



Montana Pain Initiative 2009 Year End Report

January 14, 2009

Dear Stakeholder,

It is with pleasure that we are writing to inform you of the 2009 accomplishments of the Montana Pain Initiative (MTPI). This report is also available on our website: www.mtpain.org.

We have had a very successful year. With generous funding received through the Attorney General's Consumer Settlement Advisory Council in December of 2008, and continued support from the American Cancer Society and the American Cancer Society Cancer Action Network, we were able to move forward with our work on public and institutional pain policy improvement, provider practice improvement, and public and patient education and advocacy.

In January, the Provider Practice Improvement Committee began planning our 3rd Annual Montana Pain Initiative Conference: *Practical Approaches to Managing*, which was conducted during Pain Awareness Month on September 18 and 19 in Bozeman, MT. We attracted 219 participants mostly from Montana. In total, the participants indicated they serve approximately 2000 Montanans who experience pain. The diversity of stakeholders (both in discipline and geography) made for an invigorating environment with stimulating discussions. The average percentage of correct responses on the Pre-Test for knowledge was 76%, while on the Post-Test it was 88%. Thus, we saw a 12% increase in the average knowledge score. Participants indicated that as a result of attending the conference they would adopt a more interdisciplinary approach to managing pain, conduct more risk assessments for potential misuse of pain medications, and spend more time educating their patients on realistic goals of managing pain. Ninety-five percent (95%) of participants indicated they would attend a Montana Pain Initiative conference in 2010.

The final report of the conference is attached for your review. (Appendix A)

In February, we had our first face-to-face Advisory Council meeting in Helena (See Appendix B for Member and Affiliation list). Twenty-three of the thirty-five members braved a winter storm to spend the day reviewing and revising our 5-Year Strategic Plan that was developed in September, 2007. Council members self-assigned themselves to, three Standing Committees: 1) Public and Institutional Policy Committee; 2) Provider Practice Improvement; and, 3) Public and Patient Education and Advocacy, with objectives and activities established for each (See Appendix C: MTPI Three-Year Objectives and Activities 022709). These Committees have been meeting regularly to accomplish the tasks identified to carry out the plan.

In March, the Montana Board of Medical Examiners voted unanimously to adopt the Federation of State Medical Boards Model Pain Policy, and to add text in the preamble regarding the need for effective pediatric pain management. We are currently working with the Montana Board of Pharmacy. After reviewing Pharmacy Pain Policy developed by Massachusetts, Wisconsin, Iowa, Michigan, Oregon and Texas, we crafted a policy statement for Montana and submitted it to the Board. We are happy to report that the Board adopted the policy statement on January 15, 2010.

After working throughout 2008 and into 2009 with the Board of Pharmacy, Board of Medical Examiners, Board of Nursing, Montana Medical Association, Montana Nursing Association, Montana Pharmacy Association, DEA, Board of Crime Control (AG's office), ACLU, and many others drafting Prescription Monitoring Program legislation, this Bill did not make it out of Committee in April. We will continue to work with this coalition to develop a Bill that will pass in 2011 and have patient safety as its focus.

Also in April, the Public and Institutional Policy Committee began working on developing questions to be added to the Montana Behavior Risk Factor Surveillance Survey (BRFSS). The BRFSS is a randomly selected adult (age 18 or above) telephone survey funded by the Centers for Disease Control. This survey, which will be implemented in 2010, could yield data on approximately 600 Montana citizens who experience pain. After reviewing the goals and objectives regarding data collection put forth at our February Advisory Council, the Committee reviewed other state pain questions and developed a set for Montana. Each organization/agency that requests these state added questions must pay to have them implemented. The Montana Cancer Control Coalition is also interested in pain and has generously offered to pay for 2 of our 8 questions. In September and October, the BRFSS workgroup reviewed our submitted items and worked with us to make revisions. The questions are attached for your review. (Appendix D).

