

Update on the Nationwide Strategic
Plan on Pain:
IOM Recommendation 2.2

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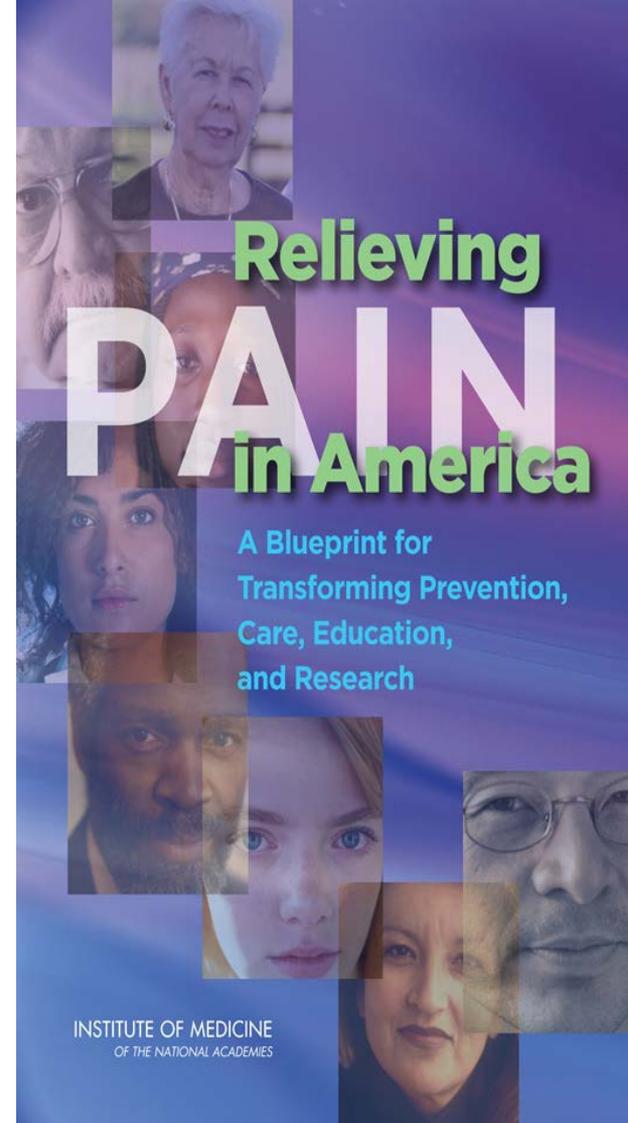
Charge to the IPRCC from HHS

- October of 2012, Assistant Secretary for Health, Dr. Howard Koh.
 - Charged IPRCC to create a comprehensive population health level strategy for pain prevention, treatment, management, and research. Institute of Medicine (IOM) Report: *Relieving Pain in America Recommendation 2-2*
- IPRCC's Oversight Group charged with addressing the development of the strategy



Institute of Medicine: **Relieving Pain in America** *A Blueprint for Transforming Prevention, Care, Education, and Research*

IOM Committee on Advancing Pain Research, Care, and Education
Board on Health Sciences Policy



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PUBLIC HEALTH SIGNIFICANCE OF PAIN

- Scope of problem
- Demographic groups and special populations that are disparately undertreated for pain
- Economic costs
- Prevention

Public health is what we, as a society do collectively to assure the conditions for people to be healthy.

—IOM, 1988, p. 19



Pain as a Public Health Challenge

Findings

- **Pain is a public health problem**
 - Affects at least 100 million American adults*
 - Costs society \$560–\$635 billion annually
 - Federal and state costs almost \$100 billion annually
 - Reduces quality of life

* Doesn't include pain in children or people in long-term care facilities, the military, or prison



Pain as a Public Health Challenge

Findings

- ***Finding 2-2. More consistent data on pain are needed to:***
 - Monitor changes in incidence and prevalence
 - Document rates of treatment and under treatment
 - Assess health and societal consequences
 - Evaluate impact of changes in policy, payment, and care

