

**Interagency Pain Research Coordinating Committee Teleconference Minutes
June 28, 2012: 1:00 – 2:30 p.m.**

Attendees

IPRCC members (including ex-officio): Story Landis, Chester Buckenmaier III, Alex Cahana, Terrie Cowley, Ronald Dubner, Elizabeth Gilbertson, Patricia Grady, Cannen Green, Chad Helmick III, Audrey Kusiak, Sean Mackey, Christine Miaskowski, Michael Moskowitz, Wally Smith, Tina Tockarszewsky

NIH staff Paul Scott, Amy Adams, Linda Porter, John Kusiak, Dave Thomas, Riju Srimal

Other: Sandrine Pirard (representative from the Substance Abuse and Mental Health Services Administration - SAMHSA)

Welcome and Overview: Brief background and purpose of portfolio analysis

Story C. Landis, Ph.D. (Chair, IPRCC and Director, NINDS)

Dr. Landis welcomed members of the IPRCC and the public to the teleconference call and provided a brief overview of the federal pain portfolio analysis process. She noted that the portfolio analysis will address two of the Affordable Care Act-mandated goals of the IPRCC, namely to identify gaps in basic and clinical pain research and make recommendations to avoid duplication in federally funded pain research. She reminded members that a brief summary of the federal pain portfolio was presented at the inaugural IPRCC meeting held in March 2012. Based on discussion at the meeting, NIH staff created an initial list of pain topics incorporating feedback from the other federal agencies and the IPRCC working group. Dr. Landis mentioned that the list is meant to define broad, non-overlapping research categories that can be revisited and expanded at a later stage if needed. Moreover, the list does not include disease-specific categories since that could complicate analysis and distract attention from major gaps and opportunities common to the field of pain research and care. Once the list is approved by the full IPRCC, it will be sent to the agencies in July, and the completed portfolio analysis will be sent to the IPRCC in early October in time for the committee's next meeting on October 22, 2012.

Approval of minutes from Inaugural Meeting and announcement of NIH Director's approval of the election of Dr. Landis as IPRCC Chair

Paul Scott, PhD (Designated Federal Officer, IPRCC and Director, Office of Science Policy and Planning, NINDS)

Dr. Scott noted that edits to the IPRCC Inaugural Meeting minutes had been incorporated and requested approval of the minutes. He also announced that on June 4, 2012 the NIH Director approved Dr. Story Landis's election as IPRCC chair.

Guiding principles and considerations for draft list of research topics

Linda L. Porter, Ph.D. (Program Director, NINDS)

Dr. Porter provided an overview of how the research category list for the portfolio analysis was developed. A working group of NIH Pain Consortium members compiled an initial list of topics by revisiting areas identified during an earlier pain portfolio analysis and surveying preliminary

portfolio information provided by federal agencies, language from an omnibus pain funding opportunity announcement, and areas highlighted by the IOM pain report. The members then incorporated feedback from the entire NIH Pain Consortium and other IPRCC federal agencies. Dr. Porter noted that the portfolio analysis was structured to have a broad tier I division of basic, translational, and clinical pain research, followed by a tier II division of defined non-overlapping topic areas, which would include budget information. Finally, certain categories will include expansion lists to capture more detailed information about grants, but budget information would not be available at this level. Dr. Porter also highlighted examples of edits that were made to research categories based on feedback from the IPRCC working group.

Feedback on list of pain research topics

IPRCC

Following Dr. Porter's overview, Dr. Landis asked IPRCC members to provide their feedback on the general category development process or on specific categories. Col. Buckenmaier suggested separate categories for analgesic and device development based on differences in the development processes for the two and including therapy delivery systems within the device development definition.

Ms. Gilbertson inquired whether population health management tools such as pain registries would be included within the "Pain outcomes as tools for decision making" category and was informed by Dr. Porter that pain registries will be included in a separate category on "Development of informatics, data bases, and information technologies as tools for pain research". Col. Buckenmaier emphasized the Department of Defense's interest in this area and their work on developing a DoD-VA registry with a large database on outcomes. Dr. Landis noted that this topic of research may potentially be a gap area.

In reference to a number of categories addressing health disparities, women's health, gender differences, and unique populations, Dr. Green provided specific comments regarding inclusion of socio-economic status and minority health research within the definitions, and she mentioned that the categories highlight a broad opportunity for research across the lifespan. She also suggested including structural barriers to care as a research area within the "Health care utilization" category.

