HAWAII MEDICAL ASSOCIATION
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Friday, March 11, 2011 3:30 PM Conference Room 229

To: COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Clarence Nishihara, Vice Chair

From: Hawaii Medical Association
Dr. Morris Mitsunaga, MD, President
Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: SCR 25 REQUESTING THE DEVELOPMENT AND IMPLEMENTATION OF A PAIN AND PALLIATIVE CARE POLICY

Chairs & Committee Members:

About half of health care is not straightforward. Many patients have atypical symptoms and don't fit the classic "textbook" picture of a diagnosis, and often the diagnosis is unclear. Many have multiple, interacting conditions. Many have side effects to medications, or symptoms that could be side effects, or maybe coincidence, or maybe a new independent condition. Many have drug interactions. Drugs are distributed throughout the entire body, and may cause side effects or allergic reactions affecting any organ system.

Especially on behalf of The Hawaii Society of Anesthesiologists, we urge the committee to refrain from enacting SCR 25 in its current form, which would direct the Board of Nursing to develop and implement a Pain and Palliative Care Policy. Our main concerns with this legislation are the patient safety implications and that it ignores the will of the public if the Board of Nursing is solely in charge of developing and implementing this policy.

First, caring for patients with chronic pain requires a broad understanding of diagnostic evaluation, interaction with consultants from many specialties, and familiarly with and use of a wide range of therapies. The practice of pain medicine extends far beyond the application of technical skills. Rather, it requires a detailed foundation in the fundamental knowledge and skills that can only be mastered as physicians who have extensive medical education and training. The ability to properly diagnose a patient's pain problem and to develop an appropriate treatment plan is critical in selecting and providing the appropriate pain management therapy to effectively treat chronic pain. To provide long-term relief from chronic pain, various types of therapies are needed because there is often more than one appropriate therapy.

Moreover, the treatment of chronic pain differs from the approach to treat acute pain. For example, epidural injections of steroids may be an effective treatment to relieve acute leg pain after a herniated disc, but it may not be the appropriate treatment to relieve chronic low back pain. The education and training of a physician provides the expertise to diagnose and develop appropriate treatment plans or to provide the services that the treatment plan requires. Nurses and other nonphysicians do not have the formal means to gain the requisite medical knowledge and technical skills required to practice the full scope of practice of medicine. It is this medical knowledge and the expanse of interventional technical skills that are required to care for patients with chronic pain.

Due to the complexities involved in the treatment of pain, pain medicine is recognized as a separate medical subspecialty by the American Board of Medical Specialties. Physicians choosing to specialize in pain medicine must now complete a one-year multidisciplinary pain fellowship in addition to successful completion of four years of medical school and four years of anesthesiology residency or appropriate residency training in physical medicine and rehabilitation, neurology or psychiatry. Medical school is a four-year program, where the first and second years are spent learning the scientific principles of human anatomy and physiology, biochemistry, pharmacology, genetics, microbiology, immunology, pathology of disease states, and similar courses in both the natural and behavioral sciences, as well as in introductory clinical experiences. The third and fourth years of medical school are devoted to full-time clinical rotations and clerkships where the medical student is introduced to the comprehensive clinical care of patients, primarily in the hospital inpatient setting. After successfully completing a residency program and a one-year pain medicine fellowship, they may apply to enter the examination process leading to board-certification in Pain Medicine. **The requirement for multidisciplinary pain medicine fellowship training is recognized by the Accreditation Council for Graduate Medical Education (ACGME) who oversees and accredits the programs.**

The requirements for the pain management fellowship are on the ACGME web site at http://www.acgme.org/acWebsite/RRC_040/040_prIndex.asp. The required education primarily involves experiences and classes that increase medical knowledge of pain issues, assessment and treatment of acute and chronic pain, practice improvement, communication and professionalism, and system-based practice learning (pages 13-19 of the Pain Medicine program requirements). There also are specific requirements for interventional pain procedures and recognition and treatment of their complications (pages 12 through 14). Physicians who are board certified in Pain Medicine have undergone extensive training in the diagnosis and treatment of patients with chronic as well as acute pain problems.

