



NCPI Advisory Council Conference Call
May 19, 2009
4 –5 PM

Summary Notes

- I. **Introductions- Present:** Beverly Nicholson, Chairperson, Kathe Kelly, Mark Maginn, Lori Reisner, Steven Rickards.

- II. **Review of Meeting Notes** - Summary Notes of March 17th were accepted as presented.

- III. **Old Business**
 - **Stakeholder Pain Forum Follow-up**
 - Work Group Progress Report - Thanks to Advisory Council members who volunteers to be on the workgroup. Unfortunately the meeting planned previously could not be held due to scheduling conflicts. So May, Kathy Keller and Beverly will meet to work on the draft report in early June and then ask for review from the other work group members.
 - **ASPI 2009 Conference Planning** – San Francisco, October 23-25, 2009 Beverly shared that formal planning for the conference is completed. Congresswoman Lois Capps was recommended to give a welcome at the event and is being contacted. Glenn Yokoyama, May Sung, Kathe and Beverly served on the planning committee and Kathe and Beverly will be presenting at one of the sessions.

 - **NCPI Advisory Council membership/Face to Face meeting planning**

The Advisory Council’s face to face meeting being considered for August. Recommitment letters will be mailed to current Advisory Council members soon and potential new members contacted. The agenda at the August meeting will include a Stakeholder plan review/next year planning. Date and location TBD.

 - **FDA REMS Update**

Beverly reported that advocates are continuing to monitor the FDA REMS. Beverly attended a session at APS and heard potential outcomes were of concern. Mark reported that the next hearing is scheduled for May 27-28. He will be testifying as well as three other American Pain Foundation representatives. Mark’s testimony will focus on why patients take the drugs and what would happen to them if access to them is made too restrictive or unavailable. Beverly asked Mark to share his hearing experience and impressions with this NCPI membership. The group discussed the issue of opioids and the intent of the plan to avoid abuse/misuse centering on issues of prescribing and dispensing. Lori shared that the plan seems to target/be directed at a wrong focus –vast majority of medications are taken appropriately and the plan includes efforts that expand far beyond that. Agreement was voiced that NCPI should monitor the hearings and the FDA actions going forward.

IV. New Business

- **Report from American Pain Society Conference** – Beverly
Beverly shared some experiences and impressions from the conference. Congratulations to NCPI Advisory Council members/supporters contributing to the meeting's success – Lori Reisner and Chris Miaskowski were presenters at a session on Aging and Pain. ACPA under Penney Cowan's leadership had a very informative booth with Donna Kalauokalani providing support at the booth. Beverly attended a variety of sessions and was impressed by the quality of the information presented.
- **Congratulations to Janet Edrington, PhD** – study re: barriers to cancer pain management among Chinese American cancer patients (Page 3)
Beverly reported that Janet is willing to present at future NCPI conference calls.
- **Massachusetts Licensing Boards Rulings** – discussion (attached Page 4)
Beverly shared that this is an exciting accomplishment for Massachusetts. In response to a question by Ben Rich, physicians had adopted similar guidelines previously so they were not included in this ruling. In California similar efforts took place in the late 80s or 90s---NCPI can explore the need for renewal for future action plan/stakeholders mtg.

V. Standing Agenda Items

- **SCCPI Liaison Report** – Kathe Kelly
Beverly thanked Kathe for sending the SCCPI Newsletter. Kathe discussed the upcoming education programs scheduled at City of Hope: 18th annual Pain Resource Nurse Course with Chris Passero as a featured speaker September 2-4, 2009 and the Fourth Annual Promoting Excellence in Pain Management & Palliative Care for Social Workers on July 31, 2009 with Mercedes Bern-Klug presenting as the featured speaker.
- **Web Updates**
Beverly thanked Chuck, our webmaster, for his continued support with website updates and referred to the previous meeting notes that included information about how to get access the website, etc
- **Upcoming Conferences/Educational Opportunities**
Responsible Opioid Prescribing: A Physician's Guide now available for CE from ASPI – Beverly shared that this is the Guide developed by Scott Fishman and was distributed through some State Medical Boards to all physicians. Some states were unable to do so because of funding challenges.

VI. Announcements – Open Agenda - Beverly asked for an ACS update: Steven shared that the monthly I Can Cope modules are increasing in participation with the Pain module being one of the most well attended. Kathe reported that SCCPI promotes the ICC teleconference modules on there website calendar of events and asks their board to distribute as well. Steven shared that ACS would like to increase the focus next year on caregiver information and support for those supporting patients experiencing pain.

Next Conference Call: June 16, 2009, 4-5 pm

J Pain Symptom Manage. 2009 Apr;37(4):665-75. Epub 2008 Nov 12.

