Recommendations for Improving Pain and Symptom Management in Montana

A White Paper of the
Montana Pain and Symptom Management Task Force

April 2007

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EXECUTIVE SUMMARY

Untreated and under-treated pain is a serious public health problem in Montana and the United States, often resulting in substantial physical, personal and social costs. Though pain and symptom management are fundamental to medical practice, they are complex as they depend upon multiple factors, including patient self-report; provider assessment and practice; availability of treatment options and referral networks; and institutional, state, and federal policies.

The Montana Pain and Symptom Management Task Force (MPSMTF) was founded as a result of Senate Joint Resolution 28 passed by the 2005 Montana Legislature in 2005. This resolution recognized the formation of a task force that would be given the task of assessing pain management practices and policies in Montana and making recommendations aimed at improving pain management throughout the state.

This white paper, *Recommendations for Improving Pain and Symptom Management in Montana*, is the MPSMTF's report of its findings and resulting recommendations. The resolution founding the task force states in part:

> Be it further resolved, that the American Cancer Society and the leadership of the task force are encouraged to give the task force's report and recommendations the widest circulation practicable so that implementation of the recommendations made by the task force become a collaborative effort between public and private bodies and organizations with the most influence on privately furnished health care and on public policy.[1]

In keeping with this resolution, the MPSMTF submits this report and the following recommendations to the Montana Legislature, the Governor, and the Director of the Department of Public Health and Human Services and to all those who are interested in improving pain management in Montana.

The report contains the following recommendations:

- Recommendation 1: Integrate pain surveillance into existing statewide health monitoring systems.
- Recommendation 2: Support initiatives that will conduct large-scale studies of patients, health care providers, and pain management systems in Montana.
- Recommendation 3: Support efforts to create a Montana Pain Initiative
- Recommendation 4: Build Institutional Commitments to Improving Pain and Symptom Management
- Recommendation 5: Modify existing and adopt new policies that could enhance pain and symptom management in Montana.
- Recommendation 6: Require or encourage continuing education in pain and symptom management.

[1] Montana 59th Legislature. *Joint Resolution 28*. 2005. 13 Mar. 2007 < http://data.opi.state.mt.us/bills/2005/BillPdf/SJ0028.pdf>

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- Recommendation 7: Encourage licensing boards and professional associations to regularly inform licensees and members about pain management policies and guidelines.
- Recommendation 8: Encourage development of public education regarding effective pain management.
- Recommendation 9: Encourage development of public education regarding patient advocacy.

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INTRODUCTION

Untreated and under-treated pain is a serious public health problem. The American Pain Foundation estimates that 50 million people suffer from persistent pain.[2] Pain and other symptoms can be debilitating, causing not only physical strain but serious financial, social, and quality of life issues for many pain sufferers. It is estimated that chronic pain in the United States costs $100 billion annually in lost wages, worker productivity and healthcare expenses.[3]

Pain and symptom management are complex, multi-faceted issues. Social, cultural and psychological factors play significant roles in the experience of pain, the willingness or reluctance to report it, and the way it is managed. [4] Disparities in pain treatment and experience exist between men and women, veteran and non-veteran populations, racial and ethnic groups, and elderly populations. Factors such as racial profiling for diversion, gender-bias in treatment, and higher rates of pain incidence for institutionalized elders all contribute to complexity in pain management.[5] Furthermore, some pain medications have the potential to be abused. Resultant efforts to curb abuse and diversion have created barriers to effective pain management including fear of regulatory scrutiny by some providers, interference with legitimate medical practice through suggestions that opioid analgesics are a last resort in pain treatment, and undue burdens in requirements for prescribing and dispensing of opioids.

Effective pain management cuts across professional disciplines and may include a variety of providers and modalities of treatment. Health care systems, however, are generally compartmentalized and do not necessarily facilitate easy communications among providers. Insurance coverage, similarly, is not comprehensive: reimbursement for pain treatment may be limited and may tend to over-emphasize certain modalities.

