

# The State of Pain Management in Michigan

**Lisa Gigliotti, JD**

*Author, The Coraggio! Series of Books, including The Courage to Conquer Pain  
Attorney, Health Care and Disability Rights Law Specialties*

*Chronic Pain Representative, MI Prescription Drug and Opioid Abuse Commission*

**Leslie Simons, DNP, ANP-BC**

Certified Pain Management Nurse

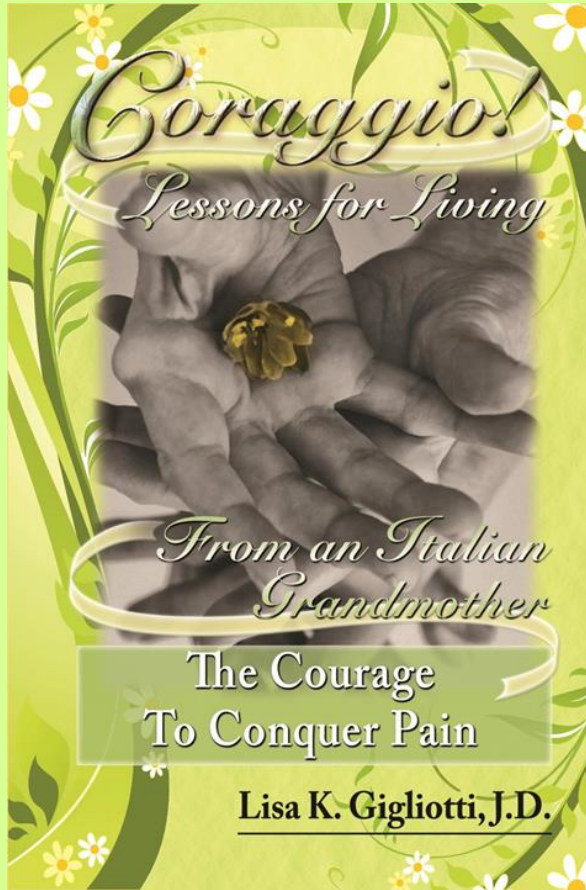
Assistant Professor, Health Programs Michigan State University

Clinical Practice: Anesthesia and Pain Management Associates

**Michigan Speech and Hearing Association Annual Conference  
March 22, 2018**

# UNDERSTANDING PAIN IN CONTEXT

## A Case Study



# **Effect of Health Professional's Action on the Patient =**

**No Voice**

**No Legs**

**No Dignity**

**No Power**

# View from one Patient with Chronic Pain? The Pain Treatment Pendulum



1980s

Under-treatment of Pain

2010



2016

Treat with drugs til zero pain

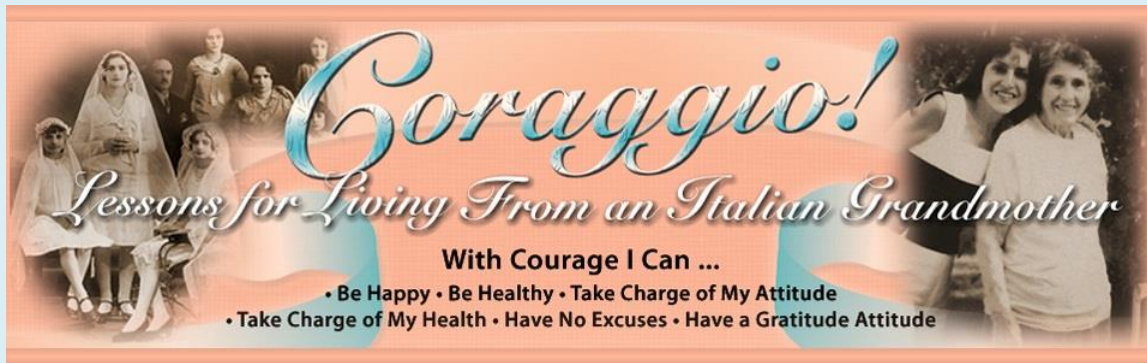
Assess and treat with or without opioids.

Some pain okay.

**Joint Commission Statement on Pain Management 2016**



**Is all pain bad?**



*For every episode of pain there is  
an aspect over which you have control.*

- ❖ *Listen for message.*
- ❖ *Attitude of Gratitude.*
- ❖ *Lifestyle: Diet, Sleep Exercise.*
- ❖ *Pain Psychology, Meditation, Prayer.*



# Opioid Epidemic Crisis

## Federal Statistics

- Recurrent pain affects 126 million
- 25 million adults with chronic pain.
- Cost to treat: \$600 billion/year in health care & disability costs.
- Over 22 million people use illegal drugs each year.
- Estimated 20 million have substance abuse disorder (alcohol and/or drugs).
- St, Marie, Arnstein, & Zimmer, 2018.

