

MipainManagement

Department of Community Health

Bureau of Health Professions

www.michigan.gov/pm



Special Points of Interest

- 2010 Annual Pain and Palliative Care Assembly
- State Program Updates
- State Advisory Committee on Pain and Symptom Management Issues New Recommendations

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Bureau of Health Professions Launches Pain Management Newsletter



Melanie Brim, Director
Bureau of Health Professions,
Michigan Department of
Community Health

I would like to introduce *MipainManagement*, a newsletter for health care professionals in Michigan. This first issue is being distributed to every licensed or registered health professional in Michigan. Future issues of *MipainManagement* will be electronically distributed, and will include information such as:

- Best practices in pain management across Michigan
- Current state and federal pain management policy and legislative efforts
- Pain management resources available to health professionals and their patients
- Michigan's Pain Management and Palliative Program
- The Advisory Committee on Pain and Symptom Management

MipainManagement is a resource developed by the Bureau of Health Professions within the Department of Community Health. It is an effort developed through the Bureau's Pain Management and Palliative Care Program, which was established in 2008. It represents one of our strategies to advance the knowledge, attitudes, and practices of health professionals treating patients for pain conditions. You are invited to submit articles for publication in this newsletter.

The newsletter is free to anyone subscribing to it, so I encourage you to complete the enclosed mailer to subscribe to this newsletter, as well as our other free newsletters, *HealthLink* and *Public Forum*. On behalf of the Michigan Department of Community Health, I hope you enjoy this newsletter and consider contributing to it in the future.

FSMB Recognizes Michigan's Pain Management Efforts

By Lisa Robin, Senior Vice President, Advocacy and Member Services
Federation of State Medical Boards



The Federation of State Medical Boards (FSMB) is pleased to recognize Michigan for its important role as a national leader in the area of pain management policy and advocacy. Michigan's distribution of 70,000 copies of the FSMB's booklet, *Responsible Opioid Prescribing: A Physician's Guide*, represents the largest statewide distribution of this guide in the United States and is a manifestation of Michigan's commitment to improving pain management through the education of health professionals.

For more than a decade, the FSMB has advocated for improving access to, and the quality of, pain care in this country through policy development and education. The FSMB's *Model Policy for the Use of Controlled Substances for the Treatment of Pain* is reflected in pain management policies adopted by 41 state medical boards, including Michigan. The problem of untreated or undertreated pain continues to be a significant public health problem. There is widespread lack of knowledge among physicians about appropriate pain treatment, accompanied by a prevalent but cautious concern about contributing to addiction, abuse or diversion when prescribing such powerful opioids as may be required to adequately treat a patient's pain.

The FSMB and the FSMB's Foundation are advocating for better education of physicians and the public on the issue of pain management through *Responsible Opioid Prescribing: A Physician's Guide*, a useful guide that was first published in 2007. The handy book has been distributed to more than 150,000 physicians and other health care professionals nationwide. The FSMB continues to distribute and promote updated versions of the book and related educational and policy activities nationally.

For additional information about FSMB efforts to educate physicians around pain management, visit <http://www.fsmb.org/Pain/default.html>.

**“2010 Annual
Pain Assembly
September 17th**

**Scott Fishman, M.D.
Presenting”**

2010 Annual Pain and Palliative Care Assembly

By Jeff Towns, CEO
Michigan Hospice and Palliative Care Organization

The Michigan Hospice and Palliative Care Organization announces that Friday, September 17, 2010 is the date of the **2010 Pain and Palliative Care Assembly** to be held at the Johnson Center at Cleary University, Howell, Michigan. This second annual Assembly is co-sponsored by the Michigan Department of Community Health, Bureau of Health Professions.

Keynote speaker, **Dr. Scott Fishman**, a heralded national presenter and author on effective pain management, will headline the 8:00 am to 4:30 pm event. Approximately 70,000 copies of Dr. Fishman’s booklet *Responsible Opioid Prescribing: A Physician’s Guide* have been distributed by the Bureau of Health Professions to Michigan-based health care professionals across the state.

