

## **LESSONS FROM GEESE IN MASSACHUSETTS: ASPMN MEMBERS AT WORK**

### **OBJECTIVES:**

- 1. CREATE NURSING PAIN ADVOCATES BY INCREASING ACCOUNTABILITY FOR PRACTICE.**
- 2. EDUCATE LICENSED CLINICAL PROVIDERS REGARDING PAIN MANAGEMENT.**
- 3. PARTICIPATE IN THE LEGISLATIVE PROCESS AS ASPMN PAIN EXPERTS AND PATIENT ADVOCATES**

### **ABSTRACT:**

**Pain has become a national public health crisis and is the number one reason patients seek medical care. Repeated studies and surveys have indicated that pain is under treated and people continue to suffer with severe pain. In the State of Massachusetts ASPMN members and the Massachusetts Pain Initiative have written pain policy and guidelines for the licensure boards of the state. These policies were adopted in accordance with the most up to date standards of care for pain management. This is a national benchmark action for other states to follow in celebration of the Massachusetts state action taken in collaboration with the legislature, Governor's office, ASPMN members, the Division of Health Professions Licensure and the Massachusetts Pain initiative. After five years of work, Massachusetts has taken leadership in establishing the importance of quality pain management and support for roll out educational pain programs to provide education on the latest evidence-based practices for the assessment and management of pain.**

## LESSONS FROM GEESE

By MILTON OLSON

1. As each bird flaps its wings, it creates an “uplift” for the bird following. By flying in a “V” formation, the whole flock adds 71% greater flying range than if the bird flew alone.

LESSON: People who share a common direction and sense of community can get where they are going quicker and easier because they are traveling on the thrust of one another.

2. Whenever a goose falls out of formation, it suddenly feels the draft and resistance of trying to fly alone, and quickly gets back into formation to take advantage of the “lifting power” of the bird immediately in front.

LESSON: If we have as much sense as a goose, we will stay in formation with those who are headed where we want to go.

3. When the lead goose gets tired, it rotates back into the formation and another goose flies at the point position.

LESSON: It pays to take turns doing the hard tasks and share leadership with people, as with geese, we are interdependent on each other.

4. The geese in formation honk from behind to encourage those up front to keep up their speed.

LESSON: We need to make sure our honking from behind is encouraging and not something else.

5. When a goose gets sick or wounded or shot down, two geese drop out of formation and follow it down to help and protect it. They stay with it until it is able to fly again or dies. Then they launch out on their own, with another formation, or catch up with the flock.

LESSON: If we have as much sense as geese, we too will stand by each other in difficult times as well as when we are strong.

**LESSONS FROM GEESE  
IN MASSACHUSETTS:  
ASPMN MEMBERS AT  
WORK**



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**OBJECTIVES**

- EDUCATE LICENSED PROVIDERS ON PAIN MANAGEMENT
- PARTICIPATE IN THE LEGISLATIVE PROCESS AS PAIN EXPERTS
- CREATE NURSING AND PROVIDER ACCOUNTABILITY IN PRACTICE FOR PAIN MANAGEMENT.

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**LESSONS FROM GEESE: THE  
CONCEPT**

- GEESE LIVE A COMMUNITY
- VALUES EXIST TO SUPPORT THE WHOLE
- WHEN ONE GEESE IS DOWN, ANOTHER STANDS BY TO ASSIST
- THE END OUTCOME IS A STRONG GROUP

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**LESSONS FROM GEESE DESIGN  
PAIN PRACTICE**

- KNOWLEDGE
- LICENSURE ACCOUNTABILITY
- PRACTICE COMPETENCIES
- ADVOCACY IN PRACTICE

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**IN THE BEGINNING**

- HEALTHCARE IDENTIFIED PAIN AS THE NUMBER ONE REASON TO SEEK TREATMENT
- MA SURVEY IN 2003 INDICATED A MAJOR PROBLEM WITH PAIN TREATMENT
- RESEARCH TOLD US THAT UNTREATED ACUTE PAIN CAUSED CHRONIC PAIN-A MAJOR ISSUE FOR 40 MILLION PEOPLE

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**CHANGING THE LANDSCAPE OF  
PAIN WITH ACTION**

- HEALTHCARE IS DEMANDING BETTER PATIENT OUTCOMES
- PAIN MANAGEMENT IS IMPORTANT TO THESE QUALITY OUTCOMES
- PAIN KNOWLEDGE IS A COMPETENCY
- POSITIVE PAIN OUTCOMES DECREASE COST AND IMPROVE PROVIDER/PATIENT SATISFACTION.

