



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

Agenda: March 1, 2017 from 7:00am-8:00am

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

1. **7:00-7:05** **Introductions—All**
2. **7:05-7:20** **Central Oregon Buprenorphine Waiver Training—Dr. Swanson**
3. **7:20-7:30** **Legislative Session Update—Dr. Swanson**
4. **7:30-7:40** **Pain 101 Provider Workshop Update—Dr. Raymond**
5. **7:40-7:45** **Community Education Update—Julie Spackman**
6. **7:45-7:50** **Learning Collaborative for Behavioral Health Consultants—Dr. Swanson**
5. **7:50-8:00** **Monthly Updates—Dr. Swanson**
 - **Safer, Informed, & Compassionate Opioid Prescribing—Dr. Swanson**
 - **PDMP Grant—Harriet Godoski**
 - **Living Well with Chronic Pain for Central Oregon—MaCayla Arsenault**
 - **Statewide Naloxone Workgroup Update—MaCayla Arsenault**

Consent Agenda:

- **Approval of the draft minutes dated February 1, 2017 subject to corrections/legal review**

Behavioral Health Consultants Chronic Pain Learning Collaborative

THIS IS YOUR OPPORTUNITY TO:

- Reduce the risk of opioid-related deaths
- Implement standardized best practices into primary care settings
- Develop collegial and supportive relationships amongst BHCs in the region

April 7 **Chronic Pain as a Psychological Variable in DSM-5**

June 23 **Chronic Pain & Psychological Co-Morbidities That Impact Prognosis and Course of Medical Treatment**

September 22 **Risk Mitigation in Chronic Pain Management and the BHC's Role**

December 15 **Role of Family in Chronic Pain Management**

**BRING YOUR LUNCH AND JOIN US FROM 11AM-1PM
in the DeArmond Room at the Deschutes County Building
1300 NW Wall St. Bend, OR**

**Sponsored by the Pain Standards Task Force
of the Central Oregon Health Council**

The vision of the Pain Standards Task Force is to create a healthcare system that embodies compassionate patient-centered, holistic and evidence-based chronic or persistent non-cancer pain care.



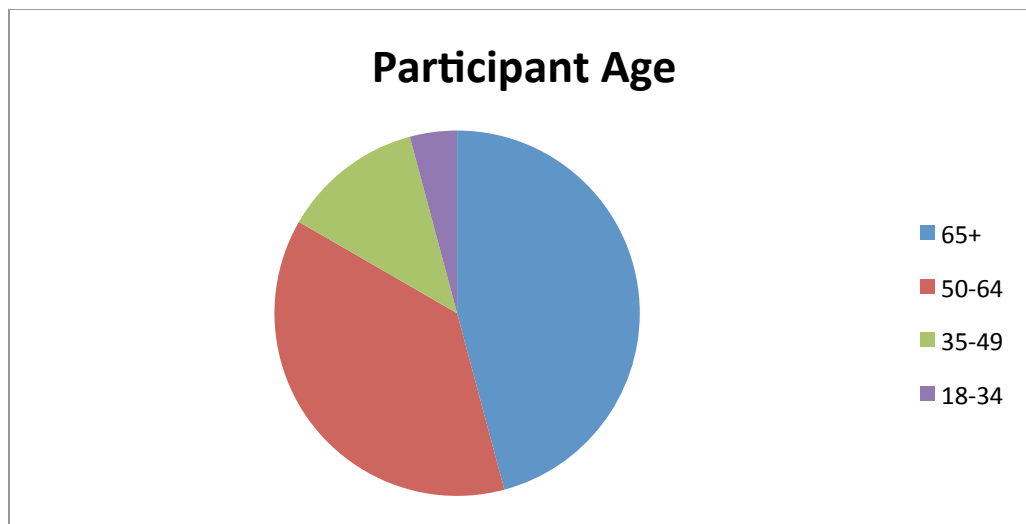
**Living Well Central Oregon
Living Well with Chronic Pain Survey Report**

Surveys collected at the following 3 workshops:

Location	Dates	# Registered	# Attend at least 1	# Completed (at least 4)	# pre- / # post surveys collected
La Pine Senior Center	6/16-7/21/2016	16 (2 via tele-health)	12	6	7/6
Redmond Senior Center	10/18-11/29/2016	15	8	3	5/2
La Pine Senior Center	10/13-11/17/2016	16	13	7	13/6

Participant Information (of 24 data forms collected)

