Kaye Norris, PhD
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Assistant Director, Western Montana Area Health Education Center

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Senate Joint Resolution 28

- The Montana Pain and Symptom Management Task Force (MPSMTF)
- Montana Legislature in 2005
- Senator Carolyn Squires
- Staffed by American Cancer Society

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Senate Joint Resolution 28

- For two years gathered national and local information on pain management
- Conducted a convenience sample Community Survey (329 participants, results can be found at www.mtpain.org)

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Senate Joint Resolution 28

- Developed a white paper with 10 recommendations focusing on policy, provider practice improvement, and advocacy (Mailed over 900 white papers to opinion leaders in Montana)
- Recommended the Development of the Montana Pain Initiative
  - Move from information gathering to action

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MTPI Advisory Council

- **35** Members representing

Oversite:

- American Cancer Society
- American Cancer Society Cancer Action Network

Boards/Associations:

- Medical
- Pharmacy
- Nursing

Organizations:

- Attorney General's Office
- Benefis Healthcare
- Billings Clinic
- Bozeman Deaconess Hospice and Palliative Care;
- Bozeman Deaconess Hospital
- Community Medical Center
- DPHHS/Medicaid
- St. Patrick Hospital and Health Sciences Center
- St. Peter's Hospital
- St. Vincent Healthcare

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Executive Committee

Leadership of the MTPI

- Chair, Randale Sechrest, MD
- Vice Chair, Jean Forseth, RN
- Medical Director, Kathryn Borgenicht, MD
- American Cancer Society Liaison, Kristin Nei
- Program Director, Kaye Norris, PhD

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Grants

- Pain Improvement Partnership (Lance Armstrong funding through the Alliance of State Pain Initiatives)
- Strategic Planning (Lance Armstrong Foundation through the Alliance of State Pain Initiatives)
- State Pain Activity (American Cancer Society Cancer Action Network)
- Public Safety Program: Partnering to Improve Pain Management and Reduce Abuse and Diversion (Montana Attorney General' s Office)

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Getting the Work Done

- Standing Committees
  - Public and Institutional Policy
  - Patient and Public Education & Advocacy
  - Provider Practice Improvement
- Work Groups
  - Addressing Chronic Pain and Addiction
  - Passage of Prescription Drug Registry

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Policy Improvement

- In 2008-9 Assisted PMP Coalition in drafting Prescription Monitoring Program legislative language which focused on patient safety
- The bill was defeated in the Human Health and Services Committee
- In 2010-2011 worked closely with the Montana Attorney General's Office to draft and pass Prescription Drug Registry legislation

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Policy Improvement

- Montana Board of Medical Examiners adopted Model Pain Policy developed by Federation of State Medical Boards
- Board of Pharmacy revised pain policy based on national standards
- 13 Facilities (long term care, home health, and critical access hospitals) revised policy and structure to improve pain management

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Provider Practice Improvement

Annual Conferences:

- Politics of Pain: Improving Pain Management Policy in Montana (Missoula, April 2007)
- Pain Management Policy and Practice: A Balanced Approach (Missoula, September 2008)
- Practical Approaches to Managing Pain (Bozeman, Sept 2009)

Provider Practice Improvement

Annual Conferences:

- Navigating the Complexities of Pain (Billings, October 2010)
- Front Line Pain Management: Neuroplastic Transformation, Interdisciplinary Care, Safe Prescribing (Bozeman, October 2011)
- Redefining Pain: The Changing Landscape of Pain Management (Missoula, May 2014)

Special Conference:

Addressing Chronic Pain and Addiction: A Community Network Approach (Missoula, May 2010)

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Provider Practice Improvement

- Disseminated Scott Fishman's book *Responsible Opioid Prescribing: A Physician's Guide*

  to over 3000 practicing prescribers

  (partnered with Attorney General's Office and Board of Medical Examiners)

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Research

Developed pain questions for the 2010 Behavior Risk Factor Surveillance Survey

2010 BRFSS Results

Severity Level	Grade 1—Mild	Grade 2—Moderate	Grade 3--Severe
Duration	3 months to 1 year	>1 year to 5 years	>5 years
Frequency	Recurrent Pain: Once/month or less	Persistent pain: Once/week to once/hour	Constant Pain
Intensity (None to 10) Scale	1-3	4-6	7-10
Activity Limitation	None	1 to <14 days per month	≥14 days per month

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2010 BRFSS Results

- 2,607 respondents suffered from chronic pain (33% of total respondents)
- 90% pain lasted at least 1 year
- 40% experience pain constantly
- 50% had other health conditions (asthma, diabetes, cardiovascular disease, mental)

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2010 BRFSS Results

- ~25% rated pain intensity as severe
- 5% Grade 3—Severe (duration, frequency, intensity, activity limitation)
- Translated to estimated 40,000 Montanans experience severe pain
- ~168 days per year lost productivity (each)

