



RESEARCH  
EDUCATION  
TREATMENT  
ADVOCACY

**Board of Directors 2014 Mid-Year Meeting  
November 6 and 7, 2014  
Association Management Center  
Chicago, IL  
Call-in Number: (866) 740-1260; Access Code: 1906209#**

***Draft Minutes***

**Participants**

Gregory Terman, MD PhD  
Roger Fillingim, PhD  
David A. Williams, PhD  
Kathleen Sluka, PT PhD  
Michael Gold, PhD  
Robert Edwards, PhD  
Robert Gereau, PhD  
William Maixner, PhD DDS  
Renee C.B. Manworren, PhD APRN-BC PCNS-BC  
Edward Michna, PharmD MD JD  
Timothy Ness, MD PhD  
Tonya Palermo, PhD  
Mark Wallace, MD

**Staff**

Catherine Underwood, MBA CAE  
Steve Biddle, MEd  
Jennifer Reinard (by phone)  
Carrie Gremer  
Amanda Belknap  
Amanda Pairitz, MPS  
Cynthia Porter  
Cassie Corvo  
Randi Romanek  
Emily Petraglia  
Jacky Liston  
June Pinyo

**Guests**

Chris Dill  
Ryan Fitzgerald  
Paula Goedert  
Chad Porter  
Chuck Weber

**Excused**

Laura Frey Law, PhD PT

***Thursday, November 6, 2014***

**Call to Order and Approval of Agenda**

The meeting was called to order at 8:28 a.m. Central. Introductions were made. Michael Gold is the new IASP liaison since Judy Turner is now the President of IASP.

*(Jennifer Reinard joined the meeting by phone)*

**Changes in Disclosure and Confidentiality and Conflict of Interest**

No changes were noted to the conflict of interest grid.

**Consent Agenda**

*August Minutes*

*August Financial Statement*

*2013 APS Tax Returns*

*Committee/SIG Reports (no action requested)*

The consent agenda was reviewed.

**MOTION:** To approve the consent agenda. Seconded, passed.

### **May Messaging Discussion Continued**

The board continued their messaging discussion from the 2014 annual board meeting.

Approach is to focus on one or two primary goals.

#### **A. Where we left off in May 2014**

Discussion resumed about the newly developed APS statement “Only together can we improve the relief of Pain”.

#### **B. 2014 Wildly Important Goal**

*Review goal and results to date*

Gremer provided a review of the WIG goal and results to date. WIG is to increase APS membership from 2,200 to 2,400 by YE 2014. To date membership is at 2,028, retention is 72% and total new members recruited are 331. It was noted to perhaps continue to partner with other sister associations (similar to the work with ASPMN) and dedicate slots at the Annual Scientific meeting for these other organizations to help recruit more members. Additionally, it was suggested to perhaps target one group or discipline at a time. For example, target the nursing or dental discipline over the next year to help increase membership.

#### **C. A new look at Member Survey Results**

Fitzgerald and Weber presented a new look at the summer 2013 member survey results. There were two critical takeaways. One, membership in APS is not a ‘must-have’ for pain clinicians and researchers. Second, highest perceived value from APS membership is from educational activities and networking. Both of these takeaways provide an opportunity to become a ‘must-have’ organization by merging the clinical experience with science.

### **Homework Report Out**

Each board member reported out on their homework assignment which was to answer the following questions:

- What has membership in APS been worth to you professionally?
- What is the value?
- Can it be quantified?

*See Appendix A.*

### **Breakout Session**

The board divided into three different groups to answer the following questions:

1. *What did your world look like when you joined & what were you looking for (WIIFM)*
2. *What does your world look like NOW & what are you looking for?*
  - *How has APS been the answer to your professional needs?*
  - *How/has it changed?*

### **Reports and Discussion**

**A.** Each group presented their responses. *See Appendix B.*

#### **B. Feedback received from Early Career Professional Survey**

Pairitz provided an update on the Early Career Professional Survey. A survey was sent to 180 early career members. Of the 32 who responded, it was unanimously reported that APS has helped these individuals the most by providing networking opportunities and travel to the Annual

Scientific Meeting. Due to the low response rate, the board requested that the survey be sent out again.

### **C. What does it mean to APS and its future?**

Discussion ensued regarding what all of this information means to APS and its future.