In May, the Public and Patient Education and Advocacy Committee began meeting monthly with the goal of working with the Attorney General's Office to develop public service announcements (PSA) regarding storing pain medications in secured locations, and understanding the risks involved in sharing medications with friends and family. This generated discussions throughout the summer with the Attorney General regarding his campaign to reduce prescription medication abuse and diversion. The PSAs were put on hold while the AG's Office gathers information on the most effective messaging. In the meantime, the AG created a Prescription Medication Abuse and Diversion Advisory Council and MTPI has attended the Council's meetings.

In June, the Montana Pain Initiative along with the Oregon Pain Society was invited to present our efforts on state pain policy improvement at the American Pain Foundation Power Over Pain Action Network Leaders Annual Summit in Minneapolis. Additionally, MTPI was asked to present this information at an invitation only Corporate Round Table event attended by national sponsors, stakeholders, and state leaders.

Also in June, MTPI presented a poster at the 1st Annual John C. Oakley Memorial Pain Conference in Billings.

In July, the Quality of Life and Survivorship Committee of the Montana Comprehensive Cancer Control Coalition (MTCCC), on which MTPI is represented, was asked to plan and organize the MTCCC Statewide Fall Meeting. Pain was a topic of interest and the Committee invited MTPI to present. At the November Meeting, “Managing Cancer Pain: Successes and Challenges” was presented. Additionally, MTPI was invited to display a poster, and provide resources for the participants. Attendance was at a record high of 81.

In August and September, with the help of the MTPI Public and Patient Education and Advocacy Committee and the American Pain Foundation (APF), two chronic pain support groups started in Helena. Meeting times were posted on the MTPI listserv and sent out to all APF members in Montana. Twenty chronic pain sufferers attended the first meeting. Notification of the Helena groups prompted a chronic pain support group to start in Missoula. The Missoula group has met three times since November and interest is growing. We hope that these groups can serve as models for other parts of the state.

In October, MTPI presented a poster at the Alliance of State Pain Initiatives annual conference in San Francisco.

In November, MTPI was represented at the Attorney General’s “Prescription Drug Abuse Prevention and Awareness Summit” in Helena and, along with other participants, provided recommendations for dealing with the serious issue of abuse and diversion while making sure that people who suffer from pain have access to the medications they need to live productive lives.

Also in November, the Public and Patient Education and Advocacy Committee began a process of updating our website. We will be adding a patient/caregiver section to the site, linking it to the American Pain Foundation website which has many resources and interactive support.

December brought us to the close of 2009. It is important to note that our network continues to build. We now have over 400 members on our listserv, and our community partners continue to expand. Because of all this support and participation, it is with renewed vigor that we continue this important work into the next year.

Thank you for your support, and your willingness to improve pain management in Montana.

Kaye Norris, Program Director, Montana Pain Initiative

Kristin Page Nei, Government Relations Director, American Cancer Society Cancer Action Network

Appendix A



Final Report 3rd Annual Montana Pain Initiative Conference: Practical Approaches to Managing Pain September 18 & 19, 2009 Bozeman, Mt

We are pleased to report that our 3rd Annual Montana Pain Initiative Conference: *Practical Approaches to Managing Pain* was well received by participants and stakeholders. This success can be directly attributed to strong planning, strategic media coverage, quality local and national speakers, timeliness of the topics addressed, and generous financial support from our partner organizations.

We attracted 219 participants mostly from Montana. However, California, Colorado, Kansas, Nevada, New York, Tennessee, Washington, Wisconsin, and Wyoming were also represented. The majority of these health care professionals were from Billings, Bozeman, Great Falls, Helena, Kalispell, and Missoula. However, 25 rural towns were also represented. In total, the participants indicated they serve approximately 2000 Montanans who experience pain. The diversity of stakeholders (both in discipline and geography) made for an invigorating environment with stimulating discussions. Between registration fees and sponsorships, we obtained approximately \$50,000.00 in income to pay our expenses.