The Montana Pain and Symptom Management Task Force (MPSMTF) is a multidisciplinary coalition made up of healthcare professionals, healthcare organizations, elected officials, medical consumers, and other interested persons, dedicated to promoting pain and symptom management in Montana.[6] MPSMTF is dedicated to supporting the public, patients, health care providers, and legislators with educational, consulting, and research activities that work to improve the quality of life for people experiencing acute and chronic unremitting pain in Montana. The task force provides balanced and expert information and recommendations to appropriate governing boards,

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[2] *American Pain Foundation: Pain Facts and Figures*. Jan. 2007. American Pain Foundation. 13 Mar. 2007 <http://www.painfoundation.org/page.asp?file=Newsroom/PainFacts.htm>.
[3] United States. National Institutes of Health. *NIH Guide: New Directions in Pain Research I*. 4 Sept. 1998. 13 Mar. 2007 < http://grants.nih.gov/grants/guide/pa-files/PA-98-102.html>.
[4] United States. National Center for Health Statistics. *Health, United States, 2006: With Chartbook on Trends in the Health of Americans*. 2006. Hyattsville, MD: 68-71. 13 Mar. 2007. < http://www.cdc.gov/nchs/data/hus/hus06.pdf>.
[5] *American Pain Foundation: Pain Facts and Figures*. Jan. 2007. American Pain Foundation. 13 Mar. 2007 <http://www.painfoundation.org/page.asp?file=Newsroom/PainFacts.htm>.
[6] A list of MPSMTF members can be found in Appendix A.

which may include but should not be limited to the state legislature and state agencies on topics related to pain and symptom management.

Founded by the 2005 Montana Legislative Session's Joint Resolution, SJ 28, the MPSMTF was charged with assessing the state of pain and symptom management practices and policies in Montana, and making recommendations to improve pain and symptom management throughout the state. Accordingly, the MPSMTF planning committee convened in May, 2005 to begin recruitment for task force membership. American Cancer Society Great West Division, acted as the recruiting partner in formation of the MPSMTF and has been the main financial contributor to the task force as it was founded without a legislative appropriation. Task force members were recruited with a wide variety of expertise and interests. In total the task force has 30 members, representing public and private entities, health care institutions and professional associations, with representatives from a variety of professions including physical therapists, dentists, chiropractors, consumer advocates, physicians, nurses, pharmacists, and legislators.

Through its founding mandate, MPSMTF was charged first with assessing the state of pain and symptom management practices and policies in Montana and secondly with making recommendations aimed at improving pain and symptom management to appropriate public and private organizations as directed by the outcome of the assessments. Upon convening, the MPSMTF drafted and adopted the Montana Pain and Symptom Management Standard of Care[7] in order to have a mutually recognized definition of what constitutes quality pain and symptom management practice.

The Montana Pain and Symptom Management Standard of Care consists of the following principles:

- Reports of pain and symptoms are taken seriously and are treated with dignity and respect by all healthcare professionals.
- Pain and symptoms are thoroughly assessed and promptly treated.
- Patients are informed by the healthcare provider about what may be causing the pain and/or symptom(s), possible treatments, and the benefits, risks and costs of each.
- Patients participate actively in decisions about how to manage their pain and symptoms.
- Pain and symptom control is reassessed regularly and the treatment adjusted if the pain or symptom has not been eased.
- Patients are referred to a pain specialist if the pain persists.
- Patients obtain clear and prompt answers to their questions, are allowed time to make decisions, and are allowed to refuse a particular type of treatment if they choose.

[7] The Montana Pain and Symptom Management Standard of Care is adapted from the Pain Care Bill of Rights created by the American Pain Foundation. See http://www.painfoundation.org for more information.

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- Healthcare professionals utilize nationally recognized Pain and Symptom Treatment Guidelines[8] to identify and optimize individual treatment plans.

Upon adoption of the Montana Pain and Symptom Management Standard of Care, the MPSMTF circulated it to health care and health care related organizations and associations throughout the state. The standard of care was sent with a letter explaining the purpose of the MPSMTF, introducing the standard of care, and asking recipient organizations to sign-on in support of the standard. The MPSMTF received a positive response to the introduction of the standard of care. Twenty-five organizations signed on in support of the standard of care. For a complete list of supporting organizations see Appendix C.

Based upon the standards put forth in the Montana Pain and Symptom Management Standard of Care, the MPSMTF developed three instruments designed to assess attitudes and experiences regarding pain and pain and symptom management practice in Montana from three distinct perspectives:

- health care providers;
- health care consumers; and,
- health policy and insurance providers.

Due to the limited financial resources of the task force, the MPSMTF was able only to administer the health care consumer survey. The methodology and results of this survey are discussed below. The MPSMTF recommends that assessments of health care providers and health policy/insurance providers are undertaken when finances allow. Though the task force was able to draw on its diverse expertise, literature review, and anecdotal evidence to frame its recommendations, assessment of health care providers and health policies would offer a more detailed picture of pain and symptom management practices and barriers in Montana.

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[8] Pain and Symptom Treatment Guidelines are specific to different disciplines. For a list of some treatment guidelines see Appendix B.

