

**NORTHERN CALIFORNIA PAIN INITIATIVE (NCPI)**  
**PLANNING SESSION NOTES**  
**September 24, 2004**

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**GROUND RULES**

- ◆ Candor.
- ◆ All ideas count.
- ◆ Listen to one another.
- ◆ Be innovative.
- ◆ Respect other's comments.
- ◆ Concise is nice.
- ◆ No brawling.
- ◆ Keep the broader goal in mind and not personal agendas.
- ◆ Be realistic about what is doable – be pragmatic.

**EXPECTATIONS**

- ◆ Come away with concrete projects.
- ◆ Define specific timelines for projects and goals.
- ◆ Solidify organization and direction.
- ◆ Get a better sense of our financial foundation – where are we going to get the resources to do concrete projects?
- ◆ Continue to be vital and spawn a network of people who will network and connect “outside the room.”
- ◆ See more commitment (not necessarily huge volumes of work) – have the organization “grow.”

**REVIEW OF NCPI GOALS**

- ◆ Educate and empower people with pain that pain management is an integral aspect of health care.
- ◆ Improve the pain management practices of health care providers.
- ◆ Advocate for public policy to promote quality pain management.
- ◆ Develop strategic collaborations to promote the mission of NCPI.
- ◆ Obtain funding for NCPI activities.
- ◆ Promote societal attitudes and behavior that support quality pain management.
- ◆ Promote culturally appropriate quality pain management to diverse and medically underserved communities.

**EDITING GOALS**

**Strategies**

- ◆ Does strategy support the goal?
- ◆ Do any strategies need to be added or deleted?
- ◆ Do you believe the goal will be reached through these strategies?

**Goal Number One (Modified)**

Educate and empower people with pain, their families and caregivers that pain management is an integral aspect of health care and the quality of life.

- ◆ Call to action – to educate and empower.
- ◆ Media component.
- ◆ “Health care” – it really is how people live their lives.
- ◆ Measurement.

**Goal Number Two (No Changes)**

Improve the pain management practices of health care providers.

- ◆ Keep as is – unanimous.

**Goal Number Three (Modified)**

Advocate for public policy to promote quality pain management and access to pain management services.

- ◆ When thinking of policy – think of legislation.
- ◆ Think of reimbursement parties and payments.
- ◆ Measurement.

**Goal Number Four (No Changes)**

Develop strategic collaborations to promote the mission of NCPI.

- ◆ Very broad.
- ◆ Medicare.
- ◆ Third-party payer.
- ◆ Measurement.

**Goal Number Five (Modified)**

Obtain funding to ensure NCPI’s viability.

- ◆ Ensure our viability as an organization.
- ◆ Evaluation process for grants.
- ◆ Explore funding criteria.
- ◆ Measurement.

**Goal Number Six (No Changes)**

Promote societal attitudes and behaviors that support quality pain management.

- ◆ What does this mean?
- ◆ It’s connected to other goals we have done – patients and families.
- ◆ General society gets information and attitudes from a very narrow group of sources.
- ◆ Make sure the constituents of the legislators get a good understanding and express their thoughts to their legislators.
- ◆ “Dear Abby” – where general public gets their information and opinions.
- ◆ Media.
- ◆ Legislature.
- ◆ Stakeholders – AARP.
- ◆ Measurement.

**Goal Number Seven (Modified)**

Improve culturally appropriate, quality pain management to diverse and medically underserved communities.

- ◆ Not sure this should stand out as a separate goal.
- ◆ Different cultures have different standards around pain management.
- ◆ This could be a subset of several other goal statements.
- ◆ But we don't want this strategy to "get lost."
- ◆ "Improve" sounds pretty lofty.
- ◆ "Promote" sounds like it may not currently exist.
- ◆ "Cultural" is not just ethnicity – it includes religious beliefs.
- ◆ Select clinic.
- ◆ Measurement.
- ◆ Grand rounds.

