

The Montana Pain Initiative's 2007 – 2012 Strategic Plan



A Roadmap for Success

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Montana Pain Initiative: 2007- 2012 Strategic Plan

Background

Untreated and under-treated pain are serious public health problems in Montana and the United States, often resulting in substantial physical, personal, and social costs. Though pain and symptom management are fundamental to medical practice, they are complex, as they depend upon multiple factors, including patient self-report; provider assessment and practice; availability of treatment options and referral networks; and institutional, state, and federal policies.

The Montana Pain and Symptom Management Task Force (MPSMTF) was founded as a result of Senate Joint Resolution 28 passed by the Montana Legislature in 2005. This resolution recognized the formation of a task force assigned to assess pain management practices and policies in Montana and make recommendations aimed at improving pain management throughout the state. A White Paper was presented to the community at the April 27-28, 2007 Pain Initiative Conference.

One of the MPSMTF recommendations outlined in their White Paper was the creation of a Montana Pain Initiative (MTPI), charged with the task of building upon the foundation laid by the MPSMTF. Unlike a task force created essentially for evaluation and recommendation purposes, a free-standing Pain Initiative would have the ability to educate, advocate, and continue to evaluate and execute the recommendations put forth by the MPSMTF, including on-going public and professional outreach and education.

Upon the conclusion of the conference, a transition team of the MPSMTF met to formalize the MTPI. The decision was made to engage the services of a consultant experienced in working with other State Pain Initiatives to facilitate a strategic planning retreat aimed at guiding the participants through a systematic process of developing a three to five year strategic plan outlining a set of goals, projects, and activities for the Montana Pain Initiative. The transition team applied for and received grant funding from the Alliance of State Pain Initiatives to host a strategic planning retreat, which took place on September 14 - 15, 2007 at Deaconess Hospital in Bozeman. Formal invitations were issued to all members of the MPSMTF, as well as groups and individuals who had attended the April pain conference or who had expressed an interest in participating in the retreat.

All but three members of the original MPSMTF indicated they were interested in continued involvement in launching and supporting the Montana Pain Initiative. However, many had scheduling conflicts that precluded their participation in the strategic planning retreat. Ultimately, twelve participants representing a balanced cross section of the stakeholder groups (i.e.- health care providers, health research/academia, persons with pain, pharmaceutical companies, health care associations) were able to participate in person. Half had attended the April 2007 pain conference, and half had not.

What follows is a synopsis of the process that followed and the resulting action plans that outline the Montana Pain Initiative's intentions for addressing untreated and undertreated pain in Montana over the next five years.

Strategic Planning: The Process

The retreat began with an overview of the strategic planning process and elements typically addressed as part of this process, including:

- stakeholder identification
- crafting a vision statement
- creating a mission statement
- identifying measurable objectives designed to achieve the mission
- brainstorming specific projects and activities that support the objectives
- creating a governance structure that facilitates the transition from a task force to fully functioning organization
- addressing staffing needs
- creating the action plans listing the tasks and steps needed to see the projects and activities through from planning to execution to evaluation

Stakeholders

The following groups were identified as having some vested interest in the work of the Montana Pain Initiative. (Note: Stakeholders are defined as persons or groups with an interest in the success of the Initiative, either in delivering intended results, maintaining the viability of the Initiative's products and services, or who will be impacted in some way by the Initiative.)

Pain sufferers

Elderly

Chronic pain sufferers

Caregivers

Cultural Diversity

Native Americans

Asian & Pacific Islander

African American

Clinicians

Physicians

Staff nurses

Physical therapists

Occupational Therapists

Pharmacists

Psychologists/Psychiatrists

Pharmaceutical industry & medical supply companies

Academia/educators

Medical School – WWAMI

College of Nursing – Montana State University

Researchers

Health care facilities—institutional providers

Hospitals

Hospice

Clinics

Long Term Care

Home Health

Pharmacies

Regulatory

- Legislature
- State licensing – providers and facilities
- Boards of Medicine, Health, Pharmacy
- Drug Enforcement Agency
- Medicaid/Medicare

Insurance

- Large commercial providers
- Third party insurers and Reinsurance
- Montana Comprehensive Health Association
- Small business insurance pools
- Malpractice

Complementary/alternative/integrative medicine

- Public & private Integrative
- Naturopathic
- Massage
- Acupuncture
- Osteopathic

Existing and Potential Funders

- Department of Health and Human Services
- Montana Hospital Association
- Attorney General's Office
- Community Foundations
- Hospice Foundation—Missoula
- Federal Agencies
- Lance Armstrong Foundation
- MayDay Fund
- Paul Allen Foundation
- Robert Wood Johnson Foundation
- American Cancer Society

Advocacy/Professional

- Wellness
- 211
- American Headache Society
- Arthritis Foundation
- AARP
- Diabetes Foundation
- Lance Armstrong Foundation
- American Cancer Society
- Education K-12
- Montana Patients & Family United
- Mental Health Providers
- Rehabilitation Therapists
- Addiction Specialists

As the support and involvement of many of these identified groups will be integral to planning and achieving the Montana Pain Initiative's vision, goals and objectives, the participants were encouraged to keep these stakeholder groups in mind as they worked through the remaining steps in the strategic planning process.

