

Continued from front

secure in your home and while you travel. These medications are intended for you alone. Talk to your primary care provider about security options and how to keep you and your family safe.

Please use the space below to write down any questions you may have for your primary care provider.

Additional Resources

www.painmed.org

www.ampainsoc.org

www.painfoundation.org

www.samhsa.gov

takeasdirected.doh.wa.gov/PainPatients.htm



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Patient Information

Chronic Pain Management

Promoting Patient Safety and Responsible Pain Management Practices.



**Washington
State
Medical
Commission**

What is chronic noncancer pain?

Chronic noncancer pain (CNCP) is generally defined as pain that has been present for at least six months; pain lasting longer than the expected time to tissue healing or resolution of the underlying disease process; or pain due to a condition where there is ongoing pain perception or pain perception from a damaged nerve. CNCP is different from acute pain in both its presentation and its causes.

What are opioid prescription pain medicines?

Opioids are medicines prescribed by a health care provider to relieve moderate or severe pain. These medicines are controlled substances. Some examples include codeine, fentanyl, oxycodone, methadone, and morphine.

Why is the state doing this?

The 2010 Legislature passed a bill (ESHB 2876) directing five boards and commissions to adopt rules concerning management of chronic, noncancer pain. These boards and commissions include the Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission, Dental Quality Assurance Commission, Board of Osteopathic Medicine and Surgery, and Podiatric Medical Board. The intent of the bill is to equip your physician with the best practices in pain management and keep you safe.

How did the commission determine the content of the rules?

Representatives of these boards and commissions worked together to develop pattern rules for each board and commission to consider using in their rules. The group held five open public stakeholder meetings to collect public comments and testimony.

When does my doctor have to start going by these rules?

The medical commission adopted these rules on March 4, 2011. The rules are effective January 2, 2012.

Can I keep my current physician or physician assistant?

Nothing should change for the majority of patients. Under certain circumstances, your primary care provider may seek consultation from a pain specialist. The pain specialist would not care for you on a regular basis, only provide consultation.

What can I do as a patient to ensure my care continues?

Have a conversation with your primary care physician about your needs and goals for care. Including aspects of your care other than prescribed medications.

What is my role as a patient?

Reasonable Expectations

The goal of a treatment plan for chronic noncancer pain is to be functional in your daily life. Long acting opioids should be only one part of a treatment plan that has multiple disciplines of treatment.

The most important role for you is to be a patient with reasonable expectations. No one can expect to be completely pain free.

Clearly Defined Goals

You and your primary care provider will need to come up with a comprehensive treatment plan for you and your pain. This plan should be clearly defined with goals for everyday functioning that can be reasonably met.

Exercise

As a patient, you should understand the role of following a regular exercise routine in your daily life. It is important to appreciate the role of exercise in your treatment plan as well.

Medication Security

Over a 16-year period, unintentional poisoning death rates have increased by 395% from 2.3 to 11.3 per 100,000. If you are being treated for your pain, it is your responsibility to keep these medications

continued on back