The Conference began with a day-long workshop focused on primary care providers' challenges in managing pain in their settings. The morning session was titled: "Pain 101 – The Primary Care Provider and Patients with Pain Syndromes: Practical Approaches." This was followed in the afternoon with "Pain 201 – Advanced Care of Patients with a Complex Pain Syndrome." Day 2 included a broad array of national speakers covering the latest information. June Dahl, PhD, Professor of Pharmacology at the University of Wisconsin and co-founder of the Alliance of State Pain Initiatives presented an "Overview of Pain and Prevalence." Dennis Turk, PhD, Professor of Anesthesiology and Pain Research at the University of Washington presented "Chronic Pain: A Biopsychosocial Perspective." Bill McCarberg, MD, founder of the Chronic Pain Management Program for Kaiser Permanente in San Diego, CA presented "Managing Chronic Pain in the Primary Care Setting." Jennifer Bolen, JD, founder of the Legal Side of Pain® presented "Pain and Legal Issues." Ethan Nadelmann, JD, PhD, founder and executive director of the Drug Policy Alliance, presented "The Impact of Federal Drug Policy on Patients and Providers." A panel of these presenters and two local physicians answered questions and generated a lively discussion.

The overall objectives of the conference were for participants to be able to:

- Describe the characteristics and mechanisms of the most common types of pain
- Engage in pain assessment and care planning in the primary care setting that takes account of all aspects of the pain experience including sensory, cognitive, affective, behavioral, as well as social, cultural, and spiritual components.
- Determine when multidisciplinary pain management methods are appropriate
- Discuss the issues related to complex pain syndromes including psychological evaluation and treatment, interventional diagnoses and treatments, pharmacology, substance misuse and addiction, and physical therapy.
- Explain how legal issues and Federal drug policy impacts health care providers and patients and reduce risk while effectively managing pain

The conference was approved for 14.0 *AMA PRA Category 1 CME Credits[™]*, Nursing Continuing Education Credits, Social Work Credits, Nursing Home Administrator Credits, Occupational Therapy Credits, and Physical Therapy Credits.

Conference Participants

Following is a brief description of participant demographics.

- 40 Medical Physicians
- 4 Osteopathic Physicians
- 16 Advanced Practice Registered Nurses
- 12 Certified Registered Nurse Anesthetists
- 3 Physician Assistants
- 10 Doctors of Philosophy
- 1 Doctor of Physical Therapy
- 20 Registered Nurses
- 7 Masters of Science in Nursing
- 3 Masters of Social Work
- 3 Licensed Clinical Social Workers (2 Licensed Addiction Counselors)
- 4 Doctors of Pharmacy
- 4 Registered Pharmacists
- 3 Bachelors of Science in Pharmacy
- 10 Bachelors of Science

Seventy-nine participants received continuing medical education, forty-four received continuing nursing education credits, and twenty others received continuing education for various professions.

In a pre-conference survey, one-hundred and two (102) participants indicated they had received no formal training in pain management, and thirty-four (34) reported they experience chronic pain.

Media Coverage:

We were pleased with the media coverage of the conference. The Missoula Access Television Station (MCAT) video-taped the entire conference and in 7 segments aired the conference between late October and early December, and then repeated them in late December and early January. These segments will be uploaded to our website in a streaming format so that those who would like to see the slides and hear the speakers can do so. Kaye Norris was interviewed by Edward O'Brien of Montana Public Radio. The interview was aired on both the morning and evening editions. A reporter from the Bozeman Chronicle attended a portion of the conference and published the article: "Devising solutions for treating chronic pain while keeping drugs out of addicts' hands" with the purpose of helping readers understand that chronic pain can be as challenging as addiction issues.

Key Evaluation Results

Speaker Ratings

Participants were asked to use a 1-5 rating scale, where 1 was Poor and 5 was Excellent, to indicate to what extent the faculty was knowledgeable, well organized and effective in presenting her/his materials. Eighty-eight participants completed the continuing medical education evaluation form. Responses of 4 (Very Good) or 5 (Excellent) were added together and percentages were calculated. The majority of participants felt that the speakers were either Very Good or Excellent. When averaging across all speakers, 82% of participants rated the speakers with a 4 or a 5. The most highly rated speaker received a 4 or 5 from 99% of the participants. The lowest rated speaker received a 4 or 5 from 79% of the participants.