Second, according to a 2010 nationwide survey, ninety percent of respondents said that a physician's additional years of medical education and training (compared to a nurse practitioner) are vital to optimal patient care, especially in the event of a complication or medical emergency.

Seventy-five percent of people surveyed believe that only a medical doctor should be allowed to treat chronic pain by prescribing drugs or other substances that have a high potential for addiction or abuse and seventy-eight percent of people surveyed believe that only a medical doctor should use techniques such as spinal injections to diagnose and treat chronic pain.

Therefore, amending SCR 25 to include members of the medical community to develop a pain policy would be consistent with the will of the public.

We appreciate the committee listening to our concerns and we urge the committee not to support SCR 25 in its current form.

Thank you for the opportunity to provide this testimony.

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Government Relations

Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

Before:
Senate Committee on Health
The Honorable Josh Green, M.D., Chair
The Honorable Clarence K. Nishihara, Vice Chair

March 11, 2011
3:30 pm
Conference Room 229

Re: SCR 25 Requesting The Development And Implementation Of A Pain And Palliative Care Policy.

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SCR 25 requesting the development and implementation of a pain and palliative care policy from the Hawaii Board of Nursing.

Kaiser Permanente supports the recommendation for a pain and palliative care policy, but would like to offer comments.

Kaiser recognizes the need for palliative care for Hawaii's growing aging population. Reportedly, persons older than 65 years--a group that currently represents 12.6% of the US population--will nearly double by 2030 to account for 20.2% of the US population.

Kaiser Hawaii developed a home-based model of palliative care that uses an interdisciplinary team of providers to manage symptoms and pain, provide emotional and spiritual support, and educate patients and family members on an ongoing basis about changes in the patient's condition. In 2004, Kaiser Hawaii's Palliative Care Program was named Community Supporter of the Year by Hospice Hawaii.

A trial study conducted at Kaiser Colorado and Kaiser Hawaii between 2002 and 2004 showed:

- **Higher satisfaction:** Approximately 80 percent and 93 percent of palliative care patients were very satisfied with their care 30 and 90 days after enrollment, respectively, well above the 74 percent and 81 percent figures within the usual care group.
- **More likely to die at home:** 71 percent of palliative care patients died at home, in accordance with their wishes, compared with 51 percent of usual care patients.

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- **Lower utilization and costs:** Among palliative care patients, 22 percent visited the ED while 36 percent required hospitalization. Comparable figures for the usual care group were significantly higher—at 33 percent and 59 percent, respectively. The mean cost of care was $12,670 for the palliative care group, compared with $20,222 for the usual care group.

Because palliative care by its nature is provided by a team of providers, we recommend the creation of a task force, including the full range of providers, to continue dialogue on this issue and attempt to establish uniformity on eligibility and coverage standards.

Thank you for the opportunity to comment.

March 9, 2011

Senator Josh Green, MD
Chair, Health Committee
Senatorial District 3
Hawaii State Capitol, Room 222

Dear Chairman Green and Members of the Health Committee:

On behalf of the Hawaii Society of Anesthesiologists, we urge the committee to refrain from enacting SCR 25 in its current form, which would direct the Board of Nursing to develop and implement a Pain and Palliative Care Policy. Our main concerns with this legislation are the patient safety implications and that it ignores the will of the public if the Board of Nursing is solely in charge of developing and implementing this policy.

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Due to the complexities involved in the treatment of pain, pain medicine is recognized as a separate medical subspecialty by the American Board of Medical Specialties. Physicians choosing to specialize in pain medicine must now complete a one-year multidisciplinary pain fellowship in addition to successful completion of four years of medical school and four years of anesthesiology residency or appropriate residency training in physical medicine and rehabilitation, neurology or psychiatry. Medical school is a four-year program, where the first and second years are spent learning the scientific principles of human anatomy and physiology, biochemistry, pharmacology, genetics, microbiology, immunology, pathology of disease states, and similar courses in both the natural and behavioral sciences, as well as in introductory clinical experiences. The third and fourth years of medical school are devoted to full-time clinical rotations and clerkships where the medical student is introduced to the comprehensive clinical care of patients, primarily in the hospital inpatient setting. After successfully completing a residency program and a one-year pain medicine fellowship, they may apply to enter the examination process leading to board-certification in Pain Medicine. The requirement for multidisciplinary pain medicine fellowship training is recognized by the Accreditation Council for Graduate Medical Education (ACGME) who oversees and accredits the programs.

