



Pain Standards Task Force  
PacificSource Community Solutions – Boardroom  
2965 NE Conners Ave, Bend OR 97701

Agenda: August 3, 2016 from 7:00am-8:00am

Call-In Number: 866-740-1260  
7-Digit Access Code: 3063523

1. **7:00-7:05**      **Introductions—All**
  
2. **7:05-7:25**      **ED/Hospital Metric Update—Ken House**
  
3. **7:25-7:40**      **Back Pain Guidelines Q&A—Dr. Little**
  
4. **7:40-7:45**      **Pain Resiliency Program Update & Discussion —Dr. Swanson & Dr. Little**
  
5. **7:45-7:55**      **Monthly Updates—Dr. Swanson**
  - **Statewide PIP Update—Maria Hatcliffe**
  - **Benzodiazepine Conference (September 15-17, 2017)—Dr. Swanson**
  - **Safer, Informed, & Compassionate Opioid Prescribing—Dr. Swanson**
  - **PDMP Grant Update—Harriett Godoski**
  - **Living Well with Chronic Pain for Central Oregon—Rebeckah Berry**
  
6. **7:55-8:00**      **Farewell & Thank You to Maria Hatcliffe—All**

**Consent Agenda:**

- **Approval of the draft minutes dated July 20, 2016 subject to corrections/legal review**



**MINUTES OF A MEETING OF  
THE PAIN STANDARDS TASK FORCE  
CENTRAL OREGON HEALTH COUNCIL  
July 20, 2016, from 7:00 am - 8:00 am**

**Task Force Members Present**

Kim Swanson, Chair (St. Charles Medical Group)  
Gary Allen (Advantage Dental)  
Rebeckah Berry (Central Oregon Health Council)  
Wil Berry (Deschutes County Behavioral Health)  
Shanna Geigle (Veterans Affairs)  
Maria Hatcliffe (PacificSource)  
Jennifer Laughlin (St. Charles Health System)  
Sharity Ludwig (Advantage Dental)  
Steve Mann (COIPA and High Lakes Healthcare)  
Laura Pennavaria (La Pine Community Health Center)  
Christine Pierson (Mosaic Medical)  
Kerie Raymond (Hawthorn Healing Arts Center)  
Rob Ross (St. Charles Medical Group)  
Scott Safford (St. Charles Medical Group)  
Julie Spackman (Deschutes County Health Services)  
Tom Watson (Rebound Physical Therapy)

**Members Present (Call-in):**

Alison Little (PacificSource)

**Guests Present:**

Julie Bostrom, RN (St. Charles Emergency Department)  
Harriett Godoski (PDMP Coordinator)

**Absent**

Muriel DeLaVergne-Brown (Crook County Health Department)  
Jessica LeBlanc (Mosaic Medical & Bend Treatment Center)  
Marie Rudback, DC (Endeavor Chiropractic, LLC)  
Divya Sharma (Mosaic Medical and COIPA)  
Pamela Tornay (Central Oregon Emergency Physicians)  
Rick Treleaven (BestCare Treatment Services)

## 1. Introductions

- Dr. Kim Swanson presented a mid-year report to the COHC board and committees. She thanked everyone on the PSTF for all the great work that has been accomplished.
- Members of the PSTF and guests introduced themselves.
- Dr. Alison Little called in briefly but was not able to stay for the meeting. She was scheduled later in the agenda to give an update on the new back pain guidelines, but it is too early in the process to report much at this time.
- The question was raised whether a prior authorization (PA) must be submitted by the PCP or, for example, could the ED initiate a PA for therapies for spine pain to get the process initiated early in the condition.
- **FOLLOW UP:** Dr. Little agreed to spend more time on this issue during the August PSTF meeting.

## 2. Lessons Learned from Southern Oregon Pain Conference

- Dr. Steve Mann shared that the conference was very helpful. Presenters are leaders in the field. Dr. Jane Ballantyne reported on the pathophysiology of tapering and the role of the endogenous opioid system. Opioid-induced hyperalgesia related to neuroadaptive changes makes tapering that much more difficult in long-term chronic use. Maintenance therapy may be better than trying to taper off.
- **ACTION:** Ms. Rebeckah Berry will send out the PowerPoint to the group.
- Dr. Christine Pierson asked what about neuro re-wiring that is possible (to turn it around).
- Dr. Mann felt a very small percentage, and most are irreversible neuroadaptations.
- Dr. Pierson inquired about the role of EMDR (Eye Movement Desensitization and Reprocessing).
- Dr. Mann stated that they did talk about “touch” therapies, and there is a role for them to help with coping.
- Dr. Swanson said that Cognitive Behavioral Therapy (CBT) might change brain/neuro restructuring as well as meditation.
- Dr. Pierson felt it was hard to hear of it as being “hopeless.”
- Dr. Wil Berry mentioned with neuroplasticity, neurons change slowly.
- Dr. Swanson explained that 50% of this population are traumatized to begin with, and have neuro pathway changes; then opioids are added to the mixture.
- Dr. Laura Pennavaria wondered about genetic testing.
- Dr. Swanson said it could be reliable but is not covered by insurance.
- Ms. Shanna Geigle shared that Million Veteran research is doing genetic research on many different areas. She could check to see if this was one area.
- Dr. Kerie Raymond expressed that we need to be thinking about the preventive level based on understanding the pathophysiology. Lots of pain is unexplained, and we need to find ways to accept and address it. She explained that there is a need to let the body deal with what is happening as a natural process.
- Dr. Rob Ross explained that in other cultures, such as the Japanese, do not use opioids for pain treatment at all.
- Dr. Swanson shared that Brain Pain – Central Sensitization Syndrome involves many conditions: fibromyalgia, endometriosis, migraines, and low back pain. These are not appropriate for opioid treatment. She said by adding opioids; we get hyperalgesia. She explained that there is a need to get messaging out about syndromes that they should not be treated with opioids.
- **FOLLOW UP:** Dr. Swanson will get the article out and the list of conditions.
- Dr. Ross expressed that it seems like the message is we should stop prescribing opioids for pain and get patients currently on them for chronic use onto Suboxone.