Conference Objectives Ratings

When asked to what extent each objective was met, again using a rating scale of 1 (Poor) to 5 (Excellent), the following percentages of participants responded with a 4 (Very Good) or a 5 (Excellent):

- Describe the characteristics and mechanisms of the most common types of pain **(87% indicated this object was met)**
- Engage in pain assessment and care planning in the primary care setting that takes account of all aspects of the pain experience including sensory, cognitive, affective, behavioral, as well as social, cultural, and spiritual components. **(94% indicated this object was met)**
- Determine when multidisciplinary pain management methods are appropriate **(84% indicated this object was met)**
- Discuss the issues related to complex pain syndromes including psychological evaluation and treatment, interventional diagnoses and treatments, pharmacology, substance misuse and addiction, and physical therapy **(92% indicated this object was met)**
- Explain how legal issues and Federal drug policy impacts health care providers and patients and reduce risk while effectively managing pain **(93% indicated this object was met)**

Specific Conference Ratings

The following percentages of participants responded with a 4 (Very Good) or a 5 (Excellent), to the specific conference evaluation questions:

- To what extent did the content relate to the stated program objectives? **(97%)**
- To what extent were the teaching methods and aids appropriate and used effectively? **(88%)**
- To what extent was the information valuable in increasing your knowledge and competence in this area? **(85%)**
- To what extent was this program presented fairly and objectively? **(94%)**
- To what extent were the physical facilities conducive to learning? **(85%)**

Pre- Post-Knowledge Test

The average percentage of correct responses on the Pre-Test for knowledge was 76%, while on the Post-Test it was 88%. Thus, we saw a 12% increase in the average knowledge score. Participants indicated that as a result of attending the conference they would adopt a more interdisciplinary approach to managing pain, conduct more risk assessments for potential misuse of pain medications, and spend more time educating their patients on realistic goals of managing pain. Because of this conference thousands of Montanans who experience pain will receive better care. Ninety-five percent (95%) of participants indicated they would attend a Montana Pain Initiative conference in 2010.

Following are the items on which 20% or more participants showed an improvement in correct responses:

- The treatment model of choice for chronic pain is biopsychosocial educational. **(42.0% increase in correct response of True)**
- The half-life of methadone is longer than the duration of analgesia. **(41.3% increase in correct response of True)**
- Patients who suffer from arthritis of the facet joints of the spine are not candidates for radiofrequency ablation. **(40.5% increase in correct response of True)**
- One example of change in pain regulatory policy is FDA opioid risk evaluation and mitigation strategies. **(37.4% increase in correct response of True)**
- The use of cognitive therapy by psychologists focuses on reducing the incidence of catastrophizing in persons living with chronic pain. **(23.7% increase in correct response of True)**
- Pre-contemplation is a type of cognitive behavioral intervention. **(21.2% increase in correct response of True)**

Suggestions for Improvement

As with any open ended question, a variety of responses were obtained. There was some consensus that the following suggestions would improve the conference: 1) break-out sessions would provide an opportunity for topic areas, and would be more dynamic and interactive; 2) a question and answer session after each speaker, even if only 5 to 10 minutes; 3) more practical

information for non-pharmacological methods of managing pain; 4) make sure that audio-visual equipment can accommodate the size of the conference; and 5) more breaks.

Recommended Topics for Future Conferences

Recommendations that occurred several times were: 1) expand on the multi-disciplinary treatment modalities that are presented and spend more time on explaining how and when to make referrals; 2) more in-depth information on behavioral health strategies; 3) more structured case presentations; and 4) information on managing pain in various settings, i.e. emergency department, hospital, and long term care.

Conclusion

Evaluation results and anecdotal conversations indicate that the conference was very well received and participants would appreciate future conferences of this type. The Montana Pain Initiative will continue to work toward providing pain management conferences of the highest quality.

