

NCPI Advisory Council
Friday, September 30, 2005, 10 am to 3:30 pm
American Cancer Society, California Division Headquarters
1710 Webster Street (Main Conference Room), Oakland
Meeting Notes
Submitted by Beverly Nicholson

Donna Anderson welcomed the group to the meeting and introductions were completed. The group was informed by May Sung of the sudden death of Diane Fink, MD, Chief Mission Delivery Officer, ACS, on the previous day. The group expressed its sincere condolences to the ACS staff. May Sung was excused from the meeting because of this unexpected event.

Donna then introduced Beverly Nicholson as the new Chairperson for the Advisory Council. Donna was presented with a thank you gift for her outstanding work on behalf of the group

The role of the Advisory Council was reviewed by Beverly via a presentation that summarized the work of the group to date. Steven Rickards presented an overview of the Stephanie H. Lane Cancer Resource Network and how NCPI can work with this program to achieve our goals.

Highlights of the NCPI Strategic Plan were reviewed and progress and accomplishments highlighted. The relationship of NCPI and ACS was discussed in the Strategic Plan. Reports included:

- φ Professional Education – Bill Marcus – deferred. Bill was unavoidably detained because of fires in S. CA.
- φ Website & Viewing - Vicky Ferraresi and Chuck Hakkarinen
- φ Regulatory & Advocacy - Vicky Ferraresi
- φ Membership – Rita Yakubik

The lunch break was combined with an informative presentation by Daryl Walker: “Update on the Status of California’s Pain Policy and Its Impact on Persons with Pain in Northern CA.”

Beverly asked the group to discuss the NCPI Meeting Schedule 2005-06. The group agreed that no one-day will work for the entire group. The group will be polled to see what conference call time and day will work for the majority. It was suggested that a second face-to-face meeting be held in the spring of 2006, possibly April.

The group then divided up into 3 breakout groups to review the strategic plan. Beverly recommended that a subcommittee be appointed in the future to develop job descriptions and Bylaws for NCPI. The group agreed to that strategy. The groups divided into:

- Breakout Group A: Review Goals # 1, 6, 7- Donna Anderson & Rita Yakubik, Co-facilitators
- Breakout Group B: Review Goals # 2 – Mark Blum, and Kathy Keller, Co-facilitators
- Break Out Group 3: Goals #3, 4 – Vicky Ferraresi, Facilitator

The breakout groups reported back on their discussions. See Strategic Plan revisions and notes. The meeting adjourned at 3:30 PM

Break Out Group A

Participants: Donna Anderson; Kathy Dawson; Vicky Ferraresi; Chuck Hakkarinen; Rita Yakubik

PRIORITY GOAL #1

1. Update and maintain the NCPI website to. . . (rest is the same)
 - a. Define guidelines for inclusion of information/content
 - b. Design website to include sections for “health care professionals”, “patients’, and “advisory council”. (Chuck)
 - c. Content to include “monthly topics’ for education/information purposes (i.e. Herbal Remedies, Nutrition, Biofeedback, Pain Medications, Part D Medicare benefit, etc.)
2. Remains the same
3. Remains the same

PRIOROTY GOAL #6

We feel it is wise to roll this goal into Goal #1, but to make strategies #1 and #4 into strategy #4 in Goal #1, delete #2, make strategy #3 into a policy statement.

PRIORITY GOAL #7

1. Identify and share existing materials and outreach efforts that can be used with diverse populations and posted on the website. (Thurman Hunt responsible)
Delete current #2, and instead . . . Develop a traveling poster presentation to be used by members of the Advisory council at various events.

Breakout session, Group B

Participants: Mark Blum, MD, Rex Green, MD, Ben Rich, JD, PhD, Steven Rickards, Alexandra Campbell, PhD, Kathryn Keller, PharmD

Summary

Committee members brainstormed ways the NCPI could accomplish significant progress toward this goal, including ways to measure the effectiveness/outcomes of these activities.

The group recognizes that the passage of AB487 has stimulated a generous number of organizations to provide traditional CME programs in pain management. Additionally, prior research has failed to demonstrate behavior change among those who attend such programs. Lastly, media attention can more easily be obtained by publication of data that sheds new light on commonly held misconceptions. With this in mind, some of the outcomes that NCPI activities might aim for could include:

- 1) Reduce routine use of meperidine in hospitals by removal from formularies
- 2) Stimulate momentum in hospitals to establish palliative care services
(partner with other organizations)
- 3) Reduce prescriber misunderstanding of substance abuse
- 4) Facilitate / motivate positive prescribing practices by evaluating, documenting and publicizing impact of recently implemented legislation and/or projects
- 5) Initiate novel projects to facilitate positive change in prescribing behaviors

Projects/tools that NCPI might initiate:

- 1) Use of Press-Ganey pain management assessment for hospitals (reports of patient satisfaction)
- 2) MD survey evaluating their understanding and fulfillment of AB487 requirements
- 3) F/U survey of NCPI's SB151 conference call attendees for impact
- 4) Access existing databases (i.e. CURES) to assess change in prescribing practices pre- and post- SB151 implementation
- 5) Conduct a focused campaign to improve pain management prescribing practices

Conclusion:

This committee decided that one of the most highly impactful projects that NCPI might conduct would be to develop a survey tool that could be used to confidentially assess prescribing practices pre- and post-implementation of SB151 utilizing the CURES database. This would require enlisting the assistance of personnel from the Bureau of Narcotics Enforcement (BNE) to apply the survey tool to their data. Initially, the committee would need consultation with various organizations to determine feasibility, cooperation of BNE, development of a survey tool and evaluation of the protocol by an institutional review board (IRB) for confidentiality and safety issues.