Barriers to pain management in a community sample of Chinese American patients with cancer. Edrington J, Sun A, Wong C, Dodd M, Padilla G, Paul S, Miaskowski C. School of Nursing, University of California at San Francisco, California, USA. janet.edrington@ucsf.edu

Barriers to cancer pain management can contribute to the under treatment of cancer pain. No studies have documented barriers to cancer pain management in Chinese American patients. The purposes of this study in a community sample of Chinese Americans were to: describe their perceived barriers to cancer pain management; examine the relationships between these barriers and patients' ratings of pain intensity, pain interference with function, mood disturbances, education, and acculturation level; and determine which factors predicted barriers to cancer pain management. Fifty Chinese Americans with cancer pain completed the following instruments: Brief Pain Inventory (BPI), Karnofsky Performance Status (KPS) Scale, Barriers Questionnaire (BQ), Hospital Anxiety and Depression Scale (HADS), Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA), and a demographic questionnaire. The mean total BQ score was in the moderate range. The individual barriers with the highest scores were: tolerance to pain medicine; time intervals used for dosage of pain medicine; disease progression; and addiction. Significant correlations were found between the tolerance subscale and least pain ($r=0.380$) and the religious fatalism subscale and average pain ($r=0.282$). These two subscales were positively correlated with anxiety and depression levels: (tolerance: $r=0.282$, $r=0.284$, respectively; religious fatalism: $r=0.358$, $r=0.353$, respectively). The tolerance subscale was positively correlated with pain interference ($r=0.374$). Approximately 21% of the variance in the total BQ score was explained by patients' education level, acculturation score, level of depression, and adequacy of pain treatment. Chinese American cancer patients need to be assessed for pain and perceived barriers to cancer pain management to optimize pain management.



FOR IMMEDIATE RELEASE

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Health Professions Licensing Boards Issue Rulings on the Management of Pain

Boston, MA – The Massachusetts Boards of Registration in Nursing, Physician Assistants, Pharmacy and Dentistry have all recently issued policy rulings on the Management of Pain. The rulings which affect approximately 140,000 licensed healthcare professionals across the state, including nurses, pharmacists, dentists and physician assistants, were adopted by the boards to insure patient access to appropriate, effective pain assessment and management. The Massachusetts Division of Health Professions Licensure has taken the unprecedented step of having all four boards of registration adopt policies using a collaborative, multi-disciplinary approach over a seven week period to focus attention on the hidden epidemic of pain which adversely affects thousands of Massachusetts citizens and has serious physiological, psychological, social and economic consequences.

“By adopting these important policies, the Boards are directing licensees to practice in accordance with the most up-to-date standards of care for pain management. Doing so will promote health and safety of Massachusetts pain sufferers and improve their quality of life while reducing the frustration, harmful effects and costs associated with untreated or inappropriately treated pain” said Jean Pontikas, Director of the Division of Health Professions Licensure within the Massachusetts Department of Public Health. The standards for appropriate and therapeutic pain management, which are based on the licensee’s scope of practice, include: knowledge of a patient’s pain management plan with appropriate pharmacological and non-pharmacological treatments, and the use, when appropriate, of controlled substances including opioid analgesics in the management of all pain types. Also included are adherence to system safeguards designed to minimize the potential for abuse and diversion when controlled substances are used, interdisciplinary consultation and collaboration, and culturally sensitive patient, family and caregiver education.

Pain has become a national public health crisis and is the number one reason Americans seek medical care. Fifty million Americans suffer from chronic pain from illnesses such as cancer, diabetes, AIDS, arthritis, migraines, sickle cell and from serious injuries like back pain, RSD/CRPS and repetitive strain injuries and another 25 million suffer with acute pain. Yet repeated studies have shown that pain is under treated and most people suffering with severe pain do not have it under control. Treatments are available today to manage or greatly ease most pain to tolerable levels so people should not have to suffer needlessly. Pain experts cite the lack of knowledge about pain assessment and management among healthcare providers as a common barrier to effective pain treatment.

“The most common complaints we hear from patients suffering with debilitating pain is the large number of healthcare providers they were forced to consult with before they found a provider knowledgeable enough to properly diagnose and manage their pain, if they ever do”, stated Cindy Steinberg, Legislative Council Chair for the Massachusetts Pain Initiative (MassPI) and Board Member and Massachusetts State Power Over Pain Action Network Leader for the American Pain Foundation. “We are extremely pleased that the Boards have recognized the profound impact pain has on the citizens of the Commonwealth and have taken a leadership role in establishing these critical standards of pain care for the large number of healthcare professionals affected by these rulings.”

The Massachusetts Pain Initiative has worked collaboratively with the Division of Health Professions Licensure to bring these policies to fruition and has developed a roll out plan in concert with the Boards. The plan includes communication of the rulings to licensees through professional association newsletters, web sites and publications and continuing education training programs in pain management for healthcare professionals offered around the state taught by MassPI pain management professionals. MassPI is also developing programs for healthcare professionals to announce the new rulings and provide education on the latest evidenced-based practices for the assessment and management of pain. The new policy rulings can all be found at www.masspaininitiative.org or on the licensing board web sites which can be accessed at www.mass.gov/dph/boards

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The Massachusetts Pain Initiative is a statewide, non-profit organization dedicated to ending needless suffering from pain and to improving the quality of life for all people affected by pain. Its membership is largely healthcare professionals across the state—nurses, doctors, social workers, pharmacists, psychologists and also pain sufferers and caregivers who are interested in helping people with pain. MassPI is a member of the Alliance of State Pain Initiatives, a national network of similar state-based organization. For more information please visit www.masspaininitiative.org.

The Division of Health Professions Licensure within the Massachusetts Department of Public Health protects the public health, safety, and welfare of Massachusetts citizens by licensing qualified health care professionals, and developing, implementing, and enforcing regulations and policies that assure and promote safe practices. Through partnerships with organizations that advocate for patients, among others, the Division enhances its ability to ensure quality care to achieve better outcomes for patients.