**DISCUSSION ON TEAM LEADERS OR PROJECT COORDINATORS**

**Each Goal will have a "Team Leader" from the Advisory Board.**

Reactions:

- ◆ It could be difficult with the broad goals we have to make something happen as a team leader.
- ◆ If I serve as a team leader, I want to have passion around what we do.
- ◆ It will work if you break things down into little steps and little projects.
- ◆ A team leader would lead "one project at a time."
- ◆ American Cancer Society could provide some (limited) staff support.
- ◆ Follow the SCCPI model? (Maybe would be our communication conduit but only have to deal with one person per goal.)
- ◆ I'm not sure I know how to be a "team leader" and organize everyone for conference calls, etc.
- ◆ It is critical that May's job stays manageable. Set limits and give feedback if it becomes too much.
- ◆ Change structure of NCPI to create an executive group made up of the team leaders and officers.
- ◆ Maybe we should prioritize our goals, so we don't end up with seven team leaders.

**GOAL PRIORITIZATION**

**(5 Votes) Goal #1** – Educate and empower people with pain, their families and caregivers that pain management is an integral aspect of health care and the quality of life.

**(5 Votes) Goal #2** – Improve the pain management practices of health care providers.

**(4 Votes) Goal #3** – Advocate for public policy to promote quality pain management and access to pain management services.

**(4 Votes) Goal #4** – Develop strategic collaborations to promote the mission of NCPI.

**(10 Votes) Goal #5** – Obtain funding to ensure NCPI's viability.

**(4 Votes) Goal #6** – Promote societal attitudes and behaviors that support quality pain management.

**(4 Votes) Goal #7**– Improve culturally appropriate, quality pain management to diverse and medically underserved communities.

## **DEVELOPMENT OF STRATEGIES AND OBJECTIVES**

### **Role of the Web Site**

- ◆ Organizational identity for NCPI (both groups). (5)
- ◆ Legitimizes NCPI.
  - Membership recruitment and retention.
  - For funding sources.
  - Communication tool for upcoming events, legislative issues, etc.
- ◆ Links to other national organizations and pain resources (both groups).
- ◆ Information resource for patients, providers and NCPI membership.
- ◆ Prevents duplicate information (bulletin board). (4)
- ◆ Serves as a repository and clearinghouse for information. (6)
  - Repository of information on pain management – publications, professional education opportunities, patient education, presentations, brochures, positioning statements, etc.
- ◆ Collaboration. (2)
- ◆ Recruitment.
- ◆ Discussion questions.
- ◆ Make announcements. (2)
- ◆ Advocacy/legislative action center.
- ◆ Different levels of access (team work). (3)
- ◆ Both recruits and serves members.
  - What does it mean to be a member? Are potential members online?

### **Brainstorming Funding Ideas**

- ◆ Power Over Pain – public education project and campaign.
- ◆ PRN – stolen from SCCPI.
- ◆ Focus groups to determine needs.
- ◆ Conference on pain management and managed care (how can it impact pain management?).
- ◆ Multi-disciplinary or single-disciplinary educational programs.
- ◆ Identify high-profile person with pain.
- ◆ Cancer survivor bracelets.
- ◆ Sell items such as Christmas ornaments purchased for \$5 and sold for \$15 – commissioned to a sculpture for design.
- ◆ Education grants (California endowment) – perform needs assessments regarding what grants are available. ACS can do some of that. We want to meet with Carolyn Gamble – grant seminar.
- ◆ Gordon and Betty Moore Foundation – nursing care.
- ◆ Focus on niche audiences – Native American health services, casinos.
- ◆ Solicit funds via newsletter/Web site/memorials.
- ◆ Letter-writing campaign – lot productivity at work due to pain.

- ◆ Corporate funding – pharmaceutical companies and others for educational grants.
- ◆ Educate employees at corporations, and then the employees could contribute.
- ◆ Look at organizations with similar mission for funding (Nursing Pain Association).
- ◆ Rural initiatives.
- ◆ Art donations – “Pennies for Pain” campaign at the airports. Some sort of sculpture and donation box at the airports.
- ◆ Dinner with an auction.
- ◆ Qualify as one of the designated charities to get the “left-over” foreign currency at airports.