Acknowledgements

We would like to thank the following planning committee members for their time, efforts, and great insights, which taken together created a very effective conference:

Melody Barnes, LCSW, LAC, Private Practice, Missoula, MT; **Kathryn Borgenicht, MD**, Bozeman Deaconess Hospice and Palliative Care; **Lee Ann Bradley, PharmD**, University of Montana School of Pharmacy; **Deanna Brame, MSN, ACNS-BC, ACHPN**, Bozeman Deaconess Hospital; **Jeannine Brant, PhD, APRN, AOCN**, Billings Clinic; **Patrick Davis, PhD**, Pain Psychologist, Montana Spine and Pain Center, St. Patrick Hospital and Health Sciences Center; **Joan Eliel**, Montana Department of Justice; **Edie Ellsworth, MSN, ACNS-RC**, Benefis Health Care; **Jean Forseth, MN, RN, CHPN**, Big Sky Hospice, Yellowstone City-County Health Department (since retired); **Janice Gomersall, MD**, Community Physicians Group; **Nancy Hiller**, Advanced Pain and Spine Institute of Montana; **David Junker, MD**, Advanced Pain and Spine Institute of Montana; **Nelson McGeary, PT, DPT**, Community Medical Center; **Kristin Page Nei**, Government Relations Director, American Cancer Society Cancer Action Network; **Kaye Norris, PhD**, Program Director, Montana Pain Initiative; **Ronna Popkin**, Alliance of State Pain Initiatives, University of Wisconsin; **Skip Schloss**, Patients and Families United; **Randale Sechrest, MD**, Montana Spine and Pain Center, St. Patrick Hospital and Health Sciences Center; **David Segerstrom, LCSW**, Advanced Pain and Spine Institute of Montana; **Linda Torma, MSN, APRN, BC**, Montana State University – College of Nursing; **David Woodmansee, MBA**, American Cancer Society Cancer Action Network; and our Ex Facto members: **Avi BarDin**, Alpharma, Inc.; **Shane Hall** Purdue Pharma Inc.; and **Ross Baumes**, Endo Pharmaceuticals.

We would also like to thank the following sponsors for their generous contributions that made it possible for us to have the highest quality of diverse speakers, materials, and sustenance:

PLATINUM LEVEL SPONSORS

Attorney General's Office – Montana
American Cancer Society
American Cancer Society Cancer Action Network
Board of Crime Control – Montana
Endo Pharmaceuticals
Purdue Pharma, Inc.

GOLD LEVEL SPONSORS

Bozeman Deaconess Hospital
Bozeman Lodge, A Senior Living Community
Medtronic

SILVER LEVEL SPONSORS

AIT Laboratories
Ameritox
Boston Scientific
Board of Medical Examiners – Montana
Community Medical Center
Dominion Diagnostics
Eli Lilly and Company
First choice Home Health – Bozeman
King Pharmaceuticals
Opioid Compliance Consulting
Patients and Families United
Pfizer
PriCara
Sanofi Aventis
Skaggs School of Pharmacy

It has been an honor and privilege for the American Cancer society and the American Cancer society Cancer Action Network to provide financial and staff support to the Montana Pain and Symptom Management Task Force and the Montana Pain Initiative.

Appendix B



Montana Pain Initiative Advisory Council

Melody Barnes, LCSW, LAC
Montana Association of Social Workers
Private Practice
Missoula

Michael Bergkamp, ND
Montana Association of Naturopathic Physicians
Helena

Starla Blank, PharmD
Montana Pharmacy Association
St. Peter's Hospital
Helena

Casey Blumenthal, Executive Director
Montana Health Association
Helena

Kathryn Borgenicht, MD
Montana Medical Association
Medical Director
Bozeman Deaconess Hospice and Palliative Care

Lee Ann Bradley, PharmD
Clinical Professor
University of Montana School of Pharmacy
Missoula

