

Wyoming Pain Initiative

**Guide for Workgroups
Procedures, Processes, and Other Information**

March 2008

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Wyoming Pain Initiative Guide for Workgroups

Introduction

The Wyoming Pain Initiative is a statewide collaboration, involving key stakeholders, which will be implemented to decrease the impact of pain on Wyoming men, women, and children. The initial concept for the development of a committee addressing chronic pain in Wyoming was due to work completed by the Wyoming Comprehensive Cancer Control Consortium. A pain-related objective to improve the quality of life for cancer patients and survivors was included in their 5 year comprehensive cancer control plan. As a result, current legislation, now known as the Wyoming Cancer Control Act, determined pain management as a priority. W.S. § 35-25-206 addresses acute and chronic pain management through the development of a pain committee which serves in an advisory capacity to the Wyoming State Legislature (WSL). This pain management endeavor is not specific to cancer patients, but serves a diverse group of men and women whose quality of life has been diminished as a result of acute and chronic pain.

The WPI will identify statewide partners in order to develop a comprehensive, collaborative approach to improve pain management policy, promote pain education, and improve quality of life for Wyoming people impacted by pain. The first undertaking of the WPI would be to develop a white paper on the burden of pain in Wyoming with recommendations to policymakers on how to incorporate improved pain management strategies in the state. As the initiative moves on, a five year strategic plan will be developed for implementation.

These recommendations shall be provided to the Director of the Wyoming Department of Health and shall provide the information to the Wyoming State Legislature. In addition, this group will work to create the state's very first "Pain Initiative". Although no funding was appropriated to this section of the bill, the Wyoming Comprehensive Cancer Control Program, and the Wyoming affiliate of the American Cancer Society, is dedicated to the implementation of a state pain initiative.

According to the Cancer Control Act, the bill requires members from the following entities:

- One employee of the Department of Health who will serve as Chairman to the Committee (appointed by the Director of the health department);
- One Member appointed by the Board of Medicine;
- One Member appointed by the Board of Pharmacy;
- One Member appointed by the Board of Nursing; and
- One member of the public who has experience in Pain Management appointed by the Director of the health department.

Through this process, we will gain a better understanding of the economic, physical, social, legal, and medical aspects of pain management. This stakeholder's meeting will lay the

foundation for the Wyoming Pain Initiative. Stakeholders will be given the opportunity to join forces and become one collaborative voice against pain.

Throughout the next few months, smaller workgroups will meet via conference call with the task of identifying measurable goals, objectives, and strategies to reduce the barriers to adequate pain management in the state. Each group will focus on a different aspect of pain management. From this process, we will draft a “white paper” for combating pain related barriers in Wyoming. This document will include various recommendations to reduce the impact of pain on Wyoming people.

It is expected that partners involved in the Wyoming Comprehensive Cancer Control Consortium will take interest in this topic as “Pain Management” is a number one priority addressed in the state cancer control plan. The WCCCC will help to promote the pain issue and a successful initiative.

The Wyoming Comprehensive Cancer Control Program Manager at the Department of Health will take the lead on this project. With a manager, and two additional staff providing shared time to this project, we will have the infrastructure to get the initiative started. The American Cancer Society will serve as fiscal agent, provide resources and volunteers, as well as help with promotion of the initiative. In partnership, the two entities will lay the foundation for a successful Pain Initiative that Wyoming can take pride in.

The five workgroups that are relevant to the pain initiative are: Public and Provider Education, Palliative/ End of Life Care, Evidence-Based Complimentary Treatment, Narcotics Prescribing/ Law Enforcement, and Pain Surveillance/ Data Collection.

Each workgroup’s recommendations will then form part of Wyoming White Paper on Pain. The workgroups will be responsible for identifying assets and barriers, strategies, and activities to address the barriers. This will include goals, objectives, and methods for implementation. Our target is to develop the white paper by the end of July 2008. With your help, we can accomplish this.

The purpose of this guide is to provide an overview of the workgroup processes and a format for discussion and record keeping. Please contact the CCC Program Manager at the Wyoming Department of Health at (307) 777-8609 if you have questions about this guide or your participation.

Organizational Framework

The following mission statement was approved by members of the Wyoming Pain Committee.

