference Call**  
**August 26, 2008, 7:30 – 8:30am**  
**Summary Notes**

**Present:** Beverly Nicholson, Dr. Aaron Gilson, Dr. Donna Kalauokalani, Alecia Sanchez, May Sung

Beverly thanked Dr. Gilson for joining the call and for agreeing to be our Keynote Speaker for the Pain Stakeholder meeting on December 5 in Sacramento. She indicated that the latest draft agenda (attached document to these summary notes) reflects all of the possible topics and the potential format for the working meeting. Purpose of this call is to get Aaron's thoughts regarding the direction of the meeting and to get his input and guidance in planning it.

Beverly reviewed the original grant objective was: Stakeholders will be asked to review progress made to improve pain practices since the last Pain Summit held in 1994 and to begin the development of action (strategic) plans. Beverly clarified that SCCPI is also represented on NCPI and will work with us but won't have dedicated time to help with planning the pain stakeholders meeting. Our original proposal included two meetings with one in Southern California, but because of timing for completion of the grant and logistics we received approval from ACSCAN to conduct only one meeting in Northern California, with a larger number of invitees.

Beverly reviewed the agenda as drafted. Morning session would be devoted to where we are now; afternoon will be looking at recommendations and actions. She indicated we could expand the time for this meeting, i.e., 9 am to 5 pm; it's currently 9am-4 pm– and will discuss further.

Aaron Gilson agree to cover the first topic on the agenda, to review how California has changed since the 1994 Summit, how we received a "B" grade, and what we need to do to improve.

Aaron indicated that California is one state that has legislative mandates for continuing medical education (CME) for physicians, ie, 12 hours of CME on pain and palliative care. We don't know to what extent such mandated education has led to improved clinical practice and patient outcomes. Donna pointed out that after sunset of this legislation, there was no clear mandate for it to be maintained, monitored or enforced, and we don't have any outcomes that measure impact of this legislation. Aaron pointed out that the lack of pain and palliative care education at the medical/pharmacy/nursing school level is also an important issue to address. Beverly suggested that the California Coalition for Compassionate Care, Judy Citko, could be consulted about this since they are interested in palliative care education.

Alecia suggested inviting legislative staff rather than legislators because those legislators who were involved with actual pain legislation would have been termed out. We can identify individuals who've been involved with pain and palliative care issues in the past

5-6 years among the legislative staff. Alecia suggested Louis Vismarro as a potential speaker given his legislative experience and practical experience as a physician. Alecia agreed to contact those legislative staff that could be part of the program.

After discussions about the policy and legislative aspects, all agreed that agenda is far too broad although it provides more topics to choose from.

The purpose of the “Tool Kit” that has been developed by the ACS-PPSG project is to identify the policy language and how to strategize within a state in order to develop an action plan. The action plan would specifically address 2-3 goals within a specific timeframe to accomplish. The Toolkit also provides a model Prescription Monitoring Program legislation; California already has a PMP—the CURES program, that accomplishes what it needs to at this time so Aaron wasn’t clear about our reason for it to be on the agenda. He thought that the CURES can be highlighted as an effective legislatively directed program, but reminded us that our meeting should not be an educational presentation. The intent of the stakeholders meeting is a “working meeting” to developing actionable plans. Beverly agreed, although CURES is a possible source of data to look at practice patterns.

Aaron shared that he has been working with Dr. Scott Fishman on getting a pain curriculum for medical schools that can be implemented on a national basis. It is still currently under discussion. Aaron suggested engaging Dr. Scott Fishman on this subject for this meeting, although it may not be developed enough for presentation yet.

After reviewing the topics on the draft agenda, Aaron felt some of the topics were educational and informational in nature and might not lend themselves to action plans. He was not clear what we wanted to achieve with the topics identified. He recommended that we identify the pertinent issues in California and hone the topics for this meeting. We could look at the barriers that may be unique in Northern California and what it would take to strategically plan to improve pain management. A question to help guide us might be: What will it take on the policy level to strategically plan for improved pain management in California? Aaron’s presentation to help set the stage for our meeting which could lead to identifying the missing legislative components that need to be changed. We could use those identified regulatory changes to create the action plan.