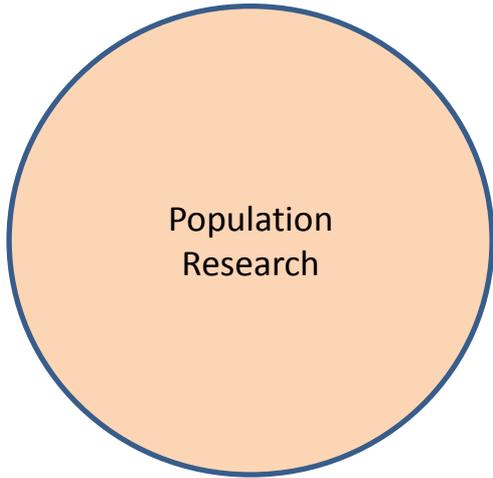


Pain as a Public Health Challenge

Recommendation

- ***Recommendation 2-1: NCHS, AHRQ, other federal and state agencies, and private organizations should improve the collection and reporting of data on pain***
 - Incidence and prevalence
 - Interference with activities of daily living, work, disability
 - Utilization of clinical and social services
 - Costs of pain and pain care
 - Effectiveness of treatment





Population
Research

Disparities in Prevalence and Care in Selected Populations

- Having English as a second language
- Race and ethnicity
- Income and education
- Sex and gender
- Age group
- Geographic location
- Military veterans
- Cognitive impairments
- Surgical patients
- Cancer patients
- The end of life.



Importance of prevention

- Pain prevalence could be reduced as a consequence of public health initiatives aimed at:
 - Preventing chronic disease, injuries, violence
 - Promoting health weight and dental care
- Specific prevention approaches to pain could include:
 - Conditions in work environments that contribute to back injuries
 - Use of safety equipment to reduce sports injuries
 - Developing community understanding of nature of pain
 - Organizational, professional and personal actions to protect health
- Approaches should involve people in multiple sectors

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Finding 2-3. A population-based strategy for reducing pain and its consequences is needed.

A comprehensive and coordinated strategy would:

- Encourage and foster the prevention of pain;
- Heighten national concern about pain as a health care quality and safety issue;
- Use public health communication strategies to ensure that patients understand their role in managing their own pain;
- Identify and attempt to remediate relevant environmental factors, especially those that adversely affect children and start them on a path to chronic pain as adults; and
- Inform members of the public about what chronic pain is, how they can help loved ones who have it, and how they may be able to help prevent it for themselves and others.

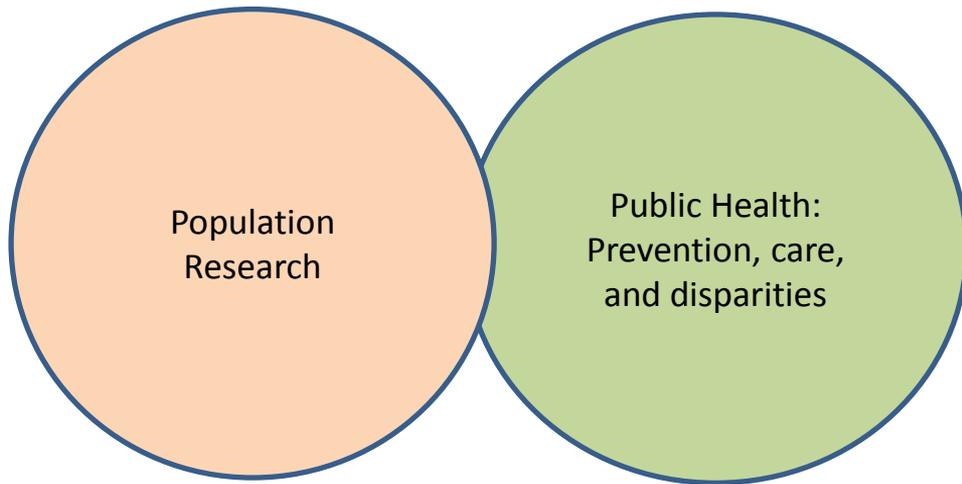


Pain as a Public Health Challenge

Recommendations

- **2-2. HHS Secretary should create a comprehensive population-level strategy for pain prevention, treatment, management, and research**
 - Describe coordination of efforts across public and private sector
 - Include agenda for developing research
 - Improve pain assessment and management programs
 - Proceed in cooperation with Interagency Pain Research Coordinating Committee and the NIH Pain Consortium and reach out to private-sector participants as appropriate.
 - Include ongoing efforts to enhance public awareness of chronic pain