Vision

A vision statement communicates how things will look if the issue of undertreated pain is sufficiently addressed. The following vision statement was created:

Access to responsive, comprehensive pain care for all

The retreat participants recommend the Montana Pain Initiative's Advisory Council formally approve the vision statement and create a supporting statement that clarifies the terms, "responsive, comprehensive, and access."

Mission

An organization's *mission statement* describes *what* the group is going to do, and *why* it's going to do that. It should tie directly back to the future state (vision) the Montana Pain Initiative is trying to create. The retreat participants recommend that the Montana Pain Initiative's Advisory Council formally approve the following mission statement:

The Montana Pain Initiative is a grassroots, interdisciplinary organization dedicated to improving the quality of life of Montanans with pain by removing the barriers to effective pain assessment and management through research, education, and advocacy.

Objectives

Once an organization has developed its mission statement, its next step is to develop the specific objectives focused on achieving that mission. *Objectives* refer to specific measurable results for the initiative's broad goals as articulated by their vision and mission statement. Objectives generally lay out *how much* of *what* will be accomplished by *when*. Some of the work of this step was already in place as the recommendations contained in the MPSMTF White Paper identified some specific steps to be taken to address the problems identified in the paper. As a result, this step began with the group reviewing each recommendation and translating it into a measurable objectives. The following objectives will serve as a driver for activities and projects in which the Montana Pain Initiative will be engaged for the next several years:

White Paper Recommendations & Strategies Translated into	Objectives (big picture measurable outcomes)
Support efforts to create a Montana Pain Initiative	By March 2008, create a governance and membership structure for the Montana Pain Initiative and recruit leadership.
Address sustainability	By August 31, 2008, the Montana Pain Initiative will raise \$20,000 in funds to support the Initiative's mission, projects, and operating costs.
Integrate pain surveillance into existing statewide health monitoring systems.	By the end of 2010, integrate pain surveillance into existing statewide health monitoring systems for purposes of establishing a baseline measurement of pain incidence and its impact; review and repeat regularly.

White Paper Recommendations & Strategies Translated into



Objectives (big picture measurable outcomes)

Support initiatives that will conduct large-scale studies of patients, health care providers, and pain management systems in Montana.
Build institutional commitments to improving pain and symptom management.

By the end of 2009, create a process to support existing large-scale studies of patients, health care providers, and pain management systems and/or conduct new studies.
By the end of 2009, 50% of hospitals and long-term care facilities in Montana will sign onto the Standard of Care as defined by the Montana Pain Initiative. (See Appendix C)

Modify existing and adopt new policies that could enhance pain and symptom management in Montana.

By year-end 2012, Montana will achieve an A on the Pain & Policies Studies Group Progress Report Card.

Require or encourage provider practice improvement education in pain and symptom management.

By the end of 2010, the governing boards of medical professionals will each or jointly sign onto a statement recognizing pain as an important clinical issue that necessitates provider practice improvement education.

Encourage licensing boards and professional associations to regularly inform licensees and members about pain management policies and guidelines.

By the end of 2009, encourage Montana licensing boards to adopt a practice of making evidence-based annual policy modifications to current pain management guidelines and notify members of modifications.

Encourage development of public education regarding effective pain management.

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

Encourage development of public education regarding patient advocacy.

By the end of 2009, provide persons with tools to improve their communication with health care providers regarding pain.

Activities and Projects

The next step in the strategic planning process is developing the organization's project and activities list. Activities and projects are the vehicles through which the newly formed Montana Pain Initiative will reach its objectives. These strategies range from very broad projects and activities that encompass many of the stakeholder groups previously identified, to very specific projects with a much narrower focus.

Using the objectives and the MPSMTF White Paper recommendations as a launching point, the retreat participants brainstormed a list of possible projects and activities. The group then analyzed each project to determine whether a sufficient resource

infrastructure exists to support their successful implementation. To meet the threshold for continued consideration, each project had to have at least two of the following characteristics in place:

- The Initiative leadership has the relevant expertise and/or experience to take on the project
- There are willing partners within the Initiative leadership eager to support the activity
- There is funding available to complete the project or the project will generate enough resources to pay for itself.
- There is a track record of success, within Initiative leadership, or within other state pain initiative's for the activity
- Constituents (pain sufferers, providers, policymakers, etc.) are asking for or involved in a tangible way
- It builds or maintains the Initiative's infrastructure

It is worth noting that all of the projects and activities identified during the brainstorming exercise met the resource infrastructure criteria threshold, providing validation the retreat participants were on track and the recommendations in the White Paper are on the mark.

