



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

**Advisory Committee on Pain and Symptom Management
Meeting Minutes**

April 29, 2010

Members in attendance:

Melanie Brim
Ruth Ann Brintnall, Ph.D.
Michael Chafty, M.D.
Dennis Dobritt, D.O.
Ahmad ElGeneidy, D.D.S.
Alan Lewandowski, Ph.D.
Jeanne Lewandowski, M.D.
William Morrone, D.O.
Lawrence Prokop, D.O.
Steven Roskos, M.D.
Claire Saadeh, Pharm.D, BCOP
Michael Stellini, M.D.

Representing/Appointed by:

Michigan Department of Community Health
Michigan Board of Nursing
Michigan Board of Medicine
Michigan Board of Osteopathic Medicine & Surgery
Michigan Board of Dentistry
Michigan Board of Psychology
Michigan Board of Medicine
Michigan Board of Osteopathic Medicine & Surgery
Michigan State University
Michigan State University/College of Human Medicine
Michigan Board of Pharmacy
Wayne State University School of Medicine

Members absent:

Daniel Clauw, M.D. University of Michigan/School of Medicine
Jean Friend Public Member
Ralph Geraci, PA-C Task Force on Physician's Assistants
Frenchie McCall, L.M.S.W. Chronic Pain Sufferer
Maria Silveira, M.D. Michigan Hospice and Palliative Care Association

Visitors in attendance:

Chris Patterson Muskegon Community College
Jeff Towns Michigan Hospice & Palliative Care Association

Department staff in attendance:

Susan Affholter
Angela Awrey
Steve Creamer
Doreen Lyman

The meeting was called to order at 9:45 a.m.

Welcome and Introductions:

Melanie Brim, Director, Bureau of Health Professions, introduced herself and requested that the ACPSM members and department staff introduce themselves.

A motion to approve the October 29, 2009 minutes was made by Michael Stellini, M.D. and seconded by Ruthann Brintnall, Ph.D. Minutes were approved.

Michigan Medical Marihuana Program:

Melanie Brim discussed the Michigan Medical Marihuana Program. She indicated that the department has received 26,000 applications for registration cards. The program currently has three permanent staff to process these applications. A request for five additional staff has been approved.

There are three new marihuana entities associated with the distribution of medical marihuana that have opened up in the Mid-Michigan area. The department has no authority to regulate these entities. An investigator can go into the business and complete a fact-finding visit, but has no authority to conduct a formal investigation. The department is meeting with the Attorney General's office to discuss physicians who are signing certifications without having a bona fide relationship with the patients.

It was also noted that there is a bill in the Senate that includes two proposed changes: 1) changing medical marihuana from a schedule 1 controlled substance to a schedule 2 which would allow marihuana to be prescribed by a physician and dispensed by a pharmacy; and 2) allows 10 regulated growing facilities in the state of Michigan.

The review panel for the Medical Marihuana Program consists of seven ACPSM members, physicians, advocacy groups or physicians who support the use of marihuana for the treatment of pain. Dr. Greg Holzman, Chief Medical Executive for the Michigan Department of Community Health, will be the Chairperson, and Rae Ramsdell will staff the panel.

The Advisory Committee on Pain & Symptom Management made a motion for the following resolution:

“The Advisory Committee on Pain & Symptom Management expresses profound concerns about the current practice of the Michigan Medical Marihuana Program. The Committee expressed a need for more research to determine the safety and efficacy of marihuana for pain management.”

They also requested that their concern be relayed to the Director of the Michigan Department of Community Health and to the Boards of Medicine and Osteopathic Medicine & Surgery.

The resolution was approved by consensus.

Interventional Pain Management:

A letter was sent to the Bureau of Health Professions by the Michigan Society of Anesthesiologists (MSA) in March 2010 regarding interventional pain management. MSA recognizes that the treatment of chronic pain utilizing interventional methods involves the administration of therapeutic medications and anesthetics with minimal margin for error. The complexity of these procedures requires a specialized skill set and the use of invasive procedures that involve the diagnosis of the pain and its source in order to properly treat, prevent, cure or relieve a physical condition. The MSA requests the Michigan Department of Community Health, together with the Boards of Medicine and Osteopathic Medicine & Surgery determine that the practice of interventional pain management is the practice of medicine.

Michael Chafty, M.D. made a motion that interventional pain medicine is the practice of medicine, and what is specifically delegatable should be up to the boards. The motion was seconded by Lawrence Prokop, M.D. The motion was approved. The recommendation that MDCH and the Boards determine that Interventional pain management is the practice of medicine will be added to the ACPSM 2010 report as a recommendation.

ACPSM 2010 Report:

Steve Creamer discussed the draft of the ACPSM 2010 report. Mr. Creamer conveyed that of the 18 recommendations from 2002, 8 have been completed, 7 have been partially completed, and 4 were determined to be either not feasible or practical, or were accomplished through some other comparable activity (i.e., a brochure for the public was accomplished through a public section on the bureau's pain management website).

