



RESEARCH
EDUCATION
TREATMENT
ADVOCACY

ANNUAL BOARD MEETING

April 29-30, 2014

Marriott Room 1

Tampa, FL

DRAFT MINUTES

Participants

Roger Fillingim, PhD
Gregory Terman, MD PhD
Kathleen Sluka, PT PhD
Judith Turner, PhD
David A. Williams, PhD
John Farrar, MD PhD
Laura Frey Law, PhD PT
Robert Gereau, PhD
Allen Lebovits, PhD
William Maixner, PhD DDS
Renee C.B. Manworren, PhD RN BC CNS
Edward Michna, PharmD MD JD
Tonya Palermo, PhD
Mark Wallace, MD
Rob Edwards, PhD
Tim Ness, MD

Staff

Scott Engle, AMC Principal
Catherine Underwood, MBA CAE
Cynthia Porter
Steve Biddle, MEd
Carrie Gremer
Amanda Belknap
Amanda Pairitz, MS
Michael Bourisaw
Randi Romanek
Chuck Weber

Wednesday Only:
Cassie Corvo
Jennifer Reinard

Tuesday, April 29

Call to Order and Approval of Agendas

The meeting was called to order at 8:03 a.m. EST.

Consent Agenda

March 24, 2014 Meeting Minutes

Committee/SIG Reports (no action requested)

MOTION: To approve the Agenda and Consent Agenda. Seconded, passed.

Changes in Disclosure and Confidentiality

There were no changes made to the conflict of interest and disclosure grid.

Board Development

The board assembled into four small groups for 30 minutes to discuss one of the following questions:

1. If you are trying to convince a colleague to join APS – what would you say?
2. If you are trying to talk a colleague OUT OF joining APS – what would you say?

All four groups then reassembled to share their group's answer. Groups one and two reported on question one. Both groups unanimously stated a convincing reason for a colleague to join APS is the opportunity to network and building lifelong relationships with other individuals in different disciplines. Further, APS allows you to learn from experts in other areas. APS membership should be a part of your professional identity. Both groups stated there is a struggle to convince clinical colleagues to join. Groups two and three reported on question two. Both groups stated the Society's multidiscipline membership can come across fragmented and confusing to nonmembers and that there is a lack of relevance to private clinical pain physicians. Discussions at the Annual Scientific Meeting can be over attendees' heads (clinicians not focused in pain research), further discouraging nonmembers to join – signaling APS is only research oriented and they will not gain much by membership. The *Journal of Pain* is sterile and the other member benefits you can get for free. There is too much industry influence, it's too expensive, and there is not a good connection with local or regional societies.

All groups then answered the third question together: If you were going to create APS from scratch, what would it look like? It was determined APS's mission, goals, and values may not be clear to those looking from the outside in, and recommended the need to update APS branding. APS needs to focus on illustrating how they look at evidence and then put it into practice in patient care. APS key stakeholders would include pain researchers, pain clinicians, payers, industry partners, and patients. APS needs to become the "glue" that combines all these disciplines and their respective first tier professional association together – APS is the connector, it fills the gap and is needed for your professional identify as a pain specialist. A comprehensive list of other ideas can be found in Appendix 1.

Finance & Operations

Financial Statements

The 2013 Audit and March, 2014 financial statements were both deferred to the Incoming Board meeting on Saturday.

Dr. Williams presented the preliminary financial results for the year ending 2013. APS ended the year with \$2,255,300 in assets and (\$1,178,986) in liabilities resulting in a total fund balance of \$1,076,314. Current FY 2013 ended with a year to date deficit of (\$72,927). The deficit is largely due to unexpected revenue loss with the *Journal of Pain (JOP)* and decreasing membership trends. It was noted that the reason the exhibits revenue has decreased is due to corporate mergers, smaller budgets, and the fact that bigger booths are no longer exhibiting. On a positive, the average dues per member has increased, more members are in the high income brackets which are known for longevity of the member. The *JOP* revenue loss is due to a decrease in advertising sales. However, it is anticipated that the new clinical practice guidelines and the research white paper should help with advertising for *JOP* next year. It was noted *JOP* needs to be moving into an electronic platform, but until they can figure out how to get advertising via electronic vs. print the journal will remain in both formats. Lastly, Dr. Williams reviewed the overall 2014 budget. APS is budgeted for \$3,325,777 in revenue and (\$3,298,324) in liabilities resulting in a projected net excess of \$27,453.