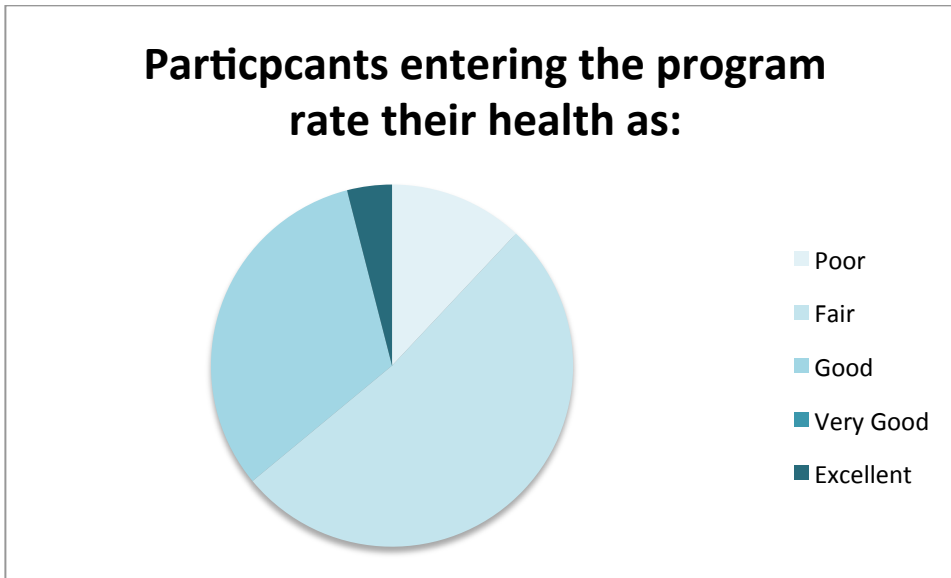
- 19 Deschutes County residents
- 1 Jefferson County resident
- 4 Klamath County residents
- 73% Female
- 9% Hispanic, Latino or Spanish Origin
- 91% white or Caucasian
- 65% do not use tobacco
- 70% were referred by a health care provider



Summary of results:

The results of the surveys collected to date are presented below. These surveys were aggregated, and having fewer post- surveys to compare to pre-surveys makes them difficult to analyze. For future reporting, we will compare pre- surveys with post-surveys for the same individuals, so that we can determine how completing the workshop is impacting their pain and self-management skills.

1. (Pre-survey only) In general would you say your health is:



2. How confident are you that you can do most of the things necessary to manage your chronic pain on a regular basis?

*Results indicated that on average, those surveyed at the end of the program **had 20% more confidence** than those surveyed at the beginning.*

3. When you visit your Doctor, how often do you do the following:

- A. Prepare a list of questions for your doctor?

Results indicated that on average, those surveyed at the end of the program prepared no more questions than those surveyed at the beginning.

- B. Ask questions about things you want to know, but don't understand about your care?

Results indicated that on average, those surveyed at the end of the program asked no more questions than those surveyed at the beginning.

4. Please circle the number below that describes your fatigue in the past two weeks.

*Results indicated that on average, those surveyed at the end of the program **had 10% less fatigue** than those surveyed at the beginning.*

5. Please circle the number below that describes your physical discomfort or pain on the AVERAGE over the past two weeks.

*Results indicated that on average, those surveyed at the end of the program **had 8% lower average pain** than those surveyed at the beginning.*

6. Please circle the number below that best describes your physical discomfort or pain at its worst over the 2 weeks.

*Results indicated that on average, those surveyed at the end of the program **had 8% lower worst pain** than those surveyed at the beginning.*

COPING STRATEGIES

When you are feeling down in the dumps, feeling pain or having other unpleasant symptoms, how often do you do:

7. Try to feel distant from the discomfort and pretend that it is not part of your body

*Results indicated that on average, those surveyed at the end of the program **used this coping strategy 12% more often** than those surveyed at the beginning.*

8. Don't think of it as discomfort but as some other sensation like a warm, numb feeling

*Results indicated that on average, those surveyed at the end of the program **used this coping strategy 12% more often** than those surveyed at the beginning.*

9. Play mental games or sing songs to keep your mind off the discomfort

*Results indicated that on average, those surveyed at the end of the program **used this coping strategy 24% more often** than those surveyed at the beginning.*

10. Practice progressive muscle relaxation

*Results indicated that on average, those surveyed at the end of the program **used this coping strategy 20% more often** than those surveyed at the beginning.*

