



MASSACHUSETTS PAIN INITIATIVE

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Web Site: www.MassPainInitiative.org

Email: info@MassPainInitiative.org

The Massachusetts Pain Initiative (MassPI) is a statewide, nonprofit volunteer organization whose mission is to improve the quality of life for all people in Massachusetts affected by pain. Membership is open to all who are interested, including healthcare professionals and others who want to help people with pain.

Introduction to this Newsletter

The purpose of this newsletter is to describe activities of the MassPI and to gather support for them. **The MassPI's two primary activities are:**

- #1 To provide education about pain to healthcare providers and to members of the Massachusetts community**
- #2 To influence laws, regulations and other policies to improve pain care**



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Education Council Update

Evelyn Corsini

Care of the Patient in Pain at the End of Life was the topic of the MassPI conference held October 5, 2012 in Marlborough, MA. Saint Anne's Hospital, Fall River, provided 6.5 nursing contact hours. The conference was well attended and received excellent evaluations. We thank all of those who helped to put it together and the vendors who helped to support it.

Faculty included: Diane Dietzen, MD, Director of Palliative Medicine, Bay State Medical Center, Springfield; Maureen Lynch, MS, APRN, Dana Farber Cancer Institute; Constance Dahlin, APRN-BC, Massachusetts General Hospital & North Shore Hospital; The Rev. Dr. Kathleen Rusnick, Founder and President, The Brick Wall 2; Ellen-McCabe Hemberger, RN, Hospice and Palliative Care of Cape Cod, Hyannis.

The Education Council of MassPI plans at least one conference each year, as an opportunity for health care providers to earn educational credits on the topic of pain assessment and pain management. The conference is a local forum for experts to provide up-to-date medical information, along with the opportunity for discussion and networking.

Save the Date -- Friday, May 17, 2013: MassPI's Next Professional Education Seminar

The next MassPI educational event will be a morning professional conference on **Friday, May 17, 2013**, at the **Holiday Inn in Marlborough, MA**. The topic will on neuropathic pain, diagnosis and treatments. Stay tuned for further information from our emails and on the website.



Policy Council Update

Cindy Steinberg

The two year Massachusetts Legislative session ending on July 31, 2012, was a busy time for MassPI as members provided testimony on approximately 8 bills during the session.

A great deal of effort was devoted to working with legislators to make changes to the Senate Bill S 2125, *An Act Relative to Prescription Drug Diversion, Abuse and Addiction*. MassPI felt that the bill which passed the MA Senate unanimously in February 2012 had several damaging provisions, with far reaching implications for people with pain and their health care providers. The MassPI Policy Council held



several meetings with legislators as the bill was being redrafted in the House to explain our concerns. We also sent a letter to the Chairman of the House Ways and Means Committee offering alternative language for several provisions in the bill.

The House redrafted the bill and sent it to the floor for a vote at 11:59 pm on July 31, literally the last minute of the 2 year session with the top six of MassPI concerns addressed. These included the following:

1. Rescheduling of hydrocodone combination medications was removed from the bill - these combination medications remain scheduled as CIII medications.
2. Targeting the top 30% of opioid prescribers in the state was removed from the bill
3. The requirement to use the PMP before prescribing a CII or CIII medication was changed to before seeing a “new” patient
4. Information on pain management was added to the information pamphlets that pharmacists will be required to distribute when dispensing a CII or CIII medication
5. The study of drug abuse among seniors will now include a study of “pain prevalence and pain management among seniors” as requested by MassPI
6. The goal of regulations to be promulgated as a result of this law will be expanded from “reducing diversion, abuse and addiction” to include the words “and protecting access for patients suffering from acute and chronic pain”

The bill also specified that a joint policy workgroup be convened by the Commissioner of Public Health to investigate, study, and recommend best practices in opioid prescribing and dispensing. It specified the members of the workgroup such as a representative from each of the prescribing boards of registration. The bill stated that a member of the Massachusetts Pain Initiative be included in this workgroup.

The House version of the bill prevailed and was sent to Governor Patrick who signed it into law on August 18, 2012.