- Dr. Swanson mentioned the importance of CBT.
- Dr. Pierson wondered what PSTF's role in disseminating this information was.
- Dr. Swanson stated that a more in-depth discussion is needed.
- Ms. Maria Hatcliffe asked about passing along our concerns to HERC/OHA given their Guideline Note (that PacificSource is not implementing at this time) requiring all chronic opioid users to be tapered off by Jan 1, 2017.
- Dr. Swanson stated that there is a Statewide Opioid Task Force that she sits on that discusses these issues.

### **3. MED Chart**

- Dr. Mann presented the target/goals for MEDs was included in the packet and provides High-Good-Best/Ideal targets for 2016, 2017 and 2018, with an annual decrease in the High category of ~30% per year with the best/ideal tapering to 0.
- Dr. Pennavaria said she is doing some tapering. Her own comfort with prescribing peaks at about 50 MED. She is using CDC literature/handouts and asking patients to take the information home to review, then they come back and they continue the discussion. Having other adjunct therapies to offer makes a difference. The Living Well with Chronic Pain was very well received in La Pine.
- Dr. Jennifer Laughlin stated that education in an acute setting is needed. We should try to not set people up for taking opioids. She believes that opioids are used like water in a hospital setting.
- Dr. Berry shared that we have spent 70 years evolving healthcare toward patient autonomy. We now need to reconsider the decision-making potential of patients in acute care situations.
- Dr. Swanson feels that taking the time required to have these conversations in primary care is needed.
- Dr. Ross agreed with Ms. Swanson and feels a glide path takes time.
- Dr. Pennavaria expressed that we need to have the conversations and make the changes over time.
- Dr. Swanson said that some practices are changing from trying to do it in a one-hour conversation to increasing the frequency of visits.
- Dr. Pierson explained that most primary care providers see the need to taper.
- Ms. Geigle mentioned how some patients get angry about these conversations and threatening to themselves or staff.

### **4. Safer, Informed, & Compassionate Opioid Prescribing & PDMP Update**

- Dr. Swanson felt the presentation at High Lakes Healthcare went well. She said the presentation was about 15 minutes plus discussion, though Harriett Godoski stayed longer to register providers and their delegates.
- Dr. Mann shared that he planted many seeds; some outliers may not budge.
- Ms. Pierson sees the value of educating the whole clinic team.
- Ms. Godoski explained that The Center wants to do the training on their own, and is reaching out to other orthopedists in the region as well.
- Dr. Swanson explained that Harriett is using the list from PDMP of providers that have prescribed an opioid but are not registered with PDMP at this time. This list includes psychiatrists too.
- Dr. Swanson stated that the goal is to go clinic-by-clinic including even COPA for the high-risk youth opportunity.
- Ms. Geigle said that the VA clinics would be interested.

- Ms. Hatcliffe expressed that information about the team being available to present was included as a resource in the Opioid Management letters that were sent out by PacificSource.

#### **5. Chronic Pain 101 Provider Workshop (September 23, 2016)**

- Ms. Berry presented (See page 21 in the packet for speakers and topics) that 30 people have registered within the first week. Capacity the workshop is for 100 total at this time due to the expense. She stated that we are asking registrants to be healthcare providers only.

#### **6. Monthly Updates**

- Ms. Berry shared the caveats of the New “Opioids in Central Oregon” Dashboard. She explained the data for 2016 is only through first quarter. Please be careful not to compare first quarter 2016 directly to other complete years.
- Dr. Pierson said she would like to see if we could get data on naloxone prescriptions.
- Ms. Berry presented on Living Well with Chronic Pain for Central Oregon.
- Ms. Berry explained that the first class well attended, with Xmas Valley patients teleconferencing in to all six classes. She shared reports of positive changes, and no one has dropped out to date.
- Dr. Pennavaria said that some Suboxone patients went. She felt they were very motivated and a good target population.
- Ms. Berry shared that the next class will take place in Redmond starting in September.
- Ms. Berry shared the documents from the statewide Naloxone workgroup she participates on. The hope is to have Naloxone become available in pharmacies throughout Oregon by January 2017.

**Consent Agenda:** A motion to approve the draft minutes dated June 1, 2016, was made by Dr. Pennavaria. The Minutes are subject to corrections/legal review. Minutes were accepted in full.