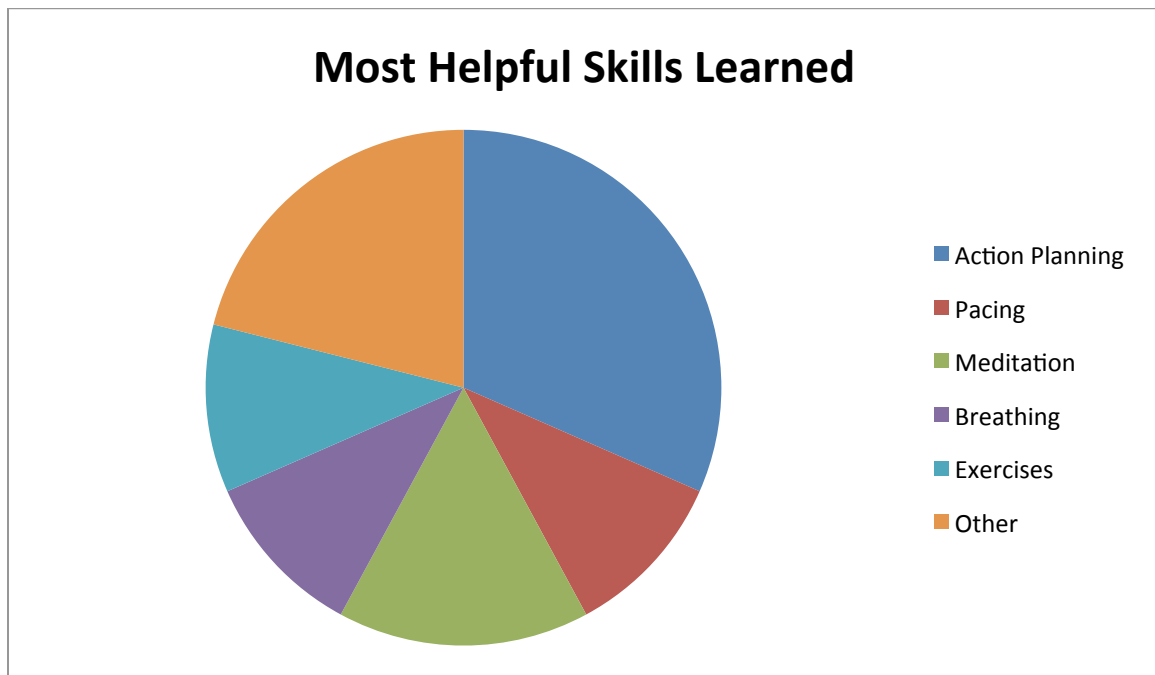
11. Practice visualization or guided imagery, such as picturing yourself somewhere else

*Results indicated that on average, those surveyed at the end of the program **used this coping strategy 12% more often** than those surveyed at the beginning.*

12. Talk to yourself in positive ways

Results indicated that on average, those surveyed at the end of the program used this tactic 16% more often than those surveyed at the beginning.

13. (Post-survey only) What skills did you learn that were most helpful?



14. (Post-survey only) Additional Comments:

Very thankful for the program, book (to reread, refer back), staff were wonderful (Tammy, Sarah, Brenda). And the opportunity to attend. Thank you so very much!
Thank you for this class and the text!
Thank you for offering this workshop in a local forum.
My pain is not continuous, it is sporadic. Catches me by surprise, sometimes. Arthritis in many places- I just keep on keeping on.
I've heard of these classes (the original) and feel very satisfied to finally have participated in a series. As expected, this workshop has been very valuable.
Wonderful program. Excellent, useful material presented by exceptional leaders. Nice that the leaders have been there and experienced chronic pain.
Very informative program and helpful in many ways. Like group participation.

Schedule for Living Well Central Oregon, Self Management Programs, Jan.-June, 2017