Population
Research

Public Health:
Prevention, care,
and disparities

Care of People with Pain

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Care of People with Pain

Findings

Finding 3-1: Pain care must be tailored to each person's experience

- Pain management takes place through self-management, primary care, specialty care, and pain centers.
- Individualization of pain management is necessary throughout the health care system.
- Health care providers need to foster pain care that is patient-centered and, when necessary, comprehensive and interdisciplinary.
- Financing, referrals, records management need support this flexibility

•Significant barriers to adequate pain care exist

- Gaps in knowledge and competencies for providers
 - Inadequacies in subspecialty training
- Systems and organizational barriers



BARRIERS TO EFFECTIVE PAIN CARE

- Patient-level barriers
 - Awareness of pain
 - Insurance coverage
 - Concern of opioids use and addiction
- Clinician-level barriers
 - Evidence-based guidelines on assessment and treatment
 - Adequate pain education
 - Clinician collaboration
 - Policies on appropriate use of opioids
 - Insurance coverage
- System-level barriers
 - Institutional
 - Educational
 - Organizational
 - Reimbursement-related



Care of People with Pain

Recommendations

- **3-1. Health care provider organizations should promote and enable self-management of pain as the starting point of management**
 - Develop educational approaches and culturally and linguistically appropriate materials to promote and enable self-management
- **3-2. Population strategy should include developing strategies to overcome barriers to care**
 - Strategies should focus on ways to improve care for populations disproportionately affected by and undertreated for pain
- **3-3. Health professions education and training programs, professional associations, and other groups should provide educational opportunities in pain assessment and treatment in primary care**
 - Education should improve knowledge and skills in pain assessment and treatment

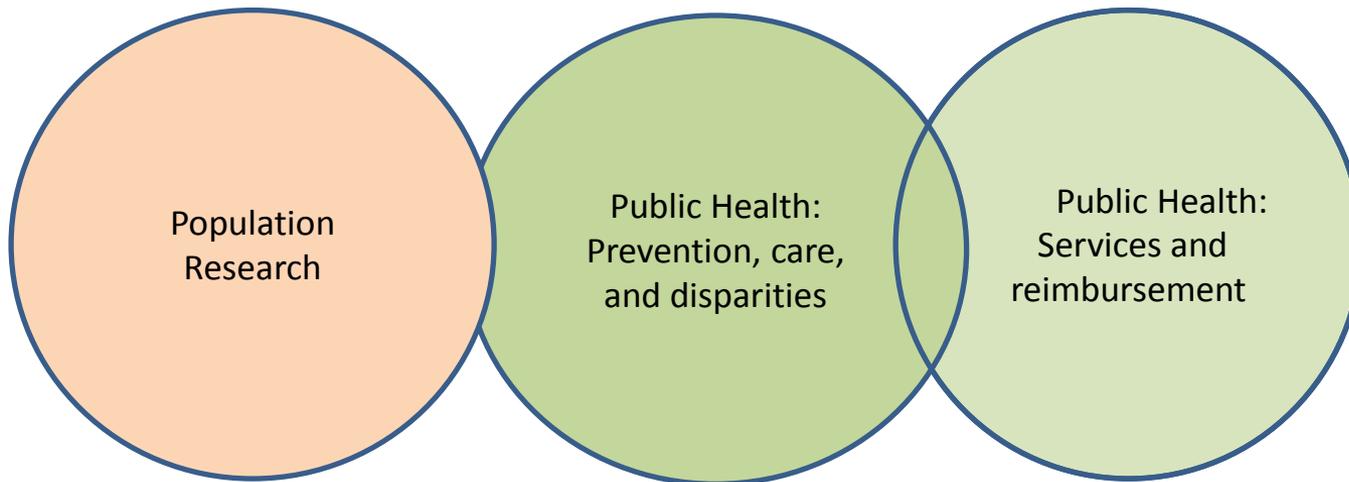


Care of People with Pain

Recommendations (continued)

- **3-4. Pain specialty professional organizations and primary care professional associations should support collaboration between pain specialists and primary care clinicians, including greater proficiency by primary care providers along with referral to pain centers when appropriate**
- **3-5. Payers and health care organizations should revise reimbursement policies to foster coordinated and evidence-based pain care**
- **3-6. Health care providers should provide consistent and complete pain assessments**





Population
Research

Public Health:
Prevention, care,
and disparities

Public Health:
Services and
reimbursement

Pain Education

Education, Education, Education. Educate more physicians on proper diagnosis and proper pain management. Educate the person living with pain and their family on addiction versus physical dependency and proper storage of medication. Educate the public and press about the realities of pain medication and people living with pain.