AMC Update

Scott Engle stated that AMC endorses a performance assessment program in a three-pronged approach. The three focus areas are board self-assessment, CEO evaluation, and the AMC services evaluation, which is newly modified this year. APS had a response rate of 50% from the board. APS ranked AMC high on membership, finances and annual conference, but lower on website. The AMC services evaluation also allows AMC delve into the nine service areas by grouping like questions about each area. For example, AMC Published Publications received a 3.9 overall; however, when looking closer, product development had the lesser score of the four sub-categories (design, advertising/sales, and editorial quality). AMC is also celebrating its 40th anniversary. Lastly, AMC has been awarded the designation as a Best Places to Work in IL for 2014. This is an annual workplace analysis and competition. AMC has also received this designation in the past.

Professional Relations & Development Update

Michael Bourisaw presented APS's professional relations and development (PR&D) update. Per Board direction and approval at the 2013 annual meeting, the PR&D team delineated and restructured the CE and non-CE symposia programming and process. At the 2014 Scientific Planning Committee (SPC) meeting, the committee chose 7 programs to submit for grant funding. Of these grants submitted, only \$5,000 in funding was secured. In terms of educational grant support for the 2014 annual conference, 15 submissions were submitted for a total ask of \$275,000 (total received in 2013 was \$85,000), and 16 submissions with a total ask of \$295,000 (total received for 2014 is \$55,000). In terms of CE symposia for the 2014 annual conference, the Scientific Planning Committee (SPC) chose 7 programs to submit grant funding. Thirty-five submissions were submitted for a total ask of \$3,766,140 between seven symposia (total received was \$5,000). Reasons why general support grants were below budget is due to funding sources from the past did not come through and new products to market were either delayed or involved in controversy. Non-CE symposium support was at

budget (\$150,000) even though we had two withdrawals and reasons why the CE session topics chosen (7) from the SPC were not at budget are because the topics did not resonate with the grantors.

It was suggested to perhaps re-do the Annual Scientific Meeting proposal selection process. To submit grants for two years out, not necessarily for the next year with a focus on clinical outcomes across the population. Models that work best have a specific effort vs. stand-alone symposia. They are unique, 1.5-2 hours, and offer more point counter-point audience response. The SPC should consider crafting a theme when calling for symposia this year and look for symposia that are highly active, multidiscipline and fit within the theme. It was also suggested to move the focus to smaller industry companies, and if we can incorporate more interventional, multi-approach stimulation symposia we can better approach medical device companies for funding as well.

Lastly, it was suggested to better integrate the exhibit hall into the meeting. Change it from a sales-oriented process to an educational-oriented process or gathering place. Ask the exhibitors to have an education focus, activities that are non-CE in the hall, not necessarily sponsored, but perhaps mentoring sessions or Ted-talk series in the membership booth with one industry speaker and three APS members. Also, similar to poster sessions, the exhibit hall hours are too short. It was suggested to extend the exhibit and poster hours to overlap with education. In addition, APS should sell booths to academic institutions at a reduced rate to help fill the exhibit hall.

The Board requested a proposal for the new exhibit hall for 2015. The PR&D staff will submit an exhibit hall proposal at the next Board meeting.

ACTION: The PR&D staff will submit an exhibit hall proposal at the next Board meeting.

Potential New Initiatives

Mallinckrodt Proposal

Cathy Underwood presented the Mallinckrodt proposal. Mallinckrodt created a Patient Pain Alliance which includes the alliance of patient advocacy groups, professional associations, industry, payers and employers committed to ensuring availability of appropriate medications for the treatment of pain management and restoration of function, and shared responsibility in safeguarding medications. The mission of the Patient Pain Alliance is to represent the rights of people with pain to receive appropriate pain management while striving for restoration of activities of daily living balanced with misuse deterrence. Mallinckrodt would like APS to be the first professional society to endorse and become an initial member of the steering committee.

MOTION: To approve the Mallinckrodt proposal. Seconded, opposed. Motion failed.

Rita Allen Additional Collaboration

Nothing to report.

Pfizer/CO*RE

Ms. Underwood presented the Pfizer's Chronic Pain and Interprofessional Education proposal. Pfizer has a 2 million grant project that is focused on chronic pain, including, but not limited to opioids, with a concentration on interprofessional management of pain. Pfizer initially presented the project to CO*RE, because it presents a natural coalition to address pain care issues. CO*RE voted to not

participate in this project; therefore individual partner organizations of CO*RE are eligible to collaborate with each other and Pfizer on this grant project as the administrative partner.