HEALTH CARE CONSUMER SURVEY
Methods and Findings

The Joint Resolution, SJ 28, which founded the Montana Pain and Symptom Management Task Force, reads in part:

> it is the intention of those who will participate on the task force to hold public hearings to gather information from the public on issues pertaining to pain and symptom management and to then provide advice and recommendations to appropriate public and private entities.[9]

The MPSMTF developed two methods to gather information from the public, as directed by SJ 28. A survey instrument was created to collect information about people's perceptions about pain, their experience of pain, and how their health care providers have addressed their pain.[10] Secondly, the MPSMTF held eight public forums around the state, giving people an opportunity to discuss pain issues and to fill out the survey. Despite efforts to publicize the forums, there was poor turn-out, necessitating the distribution of additional surveys through other methods. MSU-Bozeman School of Nursing students took the surveys to flu clinics in Missoula and the Flathead and asked people attending the clinics to complete them. Additionally, the task force contacted several health care providers' offices and asked them to circulate the survey among their patients. Two chiropractors, two family practitioners, and two pain specialists participated. Finally, task force members were asked to circulate surveys as well. The task force received 329 completed surveys. Admittedly, convenience sampling of this sort does not provide information generalizable to all Montanans. However, the survey results still tell a story that is important to hear as they do provide insight into some Montanans' perceptions of pain, experience with pain, and thoughts about the pain management they have received.

Experience with Pain

Almost 70 percent (69.9%) of survey respondents reported that a member of their household has had chronic pain. Of those,

- ✓ 94% report that pain is impacting their household through limiting activities,
- ✓ 68.5% indicate that the household member's pain is causing extra expenses in medicine and other care, and
- ✓ 30.6% report lost wages as the pain caused the household member to miss work.

Sixty-four percent (64.2%) of survey respondents replied "yes" when asked if they had ever had chronic pain. Of the survey respondents who have experienced chronic pain,

- ✓ 86.2% report having experienced pain in the last month,
- ✓ 80.1% report moderate to severe pain,
- ✓ 56.6% say they have experienced chronic pain for more than three years,
- ✓ 95.9% say that their pain limits their activities,

[9] Montana 59th Legislature. *Joint Resolution 28*. 2005. 13 Mar. 2007 < http://data.opi.state.mt.us/bills/2005/BillPdf/SJ0028.pdf>

[10] An annotated version of the MPSMTF consumer survey can be found in Appendix D.

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- ✓ 61.7% indicate that they have incurred extra expenses for medicine and other care,
- ✓ 24.4% have lost wages for missing time at work due to pain.

Experience with Pain Management
Roughly 60 percent of total respondents (59%) agreed or strongly agreed that their doctor believes them when they report having pain. However, 38.9 percent of respondents opposed or strongly opposed the statement "whenever I've had pain, it's been well controlled." And 26 percent admit to some ambivalence over this statement, choosing to neither support nor oppose it. Of the 64 percent of respondents who report having experienced chronic pain, 87 percent have told their health care provider that they are having pain. While most (70.8%) feel that their health care provider treats them with respect and dignity, over one-third of respondents who have experienced chronic pain (36.3%) do not feel that their health care professionals ask good questions to learn about their pain and how their pain impacts their daily life. Additionally, only around half of those experiencing chronic pain (53.5%) feel that their health care providers regularly monitor their progress by asking about their pain and ability to function at every visit. Similarly, only half (52.6%) report that their treatment is adjusted if their pain has not been eased or their ability to function has not significantly improved. A full third of respondents who have experienced continuing pain (33.5%) report having never been referred to any other provider for their pain, while

- ✓ 45% have been referred to a physical therapist,
- ✓ 20.9% to a chiropractor,
- ✓ 17.3% to a pain specialist, and
- ✓ 7.9% to a naturopath.

Attitudes about Pain and Pain Management
Pain did not seem to be a taboo subject with most respondents, as almost 60 percent (57.6%) strongly opposed the statement that "'good patients avoid talking about pain." Generally, respondents were optimistic about pain relief with the majority (59.3%) supporting or strongly supporting the statement that pain can be effectively relieved. While more than one quarter of respondents (27%) neither opposed nor supported the statement "it is easier to put up with pain than with the side effect of the pain medicines," almost half (48.7%) either opposed or strongly opposed that statement. Correspondingly, most seem to think that pain medicines are effective as 57.9 percent did not agree with the statement "pain medicine cannot really control pain." Respondents also seem to have some openness to non-pharmacological methods of pain control. More than three-quarters of respondents (76.2%) believe that pain medicines (prescriptions and 'over-the-counter' drugs) are not the only effective way to relieve pain.