The requirements for the pain management fellowship are on the ACGME web site at http://www.acgme.org/acWebsite/RRC_040/040_prIndex.asp. The required education primarily involves experiences and classes that increase medical knowledge of pain issues, assessment and treatment of acute and chronic pain, practice improvement, communication and professionalism, and system-based practice learning (pages 13-19 of the Pain Medicine program requirements). There also are specific requirements for interventional pain procedures and recognition and treatment of their complications (pages 12 through 14). Physicians who are board certified in Pain Medicine have undergone extensive training in the diagnosis and treatment of patients with chronic as well as acute pain problems.

Second, according to a 2010 nationwide survey, 90% percent of respondents said that a physician's additional years of medical education and training (compared to a nurse practitioner) are vital to optimal patient care, especially in the event of a complication or medical emergency. Seventy-five percent of people surveyed believe that only a medical doctor should be allowed to treat chronic pain by prescribing drugs or other substances that have a high potential for addiction or abuse and 78% of people surveyed believe that only a medical doctor should use techniques such as spinal injections to diagnose and treat chronic pain. Therefore, amending SCR 25 to include members of the medical community to develop a pain policy would be consistent with the will of the public.

We appreciate the opportunity to comment and we urge the committee to amend SCR 25 to reflect the concerns articulated above.

Sincerely,

William H. Montgomery
c.ms

William H. Montgomery, MD
Director
Hawaii Society of Anesthesiologists

PRESENTATION OF THE
BOARD OF NURSING

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Friday, March 11, 2011
3:30 p.m.

WRITTEN TESTIMONY

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 25, REQUESTING THE DEVELOPMENT AND IMPLEMENTATION OF A PAIN AND PALLIATIVE CARE POLICY.

TO THE HONORABLE JOSH GREEN, M.D., CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing ("Board") and I appreciate the opportunity to submit written testimony on Senate Concurrent Resolution No. 25, Requesting the Development and Implementation of a Pain and Palliative Care Policy developed by the Board.

Although the Board understands the importance of pain management and palliative care, it feels that it may not be appropriate for the Board to develop such an important policy as this issue affects other stakeholders as the concurrent resolution refers to several other clinicians who may be involved in pain management and palliative care.

Thank you for the opportunity to provide written testimony on Senate Concurrent Resolution No. 25.

Testimony by:
Ann Frost, PT
SCR 25, Requesting the Development and Implementation of a Pain and Palliative Care Policy
Amd Sen HTH Hearing, Weds, March 16, 2011
Room 229 – 3:00 pm

HAPTA
Hawaii Chapter, American Physical Therapy Association

Position: Support

Chair Green and Members of the Sen HTH Committee:

I am Ann Frost, P.T., President of HAPTA and member of HAPTA's Legislative Committee. HAPTA represents 250 physical therapists and physical therapist assistants employed in hospitals, nursing homes, the Armed Forces, the Department of Education and Department of Health (DOH) systems, and private clinics throughout our community. Physical therapists work with everyone, from infants to the elderly, to restore and improve function and quality of life. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

We support this request for the development and implementation of a pain and palliative care policy. Many physical therapists are part of the team of clinicians that provide care to patients with severe chronic pain or acute pain originating from cancer or noncancerous conditions.

As such, we offer our expertise for the pain and palliative care policy development. We suggest that a member of the Hawaii Chapter American Physical Therapy Association be included in the working group.

I can be reached at (808) 382-2655 if you have any questions. Thank you for the opportunity to testify.

American Cancer Society®

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March 9, 2011

Committee on Health
Senator Josh Green, Chair
Senator Clarence Nishihara, Vice Chair

Hearing:
Friday, March 11, 2011, 3:30 P.M.
Hawaii State Capitol, Conference Rm. 229

RE: SCR25 – Requesting the Development and Implementation of a Pain and Palliative Care Policy

Testimony in Strong Support

Chair Green, Vice Chair Nishihara and members of the Committee on Health, on behalf of the American Cancer Society Hawaii Pacific Inc., we offer this testimony in strong support of SCR25, which would request the Hawaii State Nursing Board to develop and implement a pain and palliative care policy.

