Innovation & Progress in Person-Centered Pain Management

Symposium

May 13th | 2:00-6:30PM ET
May 14th | 11:00-3:00PM ET

Hosts:
Alliance to Advance Comprehensive Integrative Pain Management (AACIPM)

Alliance to Advance
Comprehensive
Integrative
Pain Management

Welcome, Overview and Symposium Logistics

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Director

Alliance to Advance Comprehensive Integrative Pain Management

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Innovation & Progress in Person-Centered Pain Management

We're So Glad You're Here!

Connecting the Dots Towards a Paradigm Shift

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Thank You

Primary support for the AACIPM Initiative, A Paradigm Shift to Advance Comprehensive Integrative Pain Management, is from:

The David and Lura Lovell Foundation

Special thanks to our fiscal sponsor, The Pain Community

The Pain Community
Serving Patients, Caregivers, Providers

Symposium Sponsors

Paradigm Shifter

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Expert

SOCIETY of PAIN & PALLIATIVE CARE PHARMACISTS

Collaborator

American Physical Therapy Association

National Association of Social Workers

Contributor

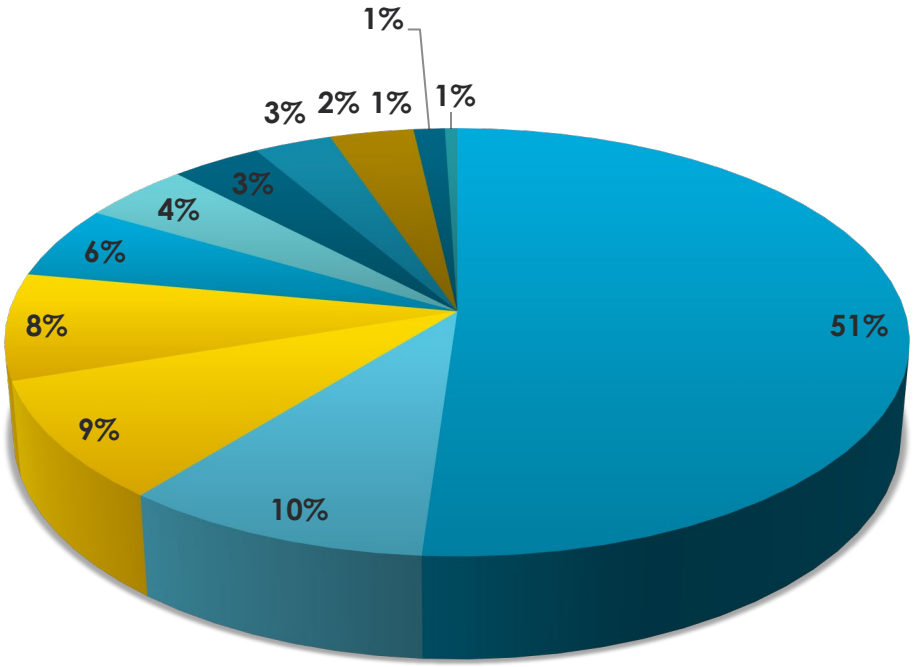
Academic Collaborative for Integrative Health

American Holistic Nurses Association

National Patient Advocate Foundation

The Pain Community

Symposium Attendees



- Healthcare providers/integrative providers - 51%
- Staff for healthcare provider organization - 10%
- Educator/teacher/professor - 9%
- Federal or state government employee - 8%
- Person with pain - 6%
- Payors - 4%
- Researcher - 3%
- Staff for non-governmental organization - 3%
- Government relations/policy - 2%
- Caregiver - 1%
- Student - 1%
- Foundation/Funder - 1%

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AACIPM is a Multi-Stakeholder Collaborative

- People with Pain
- Payors
- Purchasers of Healthcare
- Healthcare Providers
- Healthcare Administrators
- Government Relations/Policy Experts
- Regulators
- Educators
- Researchers
- Students
- Patient/Caregiver Advocates
- Executive Branch Agencies

