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FOR IMMEDIATE RELEASE

## Final summary report issued on ad hoc committee's discussions about chronic pain management

DES MOINES, IA – A final report has been issued on an Iowa Board of Medicine ad hoc committee's discussions about health care practitioners who are performing interventional chronic pain management (ICPM).

The report, which was prepared by John Olds, M.D., the Board's medical advisor and chairperson of the ad hoc committee, will be presented to the Board at a public meeting on February 5. The report incorporates comments and suggestions Dr. Olds received from committee members after he presented a draft report to the Board on December 17.

The Board established the committee in September to assist the Board in writing a policy statement and/or administrative rule that would address the patient safety concerns associated with the high-risk invasive procedures in managing chronic pain.

Dr. Olds organized two subcommittee meetings – one to receive comments from nurses and related interests and one to receive comments from physicians and related interests. The committee then met in a meeting of the whole for a discussion.

The committee was unable to complete its task of defining ICPM, the associated medical procedures, and which of these procedures a non-physician, such as a certified registered nurse anesthetist, could safely perform.

The following is Dr. Olds' final report on the committee's discussions:

## IOWA BOARD OF MEDICINE

**Final summary report of Ad Hoc Committee Meetings  
on Interventional Chronic Pain Medicine (ICPM)  
*Prepared by John Olds, M.D., ad hoc committee chairperson,  
for the Iowa Board of Medicine meeting on February 5, 2010.***

### **Participants in Ad Hoc Committee meetings:**

John Olds, M.D., Iowa Board of Medicine  
Teena Turnbaugh, Iowa Board of Medicine (ad hoc committee secretary)  
Mark Bowden, Iowa Board of Medicine  
Kent Nebel, Iowa Board of Medicine  
Tom Drew, Iowa Board of Medicine  
Ed Friedmann, Iowa Board of Physician Assistants  
Chris Newell, Iowa Board of Nursing  
Lorinda Inman, Iowa Board of Nursing  
Kathy Weinberg, Iowa Board of Nursing  
Eileen Gloor, Professional Licensure, Iowa Department of Public Health  
Pierce Wilson, Professional Licensure, Iowa Department of Public Health  
Virginia Wangerin, Iowa Nurses Association  
Judy Collins, Iowa Nurses Association  
Linda Goeldner, Iowa Nurses Association  
Mary Berg, Iowa Association of Nurse Practitioners  
Mary O'Brien, Iowa Association of Nurse Anesthetists  
Dave Pederson, Iowa Association of Nurse Anesthetists  
Charlotte Kelley, Iowa Nurse Practitioner Society  
Nick Mauro, Iowa Society of Anesthesiologists  
Kevin Kruse, Iowa Society of Anesthesiologists  
Heidi Goodman, Iowa Medical Society  
Jeanine Freeman, Iowa Medical Society  
Leah McWilliams, Iowa Osteopathic Medical Association  
Abby Miller, Iowa Acupuncture and Oriental Healing Arts Association  
Laura Malone, Iowa Hospital Association  
Daniel Baldi, D.O., Des Moines  
Tom Dulaney, M.D., Carroll  
George Lederhass, M.D., Des Moines  
Craig Thompson, D.O., Strawberry Point

### **Meetings (all at Iowa Board of Medicine office):**

September 21, 2009 (subcommittee for nurses)  
October 2, 2009 (subcommittee for physicians)  
November 6, 2009 (meeting of the whole committee)

- Summaries of those meetings were provided to participants and indicated the position of each of the groups regarding interventional chronic pain management (ICPM).
- A meeting of the committee as a whole was held on 11/6/09 to determine whether a consensus to resolve the issues could be achieved. Most points made during the separate group meetings were reiterated by the participants and then discussed and debated.

### **Completion of Ad Hoc Committee's task:**

- The ad hoc committee was unable to complete its Board-directed task of defining ICPM, the associated medical procedures, and which of these procedures non-physicians, such as certified registered nurse anesthetists, could safely perform.

### **Basic positions that were stated included:**

1. The Iowa Board of Medicine should not attempt to tell physicians to whom they can and cannot refer patients.
2. Certified registered nurses anesthetists (CRNAs) do not believe it is useful or meaningful to construct a list of ICPM procedures that can be performed by various practitioners.
3. The Iowa Society of Anesthesiologists (ISA), the Iowa Medical Society (IMS) and Iowa Osteopathic Medical Association (IOMA) are trying to improve the practice of ICPM by encouraging training of the specialists in pain management and by trying to rein in those practitioners, whether nurses or physicians, who are inadequately trained.
4. CRNAs have been and believe they are capable of providing ICPM services.

### **Where consensus was achieved:**

1. It would be helpful if national standards for ICPM were established.
2. Collaboration between health care providers, whether nurses, physicians, physician assistants, podiatrists or acupuncturists, who are involved in pain management is a fundamental goal.
3. More physicians should be trained in ICPM and should extend their services as much as possible throughout the state.
4. The large majority of ICPM services being provided by CRNAs are lumbar epidural injections.
5. The definition of ICPM currently appearing in the draft rule needs to put more emphasis on the patient management aspects of ICPM, such as comprehensive multidiscipline assessment and post procedure monitoring and follow-up. The current definition focuses basically on the procedures themselves.

### **Where consensus was not achieved was:**

- 1) Who should be able to do what with regard to ICPM procedures?
- 2) What level of training and education is necessary for health care workers to provide ICPM services, particularly including what procedures? CRNAs suggest that the issue of educational differences is non-germane since the educational approach between physicians and nurses is different. The Board of Nursing says that CRNAs possess the necessary education to provide ICPM services.
- 3) Further dialogue would be productive, with the nursing group seeking more dialogue and the physician group feeling that action is needed now.
- 4) The University of Iowa should expand its training of chronic pain interventionalists to include CRNAs. As of now CRNAs can attend ICPM lectures at the university but they are not permitted to participate in clinical practice training and must go elsewhere for this. The IMS and ISA oppose expanding the University of Iowa chronic pain training to include CRNAs.
- 5) The steps that are needed to bridge this impasse.