

Northern California Pain Initiative (NCPI)

Progress Summary

August 2004

Background

Ensuring adequate pain management and symptom control is a priority of the American Cancer Society to help reach our 2015 goal of improving quality of life for cancer patients and their families. 50% of people with cancer live with pain on a daily basis. (Portenoy et al. 1992, Foley, 1997). Approximately 50-70% of cancer patients experience uncontrolled pain during their illness (Foley, 1985, Cleeland 1994). Research indicates that over 40% of advanced cancer patients do not get adequate pain relief in spite that medications and other therapies currently exist to relieve most cancer pain (Cleeland, et al. 1994).

The Southern CA Cancer Pain Initiative (SCCPI) has been in existence for about 10 years in California, providing a rich resource here in the state and nationwide because of pioneering leadership by Dr. Betty Ferrell, but SCCPI has been a force predominantly in the southern part of our state. Over the years, several attempts were made to form the Northern California Cancer Pain Initiative through UCSF and UC Davis in Northern California, but efforts were not successful due to lack of infrastructure and staffing continuity, although pain management experts all felt there is a need.

In August 2003 the American Cancer Society, California Division Mission Delivery, stepped up and offered leadership and infrastructure to revitalize the Northern California Pain Initiative (NCPI). The goal is to provide coordination and maximize pain management resources throughout California, working collaboratively with SCCPI. NCPI is now officially designated as a project of the American Cancer Society, California Division, and will address *all* pain. Its mission is to promote the right of all people to control their pain and maximize their quality of life. NCPI is recognized as a revitalized pain initiative working in partnership with the Society and the American Alliance of Cancer Pain Initiatives (AACPI).

Development of the NCPI

The planning process began in September 2002 under the Advocacy initiative. In August 2003, about 35 stakeholders participated in a meeting hosted by the California Division with meeting facilitation by the AACPI Outreach Director. The representatives who attended the meeting came from diverse backgrounds and geographic areas of Northern California, but they all came with a common goal to promote the right of all people to control their pain and maximize their quality of life.

In November 2003, an "Interim Executive Committee" (later renamed the Advisory Council in May 2004) was formed with 20 members representing community clinics, large medical centers, chronic pain/community constituent, legislative and regulatory representatives, ethicist, hospice and end of life care advocates, attorneys and various health care disciplines, (physicians, nurses, social workers, pharmacists). An Officers Group was elected with Donna Anderson, LCSW serving as Chair, Barry Cole, MD Co-Vice Chair, Mark Blum, MD, Co-Vice Chair, Kathryn Keller, PharmD, Secretary, and May Sung, MPH, Staff.

The NCPI Advisory Council met by monthly conference calls and provided guidance and leadership to help move the Initiative activities forward. Four priority areas of work were identified, including: infrastructure development, professional education, regulatory and legislative advocacy and access to pain management services. Seven major goals were

established to form the basis for a strategic plan for the NCPI and to use in seeking outside funding. Collaboration with SCCPI continues with representation on the Advisory Council and NCPI Chair joining on SCCPI Board conference calls. May Sung was recently selected to serve on a nationwide ACS-AACPI Pain Field Council representing the NCPI. The field council was put together to provide an information link, share support and resources to pain initiatives and help expand activities of the pain initiatives throughout the country.

SB 151 Professional Education Project

As a first project of the NCPI, the Professional Education Subcommittee under the leadership of Beverly Nicholson and Bill Marcus, planned and convened an audio conference in May 2004 reaching almost 1,300 prescribers and health care providers to educate them about California Division-co-sponsored SB 151 (Burton), the law that passed in November 2003 that eliminated triplicate prescriptions for Schedule II opioids. Triplicate prescriptions were a barrier to health care providers to adequately prescribe pain medications for those in pain. California was the last state in the union to use this archaic system. SCCPI and the California Board of Pharmacy were collaborators in this project. The California Division Corporate Communications Department worked with NCPI to create an "At a Glance" SB 151 Fact Sheet that could be downloaded, faxed or made into a poster. In addition, two opinion editorials were developed and published in the San Francisco Chronicle and the Long Beach Press Telegram, signed by members of NCPI and SCCPI, respectively. Additionally, the CA Board of Pharmacy downloaded the audio conference, an FAQ and a PowerPoint training presentation on SB 151 to their website for easy access by prescribers and other health care providers.

Looking Forward

The NCPI has been functioning for almost a year and we are continuing to work with ACS grant writers to prepare proposals for community foundation funding. Two proposals have been submitted to date. Although, both were turned down for funding, we will continue to persevere as we are preparing yet another proposal to a foundation. Most recently, what can be considered a positive show of faith and support for what NCPI is doing, the chairperson of the previous organization, Northern California Cancer Pain Initiative (NCCPI) dissolved its 501(c)3 and donated almost \$11,000, all its remaining funds, for future NCPI activities.

Future activities will include, but not limited to: development and maintenance of an NCPI website that will link to and from the ACS homepage and other pain management websites; assessing and upgrading pain management resources to build up California's portion of the Community Resources Database (CRD); and professional education for health care providers on institutionalizing pain management within health care systems.