“The Wyoming Pain Initiative is a group of interested stakeholders, including but not limited to, health care professionals, pain patients, law enforcement, and other individuals and organizations who have joined together to improve the quality of pain management in Wyoming. The WPI will act to enhance understanding of the consequences of untreated pain, to advocate for better access to pain management, to understand and resolve barriers to pain issues, and to

educate professionals, members of the public, and policy makers to improve pain management in the State of Wyoming”.

The following goals and objectives are for WPI planning only.

Overall Goal for CCC Planning: Develop recommendations to reduce the physical and economic impact of Pain on all Wyoming people.

Overall Objectives for CCC Planning:

- *From March 26, 2008 -July 30, 2008, conduct at least two face-to-face meeting to help develop a white paper on pain.*
- *From March 26, 2008 -June 30, 2008, convene at least three meetings for each workgroup via conference call to help develop a white paper on pain.*
- *From March 26, 2008 –April 2008, prepare and present available cancer data to partners/stakeholders to assist with developing the white paper on pain.*
- *From March 26, 2008 –July 30, 2008, respond to all data requests within seven business days for developing a white paper on pain.*
- *By July 30, 2008, conduct at least one evaluation to ensure the planning process was successful and all voices were heard.*

Workgroups

The following is a listing and information about the focus of the four workgroups that will help develop Wyoming’s white paper and pain management strategic plan.

Evidence-Based Complimentary Treatments can help to reduce pain. Some people may find that they can take a lower dose of medication by incorporating some of the following techniques:

- Relaxation techniques, meditation
- Deep breathing
- Massage, skin stimulation
- Exercise, physical therapy
- Hypnosis
- Biofeedback
- Cold or Heat
- Acupuncture
- Emotional support and counseling
- Spiritual help

This workgroup will focus on the addition of complimentary treatments and medication in relation to pain management.

Palliative and End of Life Care

Pain and other symptoms at the end of life can usually be relieved if clinicians have the training *and* resources to focus on this goal. With Wyoming’s rural geography and other barriers, current treatment may often fall short. A substantial proportion of patients, particularly those in minority groups, or those who live in rural areas receive inadequate treatment. This subgroup

will submit ideas and suggestions on how we can reach and help those that are receiving inadequate pain management at end of life.

Public and Provider Education

Education and awareness is a necessary component in any pain initiative. The public must be educated on adequate pain management services and support, including how they can be obtained. Healthcare providers have the responsibility to learn the sciences basic to the diagnosis and treatment of pain and must learn effective and compassionate pain treatment strategies within each clinical specialty.

This subgroup will focus on education strategies and plans for the use of the public as well as providers.

Pain Surveillance and Data Collection

Currently, Wyoming has no data sources or surveillance systems that track pain. This subgroup will work to identify and evaluate possible data sources for tracking progress on pain and symptom management.

Narcotics Prescribing and Law Enforcement

During the past few years, abuse of approved sustained-release formulations of narcotics has become a problem. A substantial degree of negativity has been directed at issues relating to one particular proprietary brand of oxycodone hydrochloride—OxyContin. Every healthcare professional knows that certain drugs have always been abused in the United States, including not only opioids, but also benzodiazepines, stimulants (eg, amphetamines, methylphenidate), and, of course, alcohol. This workgroup will work to identify barriers for physicians, law enforcement, and other stakeholders, as they identify possible solutions to the issues related to the prescribing of narcotics.

Workgroups should address cross-cutting issues such as health disparities (e.g., uninsured, low income, ethnic/racial differences, etc.), education, and resources in their recommendations. Workgroups are encouraged to explore these issues, contact other workgroups, and seek assistance from experts as needed.

Expectations

- Attend 2 face-to-face meetings (March 2008, July 2008),
- Participate in 1 workgroup and its meetings (estimated 3 One-Hour meetings by telephone), and
- Review and provide comments on “white paper” document.