Ms. Cowley asked for clarification on the "pain and women's health research" category definition and asked whether bioinformatics systems would be included under the "development of informatics, databases, and information technologies as tools for pain research" category. Dr. Pirard raised a potential gap area of prescription drug abuse during pregnancy and asked for clarification of the "pain and other non-pain co-morbidities" category definition.

Col. Buckerunaier raised the issue of best practices in pain care and credentialing new pain therapies. Dr. Landis agreed that these were very important non-research areas of focus and could be addressed under the "pain education (for healthcare providers)" category. Dr. Dubner pointed out that these were issues common to most diseases and disorders, not just pain and Ms. Cowley highlighted issues regarding pain therapies for temporomandibular joint disorders.

The IPRCC approved the list of pain research categories including edits discussed during the meeting. Dr. Landis informed the committee members that the approved list would be shared with the IPRCC federal agencies to begin their portfolio analysis, the results of which will be sent to the IPRCC working group in early September and to the full committee in early October, in advance of the IPRCC meeting on October 22, 2012.

Science advances-next steps

Story C. Landis, Ph.D. (Chair, IPRCC and Director, NINDS)

Dr. Landis reminded committee members that the Affordable Care Act mandates the IPRCC to develop a summary of advances in pain care research supported or conducted by federal agencies. She requested thoughts on how the summary may be developed and laid out a possible approach where committee members nominate science advances from the past three years and then vote on the top advances during the next IPRCC meeting. Dr. Landis proposed that the summary be updated every year and made available to the public by highlighting advances on the IPRCC website. A preliminary list of pain advances, which were collected prior to the inaugural meeting, will be shared with the federal agencies for updates and additions.

Discussion of potential agenda items for October 22, 2012 IPRCC meeting

Story C. Landis, Ph.D. (Chair, IPRCC and Director, NINDS)

Dr. Landis informed members that based on everyone's availability, the next in-person IPRCC meeting is scheduled for October 22, 2012. She said that while presentation of the federal pain portfolio analysis and selection of scientific advances would be major focus areas of the meeting, other potential agenda items included a presentation of the 2010 DoD-VA Pain Management Task Force Report *Providing a Standardized DoD and VHA Vision and Approach to Pain Management to Optimize Care for Warriors and Their Families* and a brief update on the effort to include disparities in pain research in the upcoming 2012 Department of Health and Human Services Summit on the Science of Eliminating Health Disparities. She then requested ideas and suggestions for additional meeting agenda items.

Dr. Dubner reminded everyone that the distribution of grants might be uneven across the research categories and further analysis to identify gaps and areas of duplication may be needed. Dr. Landis added that the IPRCC working group could begin to identify such gaps when they receive the portfolio analysis results in early September.

Dr. Thomas suggested inviting Dr. Lynn Webster from the American Academy of Pain Medicine and Program Chair of a safe opioid prescribing course to give a presentation at a future IPRCC meeting. Dr. Green and Dr. Pirard suggested the recently released SAMHSA Treatment Improvement Protocol (TIP 54) titled *Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders: TIP 54* could be a potential IPRCC meeting presentation item. Dr. Mackey inquired about including a presentation from the Center for Scientific Review (CSR) since the 2011 Institute of Medicine pain report *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* specifically highlighted scientific review of pain grants. Dr. Landis informed Dr. Mackey and the other IPRCC members that NIH

was beginning a pilot analysis of pain grant review and a representative from CSR would be invited to speak at a future IPRCC meeting once a new CSR Director had been appointed.

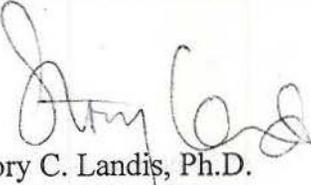
Adjournment

Story C. Landis, Ph.D. (Chair, IPRCC and Director, NINDS)

Dr. Landis thanked everyone for their time and participation and adjourned the meeting at 2:30pm.



Paul A Scott, Ph.D.
Director, Office of Science Policy and Planning, NINDS
and
Designated Federal Official, Interagency Pain Research Coordinating Committee



Story C. Landis, Ph.D.
Director, NINDS
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