Despite the general optimism regarding pain relief, some respondents also evidenced adherence to common myths about pain and pain management. Almost three in ten respondents (29.5%) believe that most people taking pain medicines will become addicted over time and one-third (33%) believe that people get addicted to pain medicine easily. Over one-quarter of respondents (27.4%) believe that pain medicine should only

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be taken when pain is severe. A sizeable minority (41.5%) agreed that it is important to take the lowest amount of medicine possible and save larger doses for later.

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RECOMMENDATIONS

Central to the founding mandate of the Montana Pain and Symptom Management Task Force is the task of providing:

> advice and recommendations to appropriate public and private entities on pain and symptom management, including advice and recommendations concerning acute and chronic pain and symptom management treatment practices, state statutes and rules regarding pain and symptom management, and use of alternative therapies for pain and symptom management.[11]

Accordingly, the MPSMTF has developed several key recommendations aimed at improving pain and symptom management in Montana through surveillance and assessment, institutional and policy changes, and education and outreach. The following sections address each of these recommendations.

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[11] Montana 59th Legislature. *Joint Resolution 28*. 2005. 13 Mar. 2007 < http://data.opi.state.mt.us/bills/2005/BillPdf/SJ0028.pdf>

EVALUATIVE RECOMMENDATIONS

Recommendation 1: Integrate pain surveillance into existing statewide health monitoring systems.

In order to establish a high-definition picture of the incidence of pain in Montana and the impact of pain on the health of Montanans, the MPSMTF recommends that the Montana Department of Public Health and Human Services (DPHHS) explore current measures of pain and incorporate pain surveillance measures into the health surveillance schedule regularly conducted by DPHHS. Regular inclusion of pain measures in DPHHS' administration of the Behavioral Risk Factor Surveillance System (BRFSS) would provide important baseline information regarding pain incidence in Montana and the impact of pain on Montanan's health and quality of life. Continued monitoring of pain's impact in Montana through regular repetition of these measures would provide scientifically rigorous information which could inform program planning and evaluation.

Recommendation 2: Support initiatives that will conduct large-scale studies of patients, health care providers, and pain management systems in Montana.

The MPSMTF recommends that continued evaluation and assessment of pain and symptom management practices in Montana be undertaken. Due to limited resources, the task force was unable to conduct as many assessments as are needed for a thorough review of the systems influencing pain management in Montana. In particular, the task force recommends further evaluation of the following:

- Insurance – Nearly three-quarters of respondents (74.5%) to the MPSMTF's health care consumer survey cited health insurance coverage issues as one of the barriers to pain management in Montana. As with worker's compensation, pain is not treated by most insurance companies as a disease system. Thus coverage for pain care is often limited in scope and may not cover the range of treatment that may be indicated for comprehensive pain management. The MPSMTF recommends that the Montana Pain Initiative work with representatives from Montana's Health Insurance providers to assess pain treatment coverage.
- Health care providers– The MPSMTF recommends the administration of an assessment across the spectrum of care of health care providers' knowledge, practice, and attitudes toward pain and symptom management. In 1997, an assessment of Missoula health care providers was conducted that revealed inconsistencies in pain assessment, perceptions that regular pain assessment would further burden already heavy workloads, and misperceptions about the relationship between pain and other vital signs.[12] This evaluation was part of a baseline assessment for a community-wide Pain as the Fifth Vital Sign Project, a project which successfully integrated regular pain assessment into the practices of several Missoula-area health care organizations and began to raise community expectations for pain management. Administering an assessment of health care providers, similar to what was done in Missoula a decade ago, would assist in identifying barriers to good pain management and help direct programming.

[12] D. Mayer, L. Torma, I. Byock, K. Norris. "Speaking the Language of Pain" *AJN*. 101 (2) 44-49. Feb. 2001.

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- Workers' Compensation – The Workers' Compensation system is essentially injury-driven. As workers receive benefits on claims directly related to a workplace injury, the treatment focus is directed toward the physical. Though pain is a physical sensation it is also a subjective experience and can continue even after its physical cause has healed. As one author notes, "all disease and injury are disruptions not only on a physical or cellular level, but also on a personal and social one."[13] Evidence suggests that roughly 10 percent of Workers' Compensation cases account for 90 percent of the cost. Many of these costly cases are claimants who are experiencing on-going pain issues.[14] While there are suggestions that claimants' rehabilitation can be increased while costs to employers and the Workers' Compensation system can be decreased through a model of disease management that addresses psychosocial issues throughout the course of care, the MPSMTF recognizes that further study of the current system needs to be undertaken. The MPSMTF recommends that the following questions be investigated: How are workers' complaints of pain and other symptoms treated under the Workers' Compensation system? What would comprehensive pain management under Workers' Compensation look like and what are the barriers to achieving this? The task force recommends that the Montana Pain Initiative work with representatives of the Workers' Compensation system to investigate these questions and, as appropriate, make recommendations to the legislature for revision of the state Workers' Compensation Act.

