



MipainManagement

Department of Licensing and
Regulatory Affairs
Bureau of Health Professions
www.michigan.gov/pm

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Special Points of Interest

- Bureau of Health Professions transfers to LARA
- September is Pain Awareness Month
- Pain & Palliative Care Assembly
- MAPS Users Increasing

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Bureau of Health Professions Transfers to LARA

MipainManagement Newsletter Now Under the Department of Licensing and Regulatory Affairs

On April 24, 2011 the Bureau of Health Professions was officially transferred to the Department of Licensing and Regulatory Affairs as part of an Executive Order signed by Governor Snyder in February 2011. The Bureau was previously housed in the Department of Community Health.

The *MipainManagement* newsletter, which was first published in August 2010, will continue to be produced in the Bureau's Professional Practice Section. This free, biannual newsletter will continue to provide a wide array of information for health care professionals regarding pain and symptom management and palliative care. It will include information on best pain management practices across Michigan, updated state and federal pain management policy and legislative efforts, and pain management resources available to health professionals and their patients. It will also provide updates on the work of the Michigan Advisory Committee on Pain and Symptom Management and efforts of the state Pain Management and Palliative Care Program.

This is the third issue of *MipainManagement*, which is currently received electronically by more than 4,600 subscribers. Each issue is also sent once by mail to all newly licensed health professionals in Michigan. If you are receiving this newsletter for the first time, you may wish to view previous issues at www.michigan.gov/pm. You may also subscribe to *MipainManagement* on this website. Please feel free to send *MipainManagement* to your colleagues and link our website to yours. If you have any questions regarding this newsletter, you may contact Doreen Lyman at 517-241-1181 or lymand@michigan.gov.



September is Pain Awareness Month



Join Us Friday, September 16, 2011 for the Third Annual Michigan Pain and Palliative Care Assembly Cleary University, Howell, Michigan

The agenda for this third annual summit includes national and state pain management updates and a variety of presentations by a great lineup of speakers, including:

- **Ms. Lisa Robin, VP of Advocacy** from the Federation of State Medical Boards and a Mayday Foundation Pain Fellow
- **Noreen Clark, Ph.D., Vice Chair** of the Institute of Medicine's Advancing Pain Research, Care, and Education Committee (videotaped presentation)
- **Christopher Jones, Ph.D.**, from the CDC's Division of Unintentional Injury, and recently with the White House Office of National Drug Control Policy
- **Ms. Michele Sacco, Executive Director** of the Joint Commission's Palliative Care Certification Program
- **Plus** presentations from several of Michigan's leading pain, addiction, and pharmacy professionals.

Join us! The summit is an annual event sponsored by the State of Michigan Pain Management and Palliative Care Program and the Michigan Hospice & Palliative Care Organization. Register for this very topical event at www.mihospice.org or by calling MHPCO at (517) 668-6396. Early registration is recommended as seating is limited. See page 6 for more information!



Michigan Automated Prescription System Update

MAPS users increasing. The Michigan Automated Prescription System (MAPS), which allows practitioners to track the controlled substance prescriptions of their patients, has shown a dramatic increase in usage by practitioners. Requests for controlled substance history reports totaled 61,801 in January 2011 compared with 34,316 in January 2010, representing an 80 percent increase over the past year. The numbers of these requests have continued to climb by 29 percent in 2011. By June 2011, the number of requests exceeded 71,000, indicating that about 2,400 reports are requested each day.

Recent increases in MAPS use by practitioners may be the result of efforts made by the Bureau of Health Professions to educate health professionals about MAPS and the management of pain. In May 2011 an informational DVD titled *The Michigan Automated Prescription System and Effective Pain Management* was distributed to more than 63,000 licensed prescribers and midlevel providers in an effort to provide more information about MAPS and explore important issues regarding pain management. The distribution of this DVD - along with other efforts made to educate health professionals about MAPS by the Bureau Pain Management Program and Pharmacy Section - is likely to be the cause for the dramatically increasing number of MAPS users seen recently. MAPS users are in the forefront of preventing and reducing prescription pain medication misuse in Michigan. We appreciate all those who responded to the recently distributed DVD and took action by becoming a registered MAPS user. DVDs may be obtained by submitting a request via the MAPS email address at mapsinfo@michigan.gov.

