

Service Delivery and Reimbursement

AAPM&R Comments	The National Pain Strategy	Outcome
<p>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?</p> <p>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.</p>	<p>The National Pain Strategy endorses a population-based, disease management approach to pain care that is delivered by integrated, interdisciplinary, patient-centered teams and is consistent with real world experience.</p> <p>Objective 1: Define and evaluate integrated, multimodal and interdisciplinary care for people with acute and chronic pain, and end of life pain, which begins with a comprehensive assessment, creates an integrated, coordinated, evidence-based care plan in accord with individual needs and preferences and patient-centered outcome and is supported by appropriate payment incentives</p> <p>Objective 2: Enhance the evidence base for pain care and integrate it into clinical practices through defined incentives and payment strategies, to ensure that the delivery of treatments is based on the high level of evidence, is population-based and represents real-world experience.</p> <p>Objective 3: Tailor payments to promote and incentivize high-quality, coordinated pain care through an integrated biopsychosocial approach that is cost-effective, value-based, patient-centered, comprehensive and improves outcomes for people with pain.</p>	<p>Overall AAPM&R agreed with the need for changes in service delivery and reimbursement, however raised questions regarding rural providers and how this interdisciplinary approach would work for them. It remains to be unknown. They do plan on collaborating with primary and specialty care clinicians, but no do state where they will find these individuals.</p>

Public Education and Communication

AAPM&R Comments	The National Pain Strategy	Outcome
<p>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.</p>	<p>The National Pain Strategy envisions a significant effort to increase public awareness about pain and recommends two campaigns. The priority campaign is an extensive public awareness campaign about pain, to reach all people including patients, their caregivers, and health care, long-term services and supports, and social service providers, and the secondary campaign would promote safer medication use by patients. Both should use a scientific approach, integrate health literacy principles and cross-cultural awareness and be tailored to specific audiences segmented by health status, demographic and cultural characteristics, and preferred informational media. These campaigns should be undertaken in such a way that they do not compete.</p> <p>Objective 1: Develop and implement a national public awareness and information campaign about the impact and seriousness of chronic pain, in order to counter stigmatization and correct common misperceptions.</p> <p>Objective 2: Develop and implement a national educational campaign to promote safer use of all medications, especially opioid use, among patients with pain.</p>	<p>Although collaborators are not specifically listed in the strategy, they do mention wanting to collaborate with professional organizations and health care providers with both objectives.</p>

Professional Education and Training

AAPM&R Comments	The National Pain Strategy	Outcome
<p>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.</p> <p>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.</p> <p>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.</p>	<p>To assure the needed improvement, education and training must allow learners to achieve discipline-specific core competencies, which include empathy and cultural sensitivity across a broad range of disciplines, and prepare them to provide high quality team-based care for pain. Demonstration of competency in pain assessment, safe and effective pain care (including specific training on safe opioid prescribing practices), the risks associated with prescription analgesics, communication of these risks to patients, and prescriber education should be a requirement for licensure and certification of health professionals and should be considered in curriculum review for accreditation of health professional training programs. Efforts to enhance health care provider knowledge and skills for safer prescribing practices and identification of risks for opioid use disorder should be coordinated with ongoing activities across HHS including the Secretary's Initiative on Prescription Opioids, the pending CDC Guideline for Prescribing Opioids for Chronic Pain, the FDA approved Risk Evaluation and Mitigation (REMS) for Extended-Release and Long-Acting Opioid Analgesic Products, the Office of Disease Prevention and Health Promotion's (ODPHP) Pathways to Safer Opioid Use, SAMHSA's Providers' Clinical Support System for Opioid Therapies, and HHS's Behavioral Health Coordinating Council. These training enhancements should be developed in collaboration with relevant accrediting bodies and certifying boards to promulgate their use. Sub-specialty training and certification should include training in effective team management for patients with the most complex pain conditions.</p> <p>Objective 1: Develop, review, promulgate, and regularly update core competencies for pain care education and licensure and certification at the pre-licensure (undergraduate) and post-licensure (graduate) levels.</p> <p>Objective 2: Develop a pain education portal that leverages current activities and contains a comprehensive array of standardized materials to enhance available curricular and competency tools to address management across the continuum of pain and across the lifespan.</p>	<p>Collaborators in this area include accreditation, certification and licensing entities as well as professional physician organizations. There is no mention of ensuring sufficient fellowship programs.</p>