## Michigan State Statistics

- Overdose deaths involving any type of opioid increased more than 17 times in Michigan, from 99 to 1,699.
- Michigan Automated Prescription System Reports (MAPS) reported in 2015, 11.4 million Prescriptions for painkillers were written, approximately 115 opioid prescriptions/100 people.

Retrieved from: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4871\\_79584---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584---,00.html)



# Pain Pathophysiology

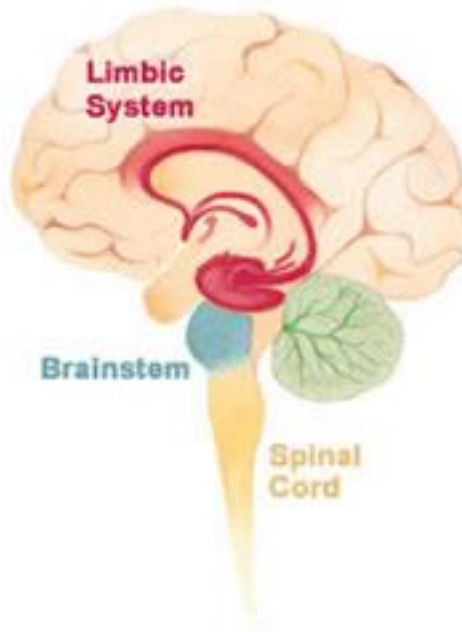
## **Nociceptive Pain**

- Acute Pain.
- Recent onset.
- Follows an acute injury.
- Pain should improve as cause is treated and resolved.

## **Neuropathic pain**

- Not directly related to tissue trauma.
- Sensory system/perception of touch, pressure, pain.
- Arising from muscles joints, & skin.





National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services



# Pain Stereotyping

## **Populations**

- Socioeconomic
- Location
- Homeless
- Cognitive Impairment

## **Gender**

## **Race/Ethnicity**

## **Age**

## **Education**

## **Patient Beliefs**

## **Provider beliefs**



# Managing Stereotypes

## Improved training

- Pain assessment
- Prescribing opioids
- Available assessment tools
- Increased emphasis on the importance of recognition of painful conditions & provision of adequate therapy.
- Pain assessment
  - ✓ Medical History
  - ✓ Physical Assessment
  - ✓ Patient/family/caregiver education
  - ✓ Psychosocial Evaluation

## Effect of stereotyping on treatment of a person's reported pain.

Is a preconceived idea about a person interfering with the optimal treatment of that person's physical or emotional pain?

Bias: Messaging when communicating diagnosis,  
prognosis, or treatment plan  
to person with pain.

Does your message promote resiliency, hope, self-responsibility, and coping methods?

Or does your message overlay bias, doom, loss, victimization, and dependency?

## One Way to Increase Dignity & Dispel Stereotyping: Use Person First Language



Instead of “deaf person”

try “Person with a hearing impairment.”



Instead of “disabled woman”

try “woman with a disability.”

or “person with a mental illness.”



Try to meet eye level to talk with a person who uses a wheelchair.

# MICHIGAN EFFORT TO ADDRESS THE CRISIS: Legislation most relevant to school districts

**House Bill 4406:** by July 1, 2018, the Prescription Drug and Opioid Abuse Commission must develop or adopt recommendations for the **instruction of pupils on the prescription drug epidemic** and the connection between prescription opioid drug abuse and addiction to other drugs. (MI Law as of 1/27/18)

# MICHIGAN EFFORT TO ADDRESS THE CRISIS: Legislation most relevant to school districts

**House Bill 4407:** by **July 1, 2019**, the MI Dept. of Ed must make available to school districts and public school academies a **grade and age appropriate model program of instruction on prescription opioid drug abuse** based on the recommendations developed by the MI Prescription Drug and Opioid Abuse Commission.  
(MI Law as of 1/27/18)



# MICHIGAN EFFORT TO ADDRESS THE CRISIS:

## HB 4407 Legislation Continued

**House Bill 4407:** The model program of instruction would have to include at least instruction on the connection between prescription abuse and addiction. Also, beginning in the **2019-2020 school year**, the Dept. of Ed would have to ensure that the model core academic curriculum content standards for health education and the subject area content expectation and guidelines for health education **included instruction on prescription opioid abuse**, including the model program of instruction. (MI Law as of 1/27/18)

# Model Curriculum - Framework

- The framework will work from The **Michigan Model for Health™**
- Kindergarten through 12<sup>th</sup> grade comprehensive school health education curriculum implemented in over 85% of Michigan schools and over 90% of Michigan high schools.
- Nationally recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based curriculum and is on the National Registry of Effective and Promising Programs (NREPP).
- Curriculum training provided by a statewide network of regional school health coordinators (Michigan School Health Coordinators Association or MiSHCA) housed within Intermediate School Districts and serving every public and private school throughout the state of Michigan.
- Curriculum administration and provided by the Michigan Department of Health and Human Services, in collaboration with the Michigan Department of Education.