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**THE STATE OF PAIN  
MANAGEMENT IN MA**

- PAIN POLICY EXISTS IN ALL LICENSURE AREAS
- PAIN BILLS ARE MONITORED AND TESTIMONY GIVEN BY PAIN EXPERTS
- BARRIERS TO PAIN QUALITY BY LEGISLATORS ARE ADDRESSED
- QOL IS THE GOAL-DIVERSION, ADDICTION AND UNTREATMENT OF PAIN IS THE DISCUSSION.

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**THE LICENSURE STORY ON  
PAIN MANAGEMENT POLICY**

- > FIVE YEARS AGO PAIN TEXT WAS REVIEWED IN THE GENERAL LAWS.
- PAIN BILLS WERE MONITORED.
- TESTIMONY BY EXPERTS WAS ORGANIZED.
- A KNOW YOUR POLITICIAN CAMPAIGN BEGAN.

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**ADVOCACY IN PAIN  
MANAGEMENT**

- ASPMN & MA PAIN INITIATIVE MEMBERS HAD A DREAM.
- THE GOVERNOR'S LEADERSHIP WAS CONTACTED AND GIVEN A PACKET OF INFORMATION ON PAIN POLICIES.
- EXPERT REVIEWERS EVALUATED OUR DRAFTS
- ACTION WAS TAKEN WITHIN POLITICS TO CREATE CHANGE

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**QUALITY PAIN OUTCOMES VIA LEGISLATIVE ACTION**

- PROCESS:
  - DATA WAS COLLECTED, EXPERTS PROVIDED VALIDATION AND RELIABILITY.
- -ACTION HAPPENED FROM THE TOP DOWN.

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**QUALITY OUTCOMES VIA LEGISLATIVE ACTION**

- OUTCOME:
  - SIX MONTHS LATER PAIN ADVOCATES MET THE LICENSURE BOARDS.
  - EXPERTS GAVE TESTIMONY.
  - TIME LINES WERE SET.
  - ALL LICENSURE BOARDS APPROVED PAIN POLICIES IN APRIL 2009.
  - EDUCATION ROLL OUTS WERE IDENTIFIED.

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**LESSONS FROM GEESE:THE TRAIN HAS LEFT THE STATION**

- PAIN EXPERTS DEFINED SITES THROUGHOUT MA TO PRESENT PREP LECTURES ON PAIN.
- PAIN FACTS WERE SENT ON LINE TO ACADEMIC AND CLINICAL LIST SERVES.
- PAIN POLICY WAS CONNECTED TO PROVIDER PRACTICE.
- PAIN BECAME A PRIORITY

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**LEGISLATIVE ACTION 2008-2009**

- NATIONAL PAIN BILL SUPPORT
- TESTIMONY ON 12 SEPARATE PAIN TREATMENT BILLS STATEWIDE.
- IDENTIFICATION OF PAIN EXPERTS STATEWIDE TO CLOSE THE INFORMATION GAP.
- A PAIN NURSING LEGISLATIVE FORUM TO MONITOR ISSUES ONGOING.

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**LESSONS FROM GEESE:  
DEFINING LICENSURE RULINGS**

- MA HAS 4 BOARDS OF REGISTRATION- NURSING, PHARMACY, P.A, DENTISTRY.
- RULINGS IN THESE BOARDS DIRECT LICENSEES SCOPE OF PRACTICE AND STANDARDS.
- ADVISORY RULINGS INCLUDE: ASSESSING,DIAGNOSING ,TREATING AND EVALUATING QUALITY PAIN RX.

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**FSMB GUIDELINES 2004**

- MODEL POLICY FOR USE OF CONTROLLED SUBSTANCES TO RX PAIN.
- PROCESS : EVALUATION, INFORMED CONSENT, TREATMENT PLAN, DOCUMENTATION AND ONGOING REVIEW OF PAIN CARE.