Though administering large-scale scientifically rigorous studies regarding Montanans' experience with pain and pain management is outside the scope of the MPSMTF, the task force encourages researchers at Montana's health care institutions and institutions of higher education to look for opportunities to undertake such research.

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[13] Jurisic, M. "Workers' Compensation: The difficult ten percent." JSOnline. 11 Oct. 2005. 13 Mar. 2007 <http://www.jsonline.com/story/index.aspx?id=362264>
[14] Ibid.

ORGANIZATIONAL RECOMMENDATIONS

Recommendation 3: Support efforts to create a Montana Pain Initiative
MPSMTF recommends the creation of a Montana Pain Initiative. Unlike a task force created essentially for evaluation and recommendation, a free-standing Pain Initiative would have the ability to educate and advocate as well as continue to evaluate and recommend. The Montana Pain Initiative will build upon the foundation laid by the MPSMTF, working to enact the recommendations put forth by the MPSMTF and to design and undertake on-going public and professional outreach and education. The creation of a Montana Pain Initiative is a key component to developing a culture within Montana which supports, and actively seeks to provide care in compliance with, the Montana Pain and Symptom Management Standard of Care.

Like the MPSMTF, the Montana Pain Initiative will draw its membership from across the spectrum of care, from stake holder organizations, and throughout Montana. Membership may consist of individual and organizational members.

In addition to education and outreach, the Montana Pain Initiative will advocate for balanced pain policy in Montana. The Montana Pain Initiative will monitor the legislature for proposals that could influence pain and symptom management in the state, and will seek to make sure that proposals create conditions which facilitate rather than compromise quality pain and symptom management practice. The Montana Pain Initiative will also monitor the state's public and private insurance formulary committees and be ready to respond to proposals that could restrict access or limit reimbursement for pain therapies.

Recommendation 4: Build Institutional Commitments to Improving Pain and Symptom Management
Adoption and dissemination of the MPSMTF's Montana Pain and Symptom Management Standard of Care marked the initial steps in a process the task force recommends continue throughout the state. In order to reduce the number of Montanans experiencing unrelieved acute or chronic pain and other distressing symptoms, Montana's health care related organizations must develop overarching institutional commitments to improving pain and symptom management. Individual organizations' support of the Montana Pain and Symptom Management Standard of Care is an important first step toward building such institutional commitment, further steps could include:

- Drafting policies and procedures regarding pain care;
- Providing mandatory pain information training for all employees involved with patient care;
- Building interdisciplinary pain teams;
- Monitoring pain management services through the use of continuous-quality improvement team;
- Tying pain management to patient satisfaction;
- Building inter-organizational partnerships for pain referrals and advice.

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POLICY RECOMMENDATIONS

Montana's professional licensing boards have an important role in directing pain and symptom management practice and policy throughout Montana. The University of Wisconsin Pain & Policy Studies Group (PPSG), a World Health Organization Collaborating Center, whose mission "is to 'balance' international, national and state policies to ensure adequate availability of pain medications for patient care while minimizing diversion and abuse, and to support a global communications program to improve access to information about pain relief, palliative care, and policy,"[15] recently released a state by state report card evaluating each state's statutes, regulations and other governmental policies that influence pain management. Released in September 2006, this report, *Achieving Balance in State Pain Policy: A Progress Report Card (Second Edition)*[16], gave Montana a C+ for its state pain policies. Montana's grade was based upon the following policies:

- Controlled Substances Act: Montana Code Annotated § 50-32-101
- Medical Board Guideline: Montana Board of Medical Examiners. Statement on the Use of Controlled Substances in the Treatment of Intractable Pain, Guidelines for Prescribing Opioid Analgesics for Chronic Pain. Montana Medical Association Bulletin. Vol. 51. pp. 3-4. June 1996. Adopted: March 15, 1996.
- Joint Policy Board Statement: Montana Board of Medical Examiners, Board of Nursing, and Board of Pharmacy. Statement of the Prescribing and Filing of Controlled Substances in the Treatment of Chronic Pain. Adopted: July 27, 2002.