List can be seen at:
painmanagementalliance.org/engage/aacipm-participants/

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AACIPM Core Work

- Coalesce Around a Consensus Definition for CIPM
- Improve Access to CIPM for All
- Develop Practical Resources to Support a Shift in Pain Care Policy & Practice
- Build Partnerships and Connections to Advance Person-Centered and Value-Based Care

Pain Policy Congress

CIPM Practice Examples

Purchaser Education

Resources

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What is Comprehensive Integrative Pain Management

- Foundation in biopsychosocial care
- Oriented to the whole person
- Includes biomedical, psychosocial, complementary health, spiritual care
- Care plans developed through shared-decision making
- Includes evidence-informed optimal practice and the individual's goals and values

More details: painmanagementalliance.org/engage/what-is-cipm/

History of AACIPM: painmanagementalliance.org/about-us/history/

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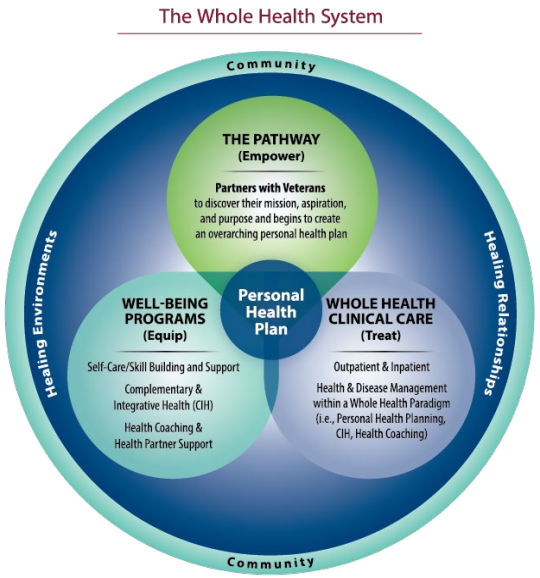
Why Does AACIPM Exist



VETERANS HEALTH ADMINISTRATION

A Paradigm Shift to Advance Comprehensive Integrative Pain Management

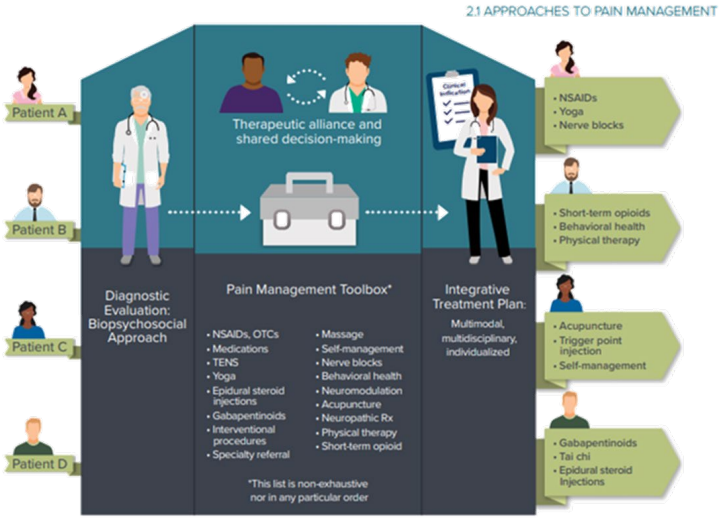


Figure 6: Individualized Patient Care Consists of Diagnostic Evaluation That Results in an Integrative Treatment Plan That Includes All Necessary Treatment Options

PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

Coalescence of Multi-Stakeholders Involved in Complexities of Care, Delivery, Education, Awareness