Drug Utilization Report now available. The 2010 Drug Utilization Report is now available on the MAPS website at www.michigan.gov/mimapsinfo. This report lists drug names and quantities of controlled substances prescribed in 2010. It is an excellent resource for health professionals and health administrators.

Information sharing among state prescription monitoring programs in 2012. The National Association of Boards of Pharmacy is currently developing a centralized interconnect hub, *PMP InterConnect*, to facilitate interoperability among state prescription monitoring programs for prescription data sharing and exchange. Data sharing among states will assist in the early identification of prescription drug abuse and doctor shopping, provide more effective communication between states, and help law enforcement with cases involving diversion of controlled substances.

What does this mean for MAPS? Practitioners will log on to MAPS as usual and will then have the option to make requests for information from other state prescription monitoring programs to identify if patients are obtaining controlled substances in multiple states. This is particularly helpful for those practitioners who practice near bordering states.

Secure transfer of the requests for prescription information and the queried prescription data is the main function of the hub. Requests and queried prescription data will not be retained at the hub, but will remain with the requesting state. Access rules for each state will be implemented into the system to ensure authorization and appropriate access to information. The hub *PMP InterConnect* is expected to be operational sometime in 2012.

“Narcotic” or “Pain Medication” : Choosing Our Pain Management Terms

In the field of pain management, advocates continually address the many barriers, misinformation, and myths that surround the issue of pain. To assist such professionals, the American Pain Foundation (APF) recently issued a resource for using language that is less stigmatizing, more accurate, and more empowering for people living with pain and the health care professionals who treat their pain.

For example, the APF distinguishes between the words *narcotic* and *opioid*. Given that the term “narcotic” is a law enforcement term used to describe the illicit use of drugs, it should not be used when referring to pain medication that is legally prescribed by health care providers. Similarly, the word “drug” could be replaced by the words “medicine” or “medication,” and the word “painkiller” could be replaced by the words “pain reliever” or “analgesic.”



Here is a link to this useful tip sheet: www.painfoundation.org/learn/power-of-language.html.

Tools of Risk Management and Patient Safety: Drug Testing

Amadeo J. Pesce, Ph.D., Laboratory Co-Director
Millennium Laboratories

Patient safety is critically important when prescribing opioids. Therefore, when a health care practitioner determines, after a thorough patient assessment, that opioid therapy would be an appropriate course of action to take with a patient, risk management becomes a key part of pain management. Requesting a report from the Michigan Automated Prescription System (MAPS), which allows for a review of a patient's use (or lack of use) of controlled substances, is one tool that allows for managing the risks associated with opioid prescribing. The other tool, which can be used simultaneously with a MAPS report, is drug testing.



Currently there are two prevailing models for drug testing. The oldest model is the forensic or legal model, and the newer model is the clinical model of medication monitoring.

Testing for drugs historically originated from the forensic model and is used prevalently to identify illicit or criminal use. Forensic drug screening is utilized in the arenas of law enforcement and criminal justice to detect the use of illegal or banned drugs. This includes court-mandated drug testing; law enforcement drug testing to determine if drugs of abuse were present in an accident or the commission of a crime; and prison, parole and probation testing for drugs of abuse.

The forensic model for drug testing usually includes testing for the illicit drugs commonly known as the NIDA Five (National Institute of Drug Abuse) - <http://www.federalregister.gov/articles/2010/04/30/2010-10118/mandatory-guidelines-for-federal-workplace-drug-testing-programs>. These drugs or drug classes are: amphetamines (methamphetamine), cocaine, marijuana (THC), opiates (morphine), and phencyclidine (PCP).

The forensic urine drug testing (UDT) model is focused on identifying individuals who are taking illicit drugs or non-prescribed medications. The expansion of the forensic model of drug testing in society has resulted in workplace testing for drugs of abuse, sports/athletic screening, and military and school screening.

This leads us to the second or clinical model of urine drug testing, which is a medication monitoring tool that assists physicians in their standard of care for patients by monitoring the presence and/or absence of substances in their patient's bodies.