Program	January	February	March	April	May	June	July	August	Sept.	Oct.
Living Well with Chronic Conditions		Redmond, Feb. 15 to Mar. 22, 1:30-4 pm, Sarah W. and Marie R, Redmond Senior Center, confirmed			Prineville , May 2 to June 6, time tbd, Yara Santos and Robby Miller, community Meeting Room, Mosaic 2-4:30 pm					Complex Care Oct. 6 to Nov.10, 2-4:30 pm Yara Santos and/Comm. leader Complex Care Clinic (confirmed)
Living Well with Chronic Pain		La Pine, Feb. 16 to Mar. 23, 1-3:30 pm, Patty Kuratek and Tammy Sauter, La Pine Sr. Ctr., confirmed	Madras , Mar. 7-April 11, 10 am to 12:30 pm, Yara Santos and Jason V., JCHD, confirmed		La Pine, May 4 to June 8, 1-3:30 pm, Tammy Sauter and Brenna Francis or Patty Kuratek, La Pine Senior Center (confirmed)			Redmond , Aug. 24 to Sept. 28, 2-4:30 pm, Leaders tbd, Redmond Annex Room	Tentative, La Pine, Sept. 28 to Nov. 2, 1-3:30 pm, leaders tbd, La Pine Senior Ctr., suggest Tammy and Patty as leaders	Prineville , Oct. 12 to Nov. 16, 2-4:30 pm, Yara and ????, Community Room, CCHD/Mosaic, (confirmed)
					Complex Care May 19 to June 23, 2-4:30 pm, Yara Santos and ?? Complex Care Clinic, (confirmed)					



Pain Standards Task Force
PacificSource Boardroom
Bend, Oregon
February 1, 2017

Present:

Kim Swanson, St. Charles Family Care, Chair
Misoo Abele, Veterans Administration
Muriel DeLaVergne-Brown, Crook County Health Department
Alison Little, PacificSource
Laura Pennavaria, La Pine Community Health Center
Christine Pierson, Mosaic Medical
Kerie Raymond, Hawthorne Healing Arts Center
Marie Rudback, Endeavor Chiropractic
Scott Safford, St. Charles Family Care
Divya Sharma, Mosaic Medical
Julie Spackman, Deschutes County Health Services
Rick Treleaven, BestCare Treatment Services
Tom Watson, Rebound Physical Therapy

Absent:

Gary Allen, Advantage Dental
Robert Andrews, Desert Orthopedics
Wil Berry, Deschutes County Behavioral Health
Patty Buehler, InFocus Eyecare
Shanna Geigle, Veterans Administration
Jennifer Laughlin, St. Charles Medical Group
Jessica LeBlanc, Bend Treatment Center
Sharity Ludwig, Advantage Dental
Robert Ross, St. Charles Medical Group
Pamela Tornay, Central Oregon Emergency Physicians

Others Present:

MaCayla Arsenault, Central Oregon Health Council
Harriett Godoski, PDMP Coordinator
Donna Mills, Central Oregon Health Council
Kelsey Seymour, Central Oregon Health Council

Introductions

- Members introduced themselves and their respective organizations and guests were welcomed to the meeting.

COIPA Support for PSTF Goals

- Dr. Sharma shared that the Quality Values and Outcomes Committee at the Central Oregon IPA (COIPA) elected to incentivize providers to sign into and use the PDMP. Clinics with more than 80% of prescribers attesting to PDMP use received a financial incentive in the 2016 year. In 2017, providers will also be incentivized by COIPA to complete one hour of CME related to opioid prescribing.
- Dr. Swanson noted that the State recently provided Oregon dentists with opioid guidelines and labeled it an opportunity to open the opioid discussion with dental providers.

Pain School

- Dr. Swanson shared that Pain School was opening in South Bend this spring. Dr. Safford explained that Pain School was developed by him and Dr. Swanson in 2012; it is an ongoing 4 hour pain self-management class that provides strategies for sleep, exercise, and pain management. Pain school attendees are referred by St. Charles primary care providers.
- Dr. Pennavaria asked if the curriculum could be shared. Dr. Swanson agreed to share the curriculum with any interested providers.
- Dr. Raymond asked how Pain School compares to Living Well With Chronic Pain (LWWCP). Dr. Swanson explained that Pain School is not intended to be a replacement for LWWCP, but instead tends to serve as a gateway for patients to lead them toward LWWCP.

LWWCP Update

- Dr. Swanson shared that LWWCP has had a staffing issue in Bend, but a class is scheduled to begin there in the coming months. She asked the group to direct interested volunteers to Crystal Sully, the new Living Well Coordinator.
- Muriel shared that she would like to advertise in the Crook County newspaper for LW class leaders.

