

MARYLAND INITIATIVE

Quarterly Meeting
October 26, 2006
10:00 am to 2:00 pm

1 **Present:** Karen Kaiser (Chair), Kat Herbert (Chair-Elect), Gail Katz (Chair Emeritus), Lynn McPherson
2 (Director), Micke Brown (Director), Bonita Pennino (ACS Government Affairs), Amelia Carvalho (APF Intern)

3 **Participants by Conference Call:** None

4
5 **Absent Board Members:** Will Rowe (Director), Mary Vargas (Treasurer), Tim Keay MD (Director), Carol Billett
6 (Secretary): All Excused

7
8 Meeting called to order by Kat Herbert at 1030pm.
9 Welcome and introductions were made

10
11 **Executive Board Report:** Announcement of recent resignation by Board Member, Joseph Berman MD due to
12 relocation and extension of retirement status.

13
14 **Subject:** Meeting schedule and times for 2007 was discussed. Low attendance and minimal expansion of
15 leadership to new participants is a top concern. The same people seem to be the most involved and
16 overburdened with majority of initiative work. These same contributors are experiencing frustration and burn-
17 out. Recruitment strategies have been underutilized by board, only a few have tried to recruit/retain others.
18 New plan of action is indicated. There is a sense that MPI is trying to do too much for the limited amount of
19 volunteers and capacity.

20
21 **ACTION:** Proposal to change 2007 meetings to: January 15, March 19, September 17, November 19. Change
22 Board meeting times to: 3-5pm; Have committees stay and meet from 5-7pm. Committees should meet
23 electronically, by conference call or additional face to face encounters as deemed necessary.—Passed.

24
25 **ACTION:** Narrow the focus of MPI to Education and Public Advocacy which would redefine the organizational
26 framework. Due to the strong interest of several leaders, education would first prioritize activities on the
27 professional audience. Policy, media relations and grassroots empowerment activities would be addressed by
28 the Public Advocacy committee. Each committee would develop targeted strategies. Each committee should
29 also designate leadership and recruit member volunteers according to their needs. Each board member may
30 select which committee they would like to dedicate their time and efforts. A call for interest will be sent to the
31 board—Passed.

32
33 **ACTION:** Each Board member will be assigned the recruitment of new board members for 2007-2008 terms.
34 Voluntary assignments were made as follows:

35
36 *Karen:* Chris Mullikin (Maryland Chapter of ASPMN), Michelle Lane (Maryland Board of Nursing), Jack
37 Schwartz (AAG). Karen will ask Jack if Carolyn Quattrocki will be staying at the AG office or if planning to begin
38 private practice. She might be another potential recruit.

39 *Tim:* Steve Johnson (Med Chi)

40 *Gail:* Ross Sugar (Sinai)

41 *Lynn:* Marcia Wolfe (Maryland Chapter of PM&R)

42 *Kat:* Chris Kearney (Union Memorial)

43 *Carol (CB):* Someone from Johns Hopkins (could be a from a range of disciplines)

44 *Micke:* Helen Hatchett (Upper Chesapeake, Hartford County), Michael Gloth (Maryland Board of Medicine)

45 *Will:* ED of Sickle Cell Association; A local Business Leader

46 *Mary:* Someone with Disability Perspective, Another Person/Caregiver with Pain or Insurance Industry.

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1 **Subject:** Plan for Board Elections for 2007: Effective in 2004 the Chair and Chair Elect hold two years term of
2 office; it is recommended that the Secretary and Treasurer also serve two year terms. Directors serve in two
3 year terms with goal that 50% have the option to rotate off the board in opposite years. No term limits are listed
4 in the Bylaws.

5
6 **ACTION:** Karen will verify with Mary if she is willing to continue to renew her role as Treasurer for another
7 term.

8
9 **ACTION:** Kat suggested that an orientation packet be developed for new board members that include who we
10 are and who are the big players that we have and continue to work with in the state. Karen suggested that job
11 descriptions are written for officers, board members as well as committee leaders. Example expectations for
12 leadership roles were suggested by Micke:

- 13 • Attend at least 75% of the meetings; Include MPI work in CV/Bio
- 14 • Contribute/participate in MPI activities
- 15 • Help recruit new leaders and members;
- 16 • Promote MPI within state whenever opportunities are presented.