With the forensic model the goal is to detect a negative result. In the clinical model, however, the goal is to detect a positive result. Because of this, clinical UDT needs to utilize more specific methods to detect and confirm drug presence at extremely low levels.

The opioids most commonly used for the treatment of pain are oxycodone, hydrocodone, and oxymorphone. Opioid prescriptions have increased ten-fold since 1990 and have similarly resulted in a ten-fold increase in the number of deaths from these medications <http://www.ncbi.nlm.nih.gov/pubmed/16700278> and [http://www.ncbi.nlm.nih.gov/pubmed/19187889?log\\$=relatedarticles&logdbfrom=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/19187889?log$=relatedarticles&logdbfrom=pubmed).

Physicians, therefore, who prescribe the above controlled substances for the treatment of pain and related disorders are greatly assisted by laboratories that provide confirmation of drugs used by patients, potentially reducing patient danger and contributing to patient safety.

Because opioids can be highly addictive, a major concern for pain physicians is the risk of a patient abusing their medications. Pain management physicians can use UDT to establish patient compliance with prescribed medications and to identify illicit drug use or the use of non-prescribed medications, as well as the use of alcohol. Another medical concern is the potential of serious drug-drug interactions. These serious concerns necessitate that pain physicians receive detailed and scrupulously accurate reporting on a patient's use of licit and illicit drugs <http://www.nejm.org/doi/full/10.1056/NEJMp1011512>.

In summary, the function of medication monitoring based on the clinical model of drug testing is to help pain practitioners to ensure safety, proper care and best treatment options for their patients.

“The evolution of the clinical model of medication monitoring has paralleled the growth of the medical discipline of pain management. During the past two decades the understanding of pain as a medical condition requiring treatment and the medications available to physicians for the treatment of chronic pain have grown substantially.”



Addressing the Problem of Prescription Medication Misuse: The Kalamazoo County Substance Abuse Task Force (KCSATF)

According to information collected from various drug usage surveys and health care experts in the field, the misuse of prescription medications by our youth has become a national problem. The non-medical use of prescription pain relievers by youth between 12 and 17 years has increased by 17 percent between 2008 and 2009 (2009 National Survey on Drug Use and Health). In Kalamazoo County, during the 2009/10 school year, more middle school children reported abusing prescription drugs in the past 30 days than reported using marijuana or alcohol (2010 Michigan Profile for Healthy Youth Survey).

The Kalamazoo County Substance Abuse Task Force (KCSATF) is a diverse and dedicated group of community members who develop strategies, practices and programs to address substance abuse issues in our community. Many members joined KCSATF as a result of a call to action following the tragic deaths of 16 people in Kalamazoo County, age 22 or younger, that were linked to heroin or other opiates in just a 17-month period of time ending in June 2008. The misuse/abuse of prescription medication, over-the-counter and illegal drugs (especially opiates and heroin) among youth present a clear and present danger in Kalamazoo County.

Fall 2011 will mark the third annual roll out of our *Secure Your Meds* campaign, which was developed in conjunction with National Prescription Drug Abuse Awareness Month. As part of this awareness campaign, KCSATF conducts pharmacy education visits at local pharmacies. The pharmacies, in turn, commit to educating the public about the need to secure medications, and during the month of October, insert educational materials into prescription bags. Last year, 36 pharmacies participated in Kalamazoo County and 40,000 *Secure Your Meds* educational inserts were distributed in prescription bags.

Other task force activities include convening local focus groups and community town hall meetings, encouraging the environmentally safe disposal of leftover medications by scheduling collection events, and the utilization of social media to spread awareness of the issue of prescription medication misuse.

The next steps for KCSATF and its community partners are to address the root causes of prescription medication misuse, which are: 1) easy access to prescription medication by the general public, specifically youth, and 2) low perception of harm or danger from the misuse/abuse of prescription medication.

The American Medical Foundation has recently committed to sponsoring KCSATF and its community partners to host a forum for health care officials and key local and state stakeholders this year that will focus on ensuring access to treatment for fellow community members requiring appropriate, safe, and effective pain management. The other focus of the forum will be on the need to implement protective factors and policies that will prevent medication misuse/abuse/diversion, especially among teens and young adults.