Mr. Creamer reported that in the 2010 ACPSM report, the focus is on reporting on the progress made since 2002, and on identifying new recommendations to be implemented in FY 2010 and FY 2011. There are 8 new recommendations that the committee will be working on for the next 2 years. Feedback on the draft 2010 report was solicited from ACPSM members.

The committee suggested a few changes to the draft report. The following changes were suggested and agreed to by the whole committee:

- Remove all references to Jack Kevorkian;
- In regards to the pain policy grades established by the University of Wisconsin, change the earlier grades of Michigan to conform to the (higher) reassessment of state grades made by U of W;
- Page 35, correct the word "pharmacology" to read "pharmacy";
- Add Steven E. Roskos, M.D. to the list of Advisory Committee Members.

A suggestion was made to send a final copy to the state of Wisconsin to review. A hand vote was taken to approve the draft ACPSM 2010 report. The report was approved.

Professional Practice Section Update:

Doreen Lyman discussed the Pain & Symptom Management website. Additions are being made to the website weekly. Sub-categories have been created. There has been an average of 500-600 web site visits per month.

Steve Creamer reported on several activities. 1) A cross-tab analysis is being completed on the FY 2009 Physicians Survey. The results should be available at the next meeting. 2) The Bureau of Health Professions is co-sponsoring the Pain Management and Palliative Care Assembly with the Michigan Hospice & Palliative Care Organization on Friday, September 17, 2010 at the Johnson Center in Howell. Dr. Fishman will be speaking about pain management at the conference. Congressman Mike Rogers, the co-sponsor of the National Pain Care Policy Act, has been invited. All members of the ACPSM can attend at no cost. The Michigan Hospice & Palliative Care Organization will be mailing out information later this summer. 3) The Bureau is working on a new MAPS DVD. It will contain information on using MAPS and on issues surrounding safe, appropriate, and effective pain management. Once the DVD is completed it will be distributed to all Michigan-based physicians, residents, physician's assistants, advance practices nurses, pharmacists, dentists, and podiatrists. 4) The Bureau will launch its first pain management newsletter in August 2010. A paper copy will be mailed to approximately 413,000 Michigan-based health care licensees. If anyone has articles that they wish to submit, please contact Susan Affholter or Steve Creamer.

Susan Affholter reported on the following activities: 1) The list of pharmacies who supply various Schedule II controlled substances and who are willing to be on a confidential list will be completed in the near future. This project was undertaken in order to address one of the 2002 recommendations related to ensuring a community supply of pain medications. 2) According to the Pharmacy Program, approximately 300 new MAPS users are being added each month. The Pain Program has been promoting the use of MAPS at every appropriate opportunity. 3) The Bureau has distributed approximately 60,000 copies of the Responsible Opioid Prescribing booklets. A mailing will go out shortly to Michigan-based optometrists, podiatrists, and psychologists. New Michigan-based residents and graduates will receive copies later this summer. 4) Consultations with Michigan licensing boards will be on-going, as appropriate. 5) Susan Affholter was invited to present at the American Pain Foundation Advocacy Summit on how pain advocates could work with state government. 6) Over 700 nursing home administrators and nursing home surveyors attended the March 2010 Joint Provider training through the Bureau of Health Systems. Pain Management was one of the main topics as a result of work between the Pain Program and the Bureau of Health Systems. Dr. Michael Stellini and Dr. Pragnesh Patel presented at the training. The ACPSM has concerns about addiction in the elderly population and the use of PRN's were incorporated into this training. 7) In addition to the Michigan Hospice and Palliative Care conference on Friday, September 17, 2010, there are three other main conferences of note: the 10/12/10 Conference on Pain, the 10/29/10 Palliative Care Conference, and the 11/04/10 Michigan Cancer Consortium Annual Meeting.

Next Steps / FY 2010 Meeting Dates / Adjourn:

Melanie Brim presented a new format for future meetings. Due to the ongoing challenge of securing a quorum, the suggestion was made to have the committee form three subcommittees in order to conduct some its work. The three subcommittees would focus on 1) health consumers, 2) health professionals; and 3) pre-professional students. Each subcommittee would be assigned at least one of the 8 committee recommendations as they apply. Members would be asked to let the Bureau know of their subcommittee interests. The subcommittees would be responsible for reporting back to the committee as a whole. The ACPSM will reduce the number of times it meets as a whole committee from four times a year to three times a year.

A motion was made by Michael Stellini, M.D and seconded by William Morrone, D.O. to adopt this new schedule. The motion was approved.

The meeting was adjourned at 12:15 p.m.

Prepared by: _____ May 13, 2010
Angela Awrey Date

Approved by: _____
Melanie Brim