Kaye Norris, PhD
Program Director, Montana Pain Initiative
Assistant Director, Western Montana Area Health Education Center
Senate Joint Resolution 28

- The Montana Pain and Symptom Management Task Force (MPSMTF)
- Montana Legislature in 2005
- Senator Carolyn Squires
- Staffed by American Cancer Society
Senate Joint Resolution 28

- For two years gathered national and local information on pain management
- Conducted a convenience sample Community Survey (329 participants, results can be found at www.mtpain.org)
Senate Joint Resolution 28

- Developed a white paper with 10 recommendations focusing on policy, provider practice improvement, and advocacy (Mailed over 900 white papers to opinion leaders in Montana)

- Recommended the Development of the Montana Pain Initiative
  - Move from information gathering to action
MTPI Advisory Council

- 35 Members representing

Oversite:
- American Cancer Society
- American Cancer Society Cancer Action Network

Boards/Associations:
- Medical
- Pharmacy
- Nursing

Organizations:
- Attorney General’s Office
- Benefis Healthcare
- Billings Clinic
- Bozeman Deaconess Hospice and Palliative Care;
- Bozeman Deaconess Hospital
- Community Medical Center
- DPHHS/Medicaid
- St. Patrick Hospital and Health Sciences Center
- St. Peter’s Hospital
- St. Vincent Healthcare
Executive Committee

Leadership of the MTPI

- Chair, Randale Sechrest, MD
- Vice Chair, Jean Forseth, RN
- Medical Director, Kathryn Borgenicht, MD
- American Cancer Society Liaison, Kristin Nei
- Program Director, Kaye Norris, PhD
Grants

- **Pain Improvement Partnership** (Lance Armstrong funding through the Alliance of State Pain Initiatives)

- **Strategic Planning** (Lance Armstrong Foundation through the Alliance of State Pain Initiatives)

- **State Pain Activity** (American Cancer Society Cancer Action Network)

- **Public Safety Program: Partnering to Improve Pain Management and Reduce Abuse and Diversion** (Montana Attorney General’s Office)
Getting the Work Done

- **Standing Committees**
  - Public and Institutional Policy
  - Patient and Public Education & Advocacy
  - Provider Practice Improvement

- **Work Groups**
  - Addressing Chronic Pain and Addiction
  - Passage of Prescription Drug Registry
Policy Improvement

- In 2008-9 Assisted PMP Coalition in drafting Prescription Monitoring Program legislative language which focused on patient safety
- The bill was defeated in the Human Health and Services Committee
- In 2010-2011 worked closely with the Montana Attorney General’s Office to draft and pass Prescription Drug Registry legislation
Policy Improvement

- Montana Board of Medical Examiners adopted Model Pain Policy developed by Federation of State Medical Boards
- Board of Pharmacy revised pain policy based on national standards
- 13 Facilities (long term care, home health, and critical access hospitals) revised policy and structure to improve pain management
Provider Practice Improvement

Annual Conferences:

- Politics of Pain: Improving Pain Management Policy in Montana (Missoula, April 2007)
- Pain Management Policy and Practice: A Balanced Approach (Missoula, September 2008)
- Practical Approaches to Managing Pain (Bozeman, Sept 2009)
Provider Practice Improvement

Annual Conferences:
- Navigating the Complexities of Pain (Billings, October 2010)
- Front Line Pain Management: Neuroplastic Transformation, Interdisciplinary Care, Safe Prescribing (Bozeman, October 2011)
- Redefining Pain: The Changing Landscape of Pain Management (Missoula, May 2014)

Special Conference:
Addressing Chronic Pain and Addiction: A Community Network Approach (Missoula, May 2010)
Provider Practice Improvement

- Disseminated Scott Fishman’s book *Responsible Opioid Prescribing: A Physician’s Guide* to over 3000 practicing prescribers
  (partnered with Attorney General’s Office and Board of Medical Examiners)
Research

Developed pain questions for the 2010 Behavior Risk Factor Surveillance Survey
## 2010 BRFSS Results