Montana received a grade of C+ from the PPSG evaluation based upon "positive" and "negative" provisions in these policies identified by the PPSG. PPSG classified provisions in the policies as positive and negative upon a review of language that could potentially enhance or impede pain management. Montana received points toward its grade for provisions that had the potential to enhance pain management including provisions that:

- Affirm that opioids are part of professional practice;
- Encourage pain management;
- Address fear of regulatory scrutiny;
- Represent the idea that efforts to reduce misuse of controlled substances should not interfere with appropriate medical practice;
- Recognize robust treatment goals including quality of life and patient functioning.

Montana received points which detracted from its overall grade for provisions that had the potential to impede pain management, including provisions that:

- Suggest the prescription of opioids is a last resort;
- Restrict medical decisions.

[15] *Pain & Policy Studies Group: About the PPSG Page*. 27 Feb. 2007. Pain and Policy Studies Group. 13 Mar. 2007 < http://www.painpolicy.wisc.edu/about.htm>.
[16] The full report is available at: < http://www.painpolicy.wisc.edu/Achieving_Balance/PRC2006.pdf>.

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Recommendation 5: Modify existing and adopt new policies that could enhance pain and symptom management in Montana.
Montana has an opportunity to improve its policies that influence pain and symptom management throughout the state. The MPSMTF recommends that:

- The Montana's Board of Medical Examiners consider adopting the Federation of State Medical Boards' (FSMB) *Model Policy for the Use of Controlled Substances for the Treatment of Pain*. This model policy explicitly affirms that pain management is "integral to the practice of medicine; that opioid analgesics may be necessary for the relief of pain; that the use of opioids for other than legitimate medical purposes poses a threat to the individual and society; that physicians have a responsibility to minimize the potential for the abuse and diversion of controlled substances; and that physicians will not be sanctioned solely for prescribing opioid analgesics for legitimate medical purposes."[17]
- The Controlled Substances Act is amended to state that controlled substances are necessary for public health as is stated in the Federal Controlled Substances Act.[18]
- In addition to adoption of the FSMB *Model Policy*, Montana's professional licensing boards should consider guidelines for symptom management, communicating the message to their licensees that 1) pain *and* symptom management are integral to professional practice and that 2) communication between professional disciplines is essential for optimal pain and symptom management.

Recommendation 6: Require or encourage continuing education in pain and symptom management.
The MPSMTF recommends that the Montana Legislature require or encourage health care professionals to undertake continuing education in pain and symptom management. Results from the task force's health care consumer survey suggest respondents consider lack of health care provider training in pain management to be a considerable barrier to effective pain control in Montana. Eighty-one percent of respondents who feel there are barriers to pain management, identified lack of health care provider training as one such barrier. As of 2005, ten states have adopted provisions that either require or encourage medical board licensees to complete continuing medical education programs regarding pain treatment in an effort to provide physicians with current clinical information and practice strategies. While not a burdensome request of medical providers who are already in the practice of completing continuing medical education for license renewal, the encouragement of pain and symptom management specific CMEs would serve a two-fold purpose: 1) demonstrating the state's commitment to affirming that pain and symptom management are an important part of medical practice and 2) providing updated information and quality curricula on pain and symptom management to providers.

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[17] Federation of State Medical Boards of the United States, Inc. *Model Policy for the Use of Controlled Substances for the Treatment of Pain*. May 2004. 13 Mar. 2007 < http://www.painpolicy.wisc.edu/domestic/model04.pdf>.
[18] The Federal Controlled Substances Act reads in part: "Many of the drugs included within this subchapter have a useful and legitimate medical purpose and are necessary to maintain the health and general welfare of the American people" (Title 21 Controlled Substances Act §801(1)).

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EDUCATION RECOMMENDATIONS

Professional Education

As was stated earlier, the MPSMTF recommends that the Montana Legislature require or encourage continuing education credits in pain and symptom management for medical providers. In addition to CME credits, the task force recognizes that other provider education may be indicated upon completion and analysis of the provider assessments recommended above. Upon completion of the provider assessments, the task force recommends that the Montana Pain Initiative develop materials about pain management topics which can be used in inservices and workshops throughout the state. Such sessions could include topics such as:

- Pain assessment: rating, function, impact on daily life;
- building a referral network;
- pharmacological and non pharmacological methods of treating pain;
- pain and depression;

Recommendation 7: Encourage licensing boards and professional associations to regularly inform licensees and members about pain management policies and guidelines.