Participation Quality

- Engaging in the discussion
- Share what their organization is doing
- Volunteer for tasks (for example, drafting a recommendation)
- Be respectful of their time
- Show willingness to collaborate
- Represent a viewpoint

- Set aside individual agendas

Other Principles

1. The Workgroup Leaders will plan, coordinate, and facilitate each workgroup's meetings. The CCC Program Manager will assist with logistics for the workgroup meetings. Duties and responsibilities for Workgroup Leaders will include the following.
 - a. Plan/setup workgroup meetings (conference call, agenda, send reminder to workgroup members, etc.)
 - b. Guide/facilitate meetings
 - c. Communicate with the CCC Program Manager and provide updates on the workgroup's progress at regular intervals
 - d. Make work assignments (if necessary)
 - e. Be responsible for making data requests for the workgroup (no other workgroup members should make data requests; this will help limit confusion and work for Dr. Joe Grandpre)
 - f. Attend/participate in any meetings with the other workgroup leaders and CCC Program Manager to ensure coordination and limit duplication of efforts (if scheduled)
2. Selection of goals and efforts are to be based on available data and best practices.
3. Participation in workgroup meetings is not exclusive. New members are welcome at any time. Suggestions for new workgroup members should be sent to the Workgroup Leaders. This includes person's name and contact information (telephone number, e-mail address, mailing address). The Workgroup Leaders will then forward the information to the CCC Program Manager who will contact the person and ask them to participate.
4. Only workgroup leaders or CCC Program Manager should make data requests. The Chronic Disease Epidemiologist at the Wyoming Department will work with the Data Team to gather the data and information requested. Following this process will help limit confusion and duplication of work for the Chronic Disease Epidemiologist.
5. Workgroup leaders will be provided an electronic format of the workbook guide. All submissions to the CCC Program Manager should be done using the electronic format.
6. Workgroup leaders will be provided a template to use in order to present their recommendations during the July face-to-face meeting.

Workgroup Charge

Each group is charged with completing the following tasks:

1. Set ground rules for discussions, timelines, meeting dates and times, and workgroup goals.
2. Identify major assets.
3. Identify existing barriers.
4. Identify strategies that can be implemented in the next five years that will eliminate or mitigate the barriers identified.
5. Recommend at least three priority strategies from those identified for implementation during the initial 12 months following completion of the plan.
6. Identify outcomes.
7. Determine key action steps associated with each priority strategy.

8. Develop a draft of the above and present recommendations to the Wyoming Pain Initiative
 9. Modify recommendations as input is provided by the Wyoming Pain Committee
- ❖ **Each workgroup will have at least one Wyoming Pain Committee (WPC) Member in attendance. The committee member will act as a liaison between the workgroup and the WPC.**

Questions

Please contact the CCC Program Manager at (307) 777-8609 with any questions about developing a CCC plan for Wyoming.

Date: _____
Workgroup Name: _____

Wyoming Pain Initiative Statewide Pain Initiative Planning Process

Workgroup Process

There are 11 steps that each workgroup should consider in addressing their component of the Wyoming White Paper on Pain (Recommendations).

Step 1 – Initial meeting of the workgroup

At the March 26, 2008 WPI meeting, workgroups will have the chance to meet. This will allow each workgroup to get acquainted, review their duties, develop a timeline for meetings or conference calls, and begin work on their duties.

Each workgroup will have a leader and at least one member of the WPC. The Committee member will act as a liaison between the workgroup and the steering committee. A Wyoming Department of Health Comprehensive Cancer Control staff member will help the workgroup with setting up meetings, resources, or questions. Please do not hesitate to call the CCC Program Manager at 307-777-8609 if you have questions, your workgroup has any conflict, or your workgroup needs any assistance.

By the end of the first workgroup meeting, you workgroup should accomplish the following.

- Become acquainted with each other. All workgroup members should be introduced so others will know their name, organization they represent, and why they are participating. All members should do this whether you know everyone or not.
- Identify any people or organizations that are not present. List all names and any contact information workgroup members have on the sheet provided.
- Brainstorm the major assets and barriers/problems for your workgroup's focus area (e.g., public and provider education, pain surveillance, palliative care/ end of life, evidence-based complimentary pain care, narcotics prescribing/ law enforcement). Record this information in steps 2-3 (p. 9-12) of this guide.
- Identify Workgroup Leaders if they are not already in place.
- Set your own timeline for future meetings to ensure assigned tasks are completed
- Begin discussions of the development of your action plan.

Date: _____
Workgroup Name: _____

Step 2 – Identify major assets

Directions: The workgroup should identify major assets/resources that are currently available in Wyoming. These assets/resources will enable your group to develop relevant components of the Action Plan. “Assets/Resources” are broadly defined as infrastructure (through state, local, universities, or private agencies), services, events or activities, or could also include financial resources.