Coinciding with September as National Pain Awareness Month, this event will offer sessions addressing the importance of “listening” to a patient’s pain; appropriate, safe, and effective opioid prescribing; dealing with the issue of substance misuse and diversion; using radiation to treat cancer pain; a review of state-level data highlighting public and provider perceptions regarding pain management; state and federal legislation and current legislative efforts around pain management; and more. Continuing education credit for health care providers is being offered.

Early registration is recommended as seating is limited to 300. Register for this unique educational opportunity at www.mihospice.org or by calling (517) 668-6396.

State Pain Management and Palliative Care Program Update

In 2008, the Michigan Department of Community Health established a new state program in the Bureau of Health Professions to address the public health issue of the safe and effective treatment of acute and chronic pain. The Bureau of Health Professions was chosen to house this program because of the Bureau’s history of administering the Advisory Committee on Pain and Symptom Management. The Bureau also administers the Pain Management Education and Controlled Substances Electronic Monitoring and Antidiversion Fund, which accrues funds through prescription licensing fees and supports state efforts to improve pain management and monitor drug diversion in our state.

The overall goal of the Pain Management and Palliative Care Program is to ensure that appropriate, safe, and effective pain management is available to all Michigan residents. The program employs strategies that impact both health professionals and the public. The program establishes baseline data, develops and implements strategies designed to improve pain management in Michigan, and monitors the data for progress.

Since 2008, the program has undertaken a number of efforts to assess or improve pain management in Michigan, including the following: 1) conducted two surveys of Michigan physicians regarding their knowledge, attitudes, and practices around pain management, including pain at the end of life; 2) conducted one survey of the public on its pain knowledge, attitudes, and behavior; 3) customized the Federation of State Medical Boards’ *Responsible Opioid Prescribing* booklet and distributed to approximately 70,000 licensed, Michigan-based health professionals; 4) developed and provided staffing support to the Advisory Committee on Pain and Symptom Management, including the expansion of a state website on pain and symptom management; 5) convened a Department of Community Health steering committee to further coordinate state efforts in pain management and the prevention and reduction of drug misuse and diversion; 6) distributed a pain management curriculum guide developed by the *International Association for the Study of Pain* to over 100 health professional training programs in Michigan; 7) published and distributed the *MIpainManagement* newsletter to over 413,000 licensed and registered health professionals in Michigan; and 8) coordinated efforts with numerous stakeholders external to state government in the area of pain management.

Activities in the coming months include: 1) co-sponsoring the Pain and Palliative Care Assembly on Friday, September 17, 2010 with the Michigan Hospice and Palliative Care Organization; 2) development and distribution of a DVD in fall 2010 on using the Michigan Automated Prescription System and clinical issues of pain management; 3) distributing the *Responsible Opioid Prescribing* booklet to all newly licensed Michigan-based physicians, dentists, advance practice nurses, physician’s assistants, psychologists, optometrists, podiatrists, and pharmacists; 4) conducting the second pain management survey to the public; 5) conducting the third pain management survey to Michigan physicians; and 6) developing strategies that address eight new recommendations made by the Advisory Committee on Pain and Symptom Management in 2010. To learn more about the state pain management program, including the results of our physician and public surveys, visit the department’s website at www.michigan.gov/pm.

State of Michigan Advisory Committee on Pain and Symptom Management Develops New Recommendations for FY 2009 - FY 2011



In 2002, the Advisory Committee on Pain and Symptom Management established 18 recommendations aimed at improving pain and symptom management in Michigan. By September 2009, nearly all of these recommendations were accomplished through efforts made by the Committee and the Michigan Department of Community Health. The Committee has established eight new two-year recommendations, which are targeted for completion between October 2009 and September 2011:

- 1) Convene a special meeting of state medical schools to explore ways to improve pain management education in both the medical school curriculum as well as the residency experience;
- 2) Present 5-10 comprehensive trainings on pain management to be offered to health care professionals and pre-professionals at key Michigan locations. The state should also make available such training as an online module and seek CME/CE sponsorship to make the training widely accessible;
- 3) Improve pain and symptom management of the elderly and those with advanced illnesses by impacting health professionals, patients in long-term care environments and their families;
- 4) Increase the use of the Michigan Automated Prescription System by health professionals and make the MAPS data and information regarding the use of controlled substances more available to health professionals;
- 5) Introduce a bill to establish a program to promote remediation of health care providers failing to appropriately prescribe or dispense controlled substances;
- 6) The MDCH Bureau of Health Professions should fully utilize its communication resources to disseminate pain management information to health care professionals, such as the FSMB Model Guidelines on pain management, MAPS information, state-sponsored pain management trainings, and other resource information;
- 7) Develop and implement strategies designed to improve the public's knowledge, attitudes and practices regarding pain and symptom management;
- 8) The Department of Community Health, together with the Boards of Medicine and Osteopathic Medicine and Surgery, should determine that the practice of Interventional Pain Management is the practice of medicine. The boards should determine what specific practices of interventional pain management can be delegated to other health professionals.

