

PAIN MANAGEMENT INTER-AGENCY TASK FORCE RECOMMENDATIONS

America's dual chronic pain and opioid epidemics have fueled a number of policy initiatives. One large-scale example is the development of the Department of Health and Human Services' Pain Management Best Practices Inter-Agency Task Force.

The 29-member federal advisory committee set out to identify best practices and outline key recommendations for addressing gaps in pain management. The task force issued a report of its findings, a set of recommendations that reflect the need for a patient-centered approach to pain care. This Fast Facts summarizes the key points of the task force's report.

Q: What is patient-centered pain care?

Patient-centered care focuses on treating the patient, not just the pain. That begins by understanding a patient's life circumstances and respecting his or her unique preferences, risks, comorbidities, history and goals for overall health.

Patient-centered pain care takes an integrative and comprehensive approach. It may involve a team of providers from across disciplines who effectively address the complex nature of pain through collaboration. As outlined in its report, the Pain Management Best Practices Inter-Agency Task Force recognizes five central components of pain treatment.



Components of Personalized Pain Management

MEDICATIONS

Patients and health care providers need pain medication options.



BEHAVIORAL HEALTH CARE

Treating pain also means addressing the psychological elements of pain.

RESTORATIVE THERAPIES

Patients need access to comprehensive treatment techniques including physical and occupational therapy.

INTERVENTIONAL PROCEDURES

Patient-centered pain care requires access to a range of treatment options.

COMPLEMENTARY & INTEGRATIVE APPROACHES

Clinicians from across disciplines need to work together to provide comprehensive patient care.

Q: What role does medication play in pain management?

Pain medications are broadly classified into two categories: opioids and non-opioids. Non-opioid options include acetaminophen, NSAIDs, antidepressants, musculoskeletal agents, biologics and more. Medications may be used alone or in conjunction with non-pharmacologic treatment options as part of patient-centered pain care.

All medications have their own risks and benefits that deserve careful consideration. In the report, the task force notes, “A risk-benefit

analysis is always recommended based on the individual patient’s medical, clinical and biopsychosocial circumstances.”

The best treatment option for some patients may involve a combination of medications or special formulations of more common drugs. For example, a patient who is prescribed an opioid may prefer an abuse-deterrent form because of concerns with having opioids in the house. Abuse-deterrent opioids are designed to resist tampering or misuse. Similarly, a post-surgical patient and his or her physician may decide to forego opioids in favor of IV acetaminophen or another agent that presents fewer risks.

Q: What non-pharmacologic pain management tools exist, and how can they help?

As the task force recommendations make clear, patients can combine non-pharmacologic approaches with medication to safely and effectively address pain.

Non-pharmacologic tools may include restorative therapies, such as physical and occupational therapy. They may also include interventional procedures, which utilize minimally invasive techniques to reduce pain. An example of an interventional pain management technique includes neuromodulation, where an electronic device targets pain pathways with electrical or magnetic stimulation.

Non-pharmacologic approaches are part of a comprehensive, patient-centered treatment approach. Multiple treatment modalities work together to help patients by targeting different sources of pain.

Q: How can behavioral health approaches contribute to pain management?

Effectively treating pain requires addressing the psychological components that accompany physical pain. Pain can cause stress and erode quality of life by affecting relationships, work, activity level, sleep, self-care and self-esteem.

Behavioral health approaches include talk therapy, mindfulness-based stress reduction, biofeedback, hypnotherapy and relaxation training, among others. These approaches help to address the cognitive, emotional, behavioral and social contributors to a patient's pain.

Successfully implemented, behavioral health techniques provide proven benefits. But too often patients don't receive the behavioral health attention they need. When treatment fails to appropriately address mental health, the consequences can be fatal. The task force reports that the percentage of people who died by suicide and suffered from chronic pain rose from 7.4% in 2003 to 10.2% in 2014.

Q: What is the role of the physician-patient relationship?

The task force's recommendations reflect the importance of a strong physician-patient relationship, one founded on "mutual trust and respect, empathy, and compassion, resulting in a strong therapeutic alliance."

The task force identifies existing gaps that threaten a strong therapeutic alliance, including the shortage of pain management specialists. Individualized care requires time to allow patients to share his or her narrative. This includes their medical history, family history and important social factors. But with 28,500 patients with chronic pain for every one board-certified pain specialist, even brief appointments can be hard to obtain.

Q: What barriers to patient-centered pain care exist?

Provider scarcity, knowledge gaps, stigma and poor insurance coverage can all prevent access to patient-centered pain care.

The demand for pain specialists far exceeds the current supply, causing a scarcity of providers. And the decreasing number of pain specialists sparks concern about the future of pain management in America.

The need for pain specialists is intensified by the poor level of pain management training incorporated into general medical training. An emphasis on pain care in medical curricula could promote more widespread treatment competency. Clinicians need to understand how integrated, comprehensive pain management can help patients.

Knowledge gaps also exist for patients. Many patients are underinformed about treatment options and the benefits of integrative,

comprehensive pain care. Poor education about treatment options can hurt patients by discouraging them from seeking or adhering to proper care.

Stigma poses another challenge. Misconceptions about pain, pain treatment and the lives of those with pain can demoralize patients and increase social isolation. In particular, stigma surrounding mental health can discourage patients from pursuing or adhering to proper care.

Restrictive insurance policies pose another threat to patient-centered pain care. A willing and informed patient with an excellent pain management team could still struggle to access treatment due to insurance restrictions. Coverage policies must encourage access for a variety of health resources, from medications and procedures to mental health specialists and physical therapists. Insurance design needs to facilitate, not override, clinicians' attempts to chart a patient-centered course of care.

Barriers to Patient-Centered Care



PROVIDER SCARCITY

KNOWLEDGE GAPS



POOR INSURANCE COVERAGE

STIGMA



Q: How can pain management practices improve in the future?

In addition to improved access to existing treatments, patients and clinicians need more research and more options for treating pain. The task force recommends robust funding to incentivize pain-related research. A better understanding of the mechanisms of pain will enable the development of innovative therapies.

The task force also emphasizes the need for well-researched guidelines for the use of treatment options. Management guidelines should emphasize a patient-centered approach to pain care and encourage provider collaboration. Comprehensive treatment guidelines also serve to educate underinformed clinicians, a continuing challenge in pain care.

CONCLUSION

The Pain Management Best Practices Inter-Agency Task Force report lays the foundation for real change by outlining the tenets of patient-centered pain care. As the report makes clear, effective pain management employs an integrated, comprehensive treatment approach that addresses the complex and individualized nature of pain.

While awareness and education can facilitate better care on the individual level, legislative and regulatory action is paramount to widespread and lasting change. Policymakers can improve the lives and care of millions of Americans by putting the task force's recommendations into action with policies that promote patient-centered pain care.



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