Examples:

- Wyoming has a program to monitor patient activity with regard to Medicaid patient prescribing.

Purpose: To familiarize workgroup members with existing resources, assets or activities already available, and to create a common view of the present status of cancer in Wyoming.

Task: Record discussions, observations, or opinions on this page and the following pages.

Date: _____
Workgroup Name: _____

WORKSHEET 1 – Step 2

Identify Major Assets

Assets:

-
-
-
-
-
-
-
-
-
-
-
-
-
-

Date: _____
Workgroup Name: _____

Step 3 – Identify existing barriers

Directions: Go around the workgroup and have members identify any barriers/problems related to your focus area and that could be addressed in developing the document. After each member has had a chance to speak, open the discussion for other ideas. Responses should identify barriers/problems not solutions for the barriers/problems. Also, there should not be any debate about the barrier/problem identified. Debate and strategies for the barriers/problems will take place later.

Examples:

- There is currently no data relating to adequate pain control in Wyoming.

Purpose: To identify common existing or potential barriers/problems to your focus area in Wyoming. Barriers may include such things as public awareness and attitudes, geographic and/or population disparities in outcomes or services, etc. For this step, keep in mind that you are to discuss *barriers* rather than solutions. For example, ‘we need to establish a system for data collection...’ is a solution. If solution statements arise in the discussion, revise them to reflect the underlying problem. For example, ‘the state lacks the funds to create a system....’ is a problem statement. During the discussion of barriers, you may think of additional assets (step 2). Please feel free to make additions as time allows.

Task: Record discussions, observations, or opinions on this page and the following pages.

Date: _____
Workgroup Name: _____

WORKSHEET 2 – Step 3

Identify Existing Barriers

Barriers:

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Date: _____
Workgroup Name: _____

Step 4 – Identify strategies to eliminate or mitigate the barriers identified.

Directions: First, your workgroup should review the lists of barriers/problems and assets completed earlier before starting in this step. Next, your workgroup should identify strategies that could be implemented over the next five years for either eliminating the barriers/problems or significantly reducing their influence. This refers to the barriers/problems previously discussed. When completing this step, think of strategies for the group of barriers as a whole (rather than one-by-one). It is possible many strategies may influence more than one barrier.

The strategies you identify should be specific. Strategies are an approach to addressing a barrier and may consist of many activities. Strategies and activities should not be confused. For example, a strategy might be something like, ‘advocate for the enactment of a law that requires informed consent for first time users of tanning beds.’ Activities for that strategy might include the following

- Educating legislators about the pain burden
- Reviewing legislation from other relating to pain management
- Assessing access to pain management services

In this example, the strategy is to put in place a policy, and the activity is to educate legislators.

Workgroups may consider developing strategies that focus on the individual, small group, institution/organization, community, and public policy levels. Why do this? People are influenced at multiple levels. For example, small groups such as our family, friends, or peers affect our decisions on a daily basis. Institutions/organizations such as our employers or schools and our community also influence our choices. Next, there is a connection between our environment and our health behaviors. Our social and physical environments (family, friends, neighborhood, workplace, community) affect our health choices and behaviors each day. However, our choices and behaviors also affect our environment.

Strategies should also be based on research or proven practices. Why do this? Basing strategies on research and/or proven practices helps increase the chance for the strategy to work. This also helps prevent doing something that has already been done or something that may not work. Using research and proven practices also allows us to tailor our efforts so there is a better chance of success.

Purpose: To identify strategies that will eliminate or reduce the barriers identified.

Task: Record discussions, observations, or opinions on this page. Use the blank pages at the back of the guide if extra space is needed.

Date: _____
Workgroup Name: _____

WORKSHEET 3 – Step 4

Identify Strategies to Eliminate or Reduce the Influence of the Barriers

Goal: _____

Strategies

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Date: _____
Workgroup Name: _____

Step 5 – Recommend at least three priority strategies for implementation during the first 12 months after completing the plan.

Directions: We need to identify critical strategies that will help accomplish short and long-term strategies. Critically review the strategies already identified. Next, select three strategies that the workgroup believes should be implemented beginning in the first year of implementation. In deciding on which strategies to select for initial implementation, workgroup members should consider the following criteria:

- The strategy will have a significant impact if implemented.
- It is possible to begin implementing the strategy in the first year of the plan.
- Significant progress in implementing the strategy can be made during the initial year of the plan. (Note: the strategy does not have to be fully implemented in the initial year of the plan)
- The strategy, if implemented, will set a stage for other strategies to be implemented in future years on the plan.