To learn more about the Advisory Committee on Pain and Symptom Management or these new recommendations, visit the Department's pain management website at www.michigan.gov/pm.

State of Michigan Arthritis Program Supports Self-Management Program for Chronic Pain and Disease Management

The PATH (Personal Action Toward Health) Program, also known as the Stanford Chronic Disease Self-Management Program, is a powerful disease management approach designed for people with chronic health conditions including heart disease, lung disease, diabetes, arthritis and chronic pain. A series of evidence-based self-management workshops help participants learn the techniques and strategies they need to help them feel better and to take an active role in managing their health. The workshops are offered at little to no cost to participants, and are conveniently located at churches, senior centers, and community centers across Michigan. PATH has been endorsed by the Centers for Disease Control Arthritis Program and the National Council on Aging, which employed rigorous research and program evaluation approaches that indicated the workshops were highly effective.

The workshops are led by two trained and certified leaders, one or both of whom will have a chronic health condition. Instead of teaching disease-specific information, the workshops cover problems that are common to any type of long-term health condition. Workshops are designed to build skills and self-efficacy of participants through goal setting and action plans. Topics covered over the six-week program include: pain and fatigue management, dealing with difficult emotions, medication usage, making informed treatment decisions and working with your health care provider. Workshop sessions meet for 2.5 hours once a week for six weeks. Session size is small to encourage active participation, with 10-15 participants per workshop. Since 2007, the PATH program has served over 3,500 participants in Michigan, with 99% of participants reporting they would recommend the workshop.

For those health care organizations who would like to offer PATH to their pain or other chronic disease patients, contact Karen McCloskey at the Michigan Department of Community Health at (517) 335-1236 or mcclloskeyk@michigan.gov. To find a PATH Workshop near you, please visit the PATH website at www.MiPATH.org.

What to Do When Pain Turns into Addiction: Methadone and Suboxone



By Carl Christensen, M.D., Ph.D.
Associate Professor, Wayne State
University School of Medicine
President of the MI Society for
Addiction Medicine

Opiates (codeine and morphine) and opioids (hydrocodone, hydromorphone and other synthetic medications) remain the most effective treatment for severe pain, including cancer pain and chronic pain due to injuries and chronic illnesses. Physicians must be able to prescribe medications safely and monitor for underlying addiction, as well as the rare development of addiction. The warning signs of addiction include uncontrolled and compulsive medication use, use of other drugs (alcohol, sedatives and cocaine), and diversion of legally prescribed drugs. Although it is rare, patients with no previous history may become addicted to medication. This rare possibility should not, however, prevent a doctor from prescribing the proper pain medications. The overwhelming majority of patients who need narcotics do not have addiction.

What can be done when addiction is diagnosed? The provider must stop prescribing the medication and refer for treatment, which may include medications, group or individual therapy, and sometimes residential treatment. For opioid dependence, only two medications may be legally used: methadone and Buprenorphine (Suboxone/Subutex).

Methadone, which is strictly controlled by the DEA, can only be given through a certified methadone clinic, usually six days a week. No physician can prescribe methadone for addiction unless they work in such a clinic (methadone can still be prescribed for pain). Buprenorphine, however, can be prescribed from a physician's office if they have obtained a waiver from the DEA (an "X" number). This has the advantage of being confidential and avoids the stigma of methadone clinics. Because medication by itself is not considered to be sufficient treatment for addiction, the prescribing physician must also provide or arrange for additional treatment (psychotherapy or group therapy).