17 Bonita will email Karen an example job description for an advisory council member for ACS to use as a model.

18
19 **Treasurer's Report:** None, due to Mary's absence

20 **Coordinator's Update:**

21
22
23 **Subject:** Karen reported that the first coordinator recruit was unsuccessful as the person had limited capacity
24 to communicate electronically from home (no DSL, unreliable dial-up) and not interested in working from the
25 APF office once a week. She has had preliminary conversations with June Winkler, and there may be
26 interested in further pursuit.

27
28 **ACTION:** Micke agreed to contact June following the meeting and review the role from a personal experience.
29 Kat agreed to serve as a second interviewer.

30 **COMMITTEE REPORTS**

31 **Public Policy/Advocacy Committee: Micke for Will Rowe**

32
33 **Subject: State Grade from PPSG Report→ B** What, if any, improvements should be made. Concern if CSA
34 revision is approached that it may open up potential negative inclusions from others. Best options would to
35 support a permanent State Advisory Council on Pain and Collaborative Statement with HC Professional
36 Boards to adopt Model Policy in full.

37
38
39 **ACTION:** Assign Policy Committee to analyze and make recommendations of how to proceed.

40
41
42 **Subject: National Pain Care Policy Act Revision Plan** Review of changes and next steps for 2007 were
43 discussed

44
45 **ACTION:** None at present time

46
47 **Subject: DEA Response** Consensus statement is pending

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1 **ACTION:** MPI will fast track review to consider endorsement; no individual organizational response was sent.
2

3 **Subject: MPI Lobby Days** Bonita provided recommendations about planning for future Lobby Day activities:
4 late January to early Feb of any year before the legislature goes into full swing. Working with legislator off-
5 session helps build relationships and keeps them reminded where the experts can be easily found.
6

7 **ACTION:** Watch for election results and monitor for PMP activity; anticipate continued resistance from Med
8 Chi. Is legislative success anticipated for the future of Maryland?
9

10 **Professional Education Committee: Micke Brown**

11
12 **Subject: Provider Directory Project** Lynn and Micke have been collecting resources to develop a listing of
13 pain providers in the state from other sources; capacity to house information and keep current needs to be
14 addressed.
15

16 **CRITICAL ISSUES:**

17
18 **Subject: Med Chi OxyContin Ban Issue** Review of emails and documents around Med Chi task force
19 activities regarding this issue. Drs. Wolfe and Gloth have provided balanced and reason to the task force.
20

21 **ACTION:** Dr. Keay and MPI has offered to be resource for continuing education to Med Chi. No further action
22 is apparent, but close monitoring will continue.
23

24 **Subject: Methadone Issue** Discussion about the distortion of Federal/State CSA interpretation regarding the
25 use of Methadone for the treatment of pain provided by an attorney "expert" during a Med Mutual sponsored
26 medical education program ensued. Letter of clarification provided by the Maryland Assistant Attorney General
27 as advisory not official was reviewed. Great concern was expressed around the damage this has done to those
28 who prescribe Methadone effectively and knowledgeably in the state. There is a potential to limit options in
29 opioid access/use is problematic and must be averted. A call for immediate action was made.
30

31 Lynn proposed the following expectations for action:

- 32 • Attorney reprimand
- 33 • Med Mutual is reprimanded by the Insurance Commission for allowing damaging information to be
34 spread
- 35 • A firm opinion/position is rendered by the Office of the Attorney General
- 36 • Hospice Network of Maryland/MPI/ Boards of Medicine, Pharmacy and Nursing join forces and create a
37 collaborative statement that counters the false information and disperses through their communication
38 systems.
39

40 **ACTION:** Lynn and Karen will visit Med Chi to discuss this issue as well as the OxyContin TF problem. Karen
41 will call Jack Schwarz to request a formal opinion from the AG office as well as advice for next steps about how
42 an attorney is sanctioned for providing false information. She will verify whether the Insurance Commission
43 should be contacted about this information sponsored through an insurance provider in Maryland.
44

45 **Adjournment**

46 The meeting adjourned at 2:30pm. The remaining agenda items will be forwarded to the next meeting.
47

48 Recorded by: Micke A. Brown on November 2, 2006

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- 1 Reviewed by: Karen Kaiser on
- 2 Approved by MPI Board:
- 3
- 4 Supporting documents: See agenda and handouts.