MOTION: To approve APS participation in the collaboration responding to Pfizer's Chronic Pain and Interprofessional Education proposal. Seconded, opposed. Motion failed.

The board viewed a Ted Talk by TEDx Puget Sound speaker, Simon Sinek, "Start with Why: How Great Leaders Inspire Action." (https://www.youtube.com/watch?v=u4ZoJKF_VuA&sns=em)

Routine Business

Clinical Practice Guidelines Committee

The Committee requested board input on funding for future guideline program. Similar to the Pain Research Fund, the board requested a business plan from the Committee for future funding.

ACTION: Clinical Practice Guidelines Committee to submit a future funding business plan.

E-News

The Committee requested board input regarding *E-News* funding. Since Purdue Pharma is our current funding source for the publication costs associated with *E-News*, and has been scaling back its funding in general, is it time to consider having APS serve as the sole and primary funding source (eliminating pharmaceutical sponsored sources) for *E-News* or perhaps go after multiple sponsors? A single sponsor model is usually not ideal for sponsors, as they lean more toward multi-sponsorship opportunities. It was decided if Purdue's funding goes below the current level, then APS would seek out other funding options.

ACTION: Michael Bourisaw and Randi Romanek are to talk to Purdue regarding this issue and report back on their response.

Advancing the Science of Quality SIG

The SIG requested a motion to approve appointment of a more formal APS task force or committee to update the 2005 QI recommendations. The board requested a count of SIG members to ensure there are still 25 members for this SIG.

MOTION: To approve appointment of a formal APS task force or committee to update the 2005 QI recommendations. Seconded, approved.

ACTION: Dr. Terman to follow-up with Deb Gordon regarding the viability of the SIG; choice is to redefine or sunset. Dr. Gordon is to then follow-up with Carrie Gremer with her decision regarding the SIG and possible next steps for creating the task force.

Ethics SIG

The SIG requested approval of the development of a member survey regarding ethics. The board decided it would like to participate in the development of this member survey, including Ethics Committee members, and only focus on stated Objective (1): To describe member ethical concerns regarding pain research, treatment, policy and education.

MOTION: To create a task force of Ethics SIG, Committee and Board members to create a survey to cover Objective 1. Seconded, approved.

Nursing SIG

The SIG requested continued CE support for their SIG at the Annual Scientific Meeting. It was noted the new SIG CE policy addresses such request. No motion needed.

Executive Session

Dr. Fillingim announced that the board will participate in an Executive Session and the APS staff adjourned for the day at 4:00 p.m. EST.

Wednesday, April 29

WIG Progress to date and update on projects to support the WIG

Each Domain provided a status update and commitment for next period on their Lead measures.

Domain	Recruitment	Retention	Status/Update	Commitments for Next Period (August)
<u>Membership</u>	<ul style="list-style-type: none">Recruitment toolkits for Board, SIGs and faculty members to recruit new members	<ul style="list-style-type: none">Automatic renewals (currently working on for later in the year)	<ul style="list-style-type: none">Developed an online membership recruitment toolkit for use by the Board, volunteer leaders, faculty and the general membership.Created APS14 new member discount code as a targeted discount incentive; tracking results.	<ul style="list-style-type: none">Continue to work on discipline-specific flyers – need to redefine all flyers with “Why”.Need to find the common message among all disciplines, and present that message to each discipline, along with the unique factor for that

Domain	Recruitment	Retention	Status/Update	Commitments for Next Period (August)
			<ul style="list-style-type: none"> • Developing discipline-specific flyers; nursing, psychology and research are completed; the rest in development. These will be added to the recruitment toolkit and used for targeted recruitment efforts. • Completed printing of a new member recruitment poster; sending to volunteer leadership, program directors and CCOE winners to post poster in facility and/or department to encourage membership, and posting to online toolkit. • Updated membership brochure and sent with a cover letter from Roger and mention of the APS14 discount to non-APS member US-based ISAP members. • Sent a recruitment email to non-member poster presenters from Rob Gereau, offering the 14% discount. • Sent a letter via email to all 2014 non-member ASM speakers from Roger, offering 20% off membership; 8 have joined to-date. 	<p>multidisciplinary–ONE MESSAGE</p> <ul style="list-style-type: none"> • Investigate the advantage of an annual renewal date, pro-rate, or option to pay for 3 years that is slightly less than each year by itself.