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Symposium on May 13-14

Day One: May 13 from 2:00-6:30 EDT

Day Two: May 14 from 11:00-3:00 EDT

Registrations: Over 800 Registered & 45 Panelists

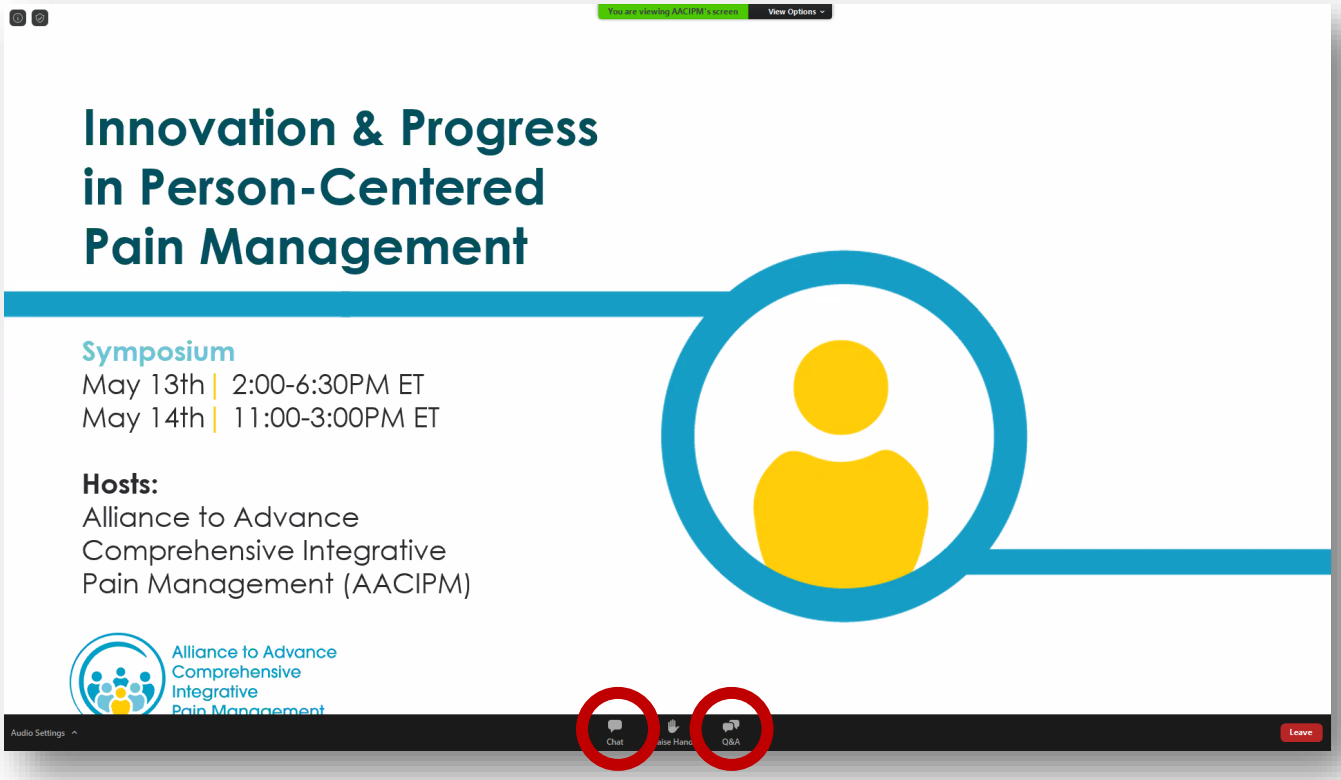
Symposium Objectives

This Two-Day Symposium Will:

- Highlight leading examples of innovation and progress in person-centered, multi-disciplinary, team-based, evidence-informed pain management
- Provoke thoughts and discussions among key stakeholders (who often don't connect), in order to identify gaps and opportunities for shared action steps
- Coalesce stakeholders around a common understanding or interpretation of the available evidence for integrative treatments for pain.
- Gather input on what to include in AACIPM's Repository of Resources to support multi-stakeholder action towards this cultural shift in pain management.

Attendee Screen View – Q&A/Chat

- **Use "Q&A" to submit a question to the speakers.**
- **Presenters will respond to unanswered questions after the meeting and we'll share all the collected Q&A**
- **Use "Chat" to ask hosts about troubleshooting and to receive information from hosts**



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Access Symposium Materials

- Agenda
- Sponsors
- Evidence Grid
- Presenter Bios and Slides
- Post-Meeting Feedback Survey & more

painmanagementalliance.org/symposium-materials

Sneak Peak – AACIPM Evidence Grid

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Sneak Peek into AACIPM's Forthcoming White Paper and Evidence Grid!