The Montana's professional licensing boards and professional health care associations have great potential to influence pain and symptom management in the state. Through communicating their policies and guidelines to their licensees and members, the licensing boards and professional associations can reinforce the message that pain and symptom assessment, treatment, and continued management are critical components of standard care. The MPSMTF recommends that the Montana Pain Initiative work with each of Montana's licensing boards for health care professionals and professional associations to communicate with their licensees and members that pain management is an important and integral part of care, and to communicate their policies and guidelines.

Health Care Consumer/ Public Education

Recommendation 8: Encourage development of public education regarding effective pain management.

Results from the MPSMTF's health care consumer survey point to the importance of public education aimed at dispelling the myths surrounding pain control methods. Only 31.5 percent of respondents disagreed or strongly disagreed with the statement "when you take pain medicine your body becomes used to its effects and pretty soon it won't work anymore." Clearly many believe that tolerance is a significant and concerning problem with pain medications. Similarly, 29.5 percent of respondents believe that most people taking pain medicines will become addicted over time and 33 percent believe that people get addicted to pain medicine easily.

Fears about tolerance and addiction may contribute to other misconceptions commonly held regarding pain treatment. More than four in ten respondents (41.5%) to the task force's health care consumer survey, agreed or strongly agreed that it is important to take

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the lowest amount of medicine possible and save larger doses for later when the pain is worse. Twenty-seven percent of respondents agreed or strongly agreed that pain medicines should only be taken when pain is severe. These attitudes regarding pain management and the myths which reinforce such attitudes likely contribute to inadequate pain care and disrupted treatment.

The MPSMTF recommends public outreach focusing specifically on dispelling addiction myths and communicating appropriate pain treatment practices such as treating pain before it becomes severe.

Recommendation 9: Encourage development of public education regarding patient advocacy.

In addition to public outreach focused on dispelling commonly held misconceptions about pain treatment, the MPSMTF also recommends public education encouraging pain treatment advocacy and individuals' active participation in taking control of pain. Almost one quarter of respondents (23%) to the task force's health care consumer survey who reported experiencing chronic pain, said they did not feel like they were active participants in decision making about their pain treatment plan. Almost one-third of respondents (31.7%) were not able to respond affirmatively when asked if they felt they had an adequate amount of time to think about the treatment plan their health care provider recommended. Almost one-quarter (23.9%) were not able to respond affirmatively when asked if they felt they were able to refuse recommendations or ask for alternative treatment options. Forty-nine percent of respondents said they are unaware of their rights regarding referral for health care in Montana, and an additional 16.7 percent didn't know whether or not they were aware of these rights. Additionally, of those respondents who reported experiencing chronic pain, 70.4 percent said they do not monitor their pain and how their treatment affects their pain such as through keeping a daily log.

This information suggests that those experiencing pain and their caregivers could benefit from education focused on the following:

- Information about a full range of treatment options including complementary therapies;
- Strategies for monitoring and reporting pain;
- Strategies for communicating with a health care provider about setting treatment goals;
- Information about pain specialists and referral rights.

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NEXT STEPS

The MPSMTF recognizes the sizeable number of recommendations put forward in this white paper. In order to begin work enacting this agenda, the MPSMTF recommends the dissolution of the task force and the immediate formation of the Montana Pain Initiative. The MPSMTF further recommends that the Montana Pain Initiative begin its work by holding a strategic planning session to:

- create a governance structure;
- strategize how to accomplish the work outlined in the recommendations of this white paper; and,
- create a concrete plan to guide resource attainment.

The MPSMTF suggests that the Montana Pain Initiative secure funding for a strategic planning session.

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APPENDIX A
2007 Montana Pain and Symptom Management Task Force List