Networking is extremely important, especially supporting the early career members. It was noted that we need to look at opportunities to extend networking beyond the Annual Scientific Meeting in order to maintain the 'community' all year round. Some suggestions included:

- A virtual journal club
- Host an APS reception at our sister organizations, national meetings and regional societies
- Need to articulate who we are and that we are not going to be anyone else.
- Identify what the physicians want and better determine what information APS can provide for them to take to their daily practice, patients, and educational materials. If we can help physicians survive then we will be of more value to them. There is also an opportunity to reach out to NNP's, too.
- Help clinicians with third party payers who are a major stressor on clinicians.
- Need to highlight our leadership on the National Pain Strategy.

It was noted that we need to add member benefits and value in addition to the Journal and Annual Scientific Meeting.

## **2015 WIG**

### **A. Review Four Disciplines of Execution**

Underwood provided a review of the Four Disciplines of Execution. She stressed the need to focus on choosing something that is predictive and within our control. People can choose to join or not which means that it might not have been the right goal. It was agreed that the membership WIG should be a two year goal and be extended to 2015.

### **B. Discussion and next steps**

The board discussed what it is about APS membership that makes it important. It was agreed that it's not just revenue; the APS community is the most important thing. It was suggested that we do more outreach to other organizations to make them aware of APS and all that we are doing. It was stressed that we do not want to just get members to get members; we want to get members that care about pain. It was suggested that going a multidisciplinary route will also help with physician burnout. We need a goal that is more specific that helps us embrace the APS mission. We also need to work on the "Why".

The following ideas for next steps were suggested:

- Get the message out to the mentors (member and non-member) in order for them to help get the word out to their mentees to join APS.
- Target fellowship program directors and give them a complimentary registration for the annual meeting and follow-up with each individual stressing the importance and value of APS membership.
- Require APS membership for the Rita Allen grant. Sluka agreed to talk to the Rita Allen Foundation representatives to pursue this option.
- Go after the few top pain leaders who are not APS members and ask them why they are not members and then ask them to rejoin/join.

The board unanimously agreed to continue their commitment to increase the APS membership and grow the community for 2015.

## Executive Session

The board went into Executive Session at 3:30 p.m. Central.

## Routine Business

### A. Committee/SIG Reports for Board Action

- i. Clinical Centers of Excellence Review Committee  
**MOTION:** To approve webinar series. Seconded, motion failed.  
The board requested that the committee start with the live recording at the 2015 Annual Scientific Meeting and then perhaps have a Q&A session in a booth in the Experience Exchange. If it generates more applications then a webinar series can be considered at a future date.
- ii. Clinical Practice Guideline Committee  
The Clinical Practice Guideline Committee requested guidance on options for pursuing an Opioid Guideline update. The board unanimously agreed there is no need for a revision of the opioid guideline at this current point in time. It was noted the CDC is doing their own guideline alone and that Underwood is to reach out to new CDC contact to see if there is any possibility to partner. Terman will assist if needed. In addition, the board stated they would be happy to hear from the committee's reasoning for updating the guideline now. Lastly, it was suggested that it would be helpful to reconvene the Clinical Domain Committee to discuss the future of the CPG committee and the activities of the clinical domain going forward.
- iii. Communications Committee  
An overview presentation of the website redesign was provided.  
**MOTION:** To approve making the Website Content Workgroup a standing Website Committee. Seconded, approved.
- iv. Journal of Pain  
**MOTION:** To approve an additional \$2,500 for 2015 budget to purchase one updated laptop and accommodate an editorial office employee pay raise. Seconded, approved.  
  
AAPT proposal  
**MOTION:** To approve a letter to send to Elsevier requesting that Elsevier provide a reduced rate for publishing a supplement that reflects the American Pain Society's co-sponsorship of ACTION-APS Pain Taxonomy (AAPT). Seconded, approved.
- v. Public Policy Committee  
**MOTION:** To approve an annual retreat during the SPC and travel for outreach and engagement. Seconded, motion failed.  
The board instead agreed to provide the Public Policy Committee two hours for a meeting at the 2015 Annual Scientific Meeting.
- vi. Advancing the Science of Quality SIG  
**MOTION:** To approve appointment of a task force and \$500 fee for statistician. Seconded, motion failed.
- vii. Basic Science SIG

**MOTION:** To approve complimentary 2016 registration for 2015 data blitz recipient. Seconded, approved.

viii. CAM SIG

**MOTION:** To approve the initiation of the “Junior Investigator in CAM Research” award and support two award plaques and two certificates of award. Seconded, approved.

ix. Psychosocial Research SIG

**MOTION:** To approve \$250 prize for student award. Seconded, motion failed. Board liaison is to communicate with the SIG chair to model a request like the CAM SIG; perpetual award and certificate. Get SIG policy re financial request from Gremer and monitor future SIG proposals.

x. Midwest Pain Society

**MOTION:** To endorse the Midwest Pain Society 38<sup>th</sup> Scientific Meeting. Seconded, approved.

**MOTION:** To approve \$2,000 annual grant (2014). Seconded, passed.

xi. Eastern Pain Society

**MOTION:** To endorse the Eastern Pain Society’s Annual Scientific Meeting. Seconded, approved.

**MOTION:** To approve unbudgeted \$2,000 annual grant (2014). Seconded, passed. It was noted to discuss these components at a future meeting.