Jean Branscum, Executive Director
Montana Board of Medical Examiners
Helena

Deana Brame, MSN
Bozeman Deaconess Hospital
Bozeman

Jeannine Brant, PhD
Oncology Clinical Nurse Specialist and Pan Consultant
Billings Clinic
Billings

Roger Citron, RPh
Medicaid Pharmacist
Department of Public Health and Human Services
Helena

Kristina Davis, RN
American Cancer Society Volunteer
Great Falls

Patrick Davis, PhD
Pain Psychologist
Montana Spine and Pain Center
Missoula

Joan Eliel
Montana Department of Justice
Attorney General's Office
Helena

Eddie Ellsworth, RN
Benifis Healthcare
Great Falls

Jean Forseth
Retired Executive Director
RiverStone Home Health and Hospice Services
Billings

Ginny Furshong
Montana Comprehensive Cancer Control Coalition
Helena

Janice Gomersall, MD
Community Physicians Group
Missoula

Mark Henderson, PA-C
State Department of Corrections
Helena

Jamie Hansing, DC
Montana Chiropractic Association
Helena

Rose Hughes, Executive Director
Montana Health Care Association
Helena

Ron Klein, Executive Director
Montana Board of Pharmacy
Helena

Nelson McGeary, PT, DPT
Montana Physical Therapy Association
Community Medical Center
Missoula

Kristin Nei
Government Relations Director Montana
American Cancer Society
Missoula

Kaye Norris, Ph.D.
Program Director, Montana Pain Initiative
Missoula

Ashley Olsen, LCSW
Pain Specialist
Bozeman

Skip Schloss
Patients and Families United
Kalispell

Randale Sechrest, MD
Medical Director
Montana Spine and Pain Center
Missoula

Senator Carolyn Squires
Montana Legislature
Missoula

Linda Torma, MSN
Montana Nurses Association
Clinical Specialist in Gerontological Nursing
Montana State University—College of Nursing

Avi BarDin
King Pharmaceuticals
Missoula

Ross Baumes
Endo Pharmaceuticals
Huson

Shane Hall
Purdue Pharma, LP
Missoula

Peg Morgan
Endo Pharmaceuticals
Denver

Julie Krommenhoek
Endo Pharmaceuticals
Rapid City



**Montana Pain Initiative
Three-year Strategic Plan for Standing Committees
Objectives and Activities Developed by the Advisory Council
February 27, 2009**

**STANDING COMMITTEES:
PUBLIC AND INSTITUTIONAL POLICY
PROVIDER PRACTICE IMPROVEMENT
PUBLIC AND PATIENT EDUCATION AND ADVOCACY**

Public and Institutional Policy Committee:

Barb Swehla	Casey Blumenthal
Jean Branscum	Joan Eliel
Julie Krommenhoek	Kaye Norris
Kristin Page Nei	Liz Rantz
Roger Citron	Ron Klein
Rose Hughes	Skip Schloss
Teresa Henry	

Objective: By the end of 2009, identify barriers that impede access to pain care.

- 1) Survey providers
 - a. Survey at the end of license renewal process
 - b. Partner with Healthcare provider associations
 - c. Include Mental Health barriers
- 2) Survey patients
 - a. Include VA
- 3) Survey 3rd party providers

Objective: By the end of 2009, Regulatory Boards will pass a joint and or individual pain management guideline based on national guidelines.

- 1) Present national guidelines to Regulatory Boards
- 2) Inform providers of guidelines
- 3) Coordinate with healthcare provider associations to conduct pain management education (Montana Nursing, Montana Medical Association, Montana Health Association, Montana Pharmacy Association, Specialty Associations, Insurers, Law Enforcement Agencies

Objective: By the end of 2010, review the literature on the effectiveness of Federal drug “control” policy/“War on Drugs.”

Objective: By the end of 2011, successfully pass a Prescription Monitoring Program that protects patients while reducing misuse of controlled substances.

- 1) Coalition meets and debriefs
- 2) Obtain grant funding
- 3) Agree to Language
- 4) Educate
 - a. Lawmakers
 - b. Public
 - c. Administration
- 5) Develop campaign plan

Objective: By the end of 2012, achieve an A on the Pain Policy Report Card.