Other differences between methadone and Suboxone include their mechanism of action on the brain. Both drugs bind to the mu opioid receptor, which is primarily responsible for analgesia and respiratory depression. Methadone is a "full agonist" on the mu opioid receptor, which gives the full effect of an opioid when it binds to the receptor. This makes it useful, for example, for patients using large amounts of heroin. However, methadone may produce sedation or be used to produce a "high", as well as producing respiratory depression. Buprenorphine, a partial agonist, binds tightly to the receptor but does not produce the full effect (the "ceiling"). It rarely produces the "high", and can be titrated safely in a matter of days. In addition, when the patient decides to taper off their medication, methadone is usually tapered very slowly to prevent withdrawal, with many patients requiring months to successfully wean. Buprenorphine weans are typically shorter and easier to manage.

There has been major concern over the recent increase in deaths due to prescribed narcotics, including methadone. Although most of the methadone deaths occur from taking large numbers of pills frequently bought "off the street", death can also result when a patient goes to a methadone clinic and receives too much methadone before they have had a chance to become adjusted to it. About 4,700 deaths a year occur in the U.S. because of methadone overdose. One advantage of Buprenorphine (Suboxone) is that it has a "ceiling effect" and rarely causes respiratory depression unless it is mixed with sedatives (benzodiazepines) or alcohol.

To locate a methadone clinic in Michigan, go to the Substance Abuse and Mental Health Services Administration website through the U.S. Department of Health and Human Services at <http://dasis3.samhsa.gov/PrxInput.aspx?STATE=Michigan>.

To locate a Suboxone provider in Michigan, contact the *Here to Help Program* through the Reckitt Benckiser Pharmaceutical Company at <http://www.heretohelpprogram.com/>.

Upcoming Michigan Conferences

2010 Pain and Palliative Care Assembly

Friday, September 17, 2010
Johnson Center at Cleary University
Howell, Michigan
<http://www.mihospice.org>

Conference on Pain

Tuesday, October 12, 2010
Inn at St. John's
Plymouth, Michigan
<http://www.nursing.msu.edu/continuing.asp>

Palliative Care Collaborative

Fourth Annual Regional Conference
Friday, October 29, 2010
Dearborn Inn
Dearborn, Michigan
<http://capewayne.med.wayne.edu>



Health Professional Recovery Program

The Health Professional Recovery Program (HPRP) was established by legislation in 1993 as a non-disciplinary, treatment-oriented approach to assist health care professionals with substance use and/or mental health disorders. It provides confidential referrals to treatment services before impairment causes patient harm or otherwise interferes with the professional's ability to practice his or her profession.

This program can assist licensed health professionals who become dependent on prescription medication used for tolerating pain, such as hydrocodone and demerol. To maintain the participant's confidentiality, the program is operated by a private entity under contract with the Michigan Department of Community Health, Bureau of Health Professions. The Health Professional Recovery Committee, comprised of a representative from each of the health professional licensing boards, provides oversight to the program and

sets policy and procedures for the contractor to follow.

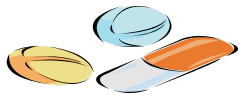
Confidential referrals to the program come from employers, colleagues, patients, family and self-reports, which allows a participant to enter into a monitoring agreement and obtain treatment for their condition without fear of disciplinary action or public disclosure. All records of a non-disciplinary program participant are destroyed five years after successful completion of their monitoring agreement, provided there is no readmission. There is no cost for HPRP monitoring, as it is funded through health professional licensing fees, but the participant is responsible for any costs associated with treatment and/or drug testing.

Persons determined to be appropriate for HPRP monitoring are required to comply with their treatment plan. Failure to comply can result in case

closure, a referral to the department for review, investigation and even possible disciplinary action.

The HPRP may also monitor health care professionals referred by their licensing board or the State of Michigan as part of disciplinary action, as a condition to regain or retain their license to practice in their profession. This program also includes a provision for entering a monitoring agreement with a health professional who is taking scheduled medication to treat pain so that they may be able to continue working.

The HPRP Outreach Coordinator is available to provide informational presentations about the program at no charge. To arrange for a presentation, contact the HPRP Outreach Coordinator, Susan Bushong, at (517) 335-1760 or by email at bushongs@michigan.gov.

