



2019 SUMMIT

on Balanced Pain Management



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Overview

The sixth annual national Summit on Balanced Pain Management made one thing clear: If policymakers want to solve America's pain problem, they should begin by recognizing the importance of patient-centered pain care.

Held December 4, 2019 in Washington, DC, the daylong policy event welcomed patients, health care providers, advocates, regulators and legal experts to examine the challenges and promise of pain care that meets the needs of each individual patient. Interviews, panel discussions and patient testimonials explored topics that included:

- Health coverage barriers
- The role of complementary approaches in pain care
- Technology-driven pain treatments
- Federal recommendations and best practices
- New survey findings from patient advocacy organizations.

The summit was convened by the *Institute for Patient Access* and hosted by the *Alliance for Patient Access* and the *Alliance for Balanced Pain Management*.

“

Pain, like the people it touches, comes in all different varieties.

”

- Brian Kennedy
*Executive Director,
Alliance for Patient
Access*

Profiles in Pain

Through a series of “Profiles in Pain,” patients described throughout the summit how pain has complicated and even reshaped their lives.



Shirley Kessel of *Miles for Migraine* described the intergenerational impact of pain on her family. Kessel recalled her mother withdrawing from the family for days with migraine

attacks, which now plague her and also prevent her two daughters from fulfilling their academic and professional potential. “When is the next attack coming?” Kessel implored, describing the anxiety of living with migraine disease.



Pain also shaped the life of **Penny Cowan** from the *American Chronic Pain Foundation*. Cowan described the constant, debilitating pain that began with the birth of her second

child and became properly managed only after Cowan undertook a comprehensive, multimodal treatment approach at an inpatient facility. Cowan now dedicates her life to teaching others how to live with pain.



And pain also impacted the lives and careers of **Dania Palanker, JD**, of *Georgetown Health Policy Institute* and **Kate Nicholson, JD**, a civil rights attorney. Nicholson’s work was actually focused on enforcing the Americans with Disabilities Act when a surgical injury created intense back pain that forced her to

reconfigure her work through the use of video conferencing and telecommuting.

Palanker, meanwhile, overcame her fibromyalgia pain to make her way through law school. She now dedicates her career to making insurance affordable and accessible to Americans from all walks of life.

Health Plan Coverage & Best Practices

For patient-centered pain care to become widely accessible, insurers need to cover more non-pharmacological options – and impose fewer prior authorization hurdles for patients.

A discussion among members of the Department of Health and Human Services' *Pain Management Best Practices Interagency Task Force* brought this fact to light. The task force has issued a “tour de force” report on policy solutions to America’s dual opioid and pain management crises, explained task force member **John Prunskis, MD**, of the *Illinois Pain Institute*. The report reflects a years-long effort across the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Defense and the Office of National Drug Control Policy to identify and address gaps and inconsistencies in pain management. It drew praise for acknowledging the value of comprehensive care and innovative treatment options.

But as fellow task force member and panelist **Jianguo Cheng, MD, PhD**, of the *Cleveland Clinic* explained of the multidisciplinary approach endorsed by the report, “If it’s not accessible, it’s meaningless.”

Cindy Steinberg of the *U.S. Pain Foundation*, who moderated the panel discussion, reminded audience members that, “Best practice is a multimodal, multidisciplinary approach that incorporates a range of pharmacological and non-pharmacological treatments.”



