

MARYLAND PAIN INITIATIVE
MINUTES OF MEETING
May 27, 2003 6:00-8:00 PM
201 N. Charles Street, Ste. 710
Submitted by Tim Keay, MD, MA-Th

In attendance: Karen Kaiser, RN
Lee Gresser, MD
Matt Gainey, PharmD
Michael Heinzmann, Pharm D
Tom Carrol, PharmD
Mary Vargas, JD
Mary Lynn McPherson, PharmD
Kathryn Herbert, PharmD
Tim Keay, MD
Micke Brown RN (by telephone)

I. Introductions; new book by Arthur Rosenfeld, The Truth About Chronic Pain (NY: Basic Books, 2003), featuring Mary Vargas distributed by Matt Gainey.

II. Presentation by Mike Heinzmann, managed care expert from Purdue Pharma, on “threats to pain management in Maryland.” Three areas were highlighted: the pending State Medicaid Program changes, issues encountered with private pay insurers (especially with regard to “knowledge deficits” and HMOs), and physician/pharmacy access issues.

Discussed at some length was the pending restrictive formulary being developed by the State of Maryland. Because of the current budget crisis, emergency legislation was passed that calls for the development of a formulary, to be administered by Prescription Solutions (95% compliance history), for Medicaid patients not enrolled in Healthchoice. Currently, there are approximately 450,000 persons enrolled in Healthchoice, and approximately 150,000 elderly and nursing home residents not enrolled. The formulary would apply to the later group of 150,000. It is likely that the committee will adopt a Maryland Preferred Drug List similar to other States’, with two drugs allowed in each class. The primary purpose of the formulary will be to reduce costs, while still providing needed medical care. Certain drugs already have “carve-outs” – namely HIV drugs and anti-psychotics. However, it seems unlikely that pain medications will receive special attention at this point in time. There is concern that some necessary long-acting opioids and some off-label uses of medications (e.g., gabapentin for adjunctive pain relief) will be restricted.

A discussion ensued as to how to ensure that necessary drugs are included for the relief of pain. The input covered both the actual drugs listed, and the processes for getting non-formulary drugs in those cases where it is required for patient care. At previous meetings there were discussions of trying to ensure

that someone with pain management expertise would be on the formulary board. Now the issue appears to be finding out who is on the board and how MPI can provide expert input. Drs. Gresser and McPherson will follow-up on this. Second, it was thought that MPI should have a position statement that endorses inclusion of pain management experts when pain issues are being addressed. Third, the group should be ready to respond to the request for an expert and the membership should be polled to assess for the member's field of expertise and ability/desire to respond requests for pro-bono or fee based expert input. Depending on the issue, the group composition could change, but for the purpose of the P&T Committee a chronic pain expert, a long-term care expert, and a physiatrist it were suggested. Dr. McPherson of the UM School of Pharmacy has a hospice/palliative care formulary that might be useful in discussions with the P&T committee especially since it has economic outcome data. Drs. Gresser, McPherson, and Keay will review the formulary as advanced preparation for discussions with the P&T Committee. Finally, it was suggested that the group could suggest the P&T Committee consider a "grandfather clause" for existing pain patients so that they could continue to receive necessary pain medications or request that pain medications be "carved out"

III. Position Statement Development: Two position statements were suggested for immediate approval at the next meeting of the MPI when a quorum could be convened. Tom Carroll will oversee this process. Lynn McPherson will work on word-smithing the statement B.

A. The Maryland Pain Initiative endorses the inclusion of a health care professional with pain management knowledge and expertise during policy or regulatory development and decision-making that affect people in pain.

B. The Maryland Pain Initiative endorses the development of a process that ensures physicians [health care providers] provide quality pain management consistent with current regulations and standards of practice.

Other potential position statements were also discussed briefly in follow-up. Abandonment process policy draft was briefly introduced and electronic monitoring systems (web links). Karen Kaiser will coordinate them being sent out to the committee for review prior to the next meeting. Not discussed: formulary composition; addiction and pain management; training in pain management; monitoring pain level; and pain patient bill of rights.

IV. Voting – Tom Carroll will provide conference call ability at the next and future meetings to facilitate quorum requirements and voting.

V. Other announcements:

The Maryland Pain Advisory Council is scheduled to meet on May 28, 2003 from 3:00 to 5:30 PM at 201 West Preston Street. Several members of MPI are scheduled to be in attendance.

The Maryland End-of-Life Advisory Council met, and decided to wait for the Pain Advisory Council to meet first and then follow-up and support their recommendations as appropriate. The next meeting of the EOL council is on

June 20, 2003, from 10:00-12:00 noon, at 201 West Preston Street (Office on Aging).

No follow-up yet from Andre re hiring a part-time person for MPI.

Next meeting of MPI scheduled for June 24, 2003, 6:00 – 8:00 PM. It was not decided yet if there would be meetings in July or August.