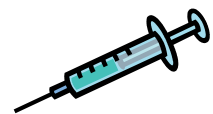


State of Michigan Mental Health and Substance Abuse Administration

The Bureau of Substance Abuse and Addiction Services (BSAAS) is located within the Mental Health and Substance Abuse Administration within the Michigan Department of Community Health. BSAAS has the mission of promoting wellness, strengthening communities, and facilitating recovery. BSAAS priorities for 2009-2012 include: establishing a recovery-oriented system of care, reducing underage drinking, reducing prescription and over-the-counter drug abuse, and expanding integrated treatment for persons with mental health and substance use disorders. BSAAS oversees a network of prevention and treatment services through sixteen regional Coordinating Agencies responsible for the oversight of local provider networks.

According to M.A.P.S. pharmacy data, the most commonly abused prescription drugs for pain are the opioids: oxycodone (OxyContin), propoxyphene (Darvon), hydrocodone (Vicodin), hydromorphone (Dilaudid), meperidine hydrochloride (Demerol), and diphenoxylate hydrochloride (Lomotil). In the past three reporting years, the number of all such prescriptions written in Michigan has increased (15,989,785 prescriptions written in 2006, 16,803,988 in 2007, and 17,254,281 in 2008). The home is the most prevalent point of access for prescription drugs. Adults are often ill-informed about how accessible their prescriptions are to their family, friends, babysitters, visitors and youth. Serious issues related to medication misuse include drug-related driving accidents, accidental injuries and death, risky sexual behaviors, poor academic and employment performance, and poor school/work attendance.

No person who needs substance abuse treatment is refused services for prescription drug abuse by our Coordinating Agencies based on an inability to pay for such services. Treatment may include detoxification, residential services, outpatient treatment, and medication-assisted treatment. Medicaid and other federal or state funding is available through regional access management centers funded by our regional substance abuse Coordinating Agencies. Priorities for treatment admissions are (1) pregnant, injecting drug users, (2) pregnant drug users, (3) injecting drug users, (4) people at risk of losing custody of their children, and (5) all others. The BSAAS website can be found at www.michigan.gov/mdch, and provides a link to the Bureau of Health Systems' licensing database for substance abuse providers.



A Guide for Establishing a Support Group for Those with Chronic Pain

Submitted by Jody Kohn, MSW, MA
Michigan State Leader, American Pain Foundation Action Network



Pain, especially chronic pain, is an emotional condition as well as a physical sensation. It is a complex experience that affects thought, mood, and behavior. Pain is a serious and costly public health issue, according to the American Pain Foundation. It affects more Americans than diabetes, heart disease and cancer combined, and is a leading cause of disability in the United States. The CDC estimates that approximately 26 percent of Americans report issues with pain that last for more than a day. This translates into 76.5 million people across the country and 2.6 million people in Michigan. Given these staggering facts, health care professionals must find better ways to help this vulnerable population. It has been shown that support groups are an effective tool in improving the lives of those living with chronic pain. Vicki Helgeson, PhD, of Carnegie-Mellon University, has studied the impact of support groups for more than a decade. She reports that “support groups have been beneficial to many people living with chronic diseases. Studies show that support groups can improve mood, provide better coping skills, decrease pain and provide relief from negative emotions.” In order to start such a group in your area, there are a number of things you might want to consider. The following is a brief guide to help you structure your group:

Assessing the need: The first question that needs to be addressed is whether or not there is a need in your community to start a chronic pain support group. If there is an existing group, does it meet the community’s needs or is there ample opportunity for additional support?

Finding a location: Finding an appropriate meeting space is a key component. There must be handicap accessibility, comfortable seating (or a variety of seating), scent-free or, at the very least, no strong odors or chemical smells in the environment, and a no-fee or low-cost rental agreement.

Confidentiality: Each group meeting should begin with a confidentiality announcement so that participants know that they can share without the fear of what they express being shared outside the walls of the meeting.

Length of group: Since many people with chronic pain issues have difficulty sitting for long periods, the group should be no longer than 90 minutes. Make sure to convey that members are welcome to stand up, stretch, move around the room, or do whatever they need to do to be the most comfortable. Also, you will need to decide if it will be an open- or close-ended group. A scheduled eight-week group is standard. Most participants are willing to make a commitment to a specific time-frame of meetings whereas an open-ended group tends to lend itself to group members having less of an allegiance to weekly attendance.