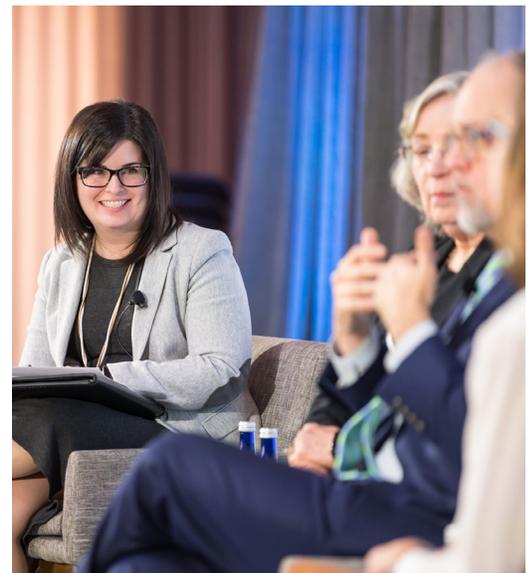


Access to Patient-Centered Care

A panel discussion on access to patient-centered care highlighted how coverage challenges can undermine the power of multidisciplinary care. **Matt Salo** of the *National Association of State Medicaid Directors* noted that “there’s always a lag” between new approaches like integrative pain care and uptake. Salo emphasized the need for more data demonstrating that integrative and multimodal pain approaches work for patients.

Ellen Blackwell, MSW, of the *Centers for Medicare and Medicaid Services* agreed, though she noted that some states have begun to “put their toes in the water” by providing coverage for alternative or non-pharmacologic treatments.

Ann Quinlan-Colwell, PhD, RN, of the *American Society for Pain Management Nursing* emphasized the importance of a patient-centered approach, explaining that “each person feels pain differently and has a different ability to utilize different interventions and medications.”



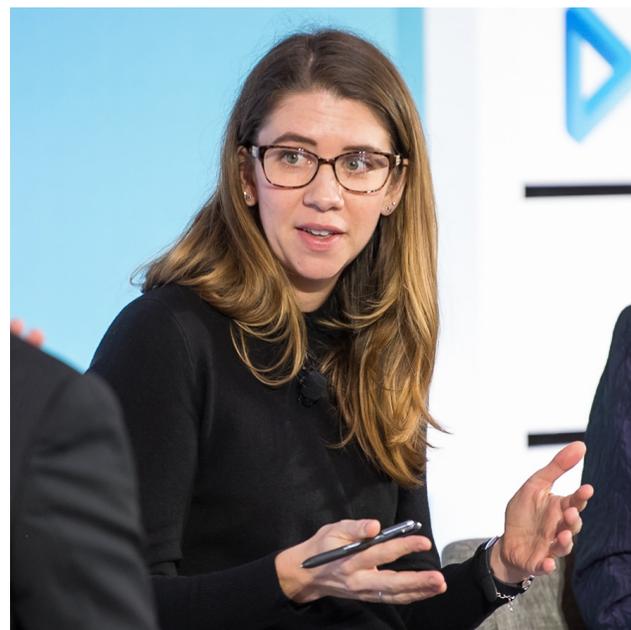
Therapeutic Innovation for Patients

Continued innovation is critical to making patient-centered pain care a reality.

In a panel discussion hosted by **Peter Pitts** of the *Center for Medicine in the Public Interest*, the *Food and Drug Administration's* **Douglas Throckmorton, MD**, explained how the agency is working to tackle the challenges presented by pain care. The challenges are significant, Throckmorton acknowledged, but for the agency, "It's important to be successful." Throckmorton alluded to several efforts underway, including hiring to boost the FDA's manpower and capabilities, and interagency activities to efficiently address the need for effective pain treatment.

Leigh Callahan of the *Osteoarthritis Action Alliance* emphasized the importance of clinical trials that gauge outcomes that are meaningful to patients. Pain and function matter to patients, Callahan explained, who want to "pick up their grandchild, play golf." Throckmorton agreed there was "broad interest in expanding endpoints" for clinical trials related to pain care.

Danielle Friend, PhD, of the trade group *Biotechnology Innovation Organization* noted that insurance coverage challenges can discourage innovation in new, opioid-alternative pain treatments. "It's hard to get investment," Friend noted, "if people think they won't be reimbursed."