The retreat participants recommend to the Montana Pain Initiative that the following projects and activities be undertaken:

1. Develop and implement a capacity building action plan for the Montana Pain Initiative
2. Develop and implement a fundraising action plan for the Montana Pain Initiative
3. Get baseline data on pain and symptom management practices in the state of Montana by:
 - assisting Montana Department of Public Health and Human Services in developing a pain survey to include in their 2010 Behavioral Risk Factor Surveillance Survey
 - identifying existing provider, insurance, and workmen's compensation studies
 - identifying gaps in studies, prioritizing study needs, and developing survey action plans
4. Review and develop guidelines and policies to improve Montana's grade on the Pain & Policies Studies Group Progress Report Card
5. Review pain sufferers access to care challenges and develop a strategy to address identified gaps
6. Evaluate the success/failure of mandated continuing medical education, research the connection/disconnection between education and behavior change, and develop an action plan based on the findings
7. Develop and identify advocacy group to build support for the annual review of pain management policies and guidelines

8. Develop a reporting tool for tracking the receipt of pain management policies and guidelines
9. Develop, distribute, and track distribution of an institutional pain management education tool kit for hospitals and long-term care facilities using existing tools and developing new tools, where needed
10. Form a partnership plan with interested pharmaceutical companies to educate providers on safe prescribing and risk management
11. Form a partnership with the Federation of State Medical Boards and Montana Board of Medical Examiners to distribute to all practicing physicians in Montana, the Federation of State Medical Board's sponsored book "*Responsible Opioid Prescribing: A Physician's Guide.*" authored by Scott Fishman, MD
12. Finalize and distribute the final MPSMTF White Paper
13. Develop and implement a coordinated multimedia community education campaign that addresses pain education and self-advocacy

Governance

This is a time of transition for the Montana Pain Initiative. The organization needs to remain inclusive and continue leveraging the support and interest generated to date by the various stakeholder groups. That desire must be balanced against the need to create a leadership structure that is nimble, responsive, and able to take on the projects and activities just described. The retreat participants considered several scenarios, but ultimately decided that determining the final structure was a decision best left to the Transition Team.

At this time, the Transition Team believes the mission and goals of the Montana Pain Initiative will be best served with the following governance structure:

- Advisory Council – The Advisory Council serves in a support capacity as a source of two-way communication between the Montana Pain Initiative and stakeholder groups. The Council will be comprised of one member of each state association, plus a representative from each of the hospitals and pain centers. Council members serve two-year terms, one-half of the initial group of Council members will be asked to serve a 3-year term in order to accommodate staggering the terms.
- Executive Committee – The Executive Committee serves as the main governing body of the Initiative and is made up of the officers of the Advisory Council, which include a Chair, Vice-Chair, Medical Officer (a physician), ACS liaison, and the Program Director serving ex-officio without a vote. The Executive Committee's function is to provide the day-to-day leadership, oversee the projects undertaken by the Initiative, and enhance communication within the organization. The Executive Committee will be responsible for creating any necessary guidelines

and bylaws, including officer terms and succession plans, and other operating policies and procedures, as needed. They will also have responsibility for developing the annual budget and monitoring expenditures for the Montana Pain Initiative. The Executive Committee will report to the Advisory Council at least quarterly.

- Standing Committees - The Transition Team will work in tandem with the Executive Committee to establish standing committees as needed. A standing committee is one that is ongoing, and contributes regularly to the operation of the Advisory Council and the Initiative. They provide the administrative oversight to ensure the actions plans that have been developed are carried out and tracked. Each Standing Committee will have a Chair who serves a two-year term. Chairs are not required to serve on the Advisory Council but will be required to report to the Council quarterly. Standing Committees to consider include:
 1. *Public Policy* – would be responsible for organizing and implementing efforts to improve pain policy within the State of Montana
 2. *Public Engagement and Advocacy* - would be responsible for fostering public education and awareness efforts to empower Montanans to demand more effective pain assessment and treatment
 3. *Provider Practice Improvement* – would be responsible for program development aimed at identifying and/or presenting educational opportunities for healthcare professionals to increase their knowledge regarding safe and effective pain assessment and treatment
 4. *Sustainability* – would be responsible for assuring the ongoing financial sustainability of the Initiative through implementation of the their sustainability plan
 5. *Leadership Development* – would be responsible for addressing the leadership development needs of current and future Advisory Council members and ensuring a succession plan
 6. *Finance* – would be responsible for working with the Program Director to monitor the finances of the organization, with the Treasurer serving as an ex officio chair of the committee.
- *Ad hoc committees* - Ad hoc committees, subcommittees, or workgroups may be formed, as needed. These groups are disbanded when their specific, time-limited tasks are completed. Based on the action plans developed and outlined in this report, there may be a need for such groups for data collection and communication/media development.
- Membership – Membership will be open to everyone who supports our mission. The annual membership fee is \$35, with a \$15 Living Lightly option for those who cannot afford the \$35. Whatever voting rights the membership will have will be determined by the Executive Committee and incorporated into the by-laws.