Advertising, promotion and referrals: Even though chronic pain is widespread, it will take some effort to get the word out that a new support group is being formed. The most cost-effective advertising sites include: free event calendar listings in local papers; online; information flyers strategically placed in pain clinics, doctor’s offices, libraries, grocery stores and community newsletters.

Content: Depending on the goal of the group leader, content and focus can vary. For instance, the group that I facilitate is open to all chronic pain sufferers. You, however, may want to start a group for people with arthritis, fibromyalgia or cancer. Once the group’s core has been recognized, the content will follow. Facilitation by a health care professional is recommended. Ground rules that should be set during the first meeting include: confidentiality; only one person talking at a time; as much as possible there will be equal time for all members to share; focus on successes as well as challenges; and emphasis on the group as a forum for problem-solving and open communication versus a forum for ongoing complaining – though there will be time for people to discuss their specific challenges.

Additional considerations: The continuous support of a weekly group can be a turning point in the life of a person who has been faced with the challenges of chronic pain. Additional and vital assistance can be offered through body movement and therapeutic breathwork. Combining the support group with another modality such as gentle yoga, meditation or mild stretching will present a more well-rounded healing experience.

If you would like to learn more about the efficacy or establishment of patient support groups, I can be contacted at JodyKohnMSW@comcast.net.

H.O.P.E. for Fibromyalgia



Submitted by Sharon Ostalecki, Ph.D.
Director, Helping Our Pain & Exhaustion, Inc.

Fibromyalgia is one of the most common chronic widespread types of pain conditions in the U.S. Impacting six percent of the world's population and 10 million Americans, it is the second most common rheumatologic disorder after osteoarthritis. It occurs in all ages, ethnic groups, and cultures. Its gender distribution is nearly equal in childhood, but in adults it is more prevalent in females. Fibromyalgia tends to run in families.

Pain is the chief complaint of fibromyalgia. Nerve and brain cells can become extra sensitive under certain conditions. This situation leads to more signals being sent to the brain which cause an increase in the feeling of pain. Recent data suggest that changes in the central nervous system may contribute to the chronic pain of this condition, particularly widespread muscle pain, but that numerous systems are affected by this condition. Subsequently, fibromyalgia should no longer be viewed as a simple muscle condition.

There is no known cure for fibromyalgia. It is essential, therefore, for health care professionals to educate the patient on how to avoid triggers and manage their symptoms. Fortunately, more and more resources on fibromyalgia are available online. Support groups, online and otherwise, can also be very helpful in improving a patient's functioning.

Now there is support for fibromyalgia patients in Michigan through H.O.P.E. (Helping Our Pain and Exhaustion), a 501(c)(3) established to help fibromyalgia patients through education, patient support, advocacy, awareness, and development of resources. For more information about H.O.P.E., go to www.hffcf.org.

State of Michigan Staff Contributing to this Issue

- **Susan Affholter**, Pain Management Coordinator
MDCH/BHP/Professional Practice Section
- **Melanie Brim, Director**
MDCH/Bureau of Health Professions
- **Susan Bushong**, HPRP Coordinator
MDCH/BHP/Compliance Section
- **Steven Creamer**, Manager
MDCH/BHP/Professional Practice Section
- **Deborah Hollis**, Director
Bureau of Substance Abuse and Addiction Services
- **Doreen Lyman**, Professional Resource Coordinator
MDCH/BHP/Professional Practice Section
- **Karen McCloskey**, Public Health Consultant
MDCH/PHA/Arthritis Section
- **Jennifer Scheffler**, Student Assistant
MDCH/BHP/Professional Practice Section

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Readers' comments are invited.
Phone: (517) 373-7303
E-mail: affholters@michigan.gov

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Bureau of Health Professions
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Introducing MIpainManagement



Michigan's first biannual pain management newsletter for health professionals contains:

- **Clinical information**
- **State policy updates**
- **State Pain Management Program activities**
- **Activities of the State Advisory Committee on Pain & Symptom Management**
- **National and state pain management events**
- **Much more**

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of Community Health*



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