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Connecticut Pain “Report Card”

In 2000 the [Pain and Policies Study Group](#) (PPSG) at the University of Wisconsin began a research project that has now resulted in the publication of 3 state-specific “report cards” on state laws, regulations, and guidelines that affect pain management practice. The 2007 report (in 2 volumes called “[Achieving Balance](#)”) was released in early July. Connecticut is in the largest group of states (those with a grade of “B”), which in aggregate comprise 50% of the US population. Connecticut improved its grade from C to C+ between 2003 and 2006, then improved to B in 2007. Grades are based on balance: promoting conditions that enhance optimal pain management while also working to prevent abuse and diversion of opioid analgesics.

For the 2007 report PPSG reviewed over 500 laws and regulations in all states. There are 16 evaluation criteria; several of the criteria are further delineated by categories within the criterion. Eight of the criteria identify provisions that may *enhance* pain management; while the other eight identify provisions that may *impede* pain management. Each state has been rated on two score cards (one for presence of enhancing, one for presence of impeding provisions), then an overall letter grade (A – F) awarded. The rationale for each score is provided, quoting the text of the specific law/regulation and adding a comment explaining the positive or negative impact. No state has laws/regulations that address all the criteria reviewed. No state received an “F” in 2007, but only 3 achieved an “A.”

As the “B” grade implies, Connecticut is improving but needs to make a bit more progress. Positive scores include:

- Appropriate use of opioids is recognized in several provisions as part of professional practice
- Appointment of a multidisciplinary prescription drug monitoring working group that includes representation by law enforcement, medicine, nursing, and pharmacy, and specifically including specialists in pain management and hospice care
- Regulations governing hospices that ensure appropriate education regarding pain and palliative care
- Requirement that staff of Alzheimer care programs be educated in pain assessment and management for this vulnerable population
- A well-developed [Statement of the Connecticut Medical Examining Board on the Use of Controlled Substances for the Treatment of Pain](#) (Surprisingly, the new and similar [Statement](#) on the use of controlled substances in pain management by nurses is not addressed in the PPSG report.)

Negative scores include:

- Statute requiring that institutions limit controlled substances prescriptions to 7 days (then the order must be renewed to continue treatment)
- Regulation restricting use of a controlled substances to its approved use or that recognized by “medical consensus” (PPSG feels that this is vague and goes well beyond the intent of Federal regulations)

The [Connecticut Cancer Pain Initiative](#), affiliated with the [American Cancer Society](#) and the [Alliance of State Pain Initiatives](#), will be addressing strategies to improve

Connecticut's score—and care for its many residents experiencing pain. Contact: Patricia.Trotta@cancer.org.

In the News

- [Archived issues](#) of *YaleCares* are now freely available on the web. In addition, there is a new e-mail address for contacting YaleCares: yalecares@yale.edu.
- [Breast Cancer Therapies Appear to Advance Cognitive Decline](#). (Medscape news article about ASCO abstract)

Journal Watch

- One of the problems with researching adverse events of cancer treatment is that toxicity criteria are sometimes inadequate and research across institutions, diseases, and treatment types is inconsistent. The following study (and accompanying editorial take a stab at addressing this issue:
 - Andy Trotti, et al. TAME: development of a new method for summarising adverse events of cancer treatment by the Radiation Therapy Oncology Group. *Lancet Oncology* 2007;8(7):613-624.
 - Horiot JC. At last—progress in the assessment of the adverse effects of cancer treatments. *Lancet Oncology*. 2007 Jul;8(7):568-70.
- Coincidentally, two articles on ALS appeared almost simultaneously and should help to improve the care of this population:
 - Mitsumoto H, Rabkin JG. Palliative care for patients with amyotrophic lateral sclerosis. *JAMA* 2007 Jul 11;298(2):207-216.
 - Mitchell JD, Borasio GD. Amyotrophic lateral sclerosis. *Lancet*. 2007 Jun 6;369(9578):2031-2041.
- This study was done in Wales, but very likely reflects the trend in nearly all industrialized countries. Ahmad S, O'Mahony MS. [Shift in the Burden of Cancer Towards Older People – A Retrospective Population-Based Study](#). *International Journal of Clinical Practice* 2007;61(6):931-936
- This article explores a conceptual basis for pediatric palliative care. Foster TL. [Pediatric Palliative Care Revisited: A Vision to Add Life](#) *Journal of Hospice & Palliative Nursing*. July/August 2007;9(4):212-219.

Connecticut Challenge

A very successful 3rd Annual [Connecticut Challenge](#) was held July 28 in Fairfield. This fund-raising bicycle ride is the major source of support for the [Cancer Survivorship Clinic](#) at [Yale Cancer Center](#). Teams representing [Yale Cancer Center](#) and the [Yale Pediatrics HEROS Clinic](#) were among the many teams and several hundred individuals participating. There were also several hundred individual volunteers working in support of the riders. This year 35 cancer survivors rode at all difficulty levels: 12, 25, 50, and 100 miles. A more comprehensive report will follow in a future issue of [YaleCares](#).

Resources on the Web

[Palliative Care Is the Job of Every Hospital](#). Video and text editorial by Diane Meier, Director of the [Center to Advance Palliative Care](#) (CAPC). (Medscape)

Palliative Care Calendar & CE Connecticut

- The Connecticut Coalition of End-of-Life Nurse Educators has scheduled four offerings for 2007 based on the End-of-Life Nursing Education Consortium (ELNEC) curriculum. Open to all clinicians; CNE's available. Contact: Pat Trotta, (203)379-4763; patricia.trotta@cancer.org.
 - Sep 15, 8:30am – 12:30pm. **Pain & Symptom Management**. Hartford Hospital
 - November 10. **Cultural and Ethical Issues at End of Life**. UConn Medical Center, Farmington.
- Sep 21, 10:30am – 2:00pm [The Connecticut Coalition to Improve End-of-Life Care](#) will hold its [Annual Meeting & Luncheon](#), Middletown. Presentation by Harold Schwartz, MD: **The Future of the End-of-Life: Reflections on the Right to Die Post-Schiavo**. Click for [brochure](#).

Elsewhere

- Oct 12-14. Cambridge, MA. [Practical Aspects of Palliative Medicine: Integrating Palliative Care into Clinical Practice](#)