A pictorial representation of the proposed governance structure can be found in Appendix B. As the Montana Pain Initiative builds its programming, financial infrastructure, and member network, changes in the governance structure may be advised to help the Initiative sustain its programming and remain a relevant, vibrant organization. That determination can and will be made at a future date and time, as needed.

Staffing Needs

Critical to the successful launch and maintenance of the Montana Pain Initiative is the ability to retain the services of a qualified program director and administrative support staff, estimated for the coming 12 – 24 months to be somewhere in the range of .25 to .40 FTE. The American Cancer Society (ACS), which has generously allocated staff time to this effort over the past eighteen months, has confirmed their willingness to allocate .25 FTE of ACS staff time for fiscal year 2007-08 (September 1, 2007 to August 31, 2008) to the position of Montana Pain Initiative Program Director, and up to .10 FTE for administrative support. This support is offered with the expectation that at the beginning of fiscal year 2008-09 (September 1, 2008), the Montana Pain Initiative will take over fiscal responsibility for compensating staff. In the meantime, ACS will continue to serve as the Montana Pain Initiative's fiscal agent for grant and fundraising purposes.

Strategic Planning: The Action Plans

An organization's action plan describes in detail exactly how the projects and activities will be implemented to accomplish the objectives developed earlier in this process. Action steps are developed for a project or activity and include:

- Action step(s): What will happen
- Person(s) responsible: Who will do what
- Date completed: Timing of each action step
- Resources required: Resources and support (both what is needed and what's available)
- Barriers or resistance, and a plan to overcome them
- Collaborators: Who else should know about this action

The strategic planning participants developed preliminary action plans for 12 of the 13 projects listed previously. It was decided the yet-to-be-formed Montana Pain Initiative Advisory Council will assume responsibility for developing an action plan for fundraising. A page-by-page listing of the action plans can be found in Appendix A. The action plans are grouped by focus area, which tie directly to the standing committee and/or ad-hoc committees that will be formed, including: sustainability, data collection, provider practice improvement, public policy, and public engagement. You will also note that each project ties back to one of the broader objectives listed on pages 4 and 5 of this document. The vision and mission of the Montana Pain Initiative should be driving forces behind where the Initiative will spend its energy and resources and thus each project must be able to be linked back to them via the broader objectives.

These action plans should be viewed as preliminary. The reader will note that some plans are more detailed and/or complete than others. Several of these plans require the expertise and involvement of stakeholders who were not present at the retreat. Their input on the specifics is needed before the plans can be completed. In other cases, the initiation of one project is dependent on the completion of another project. An example of this is the plan to review pain sufferers' access to care challenges and develop a strategy to address identified gaps. The scope of that project will be shaped and influenced by the project to review and collect survey data from providers, insurance companies, worker's compensation, and the 2010 Behavioral Risk Factor Surveillance Survey. Until the survey review project is well underway, it seems advisable to hold off developing an action plan for the access to care project.

Next Step- Funding & Implementation

The retreat participants recommend that the Transition Team be given time to get the Montana Pain Initiative Advisory Council in place before any workgroups convene in order to avoid confusion about lines of responsibility. The Executive Committee also needs time to work on creating and approving bylaws and developing a budget.

Once the transition is completed, the MTPI Advisory Council will need to:

- a. review the specifics of each action plan, making timeline adjustments and fleshing out steps where needed
- b. recruit volunteers to serve on project workgroups
- c. ensure a budget for each project is developed and approved, and
- d. determine to whom the workgroups will report (e.g. - one of the standing committees, directly to the Advisory Council, etc.).

At that point, the plan will be ready for implementation and there are several action items for which sufficient manpower and resources have been pledged to enable the Initiative to proceed with their implementation.

This roadmap is meant to be used and adapted on the Montana Pain Initiative's journey toward achieving their vision of "access to responsive, comprehensive pain care for all." The plan should help the Initiative stay focused, providing guidance about what to do and when, yet also allow for some flexibility.

The Advisory Council should plan to review the roadmap every six months. It is also good to review the roadmap when a new opportunity arises that the Initiative is tempted (or feeling pressured) to get involved in. In addition, anytime there is a sudden influx or depletion of resources or change in leadership, it is time to review the plan in detail.

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Peg Morgan
Kristin Page Nei
Kaye Norris, Ph.D.
Dan Orizotti
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Action Plans (Organized by Focus Areas)

Focus Area: Sustainability
Objective to which the Activity/Project is tied: By March 2008, create a governance and membership structure for the Montana Pain Initiative
Activity/Project: Develop and implement a capacity building action plan for the Montana Pain Initiative
Projected Start Date: 9/22/2007
Projected End Date: December 2010
How Activity/Project success will be measured: Successful development of a governance structure and recruitment of Advisory Council members

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Convene transition team to finalize organizational structure & dues proposal	Kristin Nei, Lindsay Iudicello, & Kathryn Borgenicht	10/24/2007	Conference call	
Submit proposal to strategic planning team via email	Kristin Nei	12/14/2007	Email & contact info for SP Team	
Feedback from planning team via email	Strategic Planning Team	12/21/2007	Email	
Verify finalized proposal	Transition Team	01/05/2008	Conference call	
Recruit Leadership	Transition Team	01/31/2008	Email and followup	

Action Plans (Organized by Focus Areas)

Focus Area: Sustainability

Objective to which the Activity/Project is tied: By August 31, 2008 the Montana Pain Initiative will raise \$20,000 in funds to support the Initiative’s mission, projects and operating costs.

