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Achieving Balance in State Pain Policy

National Association of Attorneys General

Training Seminar

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Observations

- Pain management still inadequate
- Many ways to treat pain
- Opioid analgesics are medically necessary
- Misinformation is prevalent
- Opioids are diverted and abused
- Patients fear pain medications
- Clinicians fear investigation
- State policies impede pain management

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The Imperative to Address Regulatory Barriers and Achieve “Balance”

- **World Health Organization (WHO)**
- **International Narcotics Control Board (INCB)**
- **Institute of Medicine (IOM)**
- **American Cancer Society (ACS)**
- **National Institutes of Health (NIH)**
- **Drug Enforcement Administration (DEA)**
- **National Association of Attorneys General (NAAG)**
- **Federation of State Medical Boards (FSMB)**
- **American Medical Association (AMA)**

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Method to Evaluate State Policies

- Identify central principle (Balance)
- Develop evaluation criteria (17)
- Collect and evaluate policies
 - Laws, regulations, guidelines (377 in 2003)
 - Public health re pain, controlled substances, medical and pharmacy practice
 - Not comprehensive
- Evaluate (3 researchers)
- Report results (EG1; EG2; PRC)

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Main Elements of *Balance*

- **Protect public health and safety**
- **Opioids are safe and effective, necessary**
- **Opioids have potential for abuse, pose risks**
- **“Controlled substance” status not intended to diminish medical usefulness of opioids**
- **Policy governing medicine and drugs should be consistent with medical and scientific knowledge**
- **Policies to address diversion not to interfere with medical practice and patient care**

(+) Criteria that identify policies with potential to enhance pain management

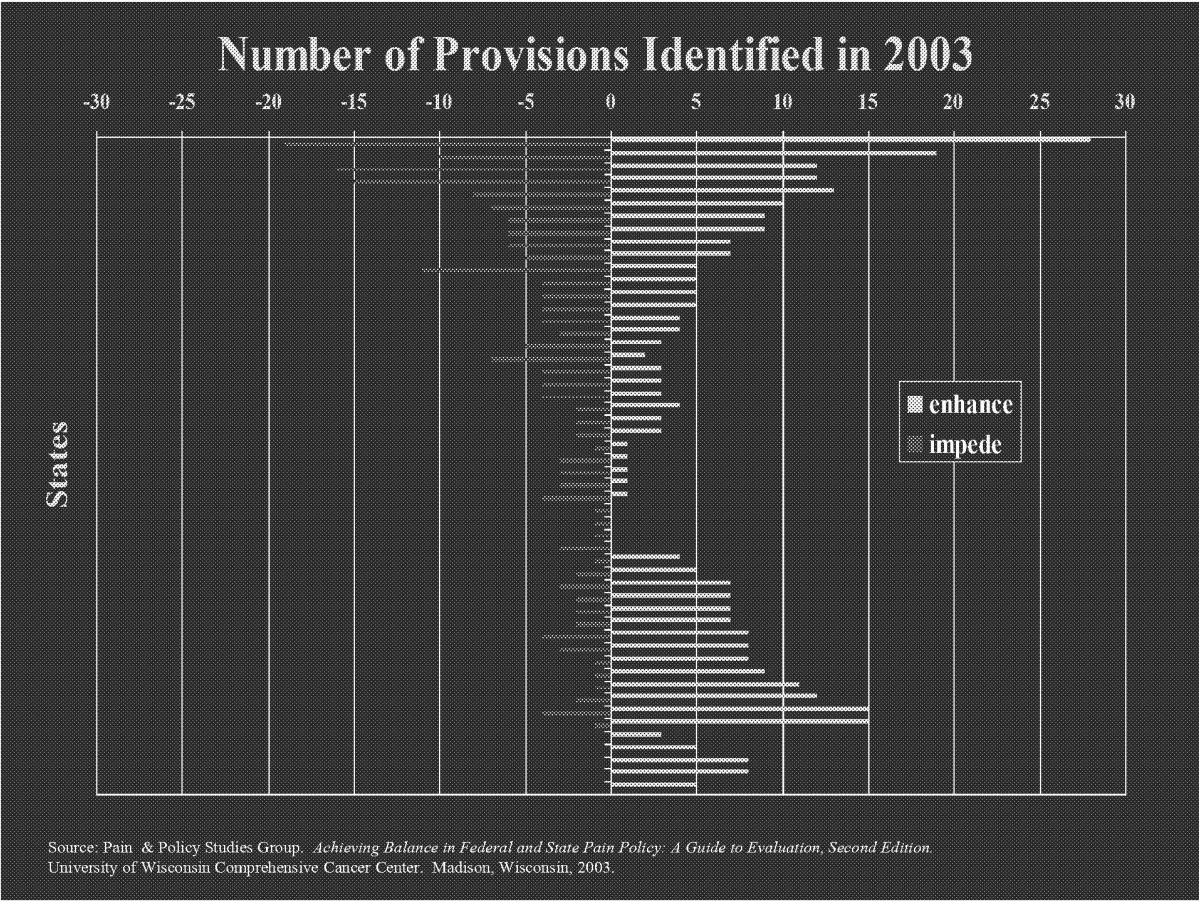
- 1. Controlled substances necessary for the public health**
- 2. Pain management is general medical practice**
- 3. Medical use of opioids is legitimate professional practice**
- 4. Pain management is encouraged**
- 5. Practitioners' concerns about regulatory scrutiny are addressed**
- 6. Prescription amount is insufficient to determine legitimacy**
- 7. Physical dependence, analgesic tolerance are not confused with "addiction"**