Purpose: To identify at least three strategies (no more than five) to recommend to the WPI for implementation during Year-1 of the strategic plan.

Task: Please vote to identify the top three strategies. Voting can be done during conference calls, by e-mail, or other methods (e.g., anonymous online surveys like zoomerang [<http://www.zoomerang.com>]). Record your discussions, observations, or opinions and the top three strategies on the next page.

Date: _____
Workgroup Name: _____

WORKSHEET 4 – Step 5

Top Three Strategies:

1.

2.

3.

Discussions, observations, or opinions:

Date: _____
Workgroup Name: _____

Step 6 – Identify outcomes

Directions: Identify short-term and intermediate outcomes that can be expected if the priority strategies are fully implemented. The group should identify specific strategies (already created) that match up with each outcome. Outcomes, as used here, may refer to intermediate and short-term outcomes.

Examples:

- Improved pain awareness (intermediate)
- Increases in the proportion of health professionals trained on pain management guidelines (short-term)
- Increased awareness of pain scale (short-term)
- Decreased range of pain in Wyoming people (long-term)

Purpose: To determine outcomes of recommended strategies so that expectations for results can be codified and tracked and to enhance public accountability for the document/plan.

Date: _____
Workgroup Name: _____

WORKSHEET 5A – Step 6

Goal: _____

Outcome 1: _____

Strategies:

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-
-
-
-
-
-
-
-
-

Date: _____
Workgroup Name: _____

WORKSHEET 5B – Step 6

Goal: _____

Outcome 2: _____

Strategies:

-
-
-
-
-
-
-
-
-
-

Date: _____
Workgroup Name: _____

WORKSHEET 5C – Step 6

Goal: _____

Outcome 3: _____

Strategies:

-
-
-
-
-
-
-
-
-
-

Date: _____
Workgroup Name: _____

Step 7 – Determine key activities associated with each priority strategy.

Directions: Identify the major activities necessary to implement the strategies selected. Start with the highest priority strategy and work down the list. Activities should all contribute directly to the strategy's implementation and be as specific as possible.

Identify *who* (e.g., communities, schools, medical professionals, state government, etc.) can implement and/or accomplish action steps.

Identify *when* your group anticipates this action could be initiated and/or completed.

Examples:

- Strategy – Advocate for a law that requires pain-related data be tracked.
- Activities
 - By December 31, 2009, the Wyoming Department of Health will review legislation from other states requiring data for pain.
 - By December 31, 2009, communities will access to pain specialists in their region.
 - By April 31, 2010, educate legislators about the need for pain-related data surveillance.

Purpose: To provide priorities with specific activities and who/what in Wyoming can implement the activities and strategies.

Task: Record discussions, observations, or opinions on this page and the following pages.

Date: _____
Workgroup Name: _____

WORKSHEET 6A – Step 7

Outcome: _____

Strategy 1: _____

Activities:

1. Activity:

Persons/organizations to accomplish the action:

Timeframe:

2. Activity:

Persons/organizations to accomplish the action:

Timeframe:

3. Activity:

Persons/organizations to accomplish the action:

Timeframe:

Date: _____
Workgroup Name: _____

WORKSHEET 6A – Step 7 (continued)

Activities:

4. Activity:

Persons/organizations to accomplish the action:

Timeframe:

5. Activity:

Persons/organizations to accomplish the action:

Timeframe:

6. Activity:

Persons/organizations to accomplish the action:

Timeframe:

7. Activity:

Persons/organizations to accomplish the action:

Timeframe:

Date: _____
Workgroup Name: _____

WORKSHEET 6B – Step 7

Outcome: _____

Strategy 2: _____

Activities:

1. Activity:

Persons/organizations to accomplish the action:

Timeframe:

2. Activity:

Persons/organizations to accomplish the action:

Timeframe:

3. Activity:

Persons/organizations to accomplish the action:

Timeframe:

Date: _____
Workgroup Name: _____

WORKSHEET 6B – Step 7 (continued)

Activities:

4. Activity:

Persons/organizations to accomplish the action:

Timeframe:

5. Activity:

Persons/organizations to accomplish the action:

Timeframe:

6. Activity:

Persons/organizations to accomplish the action:

Timeframe:

7. Activity:

Persons/organizations to accomplish the action:

Timeframe:

Date: _____
Workgroup Name: _____

WORKSHEET 6C – Step 7

Outcome: _____

Strategy 3: _____

Activities:

1. Activity:

Persons/organizations to accomplish the action:

Timeframe:

2. Activity:

Persons/organizations to accomplish the action:

Timeframe:

3. Activity:

Persons/organizations to accomplish the action:

Timeframe:

Date: _____
Workgroup Name: _____

WORKSHEET 6C – Step 7 (continued)

Activities:

4. Activity:

Persons/organizations to accomplish the action:

Timeframe:

5. Activity:

Persons/organizations to accomplish the action:

Timeframe:

6. Activity:

Persons/organizations to accomplish the action:

Timeframe:

7. Activity:

Persons/organizations to accomplish the action:

Timeframe:

Date: _____
Workgroup Name: _____

Step 8 – Develop at least one goal statement.

Directions: Prepare at least one goal statement for the previously created outcomes, strategies, and activities. The goal statement should be a broad, overall view of what your workgroup is proposing to accomplish.

Examples:

- Reduce pain in Wyoming.
- Raise awareness of pain guidelines.
- Develop a strategic plan to reduce the morbidity and other effects of pain in Wyoming.

Purpose: To provide a goal for your workgroup’s recommended outcomes, strategies, and activities.

Task: Prepare at least one goal statement that has been reviewed and approved by all workgroup members.

Goal Statement: _____

Date: _____
Workgroup Name: _____

Step 9 – Develop a draft of the above guide and present recommendations to the WPI.

Directions: First, prepare a clean draft of this guide and submit it the CCC Program Manager **no later than 2 weeks before** the July 2008 WPI meeting. Workgroup Leaders should receive a copy of this guide by e-mail. This guide should be used as the template for submitting the clean draft. Workgroup Leaders should contact the CCC Program Manager if they have questions or do not receive the template.

Second, prepare a short presentation (no more than 15 minutes) using a Microsoft PowerPoint. The CCC Program Manager will provide this template to Workgroup Leaders. Each workgroup will have 15 minutes to present the following items at the July 2008 meeting.

- One goal statement.
- A brief overview of existing key assets and barriers for addressing the goal.
- A detailed review of the 2 or 3 priority strategies that the group selected, including for each:
 - The rationale for selection.
 - Major outcome(s) to be achieved by implementing the strategies.
 - Examples of several key activities that must be taken to implement the strategy.

After each workgroup’s presentation, the Consortium members will be invited to ask questions, seek clarification, and offer comments for the workgroup to consider when it finalizes its recommendations.

Third, send a copy of your workgroup’s presentation to the CCC Program Manager **no later than 1 week before** the July 2008 meeting. This will allow copies to be made of your presentation and shared with the participants at the meeting.

Purpose: To share your discussions, recommendations, or concerns with the WPI stakeholders.

Tasks: First, prepare one draft of this guide and send it to the CCC Program Manager. Second, each workgroup should agree on a presenter (may or may not be Chair) and develop its presentation. Third, send a copy of the presentation to the CCC Program Manager. Be sure to follow the above timeline for submitting materials.

Date: _____
Workgroup Name: _____

Step 10 – Attend the April 2005 Comprehensive Cancer Control Consortium meeting.

Directions: Attend the July 2008 WPI meeting, deliver/listen to your workgroup’s presentation, and help answer any questions for your workgroup if needed.

Purpose: Present your workgroup’s recommendations to the WPI.

Tasks: Attend the meeting and help answer questions if needed.

Step 11 – Modify recommendations as the WPI provides input.

Directions: Plan one conference call (or more) for any reviews or revisions for your workgroup’s recommendations if needed.

Purpose: To edit your plan to ensure all aspects have been addressed.

Tasks: Setup and hold a conference call; take notes of the meeting and any changes to the workgroup’s goal, outcomes, strategies, and activities minutes; send any edits to the CCC Program Manager.

Explanation of Terms

Outcomes (general) - defined as the intended change or effect as the result of a program or service; endpoints or public benefit results for which a lever of success can be measured.