Activity/Project: Develop and implement a fundraising action plan for the Montana Pain Initiative

Projected Start Date: 10/1/2007

Projected End Date: 8/31/2008

How Activity/Project success will be measured: \$’s raised by August 31, 2008

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
	Delegated to Transition Team and Advisory Council to develop action plan steps			

Action Plans (Organized by Focus Areas)

Focus Area: Data Collection				
Objective to which the Activity/Project is tied: <i>Objective A:</i> By the end of 2010, integrate pain surveillance into existing statewide health monitoring systems for purposes of establishing a baseline measurement of pain incidence and its impact; review and repeat regularly. <i>Objective B:</i> By the end of 2009, create a process to support existing large-scale studies of patients, health care providers, and pain management systems and/or conduct new studies.				
Activity/Project: Get baseline data on pain and symptom management practices in the state of Montana by: <ol style="list-style-type: none"> 1. assisting Montana DPHHS in developing a pain survey to be included in their 2010 BRFSS survey 2. identifying existing provider, insurance, and workmen’s compensation studies 3. identifying gaps in studies, prioritizing study needs, and developing survey action plan 				
Project Start Date: 12/15/2007				
Projected End Date: December 2010				
How Activity/Project success will be measured:				
Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Recruit workgroup (interdisciplinary, DPHHS EPI)	Kristin Nei	02/29/2008	Email	
Identify workgroup member as liaison to contact the BRFSS and learn process of adding questions				
Identify different data needed		03/31/2008		
Research data that’s been collected				
Prioritize study needs—set timeline based on identified priority areas and survey collection timelines		04/30/2008		
Develop survey action plan as determined by findings to date				

Action Plans (Organized by Focus Areas)

Focus Area: Public Policy				
Objective to which the Activity/Project is tied: Montana will achieve an A on the Pain Policy Report Card by the end of 2012.				
Activity/Project: Review and develop guidelines and policies to improve Montana’s grade on the Pain & Policies Studies Group Progress Report Card				
Projected Start Date: 1/5/2008				
Projected End Date: December 2012				
How Activity/Project success will be measured:				
Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Recruit workgroup	Kristin Nei	02/29/2008	Email; listserve	
Review current policies to determine problems—analyze PPSG report card by 2008	Workgroup	03/31/2008		
Review policy best practices and model guidelines educational tool for medical examiners, licensing boards, professional associations etc. based on review report recommendations to Advisory Council and request further direction	Workgroup	4/30/2008		
Review what medication access challenges are, develop recommendations for change and report to Advisory Council	Workgroup	1/1/09		
Review Controlled Substances Act and report proposed wording changes to Advisory Council	Workgroup	1/1/10		
Get model insurance company representatives to the table	Ask Dr. Robert Shephard at New West	Ongoing		

Action Plans (Organized by Focus Areas)

Focus Area: Public Policy

Objective to which the Activity/Project is tied: Montana will achieve an A on the Pain Policy Report Card by the end of 2012.

Activity/Project: Review pain sufferers access to care challenges and develop strategy to address identified gaps

Projected Start Date: Project should not be undertaken until pain surveys are completed and data is analyzed

Projected End Date: December 2012

How Activity/Project success will be measured:

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Build relationship with coalition working on access to care—make sure pain on table				
Work with data collection group to identify gaps in access to care and develop strategy to address gaps				

Action Plans (Organized by Focus Areas)

Focus Area: Public Policy

Objective to which the Activity/Project is tied: By the end of 2010, the governing boards of medical professionals will each or jointly sign onto a statement recognizing pain as an important clinical issue that necessitates provider practice improvement education.

Activity/Project: Evaluate the success/failure of mandated continuing medical education, research the connection/disconnection between education and behavior change, and develop action plan based on findings.

Projected Start Date: 12/1/2007

Projected End Date: December 2010

How Activity/Project success will be measured:

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Determine members of workgroup	Kaye Norris, Kristin Nei	02/29/2008	Transition team	
Determine states that have CME mandates	Workgroup	03/15/2008	Ronna Popkin (ASPI), PPSG, Google search	
Review literature on impact of education on behavior changes in professional practice	Kaye Norris	03/15/2008	Internet	
Send report on lit review	Kaye Norris	03/31/2008	e-mail	
Connect w/ people in other states with mandated CME to evaluate success/failure (SPI members, PPSG)		03/31/2008	e-mail	Phone calls to non-responders
Collate information on status & email		04/15/2008		
MTPI decide value of CME based on reports	MTPI Advisory Council	04/30/2008	teleconference	Further action, if any, determined during teleconference

Action Plans (Organized by Focus Areas)

Focus Area: Public Policy

Objective to which the Activity/Project is tied: By the end of 2009, encourage Montana licensing boards to adopt a practice of making evidence-based annual policy modifications to current pain management guidelines and notify members of modifications.