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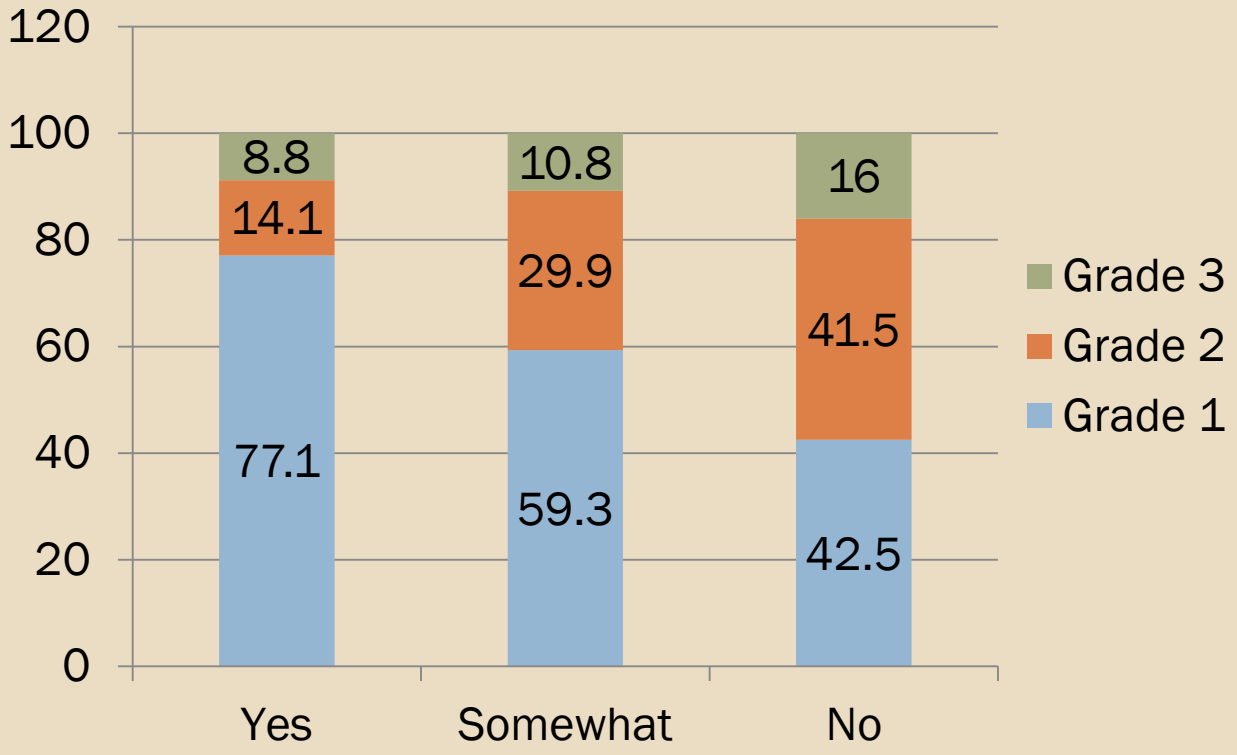
BRFSS Results
Is your pain well managed?



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Report Conclusion

- Chronic pain a considerable public health burden in Montana
- Montanans with most severe chronic pain more likely to be uninsured
- Montana Healthcare providers may be inadequately treating pain when other health conditions are seen as predominant

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Two Competing Public Health Crises

1) Epidemic of untreated and undertreated chronic pain:
   - WHO: "undertreated pain is the #1 health problem in America."
   - *Relieving Pain: A Blueprint for Transforming Prevention, Care, Education, and Research (IOM 2011)*.
2) Epidemic of prescription drug abuse:
   - CDC: 6million Americans are abusing prescription pain killers: more than heroin, cocaine, and hallucinogens *combined* (increase of 80% in 6 years).

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IOM: "Underlying Principles"

1. ***A moral imperative. Effective pain management is a moral imperative, a*** professional responsibility, and the duty of people in the healing professions.

2. ***Chronic pain can be a disease in itself. Chronic pain has a distinct pathology,*** causing changes throughout the nervous system that often worsen over time. It has significant psychological and cognitive correlates and can constitute a serious, separate disease entity.

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Who is at risk for overdose death?