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Grade 1—Mild</th>
<th>Grade 2—Moderate</th>
<th>Grade 3—Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>3 months to 1 year</td>
<td>&gt;1 year to 5 years</td>
<td>&gt;5 years</td>
</tr>
<tr>
<td>Frequency</td>
<td>Recurrent Pain: Once/month or less</td>
<td>Persistent pain: Once/week to once/hour</td>
<td>Constant Pain</td>
</tr>
<tr>
<td>Intensity (None to 10) Scale</td>
<td>1-3</td>
<td>4-6</td>
<td>7-10</td>
</tr>
<tr>
<td>Activity Limitation</td>
<td>None</td>
<td>1 to &lt;14 days per month</td>
<td>&gt;14 days per month</td>
</tr>
</tbody>
</table>
2010 BRFSS Results

- 2,607 respondents suffered from chronic pain (33% of total respondents)
- 90% pain lasted at least 1 year
- 40% experience pain constantly
- 50% had other health conditions (asthma, diabetes, cardiovascular disease, mental)
2010 BRFSS Results

- ~25% rated pain intensity as severe
- 5% Grade 3—Severe (duration, frequency, intensity, activity limitation)
- Translated to estimated 40,000 Montanans experience severe pain
- ~168 days per year lost productivity (each)
BRFSS Results

Is your pain well managed?

Yes: 77.1%
Somewhat: 59.3%
No: 42.5%

Grade 3: 8.8% 14.1%
Grade 2: 10.8% 29.9%
Grade 1: 16% 41.5%
Report Conclusion

- Chronic pain a considerable public health burden in Montana
- Montanans with most severe chronic pain more likely to be uninsured
- Montana Healthcare providers may be inadequately treating pain when other health conditions are seen as predominant
Two Competing Public Health Crises

1) Epidemic of untreated and undertreated chronic pain:
   - WHO: “undertreated pain is the #1 health problem in America.”
   - Relieving Pain: A Blueprint for Transforming Prevention, Care, Education, and Research (IOM 2011).

2) Epidemic of prescription drug abuse:
   - CDC: 6 million Americans are abusing prescription pain killers: more than heroin, cocaine, and hallucinogens combined (increase of 80% in 6 years).
IOM: “Underlying Principles”

1. A moral imperative. Effective pain management is a moral imperative, a professional responsibility, and the duty of people in the healing professions.

2. Chronic pain can be a disease in itself. Chronic pain has a distinct pathology, causing changes throughout the nervous system that often worsen over time. It has significant psychological and cognitive correlates and can constitute a serious, separate disease entity.
Who is at risk for overdose death?

1. **9 million persons who report long-term medical use of opioids.**
   - About 3% of U.S. population

2. **6 million persons who report non-medical use of opioids over the last one month.**
   - About 3% of the adult population over age 12
   - But about 5% of the 18-25 years age group

3. **CDC: 25-66% of opiate OD fatalities occurred in patients who were never prescribed the implicated drug.**
People Who Abuse Prescription Pain Medication Get Them From:

- Obtained free from a friend or relative: 54.2%
- Prescribed by one doctor: 17.3%
- Bought from a friend or relative: 11.3%
- Took from friend without asking: 4.8%
- Drug dealer or stranger: 4.4%
- Other Source: 7%
Best-Practices

+ Evaluate opioid abuse risk using a validated screening tool such as DIRE or Opioid Risk Tool
+ Establish a chronic pain agreement for long-term use
+ Use urinary drug test when at high risk for abuse
+ Treat and monitor patients at highest risk for abuse
+ Behavioral health needs to be part of assessment and treatment
When is it appropriate to use opioids for persistent pain?

- After thorough evaluation
- When opioids have an equal or better therapeutic index than alternative therapies
- The medical risk of opioids is relatively low
- The patient is likely to be responsible in using the medication
- Opioids are part of an overall management plan
Regulation of Prescribing Practice

- Intention is good
- Potential unintended consequences:
  - impede access to necessary medications, and
  - diminished quality of life of patients who experience persistent pain
Going Forward

- Healthcare Providers, Regulators, Patient Advocates, Law Enforcement must work together
- A balanced approach with equal emphasis on pain management and public safety will be the most effective
- State funding that leverages private and non-profit dollars is necessary to sustain a coordinated effort
Thank You.