Activity/Project: Develop and identify advocacy group to build support for annual review of pain management policies and guidelines

Projected Start Date: 3/1/2008

Projected End Date: December 2009

How Activity/Project success will be measured: Successful completion and dissemination of guidelines

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Create networking list of Licensing Board advocates	Public Policy Committee		Contact information for Medical chairs, Providers,	
Review current licensing board policies and historic Data surrounding policy changes (Sources: Medical – legal, AMA, Public policy)	Public Policy Committee		Medical legal expertise	
Set action date for proposal to be presented to state licensing board.	Public Policy Committee			
Create proposal and supporting data for annual review	Public Policy Committee		Grant writer	
Present proposal to Advisory Council for approval	Public Policy Committee			
Edit/revise guidelines as directed by Advisory Council	Public Policy Committee			
Present/disseminate proposal and suggested guidelines to State Licensing Board	Public Policy Committee	12/09	Printing and postage	

Action Plans (Organized by Focus Areas)

Focus Area: Public Policy
Objective to which the Activity/Project is tied: By the end of 2009, encourage Montana licensing boards to adopt a practice of making evidence-based annual policy modifications to current pain management guidelines and notify members of modifications
Activity/Project: Develop reporting tool for tracking the receipt of pain management policies and guidelines
Projected Start Date: Project begins after guidelines are approved and disseminated
Projected End Date: December 2009
How Activity/Project success will be measured: Evidence of the development of and utilization of a “report card” for tracking

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Interpret new guidelines for effective use throughout institutions	Public Policy Committee			
Continual consideration for utilization	Public Policy Committee			
Modifications for annual review	Public Policy Committee			

Action Plans (Organized by Focus Areas)

Focus Areas (2): Public Policy AND Provider Practice Improvement				
Objective to which the Activity/Project is tied: By the end of 2009, Montana licensing boards will adopt a practice of making evidence-based annual policy modifications to current pain management guidelines and notify members of modifications.				
Activity/Project: Form partnership with the Federation of State Medical Boards and Montana Board of Medical Examiners to distribute to all practicing physicians in Montana, the Federation of State Medical Board's sponsored book <i>"Responsible Opioid Prescribing: A Physician's Guide."</i> authored by Scott Fishman, MD.				
Projected Start Date: 02/01/08				
Projected End Date: December 2009				
How Activity/Project success will be measured: # of books distributed				
Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Contact designee at FSMB (Lisa Robbin) to learn about project specifics	Kristin Nei		Get Lisa's contact information from Ronna Popkin	
Contact Montana Board of Medical Examiners and get specifics on their support for and involvement in this partnership (e.g. – fundraising, linking with CME)				
Appeal to Montana Medical Association for funding support	Kathryn Borgenicht			
Research Oxycontin settlement & other sources of AG money			Dan Orizotti, Attorney General's Mike McGrath	
Research & locate other potential funders (e.g. – Mayday Fund)				
Secure funding for printing and distribution				
Present proposal to Advisory Council for their approval				
Forward Montana specific information to be included in book to FSMB and order books to be printed				
Distribute books				
If CME is included, develop mechanism to track CME utilization				

Action Plans (Organized by Focus Areas)

Focus Area: Provider Practice Improvement

Objective to which the Activity/Project is tied: By the end of 2009, 50% of hospitals and long term care facilities in Montana will sign onto the Standard of Care as defined by the Montana Pain Initiative.

Activity/Project: Develop, distribute, and track distribution of an Institutional pain management education tool kit for hospitals and long-term care facilities using existing tools and developing new where needed

Projected Start Date: 01/31/2008

Projected End Date: December 2009

How Activity/Project success will be measured: # of kits distributed

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Research and review existing potential toolkit resources	Workgroup which includes: Kathryn Borgenicht, Deanna Brame, Dan Orizotti	2/29/2008	Ronna Popkin, other SPI's	
Develop toolkit resources (as needed), distribution plan, and tracking plan.	Workgroup	3/31/2008	Graphic art design support	
Present completed proposal to Advisory Council and finalize what will be included in the toolkit, the distribution plan, and how the dissemination and utilization of the toolkit will be tracked.	Workgroup		Tele-Web Conference	
Secure funding to underwrite development/ procurement of toolkit items and funds needed to aid in distribution	Workgroup & Grant writer		Grant writing, donor solicitation support	
Assemble toolkit	Workgroup		Printing and production funds	
Execute distribution plan & ask participants to sign onto Standard of Care, if they have not yet done so.	Workgroup		Postage & delivery, perhaps on-site demos	
Execute tracking plan & Track results	Workgroup		Survey Monkey	