Domain	Recruitment	Retention	Status/Update	Commitments for Next Period (August)
			<ul style="list-style-type: none"> Retention calls; continuous/monthly and results reports being measured by the Membership Committee. Put a note on the APS website regarding group membership; “for more information contact APS Membership”. 	
<u>Communications</u>	<ul style="list-style-type: none"> Implement web redesign to promote value for a potential member Increase promotion of <i>JOP</i> iPad app Smart Brief 	<ul style="list-style-type: none"> Implement web redesign to increase membership satisfaction <ul style="list-style-type: none"> - Look at member needs survey to make improvements, and use satisfaction scores as baseline Increase PR activities (either per month or per year) to impact awareness of what is offered (value) Increase promotion of <i>JOP</i> iPad app coordinated with Elsevier’s efforts Smart Brief E-news 	<ul style="list-style-type: none"> Scheduled a meeting with Communications Committee and Work Group regarding next steps to review website. Have six months’ worth of data to analyze. Promoted <i>JOP</i> App. Ongoing PR activities with Chuck Weber. 	<ul style="list-style-type: none"> Baseline analytics report. Initial redesign process started.

Domain	Recruitment	Retention	Status/Update	Commitments for Next Period (August)
<u>Research</u>	<ul style="list-style-type: none"> • Publish Research White Paper and send PDF to every “non-member JOP corresponding author” to collect contact information (opt-in) • Send letter to congratulate non-member JOP corresponding authors and invite them to become members • Leverage relationship with Pain Research Forum to attract new members (include JOP papers in our agreement stipulation) • Create Grant funding how-to’s (consult with Linda Porter) • Increase awareness of APS among non-member researchers; help them find APS and want to join because of all the great research benefits APS offers. 	<ul style="list-style-type: none"> • Publish Research White Paper and send PDF to every member. • Issue a press release and tweet detailing it’s availability • Enhance the awareness among APS membership about what APS is doing in terms of research, and how this is a benefit for them. • Create Grant funding how-to’s with (consult with Linda Porter) • Promote the value of APS to scientists by promoting Spring Pain 2015 	<ul style="list-style-type: none"> • Compiled final edits of Research White Paper. • Finished Basic Science recruitment flyer. • Recruited volunteers to write up the top 5 pearls of the NIH Grant workshop; Michael Gold & Pat Dougherty. • Contacted JOP corresponding authors (members and non-members). 	<ul style="list-style-type: none"> • Reach out to current members to make sure everyone invites one more person to join – call to action at Basic Science SIG meeting. • Write-up and package top 5 pearls of the NIH Grant workshop for membership.

Domain	Recruitment	Retention	Status/Update	Commitments for Next Period (August)
<u>Education</u>	<ul style="list-style-type: none"> • Create “top 10 game changers” in pain treatment (w/ Clinical Domain); 	<ul style="list-style-type: none"> • ASM speaker “interviews” post ASM pearls to put on the website or direct to targeted members (a la member spotlight format) • Create “top 10 game changers” in pain treatment (w/ Clinical Domain); • Have a symposium next year (2015) with 4-5 top reputable pain researchers to present on game-changers topic and put on our website; update annually 	<ul style="list-style-type: none"> • Pursuing the following projects: <ul style="list-style-type: none"> ○ Creation of a series of educational products covering significant advances (game changers) in pain along with the Clinical Domain ○ Development of an online repository of ASM speaker slides for member reference and use ○ Creation of a series of interviews with top rated presenters from the ASM to share with members ○ Development of a pain toolkit of resources based largely on the new pain standard from The Joint Commission 	<ul style="list-style-type: none"> • Survey the membership to identify game changers. • Build repository of speaker slides. • Consider requirements for the development of a pain tool kit. • Be in the process of recording ASM “interviews”.
<u>Clinical</u>	<ul style="list-style-type: none"> • Leverage CCOE program/increase visibility of APS • Create “top 10 game changers” in pain treatment (w/ Education Domain) • Obtain funding to publish Clinical 	<ul style="list-style-type: none"> • Create “top 10 game changers” in pain treatment (w/ Education Domain) to increase value to clinicians; • Illustrate monthly cases that APS is 	<ul style="list-style-type: none"> • Presenting CCOE program symposium at ASM. • Creating a survey for current APS members to identify what their top 10 evidenced-based topics are for Game Changers. • Subsequently determine a 	<ul style="list-style-type: none"> • Create a Game Changers survey and provide analytics. • Create resources on the website for patients – coordinate with the website group. • Utilize CCOE awardee expertise for membership.