—A person with chronic pain



Education Challenges Finding

- ***Finding 4-1. Education is a central part of the necessary cultural transformation of the approach to pain.***
 - The federal, state and local government and professional organizations are in a position to contribute to substantial improvements in patient and professional education



Education Challenges

- Broad improvements in education are needed regarding
 - The multiple causes and effects of pain
 - The range of treatments available
 - The need to consider chronic pain as a biopsychosocial disorder
- Education efforts should be directed to
 - People with pain
 - General public
 - Health professionals

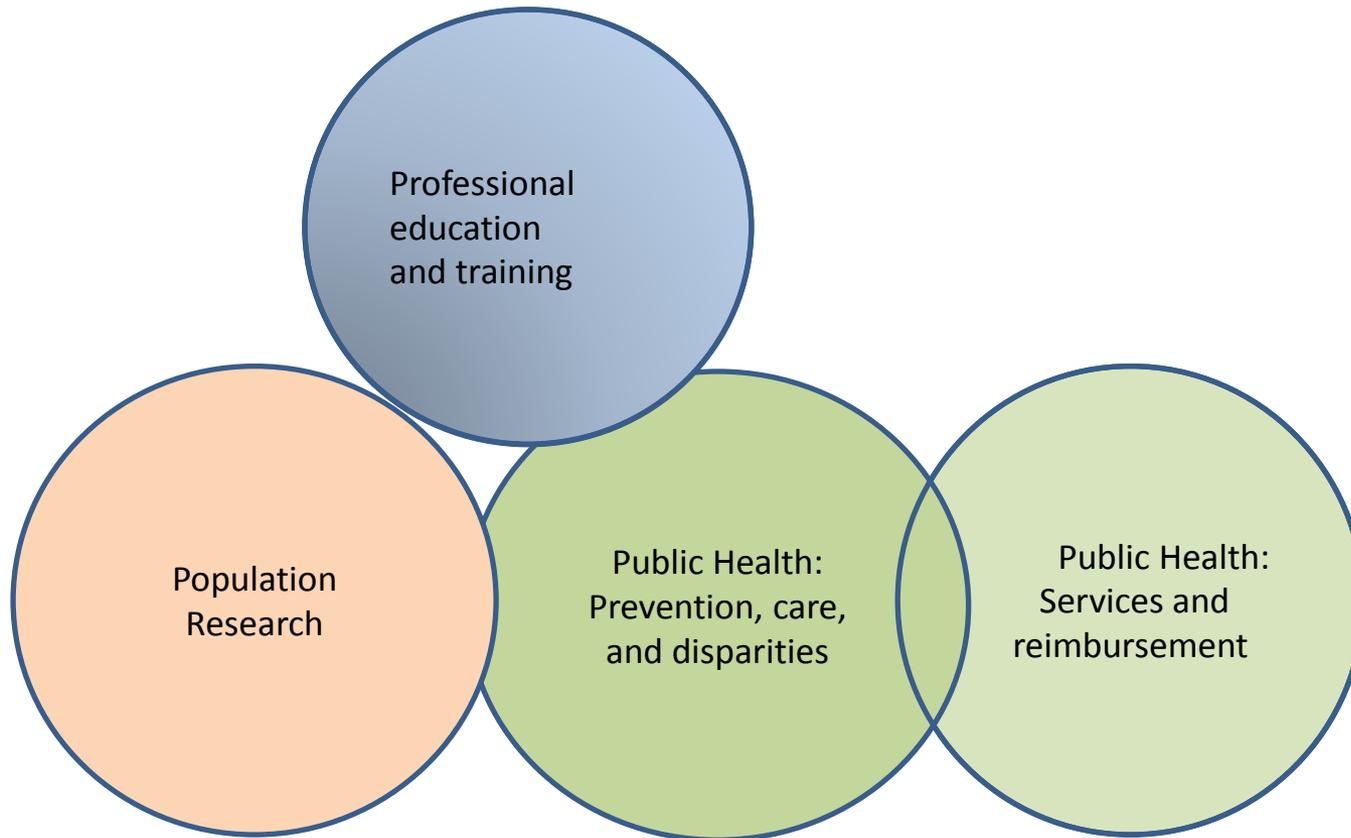


Education Challenges

Recommendations

- **4-1. Federal agencies and other stakeholders should expand and redesign education programs to transform understanding of pain**
In concert with Recommendation 2-2, these entities should develop education programs for patients, the public, and health care providers
- **4-2. CMS, HRSA, accrediting organizations, and undergraduate and graduate health professions training programs should improve curriculum and education for health care professionals**
- **4-3. Education programs for health professionals should increase the number of health professionals with advanced expertise in pain care**