1. ***9 million persons who report long-term medical use of opioids.***
   + About 3% of U.S. population
2. ***6 million persons who report non-medical use of opioids over the last one month.***
   + About 3% of the adult population over age 12
   + But about 5% of the 18-25 years age group
3. ***CDC: 25-66% of opiate OD fatalities occurred in patients who were never prescribed the implicated drug.***

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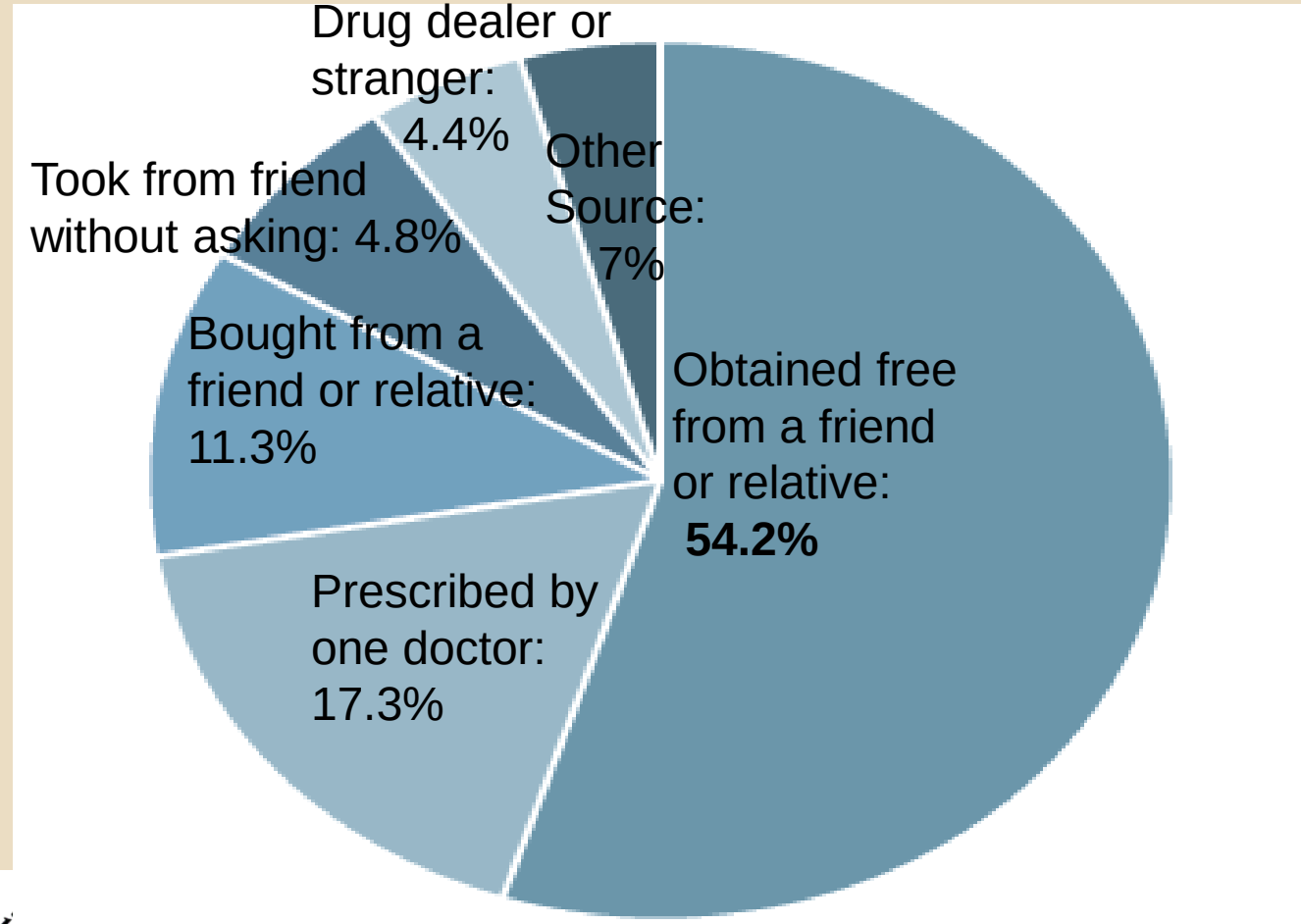
People Who Abuse Prescription Pain Medication Get Them From:



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Best-Practices

- Evaluate opioid abuse risk using a validated screening tool such as DIRE or Opioid Risk Tool
- Establish a chronic pain agreement for long-term use
- Use urinary drug test when at high risk for abuse
- Treat and monitor patients at highest risk for abuse
- Behavioral health needs to be part of assessment and treatment

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When is it appropriate to use opioids for persistent pain?

- After thorough evaluation
- When opioids have an equal or better therapeutic index than alternative therapies
- The medical risk of opioids is relatively low
- The patient is likely to be responsible in using the medication
- Opioids are part of an overall management plan

Regulation of Prescribing Practice

- Intention is good
- Potential unintended consequences:
  - impede access to necessary medications, and
  - diminished quality of life of patients who experience persistent pain

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Going Forward

- Healthcare Providers, Regulators, Patient Advocates, Law Enforcement must work together
- A balanced approach with equal emphasis on pain management and public safety will be the most effective
- State funding that leverages private and non-profit dollars is necessary to sustain a coordinated effort

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Thank You.


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