- 1) Review criteria
- 2) Identify stakeholders through criteria
- 3) Plan activities to improve grade

Sustainability/Resources:

- 1) Survey Monkey
 - a. To complete pain survey during on-line renewal process for licenses

Data Collection:

- 1) Review of board complaints
- 2) Assist Montana DPHHS in developing a pain survey to be included in their 2010 BRFSS survey

Provider Practice Improvement:

Avi BarDin	David Junker
Deanna Brame	Janice Gomersall
Jean Forseth	Jeannine Brandt
Kathryn Borgenicht	Kaye Norris
Kristin Page Nei	Lee Ann Bradley
Linda Torma	Nancy Hiller
Nelson McGearly	Pat Davis
Patrick Danaher	Randale Sechrest
Ross Baumes	Shane Hall

Gaps:

- Primary Care Providers grossly undereducated
 - Need tiers of education to accommodate various levels of competence
- Pain is still not considered a legitimate process: Must be seen as a Chronic Disease
- Pain assessment is focused on numeric scores: Need to focus on function
- Push toward generic medications: Insurance formularies are excluding oxycotin
- Lack of input from Pain Psychologists/Mental Health/Behavioral Medicine
- Lack of institutional education: Need to standardize, Pain Resource Nurse is a good model
- Lack of multidisciplinary team approach in rural Montana

- Lack of models that address “team” approach in primary care offices
- Lack of continuity of care: transitions from one setting to another see an unwillingness to prescribe

Objective: By the end of 2009 develop/obtain tool kits for primary care providers and patients.

- 1) Use case studies as a means for educating
- 2) Establish pain as a chronic disease

Objective: By the end of 2009, conduct a pain management improvement conference.

- 1) Offer intensive training workshop
 - a. Pain 101: establishing chronic disease model
 - i. Target audience: hospitalists, neurosurgeons, orthopedic surgeons, primary care,
 - b. Pain 201: multidisciplinary approach to pain management
 - i. Continuity of care
- 2) Develop/obtain tool kits for providers and patients
- 3) Competency Model?
 - a. Casework?

Objective: By the end of 2010, conduct a formal lobbying of the Insurance Industry to fund multidisciplinary modalities of pain management.

Objective: By the end of 2010, educate neurosurgeons regarding appropriate acute pain management.

- 1) Emphasize chronic disease model
- 2) Emphasize the importance of including pain specialists before surgery
- 3) Develop a resource list of pain specialists for neurosurgeons to call

Objective: By the end of 2010, investigate the possibility of creating traveling or virtual pain teams.

- 1) Education communities regarding available resources
- 2) Create position for a Pain Nurse Practitioner/Clinical Nurse Specialist who would conduct the first pain assessment and set up treatment plan
 - a. Partner with Community Health Center
 - i. Write into operating grants
 - ii. Originally focus on Medicaid patients then branch out to non-Medicaid

Data Collection:

- 1) Obtain the number of primary care providers in Montana willing to see chronic pain patients and write for the medications
- 2) Obtain information from health plans in Montana regarding coverage of multidisciplinary care

Sustainability/Resources:

- 1) Develop a formal arrangement with Medicaid
- 2) Sell educational services

Public and Patient Education and Advocacy Committee:

Edie Ellsworth	Eran Thompson
Jamie Hansing	Kaye Norris
Kristin Page Nei	Kristina Davis
Lee Ann Bradley	Lois Fitzpatrick
Michael Bergkamp	Peg Morgan
Skip Schloss	Starla Blank

Objective: By 2010, provide persons with tools to improve their communication with health care providers regarding pain.