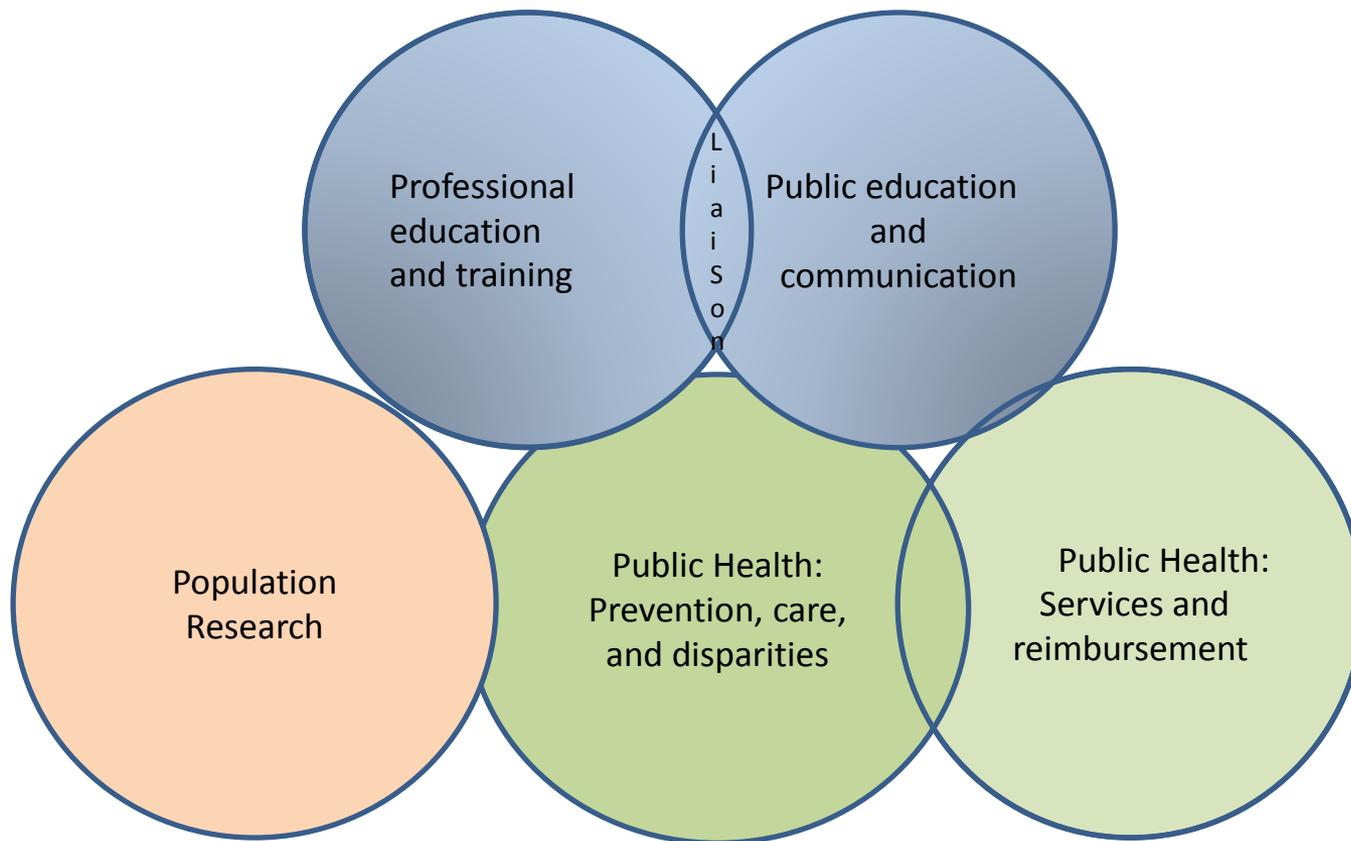


Professional
education
and training

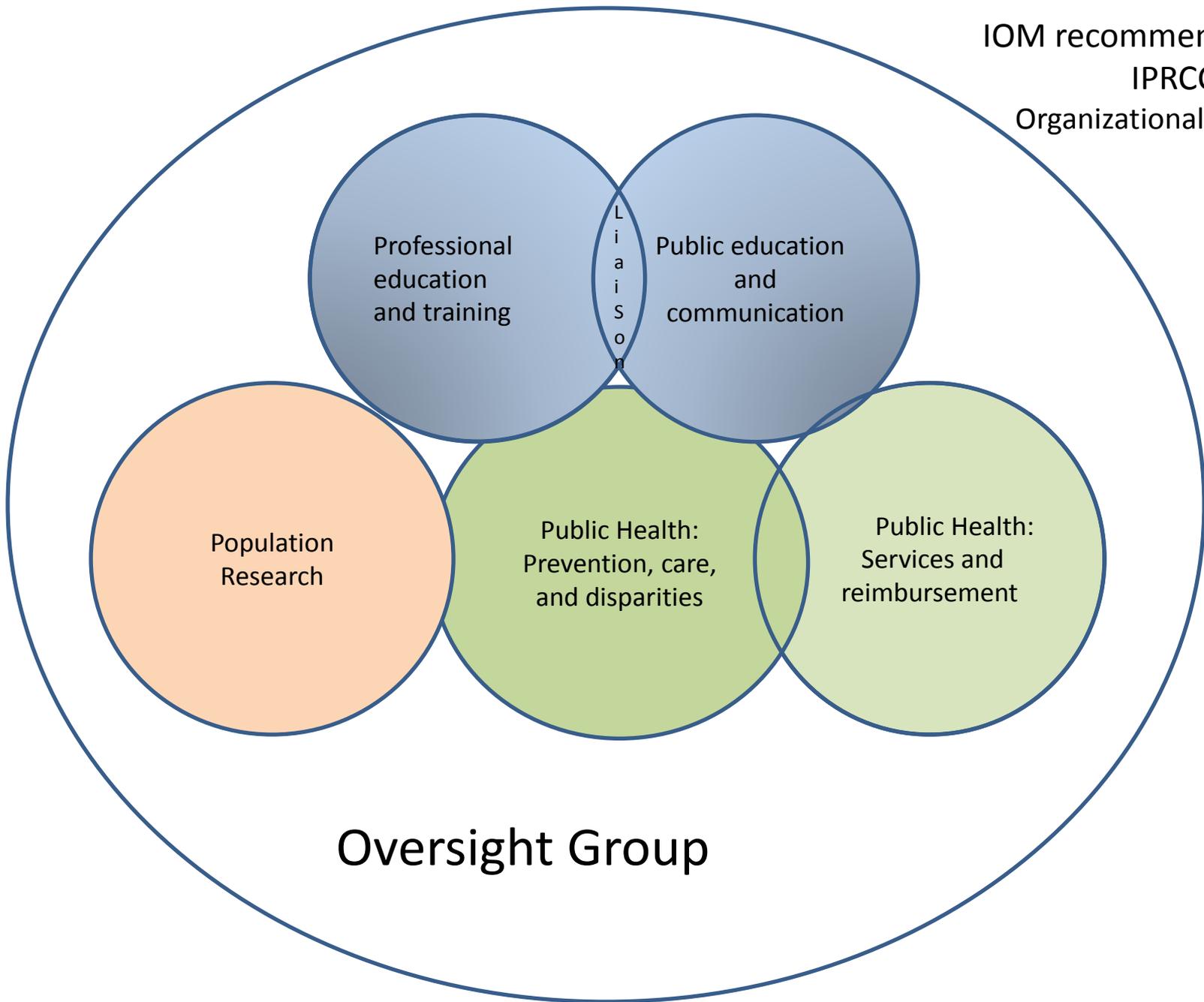
Population
Research

Public Health:
Prevention, care,
and disparities

Public Health:
Services and
reimbursement



IOM recommendation 2-2
IPRCC
Organizational Structure



Oversight Group

Pain Prevention, Care, Education and Research

“Need to foster a cultural transformation”