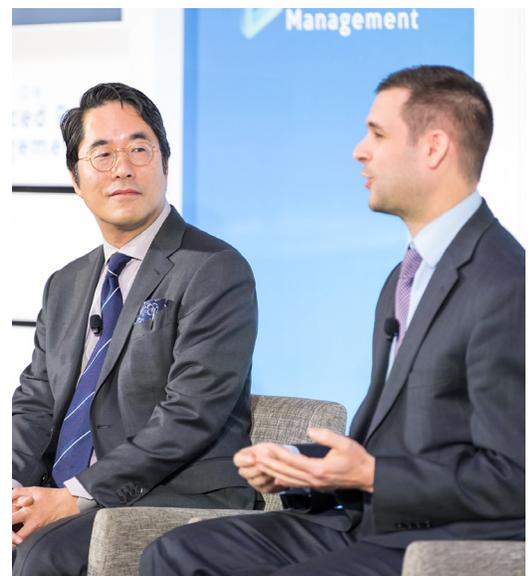
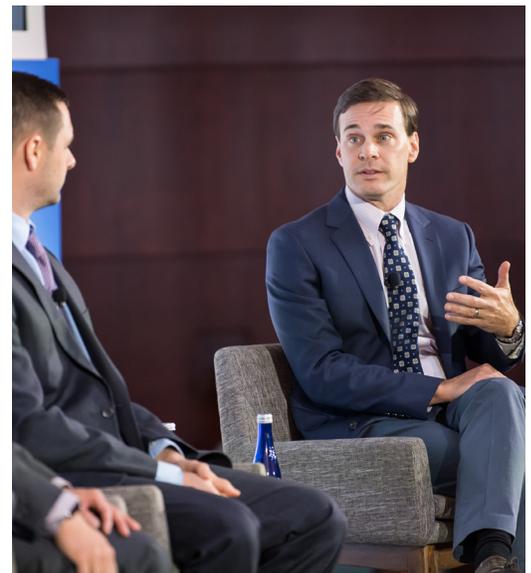


Patient-Centered Care in Action

In a separate panel discussion, **Mark Shepherd, DPT**, of *Bellin College* outlined the value of physical therapy in an integrative approach. “We should empower our patients, we should educate them, and we should teach them to move in a way that’s comfortable,” Shepherd explained.

Fellow panelist **Greg Hobelmann, MD, MPH**, of the *Ashley Addiction Center*, noted that a patient-centered approach must also include emotional support and treatment for co-occurring psychological issues.

Moderator **Paul Christo, MD**, of *Sirius XM Radio’s “Aches and Gains”* explored the power of neuromodulation as an alternative to opioids for treating patients’ pain. Christo described the effects of neurostimulation as “transformative,” while **Michael Leong, MD**, of *Stanford Pain Management Center* agreed the approach could be “amazing,” and especially helpful for patients seeking non-opioid treatment options.





Pain Survey Data

The multifaceted, highly personal nature of pain dominated a panel discussion of new patient surveys on the experience of pain.

Monica Mallampalli, PhD, of *HealthyWomen* described how her organization's [study](#) revealed a majority of women saying that pain stopped them from living a full and active life. Meanwhile, **Brian Green** of *Health Union* conveyed a key finding from a new study undertaken by Health Union and the *U.S. Pain Foundation*. Patients in pain, Green relayed, want a health care provider who uses a personalized, individualized approach and is willing to try alternative treatments. The

patients' aim is to keep pain at manageable levels so they can go about their daily lives.

Surveys from both *HealthyWomen* and *Health Union* indicated that pain is driving a wedge between patients and their health care providers. Meanwhile, **Josie Cooper** of the *Alliance for Gout Awareness* conveyed [the challenges](#) of stigma and misinformation related to the treatment of gout, a painful form of arthritis.

"Patients are self-treating and trying to do this on their own," Cooper explained, "without consultation with a medical professional."



The daylong event made it clear that education and access to patient-centered pain care are challenges that demand ardent advocacy from patients and health care providers like those in attendance. In closing remarks, *AfPA* National Chairman **David Charles, MD**, urged attendees to come together in the new year to advocate for policies that advance balanced pain management.



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