### **2017 Annual Scientific Meeting Site Selection**

Dylkiewicz presented the 2017 Annual Scientific Meeting site selection. No selection was made. The board requested that Pittsburgh be left on the table and continue to look for other sites, regardless of geographic area. It was noted if we want to leave Pittsburgh on the table the board needs to make a decision by the end of the year. Staff will circulate another selection to the Executive Committee for consideration.

### ***Friday, November 7***

*Chad Porter and Chris Dill joined the meeting.*

### **Finance & Operations Domain**

#### **A. 2013 Financial Audit Presentation**

Chad Porter presented the 2013 financial audit report. The audit report received a clean opinion. Regarding the Dreams Campaign, contributions for the campaign fund have been classified as temporarily restricted net assets based upon donor-imposed restrictions until appropriated for expenditure in accordance with accounting principles generally accepted in the United States of America. The Society has restated its net assets as of December 31, 2012 and 2011 to properly reflect the classification of net assets associated with the Dreams Campaign Fund. The Society had previously reflected a portion of donor contributions as permanently

restricted net assets, with the related investment income being classified as temporarily restricted. Since donors had not imposed permanent restrictions on these funds, the Society has reclassified these net assets as temporarily restricted and the related investment income as unrestricted. The Society intends to release the temporarily restricted net assets when the funds are expended for the donor-stipulated purpose, in accordance with accounting principles generally accepted in the United States of America. It was noted that a policy for the campaign should be established, and then once this is in place, APS can allocate these funds (Dreams Campaign and the Pain Research Fund) accordingly.

**MOTION:** To approve the 2013 Audit. Seconded, approved.  
*(Chad Porter left the meeting)*

#### **B. Investment Report**

Chris Dill reported on the APS investment portfolio through Northwestern Mutual Financial Services. Dill reviewed the four APS accounts: Long Term, Intermediate, Cash, and Board Designated. Dill focused majority of his discussion on the European recession. It was suggested that we keep the portfolio as is.

*(Chris Dill left the meeting)*

#### **C. 2014 Financial Forecast as of the third quarter**

Williams provided an update on the 2014 financial forecast of the third quarter. It was noted our three major sources of revenue (Membership, Annual Scientific Meeting, and Journal of Pain) are all below budget, reflecting a negative forecast as of the third quarter. The board was given three options to think about as we consider the 2015 budget: to bolster membership, create new revenue producing products/services, or scale back on programs.

#### **D. Pain Research Fund**

Fillingim provided an update on the Pain Research Fund.

Terri Taylor joined the meeting and presented the new Pain Research Fund logo. The board requested that we change the picture of the child to enhance potential donor empathy.

*(Terri Taylor left the meeting)*

#### **E. Chronic Pain Research Network Proposal**

The Chronic Pain Research Network proposal was presented. APS was asked if it would endorse their People's Campaign for Preventing Chronic Pain. APS in exchange for endorsement would have a representative on their campaign board. There was board consensus that APS should keep in contact with this group moving forward, but they requested additional information for endorsement consideration. Fillingim agreed to contact Jim Frickman for more information and will share it at the next scheduled board meeting.

**MOTION:** To approve to continued dialogue with the Chronic Pain Research Network. Seconded, approved.

#### **F. 2015 Budget Overview**

##### **i. AMC Compensation for Services to APS**

Scott Engle presented the AMC Compensation for Services to APS sheet to the board. The sheet includes an outline and detail breakdown of all fees APS pays to AMC. There was a discussion around the board's concern about AMC's IT and the APS website. It was noted that AMC is upgrading to the next Personify version in 2015,

improving the shopping cart experience for the online stores and the “hooks” that go back and forth between the websites on the back-end that create experience for the end user. AMC is also embarking on widgets and business intelligence. The Creative Media Services (CMS) is venturing into new areas of video, and is currently educating designers on video and search engine optimization abilities, to make our clients’ website the number one hit. The website analytics will be much better from page to page and CMS has also added new team members to the website team for responsive design. Engle is to send example website redesign links to Sluka for review. It was also noted that the usernames and passwords are difficult to use on the current website. It is not smooth, and one has to login multiple times. Engle will see if he can get temporary ids and website names for Sluka and Palermo. AMC will also start piloting automatic dues renewal in December. Lastly, it was requested that we add the last five years of the AMC budget to the column on the far right of the presented document.