What is Happening with the BC/BS Pharmacy Plan?

Cindy Steinberg

(Summary of the changes from: <http://www.bluecrossma.com/bluelinks-for-employers/whats-new/special-announcements/opioid-management.html>)



Beginning July 1, 2012, Massachusetts BlueCross/Blue Shield put into place a program they describe as “new quality and safety measures in opioid management.”

These changes have raised concern among some members of the MassPI that access to needed medications will be more restricted, and in some cases, not available at all. **The changes made by BC/BS include the following important details relative to opioid pain medications:**

- **Opioids with acetaminophen** – prescription limited to 4 grams of acetaminophen a day
- **Opioids** – Prescriptions will not be filled by mail order, only at retail pharmacies for new and existing prescriptions
- **New short-acting opioid prescriptions** – Coverage limited to initial 15-day supply for initial prescription. Coverage available for an additional 15-day supply within 60 days of the initial fill. **Authorization is required for subsequent prescriptions.** If an authorization is not obtained at the point of sale, the member will be provided with a 3-day supply of the opioid. This will provide time for an authorization to be obtained. This applies to new prescriptions. A new prescription is a prescription for a medication that has not been filled within the past 60 days.
- **New long-acting opioid prescriptions** – **Prior authorization is required.** If an authorization is not obtained at the point of sale, the member will be provided with a 3-day supply of the opioid. This will provide time for an authorization to be obtained. This applies to new prescriptions. A new prescription is a prescription for a medication that has not been filled within the past 60 days.
- **Suboxone & Subutex** – **Prior authorization is required.** This applies to both new and existing prescriptions.

Summary of MassPI and BC/BS Meeting

MassPI heard from members concerned that this policy could further restrict access to pain care and could mean a lapse in medication coverage for some Blue Cross/Blue Shield subscribers, A subgroup of MassPI Steering Council and Policy Council members, including Ann Marie Harootunian, Claire Sampson, Cindy Steinberg, and Dan Carr, MD, held a meeting with Jan Cook, MD, MPH, and Medical Director of BC/BS of MA, and her associate, Tony Dodek, MD, who works for Jan and is responsible for creating and implementing the policy.

The meeting helped to clarify information that was unclear in the policy -- specifically:



- **For existing patients before July 1, 2012** - The changes do not affect subscribers who were prescribed opioids prior to July 1, 2012
- **For new patients initially prescribed after July 1, 2012** - For patients who are being started on opioids for the first time subsequent to July 1, 2012, (2) 15-day supplies of short acting opioids can be prescribed without prior authorization. After that prior authorization is required, and can be granted for up to a year.
- **Conversion of short-acting to long-acting opioid** - If authorization has been granted for a short acting opioid there is no need to request authorization if the patient is moved to a long acting agent.
- **Long-acting opioid authorization** - Prior authorization is required for long acting opioids started subsequent to July 1, 2012 and can be granted for up to one year.

It was decided that BC/BS would work with MassPI to craft a communication to their subscribers affirming their commitment to caring for subscribers living with chronic pain in a future newsletter, including their support for a variety of treatment modalities in addition to or in place of pharmacotherapy.



Join MassPI and Help Improve Pain Management in Massachusetts

The MassPI is a small group of volunteers who have succeeded in both influencing Massachusetts state policy and educating health care providers and citizens of Massachusetts about the assessment and management of pain. For information about how to join MassPI, or become an active volunteer, visit our web site at www.MassPainInitiative.org or write to info@MassPainInitiative.org

MassPI Steering Council Members: 2012 - 2013

Ann Marie Harootunian - Co-Chair
Claire Sampson - Co-Chair
Carol Curtiss - Consulting Chair
Peggy Flood - Education Council Co-Chair
Evelyn Corsini - Education Council Co-Chair
Cindy Steinberg - Policy Council Chair

Cyndie Rodman - Communications Council Chair
Anne Marie Kelly - Membership Council Chair
Kathy DellaPenna - Treasurer and
Administrative Assistant
Betty Morgan - Member At-Large
Ginger Newell-Stokes - Member At-Large