

American College of Emergency Physicians
Pain Management Section
MINUTES

October 1, 2018
San Diego, CA

Participants

Section members present for all or part of the meeting included: **Alexis LaPietra, DO, Chair**; Howard Croft, MD, FACEP; Gail D'Onofrio, MD, FACEP; Pamela L Dyne, MD, FACEP; Enrique Enguidanos, MD, FACEP; Russell C Feit, MD; Caroline E. Freiermuth, MD, FACEP; Drew C Fuller, MD, FACEP; Anthony Furiato, DO; Christopher Allen Griggs, MD, FACEP; Kathryn Hawk, MD; John Ernest Hipskind, MD, FACEP; Eric Ketcham, MD, FACEP; Natalie L Kirilichin, MD; Thom A Mayer, MD, FACEP; Ryan Patrick McCormack, MD, FACEP; Lewis S Nelson, MD, FACEP; Jessica Oswald; Ivan Pavlov, MD; Mark Rosenberg, DO, MBA, FACEP, Board Liaison; Evan Schwarz, MD, FACEP; Mark Owen Simon, MD; Donald Stader, MD, FACEP; Reuben J Strayer, MD, FACEP; Mike Turturro, MD, FACEP; and Adelaide Viguri, DO..

Others present for all or part of the meeting included: Sukhveer Kaur Bains, MD; Rebecca Bishop, MD; Natalie R Budilovsky-Kelley, PharmD; Cheryl Clark; Christine A DeFranco, DO; John C Farrin, MD, JD, FACEP; Elisabeth Fabrizio; Daniela S Gerard, MD, PhD, FACEP; Kristen Huntley, MD; Joseph A Kebisek, MD; Igor Krivitskiy, MD; Donald Philip Luna, MD; Joshua Jeremiah Lynch, DO, FACEP; Scott M Malowney, MD, FACEP; Dennis Michael Mann, MD; Jackie M Mikesch; Chaille Mintah; Jace Grant Morganstein; Nathanael Nizard, MD; Nick Reuter, MPH; Toni Smith; Mohamed Yousry; Philip Tomy Zachariah, MD; Yanwei Zhao, MD; Margaret Montgomery, RN, MSN, Staff Liaison.

Agenda

Welcome
Section Business
Networking

Major Points Discussed

1. Dr. LaPietra welcomed everyone to the second official Pain Management and Addiction Medicine Section meeting. Section members present then introduced themselves.
2. Dr. LaPietra reported that the Council meeting resulted in a resolution in support of treatment with Buprenorphine in the ED and noted that this is a significant shift from last year. Section members were encouraged to use the new discussion forum EngagED. The forum is searchable for finding previous email threads. Documents can also be posted on the site.

Dr. LaPietra then enumerated efforts by the College to address the treatment of pain and the opioid crisis including:

- The Managing Acute Pain (MAP) Tool is now available on the ACEP website. The tool is being expanded to include more treatments and section members were encouraged to participate in the development process.
- A Solutions Forum was held during the Leadership and Advocacy Conference held in Washington DC in the Spring. The focus was on the opioid crisis and how it was being addressed through prevention, treatment into practice, and federal efforts.
- Exploring accreditation of hospital programs to address the opioid abuse and the treatment of acute pain in the ED. ACEP has a Geriatric ED Accreditation program that could be used as a model for an acute pain management accreditation program. The focus of any program is to provide the resources to clinicians to facilitate care. Concern was raised that if ACEP does not move forward others will take the lead. The intent is for a voluntary program to be developed.
- Dr. Ketchum also noted that the E-QUAL Collaborative now has an opioids management module.

Dr. Ketcham shared the following information about efforts to address opioid use disorders:

- A downloadable app is in development on prescribing Buprenorphine. The content has been reviewed and lots of input has been provided. The challenge has been to edit the content to the essential information needed at the bedside and then have resources and links to additional information.
- X Waiver training was held as a pre-conference to SA. It was very well received but in the near future an X Waiver training program for emergency physicians will be developed that is focused on the initiation of treatment not ongoing care.
- There were a number of Council Resolutions that were passed that were specific to the treatment of OUD including: Resolution 22, [Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion \(as amended\)](#); Resolution 26 [Funding of Substance Use Intervention and Treatment Programs \(as amended\)](#); Resolution 28 [Inclusion of Methadone in State Drug and Prescription Databases \(as amended\)](#); Resolution 47 [Supporting Medication for Opioid use Disorder \(as amended\)](#) The focus for many of the resolutions was on reducing barriers for providing OUD Treatment in the ED. It was stressed that messaging and determining manageable realistic goals will be important moving forward.
- All residents in North Carolina now receive X Waiver training. More money is available to train physicians.

Dr. D'Onofrio noted that there are a lot of resources available but not always widely known about. There are resources to assist with identifying treatment programs available for follow-up care. It was recommended that the State Department of Mental Health can be a resource as well as SAMSHA. SAMHSA have money available for training. West Virginia does require counseling which can be a barrier to treatment. The Addiction Policy Forum does have a call center to help identify resources. The National Association of State Alcohol and Drug Abuse Directors (NASADAD.org) was also noted as a potential resource.

Dr. Rosenberg, Board Liaison for the section agreed that there is a lot of work going on to address the management of pain in the ED and medication treatment of OUD in the ED. In the 80's the crisis was AIDS and now it is the opioid crisis. He noted 58 bills have gone through the House and are going through the Congress to address this crisis focused on prevention, treatment and harm reduction. Demonstration projects will be funded with a proposed 80 million dollars. HHS has a Opioids Best Practices Task Force. An area of focus is best strategies to deal with pain. Many patients with chronic

pain issues are stigmatized and do not have anywhere to get treatment for their pain. It was noted that the ED as often the safety net for these patients.

Dr. DeFranco as newsletter editor asked for stories for the newsletter. Articles about what is being done at section member hospitals to address pain and addiction were requested. PEARLS would also be welcome.

3. The group was encouraged to network and share resources and information. The following topics were touched on:
 - EMF has funding available for research projects. Young researchers can be primary investigators. Colorado is interested in harm reduction through syringe exchange programs and is looking for researchers to look at before and after data. It was noted that in New Hampshire the needle exchange programs have been located at the out-patient clinics and not at the hospitals.
 - NIDA representatives noted that they have tools and videos available as well as p0artner grants to address research questions.
 - University of Chicago needs expanded funding to provide Naloxone at the time of discharge. The actual process for dispensing was discussed. Dispensing can vary due to state regulations.
 - Dr. D'Onofrio shared information about the Yale program. She noted that the reference to opioid agonist treatment is preferred by some over the term medication assisted treatment and noted that the words are important. MAT combines medication with behavioral therapy and support. It was noted that many programs are abstinence based and would not provide medication.
 - State specific resources and issues were discussed. Dr. Ryan shared that in 2017 InerQual Criteria was revised and admission for detoxification is included.
 - It was shared that if a patient has an appointment for OUD treatment 40 to 50% show up for the appointment while few show up if there is not appointment. Many agreed that it is best if patients can just walk-in to be seen with not appointment requirement.
 - It was recommended that hospitals have a person from the ED talk with treatment centers to sort out effective connections for patients from the ED to be seen that day or the day after being seen in the ED. The Addiction Policy Forum can assist in identifying treatment centers.
 - Funding for programs and education was discussed. Providing information to members about grant funding was suggested. The ACEP grants staff can assist with sharing information about grant applications and available grants.

With no further time for discussion the meeting was adjourned.