ii. 2015 Annual Scientific Meeting Changes

Underwood presented the 2015 Annual Scientific Meeting changes. Fundamentals are currently sponsored by Depomed and Zogenix to host 50 attendees. APS has sold four out of the five town halls available.

iii. APS Operations & Work Plan

The 2015 budget was reviewed by the Finance Committee and presented to the board. The overall budget projected a deficit of (\$110,577). Operations are budgeted for deficit of (\$82,169). The Work Plan is budgeted for a deficit of (\$28,408). Discussion ensued regarding the Pain Research Forum proposal. The decision to not fund the Pain Research Forum proposal for 2015 was agreed upon since APS is having a hard financial year. The board unanimously agreed they need to be financially stable prior to supporting an additional line item.

**MOTION:** To approve the 2015 budget, without the Pain Research Forum proposal. Seconded, approved.

The board subsequently requested staff to restructure the budget to include the pain research forum in the 2015 budget, if possible.

## **Opportunities for 2015 - discussion**

### **A. Domain initiatives – review & focus**

Each mission domain chair reported on opportunities for 2015 within their domain.

**Education:** Currently, all models of education include the multidisciplinary scope. Ideas for 2015 include an online journal club, CCOE best practices statements, and additional webinars. The domain is open to board direction and asked for guidance on what they could do with the content discussed at Fundamentals and the PCPC meeting. It was suggested to offer more PCPC courses as there is a need for this education with the possibility of gaining members. It was also suggested to possibly partner with ASPMN to focus on nurses. Other groups to focus on included primary care and people with pain.

The Balanced Approach to Pain Management proposal was presented. APS has been approached by Penny Cowan, executive director of the American Chronic Pain Association to co-host a Community Education Day at the 2015 Annual Scientific Meeting. Discussion ensued.

**MOTION:** To approve the Balanced Approach to Pain Management and \$750 for AV costs. Seconded, approved.

**Clinical:** The clinical domain chairs asked for direction from the board. It was suggested that a task force be created to begin thinking on how to restructure the clinical domain, and to include the CPG and CCOE chairs as well as David Tauben and Jessica Merlin (Primary Care SIG Chairs) to represent primary care physicians in the discussion.

**Research:** The research agenda white paper has been published, and is available via open access and Weber is working on a press release. It was noted that the Future Leaders Grant program can be leveraged as a marketing opportunity to partner with a foundation or other individual in 2015. It was suggested that we compare an applicant list against the membership database for touch points to non-members.

**Advocacy:** Six workgroups were created. All but two of the working groups align with the National Pain Strategy. For example, the Medical Marijuana (Pain and Marijuana) work group is working on an evidenced-based recommendation, and the Opioid REMS group is defining their scope in a broad sense. It was requested that we add pediatric issues to both of these work groups.

## **Opportunities for 2015 – discussion continued**

### **A. National Pain Strategy**

The National Pain Strategy is under review for approval. Estimated release is after the first of the new year, 2015.

### **B. PCORI partnership**

Boston Strategic Partners invited APS and Chris Veasley, Executive Director of the Chronic Pain Research Alliance to participate in a PCORI grant. Both APS and CPRA accepted the offer. The grant has been submitted and we are awaiting a response.

### **C. CO\*RE – Revised Mission Statement**

*The mission of CO\*RE is to promote individual and population health and public safety through timely, evidence-based, outcome-oriented and interprofessional education related to the comprehensive management of pain, addiction and their co-morbidities.*

**MOTION:** To approve the revised CO\*RE mission statement. Seconded, approved.

## **Setting Direction for 2015 (Focus)**

The board unanimously agreed to continue the membership WIG through 2015, and consider a second sub-wig. Each board member was asked to create an APS slide for inclusion in their presentation deck when asked to speak at other meetings. In addition, each board member is to send a list of five colleagues' names that they have not seen at an APS meeting in a while to the national office. Staff will check their membership status and if they are not a member the board member will reach out to them to share how APS has changed.



**Wrap-up**  
**Motion to Adjourn, seconded, approved. At 3:09**