First Name	Last Name	Company	City
Michael	Bergkamp, ND	Montana Association of Naturopathic Physicians	Helena
Betty	Beverly	Montana Senior Citizens Association	Helena
Starla	Blank, PharmD	Montana Board of Pharmacy	Helena
Kathryn	Borgenicht, MD	Montana Medical Association and American Association of Hospice and Palliative Care	Bozeman
Lee Ann	Bradley, PharmD, BCPS	Montana Pharmacy Association and University of Montana School of Pharmacy	Missoula
Deanna	Brame, MSN, RN, C, CHPN	Bozeman Deaconess Hospital Palliative Care Consultants	Bozeman
Jeannine	Brant, RN, MS, AOCN	St. Vincent Hospital	Billings
Gayla	Brown, BSN, RN, LNHA	Mountain-Pacific Quality Health Foundation	Helena
Roger	Citron, R.Ph.	Department of Public Health and Human Services	Helena
Kristina	Davis, RN	American Cancer Society - Volunteer	Great Falls
Becky	Deschamps, R.Ph.	Kalispell Regional Hospital	Kalispell
Joan	Eliel	Montana Department of Justice Attorney General's Office Office of Consumer Protection and Victim Services	Helena
Jean	Forseth, MN, RN, CHPN	Big Sky Hospice Yellowstone City-County Health Department	Billings
Scott	Hansing, DC	Montana Chiropractic Association	Helena
Teresa	Henry, MS, RN	Montana Nurses Association	Missoula
Jan	Jahner	St. Peter's Hospital	Helena
Linda	Fike-Looser, PT, CLT-LANA, CES	Montana Physical Therapy Association	Hamilton
Mary	McCue	Montana Dental Association	Helena
Sue	Miller, RN, BSN	Department of Public Health and Human Services	Helena
Liz	Rantz, MD	State Department of Corrections	Missoula
Randale	Sechrest, MD	Montana Spine and Pain Center	Missoula
Robert	Shepard, MD	New West	Clancy
Carolyn	Squires	Montana State Senate	Missoula
Dwight	Thompson, PA	Montana Board of Medical Examiners	Harlowton
Linda	Torma, MSN, APRN, BC	Montana State University-College of Nursing Carroll College Parish Nurse Center	Missoula
Deric	Weiss, MD, FACP	Hospital Palliative Care Programs	Billings
Staff			
Kristin	Nei	American Cancer Society Montana Government Relations	Missoula
Connie	Sage		Missoula

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APPENDIX B
Pain and Symptom Treatment Guidelines

Assessment and Management of Acute Pain
Institute for Clinical Systems Improvement (ICSI); 2004 Mar
http://www.guidelines.gov/summary/summary.aspx?doc_id=4930&nbr=003517&string=assessment+and+%22

Guidelines for the assessment and management of chronic pain
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American Pain Society (APS); 2005. (Clinical practice guideline; no. 3
http://www.guidelines.gov/summary/summary.aspx?doc_id=7297&nbr=004341&string=pain+AND+management

Symptom management in cancer: pain, depression and fatigue
NIH Consensus Statement Online 2002 Jul 15-17;19(4):1-29.
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Clinical practice guidelines for quality palliative care.
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Management of fibromyalgia syndrome
Goldenberg DL, Burckhardt C, Crofford L. JAMA 2004 Nov 17;292(19):2388-95
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The initial management of chronic pelvic pain.
Royal College of Obstetricians and Gynaecologists (RCOG); 2005 Apr
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Special treatment situations: behavioral interventions for management of primary head pain.
Standards of care for headache diagnosis and treatment: National Headache Foundation; 2004
http://www.guidelines.gov/summary/summary.aspx?doc_id=6584&nbr=004144&string=pain+AND+management

Adult low back pain
Institute for Clinical Systems Improvement (ICSI); 2005 Sep
http://www.guidelines.gov/summary/summary.aspx?doc_id=8150&nbr=004543&string=pain+AND+management

Clinical practice guidelines (second edition) for the diagnosis, treatment, and management of reflex sympathetic dystrophy/complex regional pain syndrome (RSD/CRPS).
Reflex Sympathetic Dystrophy Syndrome Association (RSDSA); 2002 Feb
http://www.guidelines.gov/summary/summary.aspx?doc_id=3204&nbr=002430&string=pain+AND+management

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APPENDIX C

Organizations Supporting the Montana Pain and Symptom Management Standard of Care

Endorsements received as of January 15, 2007

Action for Eastern Montana
American Cancer Society
Area V Agency on Aging
American Association of Hospice and Palliative Care
Bozeman Deaconess Hospital
Carroll College Parish Nurse Center (representing parish nurses statewide)
Montana Area Agency on Aging Association
Montana Attorney Generals Office of Consumer Protection & Victim Services
Montana Board of Pharmacy
Montana Cancer Control Coalition
Montana Chiropractic Association
Montana Medical Association
Montana Nurses Association
Montana Senior Citizens Association
Montana Spine and Pain Center – Missoula
Montana State University-Bozeman College of Nursing
N Central Area III Agency on Aging
St. Patrick Hospital & Health Sciences Center, Missoula
St. Peters Hospital Helena
St. Vincent Hospital Billings
State of Montana Department of Corrections
State of Montana Department of Public Health and Human Services
University of Montana Physical Therapy Department and Rehabilitative Services
Yellowstone City County Health Department

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