Background for Discussion During Symposium, May 13-14, 2020

Recent efforts to analyze the evidence supporting complementary and integrative treatments for pain have resulted in numerous meta-analyses and clinical practice guidelines. The information in these documents can be used by clinicians, people with pain, payors or purchasers to identify evidence-based, safe, effective treatments for pain.

AACIPM soon will release an evidence grid that summarizes findings from a collection of what were thought to be the most influential and widely consulted clinical practice guidelines and meta-analyses for complementary and integrative pain treatments. The completed evidence grid will include both a relatively quick appraisal regarding the status of evidence for various treatments and pain conditions, while also providing a reference that can be used for a deeper dive into how a recommendation was developed.

An Example – Chronic Low Back Pain (Radicular, Non-Radicular/Not Otherwise Specified (NOS))

What the Available Evidence Tells Us – To Discuss Among Multi-Stakeholder Perspectives

By far, back pain conditions (e.g., acute, sub-acute, and chronic; radicular and non-radicular) and related spine conditions were the subjects of the greatest number of recommendations among the conditions in the grid, with nearly 200 recommendation decisions across the twelve data sources. This excerpt from the evidence grid (below) shows the recommendations for treatment of Chronic Low Back Pain – Radicular and Non-Radicular / Not Otherwise Specified (NOS). For these conditions, the recommendations demonstrate particularly high agreement from many of the sources that were reviewed.

AACIPM's symposium, Innovation & Progress in Person-Centered Pain Management, includes provocative panel discussions among important stakeholder perspectives to talk about real-world innovation and progress in person-centered pain management and payment models, and the evidence we currently have about this approach to care, the research gaps, and what all this means in real-world settings so that we can advance access to comprehensive integrative pain management.

Acknowledgements:

AACIPM is very grateful to all the people who have been a part in the development of this evidence grid. It began as a project of the Improving Access to Quality Pain Care workgroup formed after the initial Integrative Pain Care Policy Congress in 2017. The principal work on this project was completed by Jaynie Bjornaraa, PhD MPH PT; Nitin Srinivasan (student research intern); Bob Twillman, PhD; Ravi Prasad PhD, and Amy Goldstein, MSW.

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EVIDENCE GRID EXCERPT

May 2020

*THERAPIES	CHRONIC LOW BACK PAIN	
	Non-Radicular / Not Otherwise Specified (NOS)	Radicular
NSAIDs	ACP, VA/DOD, AHRQ 2016	
Acetaminophen	VA/DoD (Long-term use), VA/DoD, Tick	
Systemic Corticosteroids	VA/DoD	VA/DoD
Diazepam (benzodiazepine)	AHRQ 2016	AHRQ 2016
Muscle Relaxants	VA/DoD (exacerbation)	
Duloxetine (antidepressants (tricyclics, SNRIs))	VA/DoD, ACP, AHRQ 2016	
Anti-convulsant	AHRQ 2016, VA/DoD	VA/DoD
Opioids	ACP (after failure of all other treatments), AHRQ 2016 (Short-term)	
Exercise (including motor control exercise)	VA/DoD, ACP, CDC, AHRQ 2016, AHRQ 2018, AHRQ 2020	AHRQ 2016
Tai Chi/qigong	VA/DoD, ACP, Tick, AHRQ 2016, AHRQ 2018, ICER, Colorado	
Yoga	VA/DoD, ACP, Tick, AHRQ 2016, AHRQ 2018, ICER, Mayo Nahin, Colorado, AHRQ 2020	
Pilates	VA/DoD, Tick, Colorado, AHRQ 2016	
Psychological therapies (cognitive behavioral therapy (CBT)/progressive muscle relaxation (PMR)/biofeedback, operant therapy)	VA/DoD (CBT), ACP, Tick (CBT, PMR, Biofeedback), Colorado (CBT, PMR, biofeedback), AHRQ 2016, AHRQ 2018, CDC, ICER (CBT), AHRQ 2020	
Mindfulness-based stress reduction	VA/DoD, ACP, Tick, AHRQ 2018, ICER, Yuan-Chi, AHRQ 2020	
Acupuncture	VA/DoD, ACP, Tick, AHRQ 2016, AHRQ 2018, ICER, Yuan-Chi, AHRQ 2020	
Spinal Manipulation	VA/DoD (and mobilizations), ACP, Tick, Colorado, AHRQ 2016, AHRQ 2018, Mayo Nahin, Yuan-Chi, AHRQ 2020	
Multidisciplinary Rehabilitation	VA/DoD, ACP, Colorado, CDC, AHRQ 2018, AHRQ 2020	
Education (including pain neuroscience) and Self-Care	VA/DoD	
Superficial Heat	AHRQ 2016	
Superficial Cold	AHRQ 2016	
Massage/Soft Tissue Mobilization/Myofascial Release	Tick, AHRQ 2016, AHRQ 2018, AHRQ 2020	
Traction	VA/DoD	
Low Level Laser Therapy	AHRQ 2016, ACP, AHRQ 2018, AHRQ 2020	
Ultrasound	ACP, Colorado	
Taping	AHRQ 2016, ACP	
Lumbar Support	AHRQ 2016, VA/DoD	
TENS	AHRQ 2016, ACP, VA/DoD	
PENS	AHRQ 2016	
Electrical Muscle Stimulation (including interferential)	AHRQ 2016 , VA/DoD	
Short Wave Diathermy	AHRQ 2016	
Spinal Epidural Steroid Injection	VA/DoD	VA/DoD (short term)
Facet Joint Steroid Injection	VA/DoD	
Medial Branch Block and Radiofrequency Ablation	VA/DoD	
Spinal Cord Stimulator		Manchikanti (if due to failed back surgery syndrome)