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**LESSONS FROM GEESE: ASPMN  
PAIN ADVOCATES**

- THE PLAN:
- EDUCATE LICENSED CLINICAL PROVIDERS IN PAIN MANAGEMENT VIA LICENSURE BOARDS.
- PARTICIPATE IN THE LEGISLATIVE FORUM AS EXPERTS.
- CREATE NURSING PAIN ADVOCATES TO SUPPORT QUALITY PAIN MANAGEMENT.

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**LESSONS FROM GEESE: THE  
FINAL FRONTIER**

- Who dares to teach must never cease to learn.
- Support of the flock increases the quality of the experience.
- Encourage the flock to keep up their focus, speed and accuracy.
- Experience "lifting power" by flying as a group.

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**A FINAL LESSON FROM GEESE**

- IF WE HAVE AS MUCH SENSE AS GEESE, WE TOO WILL STAND BY EACH OTHER IN DIFFICULT TIMES AS WELL AS WHEN WE ARE STRONG. OUR PATIENTS ARE DEPENDING ON US.




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## KEY FINDINGS OF MASSACHUSETTS PAIN SURVEY 2005

Conducted for the Massachusetts Pain Initiative, the American Pain Foundation and The American Alliance of Cancer Pain Initiatives by KRC Communication Research

\*The majority of adults living in Massachusetts, 59%, say they experience pain on a monthly basis.

\*Among the 59% who experience pain on a monthly basis, 28% cite daily pain. 12% cite pain almost every day, 18% cite pain several times a week and 27% cite pain several times a month.

\*67% of people surveyed agree that “my pain prevents me from doing some of the things that I once enjoyed.” 64% of those polled agree that “my pain causes me to sometimes feel anxious, irritable, or depressed.” Over half of respondents (53%) say their pain interferes with their ability to work.

\*Not only do 59% of respondents in the poll affirm their own experiences with pain, but 43% also say that a member of their immediate family or household experiences pain on at least a monthly basis as well, for the most part referring to a spouse (43%) or parent (34%).

\*Adults living in Massachusetts appear to underestimate the impact of pain in their state; while 59% of all respondents say they experience pain monthly, only 20% think a majority of the population suffers from pain while 73% pegs the percentage suffering with pain at below 50%.

\*95% agree that “all health care providers should be mandated to receive some education on pain management”.

\*85% say they have never been made to feel uncomfortable asking for prescription pain medication from their health care providers and 82% say they are unaware of any problems obtaining prescription pain medications in a Massachusetts pharmacy.

\*When asked about their greatest concern regarding pain medication, 24% cited fear of side effects of the drug such as nausea or sleepiness and 21% said they were concerned about potential addiction. The cost and/or the lack of insurance to cover that cost is the greatest concern of 19% of respondents, and an additional 19% expressed no concern at all about pain medication.

\*Nine out of ten people expressed awareness of non-drug methods of treating pain. Seventy percent think these methods can reduce pain and 56% said they have tried such treatments.

\*84% agree that “people do not seek treatment for pain because they believe the pain will go away by itself.” Sixty-five percent agree that many people in pain don’t want to seem like they are complaining.

\*80% express confidence in their health care providers taking their pain seriously and treating them with respect and 78% cite satisfaction with their experiences having their pain addressed by a medical professional.

## LEGISLATIVE ACTION INFORMATION SITES

**AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING**

[www.ASPMN.org](http://www.ASPMN.org) or call 1-888-342-7766

**MASSACHUSETTS PAIN INITIATIVE**

[www.masspaininitiative.org](http://www.masspaininitiative.org) or [info@masspaininitiative.org](mailto:info@masspaininitiative.org)

**ALLIANCE OF STATE PAIN INITIATIVES**

[www.aspi.wisc.edu](http://www.aspi.wisc.edu)

**AMERICAN PAIN FOUNDATION**

[www.painfoundation.org](http://www.painfoundation.org) or 1-888-615-PAIN

**AMERICAN CHRONIC PAIN ASSOCIATION**

[www.theacpa.org](http://www.theacpa.org) or call 1-916-632-0922

**CANCER CARE**

[www.cancercare.org](http://www.cancercare.org) or call 1-800-813-HOPE

**THE AMERICAN CANCER SOCIETY**

[www.cancer.org](http://www.cancer.org) or 1-800-ACS-2345

**THE AMERICAN PAIN SOCIETY**

[www.ampainsoc.org](http://www.ampainsoc.org)

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