Activity:

- 1) Make tools for patient use available on the MTPI web site:
 - a. Pain Diary
 - b. Pain Management Plan
 - c. Non-pharmacological therapy
 - d. Establishing goals
 - e. Links to resources
- 2) Community Meetings
 - a. Include Legislative advocacy education

Objective: By 2010, improve public awareness of evidence based pain treatment options and access through the development and implementation of a coordinated multimedia public education campaign

Activity:

- 1) Develop and implement a coordinated multimedia community education campaign that addresses pain education and self-advocacy
- 2) Create a storybook of people dealing with chronic pain
- 3) Address substance misuse
 - a. Proper disposal of medications
 - i. Use a community approach
 - b. Storage and security
 - i. Will require institutional education

Data Collection:

- 1) Identify community members with interest /stake in pain
 - a. Inform them of education and resources and have them inform pain community
 - i. Power Over Pain Action Network (American Pain Foundation)
- 2) Acquire stories/anecdotes
 - a. Pain treatment failures/successes
 - b. Blog

Sustainability:

- 1) Leverage pharmaceutical companies for resources
- 2) Utilize students/schools
- 3) Power Over Pain
 - a. Tools
 - b. Free training
 - i. (someone active in public education and a pain patient to go to June 2009 training)
 - ii. Create a webinar for Advisory Council to learn about Power Over Pain

Who is Missing at the Table:

- 1) Train the trainers
 - a. Nursing students
 - b. Pharmacy students
 - c. Social work students
 - d. Complementary medicine
 - e. RT, Physical Therapists, Occupational Therapists
 - f. Dentists
- 2) Area Healthcare Education Centers
- 3) Patients
- 4) Mental Health
 - a. Substance abuse counselors
- 5) Law enforcement
- 6) Caregivers
- 7) Public Health/DPHHS/Medicaid
- 8) Insurance/Malpractice/Workers Comp (target of lobbying, but would be nice to have reps on the Advisory Council)
- 9) 1st Responders
- 10) Journalists 'smart media'
- 11) National Association of Mental Illness
- 12) Montana Nursing Association
- 13) Community Medical Centers
- 14) Indian Representation
- 15) VA System – Palliative Care Teams

Appendix D



Request from the Montana Pain Initiative for state-added questions to the 2010 Behavior Risk Factor Surveillance System questionnaire

Proposed Questions

Do you suffer from any type of chronic pain; that is pain that occurs constantly or flares up frequently?

Please read:

- 1) Yes
- 2) No **[Go to next section]**

Please do not read:

- Don't know **[Go to next section]**
Refused **[Go to next section]**

How long have you been experiencing this type of pain?

Please read:

- 1) ____ Days
- 2) ____ Weeks
- 3) ____ Months
- 4) ____ Years

Please do not read:

- Don't know
Refused

About how often do you experience this pain? Would you say:

Please Read

- 1) It is constant, always there
- 2) At least once a day
- 3) At least once a week
- 4) Not every week but at least once a month
- 5) Less often

Do not Read

- Don't know
Refused

Using a 0 to 10 scale where 0 means no pain at all and 10 means the worst pain imaginable, when you experienced pain how severe would you say it was on average over the past 3 months?

0 1 2 3 4 5 6 7 8 9 10

Please do not read:

Don't know
Refused

During the past 30 days, for about how many days did your pain keep you from doing your usual activities, such as self-care, work, or recreation?

Please read:

- a. _____ Number of days
- b. None

Please do not read

Don't know/not sure
Refused

What types of therapies does your health care provider recommend to manage your pain?

Please read:

- 1) over the counter medications
- 2) prescription medications
- 3) medical marijuana
- 4) complementary therapies such as massage, physical therapy or acupuncture
- 5) none
- 6) Other (Please Specify) _____

Please do not read

Don't know/not sure
Refused

Do you feel your pain is well managed?

- 1) Yes
- 2) Somewhat managed
- 3) No

Please do not read

Don't know/not sure
Refused

Which of the following do you believe is the biggest barrier to treating your pain?

Please read:

- 1) No barriers
- 2) Cost of care
- 3) Health care provider is not helpful
- 4) I don't ask for treatment for my pain
- 5) Some other barrier (Please Specify)_____

Please do not read

- Don't know/not sure
- Refused