Naloxone

- Dr. Swanson noted that the Deschutes County Sheriff's department has been trained and are carrying Naloxone. Muriel shared that the Prineville Police and the jail staff have been trained and are carrying naloxone as well.
- Dr. Swanson noted that Lines for Life is offering grant money to the Redmond police department for Naloxone.
- Rick Treleaven noted that the Jefferson County police are not interested in carrying it; he shared their excuse is that EMT's can get on the scene as quickly as the police can. The group asked how they can help convince Jefferson County to pursue Naloxone. Rick

noted that a recommendation for training would carry more weight coming from the hospital. Muriel offered to ask the Prineville sheriff to talk to the Jefferson sheriff.

COHC Board Presentation

- Dr. Swanson asked if anything should be added to her presentation on the PSTF for the COHC Board.
- Muriel suggested that harm reduction be added to the 2017 Aims.
- Dr. Swanson shared the safe medication storage and disposal poster with the group and asked for their feedback.
- Julie Spackman suggested that the word “pills” be changed to “medicines”.
 - **ACTION**: Kelsey Seymour will apply this edit to the poster.
- Dr. Swanson invited those present to take this poster back to their clinics and use it. She noted that it would be up in every pharmacy and primary care office in St. Charles.
- Dr. Swanson referenced the pharmacy safe disposal prescription bag stuffer. It was noted that the locations portion has not been filled out yet.
 - **ACTION**: Kelsey will add the disposal locations to the stuffer.
- Harriett Godoski asked if the stuffer could be made available in Spanish. Julie volunteered to share the stuffer with the Latino Community Association (LCA) for translation.
 - **ACTION**: Julie will have the LCA translate the stuffer.
- Dr. Swanson shared that she is expecting to see a slight decline in prescribing in the 4th Quarter of the PDMP dashboard.
- Dr. Pierson asked if “psychotropic” includes Benzodiazepines. Dr. Little offered to ask the PacificSource data analyst, Sarah Worthington, for clarification.
 - **ACTION**: Dr. Little will ask Sarah Worthington if “psychotropic” includes Benzodiazepine.
- Dr. Swanson shared that she and Dr. Safford have secured a location and selected dates for the Behavioral Health Consultants Learning Collaborative and have mapped out the topics of each meeting in 2017.

COHC Board Presentation

- Dr. Swanson noted that the Benzodiazepine Symposium will be September 15-17 and attendance will be limited to 250.

PDMP Grant

- Harriett shared that she is trying to reach the outliers who are not enrolled. Dr. Swanson noted that they are looking into new PDMP grant opportunities and she is planning a meeting to discuss who will be the grant arbiter and writer.
- Dr. Pennavaria asked if Harriett is focusing on clinic workflows. Harriett shared that she believes that is the direction the enrollment efforts need to go. Dr. Swanson noted that Harriett would begin drafting clinical workflow examples in a few weeks. Dr. Pennavaria suggested that providers on the Task Force vet her draft.

- Dr. Safford asked if there is a plan for training Urgent Cares to use the PDMP. Harriett noted that has not been a focus. Dr. Sharma noted that COIPA used their incentive matrix to get the Urgent Cares registered, and that Mountain Medical is the only Urgent Care in the region that is not a member of the IPA.

LWWCP Survey Outcomes

- MaCayla Arsenault shared the pre and post survey results from the recent LWWCP classes. She noted that there are more pre-surveys than post-surveys, so the results comparing the beginning and ending results are uneven. Dr. Sharma suggested that this data be displayed in percentages instead of whole numbers.
 - **ACTION**: Kelsey will reconfigure the data into percentages.
- Dr. Pennavaria shared that her patients who succeed in this program are often her Suboxone patients. She suggested that providers who treat patients with Suboxone should be informed about the benefits of LWWCP so they can refer their patients there.
- Tom Watson noted that a plant-based opiate called Kratom is spreading around the region and though it is not illegal and does not show up on a drug screen, it is highly addictive and dangerous.

Pain Resiliency Program Update

- Dr. Swanson shared that the Pain Resiliency Program will be presented to two RHIP workgroups as it goes through the RHIP proposal process a second time, and she will be present to support it at the Board level.

Public Health Announcement

- Muriel shared that she has been discussing with Senator Greg Walden's office and NAACHO how the ACA is tied to public health and it is expected to lose \$45 million over the next five years. She noted that she has data on how this change will impact Oregon specifically.
 - **ACTION**: Muriel will share this data with Donna Mills who will share it with the PSTF.
- Muriel offered to carry messages to Greg Walden in Washington during her trip on March 1st.

Approval of the Minutes

- Dr. Swanson asked for a motion to approve the minutes. Dr. Pennavaria moved and Dr. Pierson seconded. The minutes were accepted in full.