Characteristics of an outcome:

- Measurable
- Obtainable
- Desired result of the strategy and activity

Types of outcomes:

- Short-term or initial – include increases in awareness, knowledge (e.g., increase awareness of youth sun protection methods by parents)
- Intermediate – include changes in health behaviors, systematic or policy changes (e.g., increase in proportion of adults screened for colorectal cancer)
- Long-term – include changes in health status of a population (e.g., reduction in the lung cancer mortality rate)

Goal Statement - defined as the overall directional statement to assist in achieving the vision of the group (e.g., reduce the barriers relating to pain management).

Characteristic of a goal:

- Developed in response to an issue
- Fall within the workgroup's charge
- Reflect priorities

Strategy - defined as an approach or plans to address an identified issue.

Characteristics of a strategy:

- The strategy will make a significant impact on overcoming an identified barrier.
- The strategy is feasible to begin work during the next 12-24 months.
- There is high likelihood that the strategy can be successfully implemented.

Activity - defined as an action, event, or procedure

Characteristics of an activity:

- A specific step taken towards the actualization of the strategy.
- Feasible to begin and or complete within 12-24 months.
- Realistic, specific and measurable.

Timeframe - a defined period of time in months or years.

Characteristics of the timeframe for this plan:

- A period not to exceed 5 years.
- Timeframes may be defined in subsets of the overall time line of the plan.
- The timeframe is realistic based on the activity defined.

Barriers - defined as impediments to the desired results

Characteristics of a barrier:

- Prevents the desired result from occurring.
- Should be recognized based on available data.
- May or may not be easily defined

Acknowledgements

This guide was produced from examples shared by the Arizona Comprehensive Cancer Control Program, Kansas Comprehensive Cancer Control Program, Iowa Comprehensive Cancer Control Program, and Wyoming Comprehensive Cancer Control Program. Also, the Wyoming CCC Steering Committee and Strategic Health Concepts, Incorporated reviewed the guide and provided comments and suggestions.

Pain Organizations and Resources

- **American Academy of Pain Management**
<http://www.aapainmanage.org>
- **American Academy of Pain Medicine**
<http://www.painmed.org>
- **American Chronic Pain Association**
<http://www.theacpa.org/>
- **American Pain Foundation**
<http://www.painfoundation.org>
- **American Pain Society**
<http://www.ampainsoc.org>
- **American Society for Pain Management Nursing**
<http://www.aspmn.org>
- **Beth Israel Medical Center – Department of Pain Medicine and Palliative Care**
<http://www.stoppain.org>
- **Chronic Pain Network – sponsored by King Pharmaceuticals, Inc.**
www.chronicpainnetwork.com
- **City of Hope – Pain / Palliative Care Resource Center**
<http://www.cityofhope.org/prc>
- **Federation of State Medical Boards – Pain Policy Resource Center**
<http://www.fsmb.org>
- **For Grace – Reflex Sympathetic Dystrophy**
<http://www.forgrace.org>
- **International Association for the Study of Pain**
<http://www.iasp-pain.org>
- **The Mayday Pain Project**
<http://www.painandhealth.org>
- **National Chronic Pain Society**
<http://www.ncps-cpr.org/>
- **National Fibromyalgia Association**
<http://www.fmaware.org>
- **National Foundation for the Treatment of Pain**
<http://www.paincare.org>
- **National Institutes of Health - Pain Consortium**
<http://painconsortium.nih.gov/>
- **National Pain Foundation**
<http://www.nationalpainfoundation.org>

- **National Vulvodynia Association**
<http://www.nva.org>
- **Pain.com** – sponsored by the Dannemiller Memorial Educational Foundation
<http://www.pain.com>
- **painACTION**
<http://www.painaction.com>
- **PainEdu.org - Improving Pain Treatment Through Education**
<http://www.painedu.org>
- **Pain & Policy Studies Group – University of Wisconsin**
<http://www.painpolicy.wisc.edu>
- **Pain Treatment Topics**
<http://www.pain-topics.com>
- **Partners Against Pain – sponsored by Purdue Pharma**
<http://www.partnersagainstpain.com>
- **Partners for Understanding Pain**
<http://www.theacpa.org/>
- **World Health Organization publication - Cancer Pain Release**
<http://www.whocancerpain.wisc.edu>

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