The Kalamazoo County Substance Abuse Task Force is supported by Kalamazoo Community Mental Health and Substance Abuse Services, and the SAMHSA Drug Free Communities Support Program. The Task Force also partners closely with local schools, youth serving organizations, local law enforcement, health care organizations, government, local business, media, and more than 100 active volunteers working for a healthy, safe and drug free community.

For more information contact Tonya Collins, KCSATF coordinator at 269-388-4200 ext. 24 or tcollins@prevention-works.org. Also visit us at: www.kzootaskforce.com or find us on [Facebook](#).

Physicians May Earn Self-Study CME Credits For Reviewing State Pain Management Resources

The Bureau of Health Professions Pain Management and Palliative Care program would like to inform all physicians that CME credits can be earned for reviewing various pain management educational resources produced by the Program. These resources include the booklet *Responsible Opioid Prescribing: A Guide for Michigan Physicians**, which has been distributed to every licensed physician in Michigan. In addition, credit could be earned for watching the DVD *The Michigan Automated Prescription Program/Effective Pain Management*, which was recently distributed to all Michigan physicians and other health professionals. Credit could also be earned by reading this *Mipain-Management* newsletter.

For allopathic physicians, this provision is described in the Michigan Board of Medicine administrative rules (333.2378 Category 5), which covers nonsupervised education. Under this category, a maximum of 36 credit hours can be earned in the 3-year licensure period. For osteopathic physicians, it is described in the Michigan Board of Osteopathic Medicine and Surgery's rules (338.96 Category 2), which allows such credits under its home study subcategory. Under this subcategory, a maximum of 90 hours can be earned in the 3-year licensure period. The Bureau of Health Professions encourages physicians to make use of these administrative rules provisions to earn CME credits in this vital area of health care. If you have questions regarding these administrative rules provisions regarding CME, please contact the Customer Service line at 517-335-0918.

**CMEs for the Responsible Opioid Prescribing booklet can also be earned through the University of Wisconsin as detailed in the booklet. Physicians are also encouraged to utilize any other CME programs on pain management resource that other organizations may offer.*

Shared and Informed Medical Decision-Making: Improving the Patient-Provider Partnership Around Pain Care

Cory Cole, LMSW, ACSW
Central Michigan University
Staff Social Worker, Michigan Spine and Pain

Rehabilitation/pain management patients have a higher likelihood of positive outcomes when they are included in the decision-making process as part of the patient-provider relationship. It is important to consider clinician-based behaviors that support development of strong patient-provider partnerships.

As stated by the American Academy of Pain Management, integrative pain management “is patient-centered and reaffirms the importance of the relationship between practitioner and patient.” This statement suggests that providers can improve prognosis and treatment outcomes by developing a true *partnership* with patients. *Partnership* is defined as “an arrangement in which individuals agree to cooperate to advance mutual interests.” As a provider of behavioral health services at a multi-disciplinary pain clinic, treatment begins when I greet my client in the waiting room and we walk down the hall to my office.

Two cultures interact simultaneously during each visit: that of the health care professional and that of the patient. Cultural beliefs and expectations are expressed through a series of verbal and non-verbal events that convey our desire to help, and the patient’s desire to heal. Often, the message being sent by either party is not congruent with the message that is received. A key concept in bridging this gap is for providers to consider patient-provider interaction based on what I have termed “comprehensive informed consent (CIC).” This is fostered in healing relationships when we consistently tell patients *what* we are doing and *why* we are doing it. Variations of this practice are frequently used in hypnotherapy as a way of eliciting cooperation and deepening the trance experience via *permission*. This is not meant to imply that the goal of CIC is to subtly facilitate a trance experience in our patients! Rather, I suggest that whether promoting change in your own home with a rebellious adolescent or building a lasting partnership in your office, buy-in is critical. When we inform and ask permission, decision-making is shared with the person who is going to potentially improve and who ultimately renders the co-pay for the procedure. This suggests patients have the right to consult, question a treatment plan, and sometimes say “no.”