### **Goal Number One**

- ◆ Web site team leader: Victoria

1.1. Need to start right away on the Web site. Add objectives:

- Determine content of the Web site.
- Identify team to work with Web master (Chuck).
- Determine cost of developing and maintaining Web site.

1.2. Supports goal – add objective:

- Determine criteria for inclusion in Community Resource Database (CRD).

1.3. Supports goal – add timeframe:

- Rita Yakubik will follow up within four months with Penny Cowan.

### **Goal Number Two**

2.1. Educate medical staff about SB 151 and facilitate discussion of information. We need to start this one right away because there is a time urgency.

- Team leader: Beverly.
- How: Audio or teleconference – promotional.
- Who: Paul Riches.
- When: November – December 2004.
- How much: Charge for access – hook-up fee. Educational grant?

2.2. Assess the NCPI role in where we are needed in education of health professionals:

- How: Query participants from audio conferences and other health organizations.
- Who: Consultant or professional of the field.
- When: 2006 completion.
- How much: \$2,500? Fundable?

2.3. The original 2.3. is too premature to be discussed right now. Bring it up again in 2006. Based on the assessment, develop educational strategies.

- How:
- Who:
- When:
- How much:

**Goal Number Three**

## 3.1. Strategies 1 and 4:

- Advocate for public policy to promote quality pain management and access to pain management services.

Objective 1: Vicky Ferraresi will monitor organization's legislative or other pain related... Advisory Council on an on-going basis.

## 3.2. Strategy 2 – revised language.

- Objective: Kathy Keller will identify existing and/or develop new simple studies or surveys that can be performed.
- Time: Two studies/surveys available by August 2005.

Revise Strategy 2 of Goal 3.

- Change Strategy to read: To collect and communicate outcomes data to help systems, providers and third party payers to provide appropriate pain management.
- Objective: Delete “legislators, public policy makers, etc.”

## 3.3. Strategy 3 is okay – ongoing.

- Objective: Paul Riches.

**Goal Number Four**

## 4.1.

- How: Mass mailing and notification.
- Who: Team leader develops list of organizations and individuals.
- When: September 2005 pain management. Ongoing after Web site is up.
- How much: ?

## 4.2.

- How: Keep track of arising opportunities.
- Who: Team leader.
- When: Ongoing.
- How much: ?

## 4.3. (Originally was 2.3.) Summit between SCCPI and NCPI. (This one might need to start right away due to time constraints with SCCPI.)

- How: Initiate dialogue, develop summit objectives.
- Who: Barbara, May and Donna.
- When: ASAP – January 2006 for Summit.
- How much: \$5,000.

**Goal Number Five**

- Funding team leaders: ACS, May, Donna and Kathy.

**Goal Number Six**

## 6.1.

- Key messages: Cathy, Thomas, Rhonda.

- How: Develop key messages, identify spokespersons (physician experts). Monitor for opportunities.
- Who: Team leader: key members.
- When: Immediate and ongoing – six months messages developed.
- How much: Negligible.

6.2. Promote methods to emphasize pain. (Changed first word to “promote.”)

### **Goal Number Seven**

Change goal to read: Promote quality pain management that is culturally appropriate to populations being served.

7.1. Add “efforts” after outreach.

7.2. Add “efforts” after outreach.

- Objectives:
  1. All NCPI members collect and submit existing diverse language materials.
  2. Identify a group to review and evaluate materials for accuracy and readability.
  3. Educate providers to the importance of providing culturally appropriate care, i.e., assessment during patient/provider interaction. This objective is doable.

### **PARKING LOT**

- ♦ Evaluation process for grants.
- ♦ Third-party payers – reimbursement for pain medication. Get to NCPI and Medicare.
- ♦ Communications – inaccurate reporting by news media – misrepresent and provide inaccurate information about pain management drugs. (Create the perception that people will kill their loved ones with drugs).

ACS Quantum will get document to May at ACS within two weeks. Advisory Board will discuss it during its next conference call – October 11, 2004 at 5 p.m.