For over 60 years, the American Cancer Society in Hawaii has been leading the fight against cancer in Hawaii. Although we have made much progress in saving lives through early detection and new cutting edge treatments as a result of on going research, the reality is we don't win them all.

Pain management and palliative care is an essential part of cancer care. Pain is a common, subjective experience for many cancer patients and can be chronic or acute as a result of cancer surgery or ongoing treatments. Although there has been much progress made, the evidence continues to suggest that pain is often poorly assess and poorly managed. Pain has major implications for cancer patients and their recovery, often affecting their quality of life and everyday functioning.

Nurses are a critical component of the interdisciplinary care team and play a key role in pain management. The relief of pain is fundamental to the nursing practice. Nurses need to be knowledgeable about pain in order to provide optimal care ,and to educate patients and their families about pain and pain medications and their side effects. They also must be aware of nonpharmacological and cognitive-behavioral strategies to manage pain.

American Cancer Society Hawai'i Pacific, Inc., 2370 Nu'uanu Avenue, Honolulu, Hawaii 96817-1714
•Phone: (808) 595-7500 •Fax: (808) 595-7502 •24-Hour Cancer Info: (800) 227-2345 •http://www.cancer.org

In effective palliative care, nurses need to be aware that pain is only one of many symptoms that must be addressed in order to achieve the best quality of life for cancer patients. Palliative care helps patients transition from curative treatment to end-of-life care. The palliative care teams can help patients and their loved ones prepare for physical changes that may occur near the end of life and how to best address symptom management for that stage of care. The team can also help patients cope with the different thoughts and emotional issues that arise, such as; worries about leaving loved ones behind, reflections about their legacy and relationships, or reaching closure with their life. In addition, palliative care can support family members and loved ones emotionally and with issues, such as, when to withdraw cancer therapy, grief counseling, and transition to hospice.

I would like take a moment to elaborate more on the first point – relief from pain. The American Cancer Society strongly believes that no one should suffer from undue and unbearable pain. Palliative care addresses this issue by ensuring that patients who have pain are identified early, and treated appropriately and effectively.

In moving forward, we would recommend that the Hawaii Nursing Board review and consider competency guidelines developed by the State of Oregon.

Thank you for the opportunity to offer this testimony in strong support of SCR25.

Respectfully,

George S. Massengale, JD
Director of Government Relations

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 15, 2011 7:08 PM
To: HTHTestimony
Cc: jyadao@stfrancishawaii.org
Subject: Testimony for SCR25 on 3/16/2011 3:00:00 PM

Testimony for HTH 3/16/2011 3:00:00 PM SCR25

Conference room: 229
Testifier position: comments only
Testifier will be present: No
Submitted by: Joy Yadao
Organization: St Francis Healthcare System of Hawaii
Address:
Phone:
E-mail: jyadao@stfrancishawaii.org
Submitted on: 3/15/2011

Comments:
Please consider an interdisciplinary approach as there are many board certified palliative medicine physicians and other pain and palliative care providers in Hawaii who could assist with policy development.

March 10, 2011
Senate Health Committee
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

From: Kenneth Zeri, RN, MS, President, Hospice Hawaii

Related to: Support of SCR25: Requesting The Development And Implementation Of A Pain And Palliative Care Policy.

Dear Senator Green and members of the Committee,

Thank you for hearing this resolution. I wish to submit my testimony in support of this resolution.

As you are well aware, we have worked for over a decade to improve the access to hospice and palliative care throughout the state. We applaud and welcome every effort to look at public policies. This will complement our ongoing efforts nicely.

Proposed amendment: I would like to suggest that the Hawaii Board of Medicine also join with the Board of Nursing on this project. True palliative care is based upon an interdisciplinary team, and I feel that policy recommendations should come from that same background. Additionally, if appropriate, Kokua Mau may be invited to participate as it is the state-wide hospice and palliative care organization.

Thank you all for your efforts to improve our community's capacity to deliver the best hospice and palliative care. I may be reached at Hospice Hawaii 924-9255 for additional questions.

Respectfully,

/s
Kenneth Zeri