

Oregon strengthens availability of effective pain treatment

by Bend Weekly News Sources

20 state boards, professional associations endorse pain-management statement

Eight state licensing boards and 12 associations of health-care professions signed a statement drafted by Oregon's 19-member Pain Management Commission to strengthen Oregonians' access to effective pain treatment.

It is the latest step in the state's efforts to bolster the availability of effective pain treatment in Oregon, recognized as among the leading states in addressing the issue of chronic pain being both under-diagnosed and under-treated.

"This widespread support for having health-care professionals routinely assess patients for pain is a milestone," said Kathryn Hahn, Pharm.D., of Eugene, a pharmacist who is the commission's chairwoman. "It says many professionals in a position to improve treatment of chronic pain are prepared to do something about it."

Oregon has what may be the nation's first state commission addressing pain management. In a 2006 rating of states' pain management policies and practices by the University of Wisconsin medical school, Oregon's B was topped only by Michigan and Virginia. Oregon is one of nine states that require or recommend continuing education classes in pain management for licensed health-care practitioners.

Among the new statement's elements are having health-care providers assess patients for pain just as they do for the vital signs of temperature, pulse, blood pressure and respiration; working across health-care disciplines to treat pain; regularly evaluating treatment effectiveness; and being mindful of addiction risks and complying with state and federal laws including promoting changes to improve pain treatment. The full statement may be viewed [here](#)

Oregon's Pain Management Commission is staffed by Diana Norton, pain management coordinator in the Oregon Department of Human Services.

Norton said it is estimated that nearly 20 percent of Americans experience chronic pain, although many pain patients have difficulty finding adequate treatment. She said reasons include the difficulty of objectively measuring pain through medical tests; barriers that make it difficult for practitioners to provide pain treatment; misconceptions about addiction and dependence; and concerns among some practitioners about government scrutiny of prescribing narcotic medications.

State boards that signed the commission's statement are the Board of Chiropractic Examiners; Board of Psychologist Examiners; Board of Medical Examiners; Board of Nursing; Physical Therapist Licensing Board; Occupational Therapy Licensing Board; Board of Naturopathic Examiners; and Board of Dentistry. Others endorsing the statement were the Oregon Acupuncture Association; Oregon Psychological Association; Oregon State Pharmacy Association; Pain Society of Oregon; Oregon Hospice Association; Leukemia and Lymphoma Society; Oregon Academy of Family Physicians; Oregon Medical Directors Association; Oregon Geriatrics Society; Oregon Society of Physician Assistants; Oregon Health Care Association; and the Oregon Alliance of Senior and Health Services.

During the current legislative session, Norton said, lawmakers will consider Senate Bill 34, which would establish an electronic database of patients for whom physicians have prescribed strong pain medications. It would serve as a tool to practitioners when screening patients for appropriate drug use for treating chronic pain, Norton said, and lawmakers will have to balance its protections against inappropriate use of opioids against protection of patient privacy. More information about the bill and other legislation in the 2007 legislative session can be found at www.leg.state.or.us.

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