



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Advisory Committee on Pain and Symptom Management Meeting Minutes

October 29, 2009

Members in attendance:

Melanie Brim, M.H.A.
Ruth Ann Brintnall, Ph.D.
Michael Chafy, M.D.
Ahmed ElGeneidy, D.D.S.
Ralph Geraci, PA-C
Alan Lewandowski, Ph.D.
Jeanne Lewandowski, M.D.
William Morrone, D.O.

Karen Ogle, M.D.

Claire Saadeh, Pharm.D, BCOP
Michael Stellini, M.D.

Members absent:

Daniel Clauw, M.D.
Dennis W. Dobritt, D.O.

Jean Friend
Frenchie McCall, L.M.S.W.
Lawrence Prokop, D.O.

Maria Silveira, M.D.

Visitors in attendance:

Phillip Rodgers, M.D.

Representing/Appointed By:

Michigan Department of Community Health
Michigan Board of Nursing
Michigan Board of Medicine, pain specialist
Michigan Board of Dentistry
Task Force on Physician's Assistants
Michigan Board of Psychology
Michigan Board of Medicine, primary care
Michigan Board of Osteopathic Medicine & Surgery,
primary care

Governor - Michigan State University College of
Human Medicine

Michigan Board of Pharmacy
Governor - Wayne State University School of
Medicine

Governor - University of Michigan
Michigan Board of Osteopathic Medicine & Surgery,
pain specialist

Governor - Public Member

Governor - Chronic Pain Sufferer

Governor - Michigan State University College of
Osteopathic Medicine

Governor - Michigan Hospice and Palliative Care
Association

University of Michigan Adult Palliative Care Program

Department staff in attendance:

Susan Affholter
Angela Awrey
Steve Creamer
Doreen Lyman
LeAnn Mize
Michael Wissel

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

Welcome / Approval of August Meeting Minutes / BHP Update:

Melanie Brim, Chairperson, welcomed committee members and public members. Introductions were made. Karen Ogle, M.D. announced her retirement from Michigan State University, and that this would be her last ACPSM meeting as the Governor's appointee from the College of Human Medicine.

A motion to approve the August 20, 2009 minutes was made by Karen Ogle, M.D. and seconded by Ruth Ann Brintnall, PhD. The minutes were approved.

New Recommendations for 2010-2011 – Committee Discussion:

Melanie Brim reminded the committee that the statute charges them with making recommendations related to pain and symptom management issues, and that their recommendations are very important. The committee was asked to focus on 8 to 10 significant recommendations that could be addressed by the Bureau and others over the next two years.

Susan Affholter facilitated the discussion on recommendations, and proposed that the committee look at making impact in the categories of 1) professional practice, 2) public behavior, and 3) policy.

The following discussion on possible recommendations ensued:

1. Make the MAPS data on trends in controlled substance prescribing readily available to professionals. Post the data on the Bureau's website. Mike Wissel and LeAnn Mize will work on getting the reports posted. Include a narrative with the posted report that explains the issues (such as inappropriateness; toxicity; addiction; etc.). Consider ways to intervene with misprescribers. What does the MAPS data show in regards to the controlled substances that are being abused? What controlled substances have a high risk for addiction? Consider how we could evaluate or measure progress in prescribing practices, and how this data could be used to develop interventions.

Mike Wissel indicated that MAPS received a Patient Intervention Grant. A copy of the grant will be shared with committee members.

Should MAPS be required to be used? This would require an amendment to the law. In Kentucky, those with controlled substance licenses have to use their electronic monitoring system on a patient at least once each year.

2. The ACPSM agreed on the suggestion to send a letter to Director Janet Olszewski stating their concerns about the FDA's Risk Evaluation and Mitigation Strategies (REMS), which could create enormous barriers to prescribing controlled substances.
3. Consider revising the Michigan model guidelines to reflect the issue of under treating or not treating pain, and encourage the use of MAPS. Melanie stated the Board of Medicine has not received allegations of under treatment of pain, though the Board of Nursing has (since nurses are the ones who actually administer pain medication).
4. In long term care settings, consider requiring that pain medications be prescribed on a schedule instead of "as needed" / PRN (or give patients an "opt out" option for PRN).
5. Reissue the 2002 MDCH-funded train-the-trainer program on end-of-life care (topics: historical perspectives on dying and death in America; ethical and legal concerns; pain management; communication skills at the end-of-life; imminent death; grief, loss, and bereavement).
6. Convene a meeting within the next two years of the four Michigan medical schools for the purpose of assessing and improving the pain curriculum. Consider this for other health care professional schools such as nursing, physician's assistants, dentistry, pharmacy, etc. Consider also reaching non-prescribers such as psychologists. Training should be cross-disciplinary.
7. Consider requiring a canned program, such as SAMHSA's CSAT, in medical school or residency programs.
8. Require the reading of *Responsible Opioid Prescribing* by Dr. Scott Fishman at medical schools or residency programs, or send a letter to all the residency programs encouraging the reading of *Responsible Opioid Prescribing*. Make it a statutory requirement for residents to read the ROP booklet.
9. Introduce a bill for the purpose of creating an "alternative remediation process" versus a licensing action for those licensees who are improperly prescribing opioids.

