American Academy of Physical Medicine and Rehabilitation

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May 20, 2015

Linda Porter, Ph.D.
NINDS/NIH
31 Center Drive
Room 8A31
Bethesda, MD 20892

Re: Draft National Pain Strategy

Dear Dr. Porter:

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) appreciates the opportunity to comment on the draft National Pain Strategy.

The AAPM&R is the national medical society representing more than 8,000 physiatrists, physicians specializing in the field of physical medicine and rehabilitation (physiatry). **Physiatrists treat patients of all ages with acute and chronic pain resulting from all different etiologies**. Additionally, physiatrists have expertise in treating patients with unique medical conditions that are commonly associated with pain. These conditions include spinal cord injury, traumatic brain injury, stroke, major limb amputations, neuromuscular disorders, rheumatologic disorders, orthopedic disorders, burns, sports and industrial accidents, cancer and congenital disorders.

The emphasis on function is fundamental to the physiatric practice. When treating a patient with pain, a physiatrist considers the effect of the pain on a patient's ability to perform their necessary self-care tasks, fulfill their responsibilities, work, attend school, partake in avocational activities, and interact with their households and the community at large. **Physiatrists naturally work in a collaborative interdisciplinary environment to achieve functional goals that are practical for the patient with pain.**

Physiatrists routinely coordinate the efforts of other medical specialists, therapists, psychologists, nurses, dieticians, counselors, orthotists, pharmacists, social workers, case managers, community health providers, the family, and certainly the patient. Physiatry offers unique perspectives that are essential to the formulation of a comprehensive National Pain Strategy. That being said, **PM&R, as the entirety of its specialty, is well positioned to be a leader in the implementation of the National Pain Strategy. The Academy stands ready, willing and able to offer assistance in this effort, and is willing to provide representation on the various expert stakeholder workgroups referenced throughout the document.**

The AAPM&R supports the objectives and strategies outlined in the National Pain Strategy. We applaud the Interagency Pain Research Coordinating Committee (IPRCC) for addressing a critical issue in medicine today. Physiatrists experience firsthand the pitfalls with our current fragmented model – from the inability for EMRs to communicate with one another or to a National system, to the problem of pain and psychological/psychiatric issues being treated as separate issues when there is overlap between the two, resulting in ineffective, inadequate, and costly care. As such, we recognize the urgent need for the system to undergo a cultural transformation to improve pain care and reduce the burden of pain in the United States.

Service Delivery and Reimbursement

The biggest unknown, which may be a large gap, is the funding of the most appropriate treatment options. Recently, there has been a reduction in interdisciplinary pain management largely due to low reimbursement policies by the government and other insurers for many of the components – such as psychiatric/psychological services, physical therapy, and even certain medications.

Moreover, there may be physicians, such as those in more rural settings, who do not have access to many of the interdisciplinary treatment options suggested in the Strategy. What options would there be in this case and how will reimbursement be affected for physicians treating chronic pain who do not have a way to provide access to the additional interdisciplinary services?

The AAPM&R agrees that reimbursement models need to change to conform to the biopsychosocial model of care, and there will need to be provisions made to ensure payers respect and reward this new integrated, interdisciplinary approach to pain care.

Public Education and Communication

A large component of successful implementation of a National Pain Strategy is to educate the public so they can seek the appropriate treatment and providers to help them obtain quality treatment without such an emphasis on medications, procedures, or surgeries. **Physiatrists strive to educate, collaborate, improve, look for cost efficiencies, and help patients and families of those with chronic diseases; this is a unique strength of the specialty.** As such, they are in a good position to help patients make informed decisions about their care.

Professional Education and Training

The Academy supports the objective to develop new core competencies for pain care education and apply them across the continuum of care (or across medical specialties and other disciplines). Per ACGME program requirements, physiatrists are trained to treat adults and children with a wide range of conditions, including pain. Because of their training and diverse clinical areas of focus, physiatrists incorporate the treatment of pain and pain management into every type of practice.

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As pain is integral to the entire specialty of physical medicine and rehabilitation, **PM&R can take a lead role in harmonizing existing competencies across medical specialties and other disciplines and lead the development of new competencies for pain care education, licensure and certification.**

There are currently a limited number of comprehensive pain programs available to residents and they span across many different specialties. **AAPM&R strongly urges the ACGME to evaluate the current post-graduate medical training to ensure there are sufficient fellowship programs available once new core competencies are developed.**

The American Academy of Physical Medicine and Rehabilitation is thankful for the opportunity to share its thoughts on the draft National Pain Strategy. We hope these comments provide a meaningful perspective in your efforts to develop a comprehensive population health-level strategy for the management of chronic pain. Chronic pain, like other chronic conditions, is crucial yet resource-intensive to treat, and we remain committed to leading and contributing to solutions in this endeavor. **We are dedicated to this cause and would be pleased to offer representation to the larger conversation on this important issue.**

If there are questions concerning the Academy's comments, please contact Christina Hielsberg (chielsberg@aapmr.org) 847-737-6088.

Sincerely,

Peter C. Esselman, MD
Chair
Quality, Policy Practice, Research (QPPR) Committee
American Academy of Physical Medicine and Rehabilitation (AAPM&R)