Massachusetts Pain Initiative (MassPI)
Recommendations For Joint Policy Workgroup Report

In MassPI's presentation to the Joint Policy Workgroup on December 18, 2013 we delineated specific recommendations in each of the 6 focus areas of the report. We list them here for convenience taken from the Powerpoint presentation and request that they be included in the final report of the group.

Education

- Adoption of 2013 FSMB Model Policy by MA Board of Registration in Medicine
- Policy Rulings on Management of Pain in 2009 by BORN, BORPh, BORPA, BORD to be disseminated widely along with training in pain management
- CE requirements in pain management & opioid prescribing for all MA prescribers and dispensers (now just BORM requires 3 hours every 2 years)
- Public education about pain including prevalence, importance of getting proper, timely assessment and securing medications
- Mandatory curriculum for middle & high school students on dangers of abusing prescription medication.
- Required curriculum in Massachusetts medical, nursing, pharmacy, dental and physician assistant programs in pain management including opioid prescribing
- Specialized healthcare teams trained to consult or care for complex cases (ie. Co-occurring pain & addictive disorders.)

Prevention

- Promote sale of lockboxes for medication; consider discounts or coupons with pharmacies/chains
- Require use of abuse deterrent formulations when prescriber writes for them
- Establish permanent drug disposal locations & promote their use
- Encourage passage of H2002 an amendment to patient's rights law to require pain assessment and management when entering an MA H/C facility

Screening

- Use a published reliable and valid screening/risk assessment tool at the initiation of opioid therapy (ORT, COMM, SBIRT, SOAPP-R)
- Consider pharmaco-genetic testing
- Psychiatric screening; not to rule out treatment but to be certain patient is getting needed support & counseling

Treatment

- Develop multimodal treatment plan including non-pharmacologic and complementary treatments
- Establish treatment goals collaboratively with patient including opioid agreements
- Do not regulate/require dose limits, thresholds or restrictions on med combinations; each patient needs individual plan
- Do not require consults w/pain specialists as we do not have enough to fulfill a mandate
- Reimburse range of treatment options to encourage their use
- Improve substance abuse treatment programs in local communities

Monitoring and Tracking

- Use of PMP; give new required use a chance to work
- Set PMP thresholds to capture most egregious cases > 4 or 5 doctors & > 4 or 5 pharmacies
- Contact prescribers that are flagged to understand context before initiating a Board investigation
- Ongoing functional assessment of patient toward goals
- Use prescription paper that cannot be replicated
- DPH to collect & report data on pain: incidence, prevalence, utilization of services, costs, effectiveness of treatments so we can identify those most likely to benefit from specific treatments