There is a unique, paradoxical dynamic that frequently emerges when patients are encouraged to act as their own advocate. For example, many patients have confided in me that they are fearful and anxious about potentially painful medical or diagnostic procedures. Yet, they often feel intimidated by the perceived prestige and authority that has been socially assigned to medical providers, leading to a *de facto* parent-child relationship lurking beneath the surface. When we discuss their desire to avoid the anticipated pain of a diagnostic or medical procedure, and explore their willingness to comply, they may respond in many ways like a powerless child. They may not consider themselves capable of disagreeing with a health care provider. When we approach the healing relationship as two partners solving a problem, fear and resistance often dissipate. The paradox appears to be, “since I *can* say no, I no longer feel the need to say no.” Consequently, most patients eventually weigh the risks and rewards of painful procedures and agree that temporary discomfort is a small price to pay for the possibility of longer-term pain relief. Providers thus gain a relationship in which their patients feel increased trust and control when making important health care decisions. Much like the prognosis for post-surgical recovery, patients with a relaxed, positive outlook have a more favorable chance of attaining their treatment goals. This trust is a foundation to any healthy interpersonal relationship and continues to set the tone for the many decisions patients must face as they progress along a continuum of care.

Like any good partnership, *balance* is necessary in the patient-provider relationship. On the one hand, leaving patients to make their own medical decisions exclusively and without consideration of our treatment recommendations is both unwarranted and unprofessional. On the other hand, the dynamic that supports these partnerships working most effectively is one of *active listening*. As partners in health care, health care professionals do not need to agree on all of the decisions related to the plan we have developed. But when we actively listen to concerns and questions, invite consultation, validate and respond to fears, hopes, and expectations, the capacity for healing is increased.

This alignment with patients is supported by Prochaska and DiClemente’s (1998) remarkable work regarding “stages of change.” Regarding the “culture” of chronic pain patients, there is often resistance and built-in ambivalence about rehabilitation. There is indeed a “price-tag” to feeling well- it may be financial (procedural costs), psychological, “Who am I, now that my pain is manageable?” or psychosocial, “How do I find a job?” We can support movement through the more resistant stages of change by patiently addressing concerns, and by validating this innately healthy ambivalence linked to a fear of the unknown.

The ideal patient-provider partnership rests on a shared foundation of trust, communication, negotiation, and respect. By partnering with those afflicted with chronic pain, we affirm patients’ basic dignity, uphold their right to informed consent, and support their autonomy and ability to make critical decisions that affect their health and quality of life.

Questions or comments regarding this article can be directed to the author at cole1c@cmich.edu.

Joint Commission Updates

The Joint Commission is an independent, not-for-profit organization that accredits and certifies health care organizations that meet its performance standards. Accreditation by the Joint Commission is a nationally recognized indicator of quality.

The Joint Commission Announces the Opportunity to Seek Advanced Certification in Palliative Care

In a March 25, 2011 press release, the Joint Commission announced that its accredited hospitals will now have the option of seeking advanced certification in palliative care. Palliative care is the field of medicine designed to improve the quality of life of patients and their families by relieving the pain, symptoms and stress of a serious or debilitating illness. The new certification program launches September 1, 2011. The standards have been available since July 1, 2011. Ms. Michele Sacco, MS, is the Joint Commission executive director of the Palliative Care Certification Program, and will address the Michigan Pain and Palliative Care Assembly on Friday, September 16, 2011 (see page 1). For more information about this new advanced certification program, go to www.jointcommission.org/certification/palliative_care.aspx. We hope that you will consider applying for this advanced certification in palliative care.

Speak Up Campaign on Patient Safety, including Pain Management

Looking for a good patient education brochure on pain management? Check out the Joint Commission *Speak Up* campaign and its brochure *What You Should Know about Pain Management*. This brief brochure can be customized for your own organizational use. For more information, go to www.jointcommission.org/facts_about_speak_up_initiatives/.

Advancing Excellence in America's Nursing Homes: Michigan Chapter Conducts a Statewide Training in Pain Care

On Wednesday, June 15, 2011 the Michigan work group of Advancing Excellence (called the Local Area Network of Excellence, or LANE) held an educational event for approximately 60 forward-thinking nursing home staff. The focus of this training, which was co-sponsored by the State of Michigan Pain Management and Palliative Care Program, was on effective pain management and on how to use Advancing Excellence tools to implement improvements in pain care. The event also had a focus on improving the consistent assignment of staff as it is well recognized that when staff consistently take care of the same residents it is more likely that adverse changes in health status will be recognized by staff, and addressed.