Another aspect we discussed was the Pain Patients Bill of Rights. Aaron indicated that CA is one of few states that has this. The key question for this is how does it lead to actions that will lead to improved patient care? The language in the Patients Bill of Right is ambiguous and the term, ‘chronic severe intractable pain’ is not used anywhere else in law. It would take legislative actions to change this unclear language, but again how does that translate into an actionable plan? If we help to identify specific topics that need to be addressed and then identify facilitators to discuss the topics in roundtables, the groups can come up with the parts for an action plan.

Policy only creates the foundation and environment for change. This meeting would help to highlight the critical issues to inform the Legislature. A suggestion was to look at

outcomes of mandated practitioner education. We don't know that policy change leads to improved patient care, but we could use the issue of mandated practitioner education to create outcomes and demonstrate whether or not it does.

It was pointed out that CURES in California has a mandate to collect data. Aaron is working with Scott Fishman who has a grant to evaluate the CURES data.

After much discussion, we agreed that we would attempt to identify the topic priorities for a one-day agenda and report back to the NCPI Advisory Council. In fact refining the topics will help refine who ought to be invited to this working meeting. Legislative statutes will be a priority for this meeting.

Beverly expressed concern about identifying representatives from the different boards to attend the meeting. Beverly will update Kathy Keller on this planning call and the need to focus the agenda, emphasizing that this is not an educational event, but a working meeting to create action plans for future pain activities in California.

This group will schedule another conference call, including Kathy Keller.

Beverly thanked everyone for participating and adjourned the call at 8:40 am.

**Northern California Pain Initiative Stakeholder's meeting**

**DRAFT Agenda - For Discussion Only**

*Revised 8/25/08 after NCPI Conference Call*

December 5, 2008

**9:00 AM – 4:00 PM**

**Grant Objectives:**

Stakeholders will be asked to review progress made to improve pain practices since the last Pain Summit held in 1994 and to begin the development of action (strategic) plans to be presented at a Statewide Pain Summit to be held in 2009-2010.

**Potential Stakeholder Groups**

Consumers/people in pain

Health care providers: Physicians, Nurses, Pharmacists, other Allied Health Care workers

Payors

Regulators/legislative

Minority groups

Palliative Care Specialists/organizations

Law enforcement

Organizations

**Questions for discussion to be prioritized:**

<b>Topic</b>	<b>Possible Speakers</b>
What has changed since the last California pain summit in 1994? (how our grade improved to a B) How can we increase pain grade in CA?	Aaron's talk?
What are the rights of the person in pain? Bills of rights are proposed/in writing? Are they used in practice? What are my rights? How do I access my rights? Ethical perspective	Michael Moskowitz, M.D., M.P.H Or Lawyer such as Diane Hoffmann U. of Maryland (spoke at Woman and Pain SCCPI conference) – <i>would prefer someone from CA.</i> Mary Agnes Mata (sp?), San Diego?? Ben Rich
Role of the Payors Barriers to pain management because of lack of coverage	Chief Medical Office for Workman's comp? Medi Cal Medical Director? Others
Have we changed pain management in CA? – From the practitioner's perspective?	Pain practitioner/Physician
Have we changed pain management in CA? – from the consumer's perspective	Suggestion from Penny Cowan?
Have the obstacles changed?	Board of Nursing Board of Pharmacy Medical Board

	Others?
Do we have the evidence? Do we need more evidence/research?	CURES data?
What is the situation in N. CA specifically? What can we do here to improve pain management?	
What about access to care and disparities?	
Law enforcement perspective?	
Regulatory perspective	Ask Dave Thorton for suggestions or to speak?

### **Draft Agenda**

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| 9:00 AM            | Welcome Opening Remarks  |
| 9:15 - 10:00 AM    | <b>How California Compares to the Nation</b><br><b>Aaron M. Gilson, PhD</b>  |
| 10:00 – 10:15 AM   | Break  |
| 10:15 AM– 12:00 PM | Panel vs. speakers on above topics?  |
| 12:00 – 12:45 PM   | Working Lunch - have a legislator or staffer address the Legislator’s perspective or history of regulatory changes in CA - Alecia give suggestions |
| 12:45 – 1 PM       | Break  |
| 1 – 4:00 PM        | Next Steps – Recommendations for Action<br>Roundtable discussions vs. panels with input form the floor   |