# Model Curriculum – Adding Rx and Opioid Abuse

- **Prescription Drug Abuse and Opioid Abuse Prevention within the Michigan Model for Health™**
- The curriculum includes existing lessons at every grade level on substance abuse prevention and prescription drug abuse prevention.
- The current lessons are supportive of opioid abuse prevention but will be built upon/revised to provide specific content related to this important topic.
- The curriculum will be updated to effectively address this emerging health issue with the development of new lessons and infusion into current lessons.

# Other Legislation to Law 12/27/17

**HB 4408-** prescribers must provide information about the dangers of opioids and obtain acknowledgement of that information prior to prescribing. PA 246. Effective June 1, 2018

**SB 270-** prescribers must have a bona-fide physician-patient relationship before prescribing controlled substances and specifies penalties for not meeting these requirements. PA 247.

**SB 273-** health professionals must provide information on substance use treatment services to patients who have experienced an overdose. PA 250.

**SB 274-** limits the supply of an opioid that could be prescribed for acute pain to a 7-day supply. PA 251.

# Other Legislation to Law 12/27/17

Senate Bills 166 & 167, Public Act 248 & 249 of 2017

*Effective June 1, 2018*

## Mandatory Michigan Automated Prescription System (MAPS) Checks

- All licensed prescribers in Michigan
- Required to query Maps when prescribing controlled substances to any patient.
- Exceptions:
  - If prescribed by hospital or freestanding outpatient facility and medication administered in the facility.

# RESOURCES AND TOOLS

## MICHIGAN SPEECH-LANGUAGE PATHOLOGY GENERAL RULES

R 338.629 Acceptable continuing professional development activities

Rule 29. (1)(c) Pursuant to MCL 333.16204(2), a licensee shall earn at least 1 cpd credit in the area of **pain and symptom management** by completing a continuing education program or activity.

## **Speech Pathology Rule 29. (1)(c) Continued:**

Credits in pain and symptom management may include, courses or activities relevant to the practice of speech language pathology and relating to the public health burden of pain; ethics and health policy relating to pain; pain definitions; basic sciences including pharmacology, psychology, and sociology; clinical sciences relating to pain; clinician-patient communications as relating to pain; management of pain including evaluation and treatment; ensuring quality pain care; and programs and resources relevant to pain.

# MICHIGAN SOCIAL WORK GENERAL RULES

## PART 5. Continuing Education

R 338.2961 License renewals; continuing education requirements

Rule 61. (1) \*\*\* At least 5 of the 45 continuing education contact hours in each renewal period shall be in ethics and 2 continuing education contact hours in each renewal period shall be in pain and pain symptom management.



## **Michigan Social Work Rule 61. Continued:**

Continuing education contact hours in pain and pain symptom management may include, but are not limited to, courses in behavior management, psychology of pain, behavior modification, and stress management.

## BOARD OF NURSING - GENERAL RULES PART 6. CONTINUING EDUCATION

R 338.10601 License renewals; requirements; applicability.

Rule 601. (1) Pursuant to section 16201 of the code, MCL 333.16201, an applicant for license renewal who has been licensed for the 2-year period immediately preceding the expiration date of the license, shall accumulate at least 25 hours of continuing education that are approved by the board pursuant to these rules during the 2 years preceding an application for renewal...

(2) An applicant for license renewal shall complete **at least 2 hours** of continuing education in **pain and pain symptom management** in each renewal period pursuant to section 16204(2) of the code, MCL 333.16204(2). Continuing education in pain and pain symptom management may include, but is not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interventions as they relate to professional practice. Courtesy of [www.michigan.gov/orr](http://www.michigan.gov/orr)

## **RESOURCES for Best Practice Prescribing**

Opioid Prescribing: Safe Practice, Changing Lives CE Course: <https://www.nphf-core.com/>

[http://www.painmanagementnursing.org/article/S1524-9042\(04\)00102-X/references](http://www.painmanagementnursing.org/article/S1524-9042(04)00102-X/references)

Guidelines for the Chronic Use of Opioid Analgesics by the Federation of State Medical Boards April 2017;

[https://www.fsmb.org/Media/Default/PDF/Advocacy/Opioid%20Guidelines%20As%20Adopted%20April%202017\\_FINAL.pdf](https://www.fsmb.org/Media/Default/PDF/Advocacy/Opioid%20Guidelines%20As%20Adopted%20April%202017_FINAL.pdf)

[Paul Arnstein](#), PhD, RN, FAAN, Pain Management Nursing,

Opioid Prescribing: Safe Practice, Changing Lives, April 2017 Volume 18, Issue 2, Page 65.

# Community Resources

## **Families Against Narcotics**

<http://www.familiesagainstnarcotics.org/ingham-okemos>

## **Community Mental Health and Substance Abuse Services Locations in Michigan**

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4899-178824--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4899-178824--,00.html)

## **Opioid Education Resources, Prevention First**

<https://www.prevention.org/Professional-Resources/Opioid-Education-Resources/>

Thank you

Questions