Important Notes About This Grid Excerpt

*This excerpt includes one set of painful conditions from the "Spine Conditions" evidence grid.

KEY AND SOURCES

COLOR	GRADING
GREEN	This source finds sufficient evidence to support using this treatment for this condition
YELLOW	This source finds mixed evidence that is inconclusive for using this treatment for this condition
RED	This source finds sufficient evidence that does not support using this treatment for this condition
BLACK	This source finds insufficient evidence to make a recommendation regarding using this treatment for this condition

ABBREVIATIONS	SOURCES
AHRQ 2016	Chou et al. 2016: AHRQ Comparative Effectiveness Review: Noninvasive Treatments for Lower Back Pain
AHRQ 2018	Skelly et al. 2018: AHRQ Comparative Effectiveness Review: Noninvasive Nonpharmacological Treatment for Chronic Pain
AHRQ 2020	Skelly et al. 2020: AHRQ A Systematic Review Update. Comparative Effectiveness Review: Noninvasive Nonpharmacological Treatment for Chronic Pain
ICER	ICER (2018): Extended-Release Opioid Agonists and Antagonist Medications for Addiction Treatment (MAT) in Patients with Opioid Use Disorder: Effectiveness and Value
Tick	Tick et al. 2017: Evidence-Based Nonpharmacologic Strategies for Comprehensive Pain Care: The Consortium Pain Task Force White Paper
CDC	Centers for Disease Control (CDC) Guidelines on Prescribing Opioids for Chronic Pain, 2017
ACP	Qaseem et al. 2017: Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians
Mayo Nahin	Nahin et al. 2016: Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States (Mayo Clinic)
Yuan-Chi	Lin, Yuan-Chi et al. 2017: Using Integrative Medicine in Pain Management: An Evaluation of Current Evidence
VA/DoD	U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guidelines. Diagnosis and Treatment of Low Back Pain, 2017.
Colorado	Colorado Division of Workers' Compensation. Low Back Pain Medical Treatment Guidelines, 2014.
Manchikanti	Manchikanti et al. 2013. Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain.

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Social Media

Let's Keep the Momentum!

Share your Engagement using **#AACIPM**

Twitter: **@AACIPM**

LinkedIn: **linkedin.com/company/aacipm**

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Planning Your Breaks

- There are 10 minutes between each session to allow for the transition of speakers, and for attendees to move and stretch

- Get comfortable! Have a glass of water and some healthy snacks nearby