Action Plans (Organized by Focus Areas)

<p>Focus Area: Provider Practice Improvement</p> <p>Objective to which the Activity/Project is tied: By the end of 2010, the governing boards of medical professionals will each or jointly sign onto a statement that recognizes pain as an important clinical issue that necessitates provider practice improvement education.</p> <p>Activity/Project: Form partnership plan with interested pharmaceutical companies to educate providers on safe prescribing and risk management</p> <p>Projected Start Date: 10/15/2008</p> <p>Projected End Date: December 2010</p> <p>How Activity/Project success will be measured:</p>				
Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Identify potential partners	Peg Morgan	02/29/08	Ronna Popkin, pharma list from Ann Corley	Peg will contact other SP participants, Avi Bardin (Alpharma), Dan Orizotti (Purdue), Julie Krommenhock and Ross ? (Endo)
Invite companies to participate informally	Peg Morgan	03/31/08		
Formal invitations sent	Kristin Nei	04/15/08		
Develop education plan proposal				
Present proposal (including content, venues, platform, marketing) to Advisory Council for discussion and approval				
Finalize plan				
Execute plan				
Evaluate, modify programming				

Action Plans (Organized by Focus Areas)

Focus Area: Public Engagement

Objective to which the Activity/Project is tied: By March 2008 the MPSMTF White Paper will be officially released and its impact will be evaluated.

Activity/Project: Finalize and distribute the final MPSMTF White Paper

Projected Start Date: 10/1/2007

Projected End Date: March 2008

How Activity/Project success will be measured:

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Convene Review Team	Review Team: Edie Ellsworth, Lindsay Iudicello, Kristin Nei, Kaye Norris	11/15/2007	Public comments & email	
Identify and Secure Funding	Review Team	11/30/2007	Done	
Update White Paper to incorporate public comments, strategic plan and approved changes	Review Team	12/15/2007		
Develop Public Education and Distribution Plan	Review Team	12/31/2007		
Present white paper to listserv via web conference	Review Team	01/31/2008	Tele-Web Conference	
Mail final plan to all decision makers	Transition Team	02/15/2008	Printing and Postage	
Evaluate Success	Review Team	03/01/2008		

Action Plans (Organized by Focus Areas)

Focus Area: Public Engagement

Objective to which the Activity/Project is tied: *Objective A:* By the end of 2010, improve public awareness of evidence based pain treatment options and access through the development and implementation of a coordinated multimedia public education campaign. *Objective B:* By the end of 2009, provide persons with tools to improve their communication with health care providers regarding pain.

Activity/Project: Develop and implement a coordinated multimedia community education campaign that addresses pain education and self-advocacy