Domain	Recruitment	Retention	Status/Update	Commitments for Next Period (August)
	Practice Guidelines	evidence based and multidisciplinary – need to show this value <ul style="list-style-type: none"> • Push the use of registries as research tools 	means by which this information can be shared with membership (e.g. Monthly postings). <ul style="list-style-type: none"> • Develop clinically focused symposia for 2015, including a panel of experts to review Game Changers. 	<ul style="list-style-type: none"> • Survey past-applicants asking them why they did not reapply. • Invite current CCOE awardees to exhibit at Palm Springs.
<u>Advocacy</u>		<ul style="list-style-type: none"> • Advocate for patients' access to care i.e. pharmacies who are unable to fulfill their patients' opioid prescriptions; CMS proposed rules for Medicare Part D; etc. • Advocate for implementation of the National Pain Strategy recommendations • PR - Make members (and others) aware of our efforts 	<ul style="list-style-type: none"> • The Public Policy Committee is meeting onsite to discuss the reformulation of the Public Policy Committee. • It is going to focus around 5-7 major issues that the committee will take up. • This will be further discussed at the Incoming Board Meeting on Saturday. 	<ul style="list-style-type: none"> • Assemble small working groups for each of the 5-7 major issues identified.

In light of the smaller attendance at this annual scientific meeting, the board discussed whether or not sessions at the annual meeting should be recorded and how the recordings could be distributed (for money or not). It was suggested to send emails to past-attendees who are not attending this year's meeting, highlighting sessions they are missing and advertising next year's conference. In terms of

advocacy it was suggested to collaborate with patient advocacy groups such as the American Chronic Pain Association (Penney Cowan) and Chronic Pain Research Alliance (Chris Veasley).

The topic of an early career board member was introduced. The board unanimously agreed that early career member input at the board level was important. Discussion ensued whether it should be an early career member on the board or an early career council with a board liaison. The board unanimously agreed to create an early career council with a board liaison. Staff will provide a proposal for an early career council at the next full board meeting.

ACTION: Staff to create a proposal for an APS Early Career Council to present at the August board meeting.

2015 WIG Planning with Budget Implications

The board discussed continuing the Membership WIG for 2015. It was recommended to create a video clip from the president to post on the APS website explaining why APS is so important and what it stands for. This idea generated a larger discussion about the “Why” “How” and “What” of APS in reference to the recently viewed Ted Talk by TEDx Puget Sound speaker, Simon Sinek, “Start with Why: How Great Leaders Inspire Action.” The board unanimously agreed on the following three statements for APS:

- **Why?** Only together can we improve the relief of pain.
- **How?** Through interdisciplinary research, education, treatment, and advocacy.
- **What?** APS Domain committees and programming.

These statements are to be used for future marketing, recruiting and talking points for the Society. The board further brainstormed membership recruitment tactics for 2015. One idea is to contact pain program directors to target fellows during their orientation by allowing an APS member to present during the orientation with a tailored APS message. Another is to target the US members of IASP that are not members of APS (roughly 700-900 IASP nonmembers). Dr. Turner stated she would talk to Executive Director Kathy Kreiter at IASP, and then will follow-up with Ms. Underwood and Carrie Gremer. It was noted APS needs to identify the tipping point for each discipline, and to also target the American Board of Holistic Medicine.

Discussion then focused on the current and future relationship with APS’s industry partners. Part of APS’s mission and goal with industry is to inform them what the current and impending problems are with pain and respective pain products. If APS neglects to talk and work with industry because of perceived influence, APS ultimately loses the ability to help inform industry regarding what the pain and pain product problems are. It was stated APS needs to be more explicit in the way APS articulates the role of industry. The board then discussed possibly shifting the cost of APS membership from income levels to an alternative method. No decision was made on changing the APS membership cost structure. Lastly, the board requested a list of people who have been past board members and committee chairs in order to personally encourage them to recruit nonmembers to join APS.

ACTION: Staff to supply the board with a list of past board members and committee chairs.

Wrap-Up

Outgoing Board Member Recognition

Dr. Fillingim recognized Drs. Farrar and Lebovits with plaques for their contributions to the board, and thanked Drs. Sluka and Manworren for their continued service to the incoming board.

Motion to Adjourn

MOTION: To adjourn the meeting. Seconded, passed. Meeting adjourned at 11:40 AM EST.