The first three parts of the program were 1) how to recognize and assess pain; 2) how to achieve a successful transition from hospital to nursing home (including ensuring continued pain management); and 3) how to implement an interdisciplinary pain management program.

The second part of the program introduced participants to the many quality improvement tools and resources that are available on the Advancing Excellence website at www.nhqualitycampaign.org/.

Plans are being made to follow up with participants to assess their use of the Advancing Excellence quality improvement tools, particularly those designed to improve pain management in the nursing home.

Questions about Advancing Excellence can be directed to the LANE convener Charlene Kawchak-Belitsky at 248-465-1038 or ckbelitsky@mpro.org. To enroll in Advancing Excellence as either a nursing home or consumer, please go to www.nhqualitycampaign.org/.

Upcoming Michigan Conferences

2011 Pain and Palliative Care Assembly Friday, September 16, 2011

Johnson Center at Cleary University
Howell, MI

www.mihospice.org

See page 1 for additional information!

Palliative Care Collaborative Fifth Annual Regional Conference Friday, October 28, 2011

Dearborn Inn
Dearborn, MI

www.capewayne.med.wayne.edu

Conference on Pain Tuesday, October 25, 2011

Inn at St. John's
Plymouth, MI

www.nursing.msu.edu/continuing.asp

Michigan Cancer Consortium Annual Meeting Wednesday, November 9, 2011

James B. Henry Center for Executive Development
Lansing, MI

www.michigancancer.org



EnhanceFitness: An Evidence-Based Exercise Program/P.A.T.H.



Exercise can be an essential component of managing pain. The State of Michigan's Arthritis Program has found the evidence-based *EnhanceFitness* program to be an effective exercise program for older adults. *EnhanceFitness* has been tested at more than 80 sites around the country, and has been proven to increase strength, boost activity levels, and elevate mood.

EnhanceFitness classes start with a warm-up and focus on stretching, flexibility, balance, low impact aerobics/ cardiovascular, and strength training exercises—everything that health professionals tell us is needed to maintain health and function as we grow older. Each exercise can be done either standing or sitting based on ability. *EnhanceFitness* classes can be taken by those who are “fit to frail”.

For additional information on *EnhanceFitness* in Michigan, please contact Annemarie Hodges at 517-335-8402 or hodgesa5@michigan.gov. You can also visit the Project Enhance website: www.projectenhance.org. As covered in our fall 2010 issue, the Arthritis Program also promotes the use of Stanford's Chronic Disease Self-Management Program which, in Michigan, is referred to as the Personal Action Towards Health Program (P.A.T.H.). This six week program is offered at various sites throughout Michigan. For more information, go to www.mihealthyprograms.org.

Bureau Newsletters

The first publication of *MipainManagement* newsletter included a subscription postcard to complete and return to our office if you wanted to receive future electronic issues. This issue also includes the postcard (if you are newly licensed since the last issue was released). However, you also have the option of signing up to receive the newsletter online at www.michigan.gov/pm. There is a link to subscribe in the center of the page.

Many of the health professionals who receive this newsletter are also receiving our *Public Forum* newsletter. The *Public Forum* newsletter has been in publication since 2007 and includes a wide variety of information that is of interest to the general public as well as health care professionals. To view previous issues of this newsletter, or to sign up online to receive it, go to www.michigan.gov/healthlicense. Scroll down to the *Spotlight* box to subscribe.

Links to both publications can also be found in the *Spotlight* box on our bureau homepage at www.michigan.gov/healthlicense.



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LARA is an equal opportunity employer, service and program provider.

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Introducing *MIpainManagement*

September is Pain Awareness Month!

Join us at our Pain and Palliative Care Assembly on Friday, September 16, 2011

Johnson Center at Cleary University, Howell, MI

(See page 1 and 6 for more information)



**Michigan's pain management newsletter
for health professionals contains:**

- **State updates**
- **Continuing education credit information**
- **State Pain Management and Palliative Care Program activities**
- **National and state pain management events**
- **Clinical information**
- **Much more**



**Rick Snyder, Governor
Steven H. Hilfinger, Director**