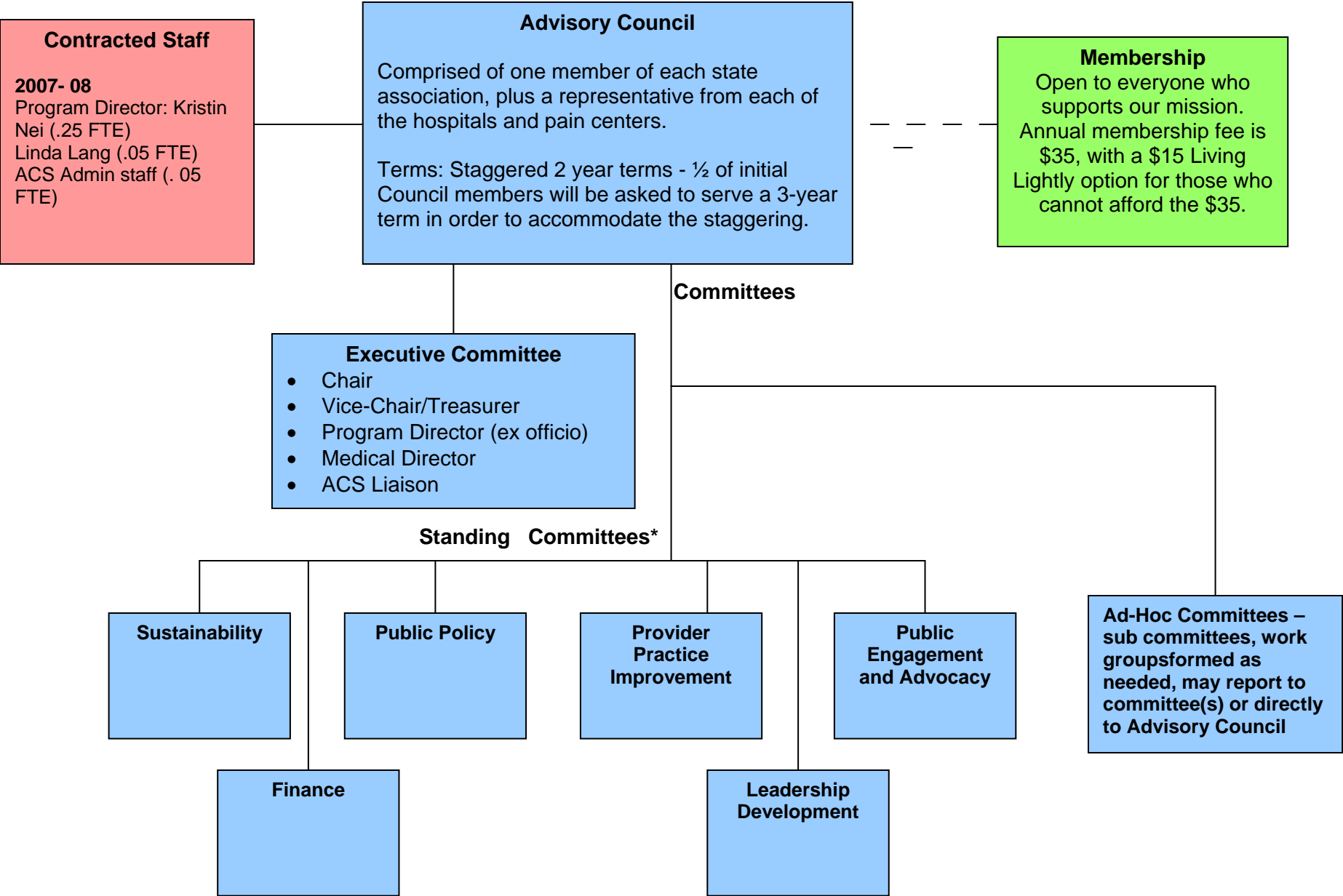
Projected Start Date: 11/1/2007

Projected End Date: December 2010

How Activity/Project success will be measured:

Step:	Delegated to:	Complete by:	Resources needed:	Follow-up:
Identify a public education workgroup	Skip Schloss, Kristin Nei, Casey Breem	02/15/2008	Task force and retreat invitee list	
Create basic proposal to solicit funds for public education	Workgroup	02/15/2008		
Identify resources available		02/29/2008		
Hold workgroup meeting		02/29/2008		
Establish public education priorities				
Develop basic MTPI website	Skip	03/31/2008		
Hire webmaster and graphic design person				
Survey and research resources used by other initiatives for public education		Initiate 2/2008 – ongoing thereafter		
Investigate resources available through POP and/or developed by other SPI's and pain organizations		02/29/2008		
Identify community centers & health care facilities for info dissemination		4/30/2008		
Contact nursing schools to be involved				
Secure media outlets				
Power Over Pain training for community presenters				

Montana Pain Initiative – Proposed Organizational Structure



* - Each Standing Committee will have a Chair. Chairs are not required to serve on the Advisory Council but will be required to report to the Council quarterly.

Reports of pain and symptoms are taken seriously and are treated with dignity and respect by all healthcare professionals.

- Pain and symptoms are thoroughly assessed and promptly treated.
- Patients are informed by the healthcare provider about what may be causing the pain and/or symptom(s); possible treatments; and the benefits, risks, and costs of each.
- Patients participate actively in decisions about how to manage their pain and symptoms.
- Pain and symptom control is reassessed regularly and the treatment adjusted if the pain or symptom has not been eased.
- Patients are referred to a pain specialist if the pain persists.
- Patients obtain clear and prompt answers to their questions, are allowed time to make decisions, and are allowed to refuse a particular type of treatment if they choose.
- Healthcare professionals utilize nationally recognized Pain and Symptom Treatment Guidelines to identify and optimize individual treatment plans.

Adapted from the Pain Care Bill of Rights by the American Pain Foundation

ORGANIZATIONS SUPPORTING THE MONTANA PAIN AND SYMPTOM
MANAGEMENT STANDARD OF CARE
ENDORSEMENTS RECEIVED AS OF JANUARY 15, 2007

Action for Eastern Montana
American Cancer Society
Area V Agency on Aging
American Association of Hospice and Palliative Care
Bozeman Deaconess Hospital
Carroll College Parish Nurse Center (representing parish nurses statewide)
Montana Area Agency on Aging Association
Montana Attorney Generals Office of Consumer Protection & Victim Services
Montana Board of Pharmacy
Montana Cancer Control Coalition
Montana Chiropractic Association
Montana Medical Association
Montana Nurses Association
Montana Senior Citizens Association
Montana Spine and Pain Center – Missoula
Montana State University-Bozeman College of Nursing
N Central Area III Agency on Aging

Montana Pain Initiative – Standard of Care Statement

Appendix C

St. Patrick Hospital & Health Sciences Center, Missoula

St. Peters Hospital Helena

St. Vincent Hospital Billings

State of Montana Department of Corrections

State of Montana Department of Public Health and Human Services

University of Montana Physical Therapy Department and Rehabilitative Services

Yellowstone City County Health Department