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(-) Criteria that identify policies with potential to impede pain management

- 9. Implies that opioids are a last resort**
- 10. Opioids outside legitimate professional practice**
- 11. Opioids hasten death**
- 12. Physical dependence, analgesic tolerance are confused with “addiction”**
- 13. Medical decisions restricted**
- 14. Prescription validity restricted**
- 15. Additional prescription requirements (i.e., PMPs)**
- 16. Other**
- 17. Ambiguous**

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State Grade Distribution - 2003

A	B+	B	C+	C		D+	D	F
	AL	FL	AR	AK	NY	AZ	NH	
	KS	IA	MD	CA	ND	CT	NJ	
	MA	ME	MI	CO	OH	DE	RI	
	NE	NC	NV	ID	OK	DC		
	NM	PA	OR	KY	TN	GA		
		SD	SC	MN	TX	HI		
		WA	UT	MS	VT	IL		
		WV	WI	MO	VA	IN		
				MT	WY	LA		

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Summary of Grades

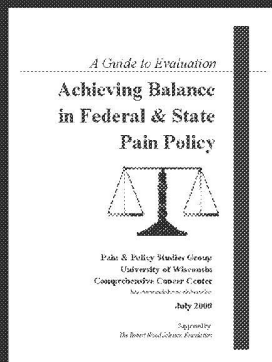
50 states + DC

(March 2003)

- **No state received an A or F**
- **35% earned a grade of C**
- **41% scored above a C**
- **24% fell below a C**

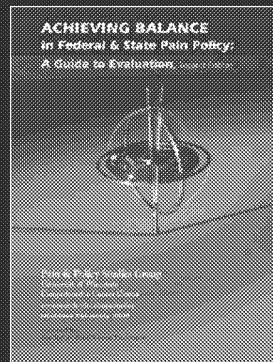
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Sequence of Evaluations



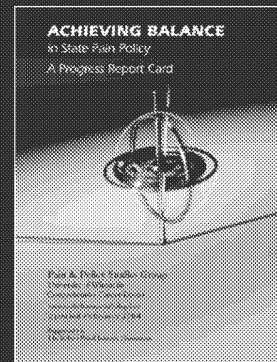
2000

+



2003

=



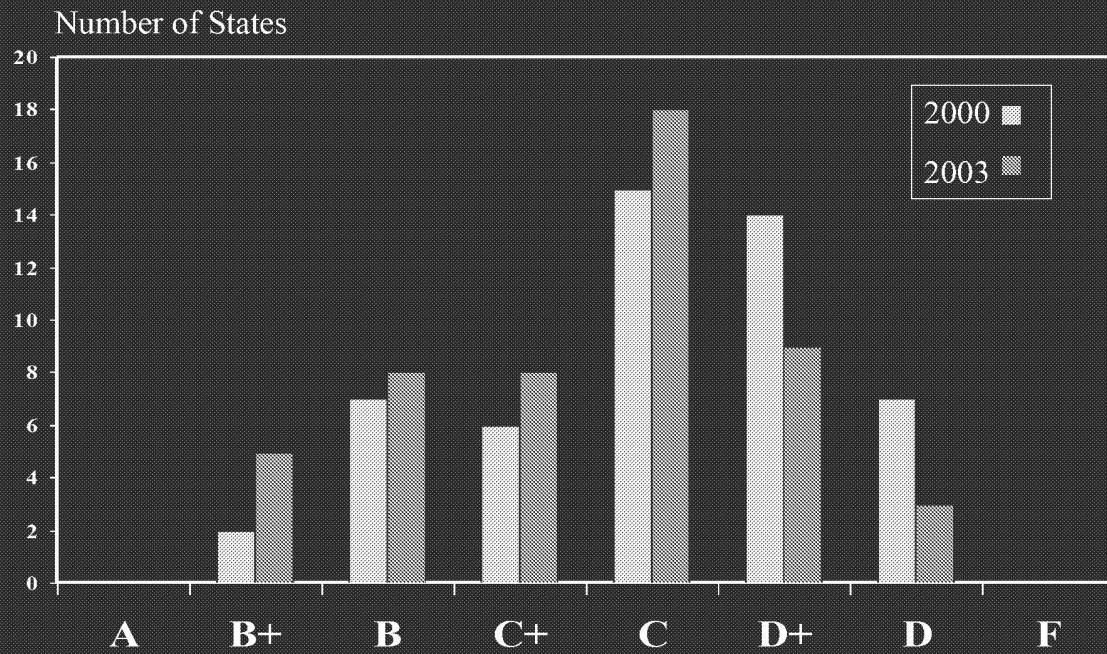
2003

Why a Progress Report Card?

- **Increase visibility of need to improve pain policy**
- **Simplify a complex evaluation**
- **Provide a single index of quality**
- **Allow comparison of states**
- **Demonstrate progress, or regress**
- **Offer positive context for critical evaluation**
- **Establish goals**
- **Measure progress**

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Distribution of Grades: 2000 - 2003



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16 States Improved

(2000 to 2003)

Florida

Hawaii

Idaho

Iowa

Kansas

Kentucky

Massachusetts

Michigan

Missouri

Nevada

New Mexico

Ohio

South Carolina

Tennessee

West Virginia

Wisconsin

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Sources of Policy Change

- **State medical, pharmacy, nursing boards**
- **State legislatures**

Catalysts for Change

- **Federation of State Medical Boards**
- **State Pain Initiatives**
- **Community-State Partnerships**
- **End-of-Life Care Coalitions**
- **ACS Divisions**
- **Leadership of key individuals**

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