Behavioral Health as Part of Comprehensive Pain Care & Payment Design

Symposium

Nov. 12, 2020 | 12:00-2:30PM ET

Host:

Alliance to Advance Comprehensive Integrative Pain Management (AACIPM)

in partnership with

American Psychological Association



Welcome and Context for Symposium



Amy Goldstein, MSW

Director

Alliance to Advance

Comprehensive Integrative

Pain Management



Behavioral Health as Part of Comprehensive Pain Care & Payment Design

Connecting the Dots
Towards a Paradigm
Shift





Thank You

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



Special thanks to our fiscal sponsor, The Pain Community





AACIPM Sponsors

Paradigm Shifter

Foundation for **Chiropractic Progress**

Leader





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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



AACIPM is a Multi-Stakeholder Collaborative

Mission is to align and activate key stakeholders in shared interest to advance access to comprehensive integrative pain management

- 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/





Why AACIPM is Needed

- Almost all clinical guidelines recommend first-line use of nonpharmacological treatments = not happening in practical terms.
- AACIPM engages SME to illustrate ROI when integrating pain care.
- Need collaboration payors, providers to change status quo.
- Need coordinated efforts to improve access/utilization of conservative, non-pharm therapies and self-mgmt earlier
- CIPM avoids greater expense long term (surgeries, imaging)
- Important: CIPM includes pharmacological & nonpharmacological options, *right care at the right time*.
- Evidence is mounting showing cost-avoidance, improved function/quality of life, plus improved satisfaction of providers



AACIPM Core Work = Increase Access to CIPM

Advancing a Paradigm Shift with Policy and Practice Change



- Address Equity Issues
- Build Awareness
- Connect the Dots
- Engage Stakeholders
- Coalesce Around CIPM



- Practical Examples
- Resources for
 - Patients
 - Providers
 - Payors
 - Policymakers



- Partnerships
- Purchaser Education
- Benefit Design Workgroup
- Business Case
- Incr. Access/Drive Utilization



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What Do We Know About Pain?



Figure 5: The Biopsychosocial Model of Pain Management



What is Comprehensive Integrative Pain Management?

Focused on the **whole person**

Evidence-based, person-centered, interdisciplinary, coordinated, conservative care

Moving from "What's the matter with you?" to "What matters to you?"

AACIPM Compass: keeping people with pain at the center of our focus





Objectives for Today:

- Increase awareness among key stakeholders about behavioral health as part of comprehensive pain management.
- Discuss the practical realities that exist for people with pain, providers, and purchasers of healthcare when it comes to integrating various therapies for pain and increasing utilization and quality outcomes.
- Provoke thought and action among stakeholders to advance a paradigm shift that aligns payment design and delivery of patient-centered care





Attendee Screen View – Q&A/Chat

- Use "Q&A" to submit a question to the speakers.
- Presenters will respond to questions via Q&A and verbally
- Use "Chat" to ask hosts about troubleshooting and to receive information from hosts







Access Symposium Materials

- Agenda
- Presenter Bios and Slides
- Post-Meeting Feedback Survey
- Recordings (coming soon)

painmanagementalliance.org/bhp





Social Media

Keep the Momentum Going! Use #AACIPM

Twitter: @AACIPM @APA

Linkedin.com/company/aacipm

linkedin.com/company/american-psychological-association





Planning Your Break

12:15-1:20pm ET = First Session/Panel

1:20-1:30pm = Break

1:30-1:35 = Mindfulness Exercise

1:35-2:30pm ET = Second Session/Panel

Sessions will be recorded and available as a resource



Welcome and Context for Symposium

Co-Moderators



Denise Giambalvo
Vice President
Midwest Business Group on Health

Stephen Gillaspy, PhD
Senior Director, Health Care Financing
American Psychological Association







Welcome and Context for Symposium



Denise Giambalvo

Vice President

Midwest Business Group on Health





Midwest Business Group on Health

The source for leading health benefits professionals

- Over 130 members HR/health benefits professionals from mid, large and jumbo employers, including coalitions, hospitals, health plans, pharmaceutical manufacturers, wellness vendors, consultants and professional associations – covering over 4 million lives
- Employer members **spend more than \$12 billion annually** on health benefits
- Activities focus on the Purchaser Perspective:
 - o Education, networking and benchmarking
 - Health benefits research
 - o Community-based initiatives
 - Health benefits purchasing





Pain Management is Important to Employers

2018: MBGH launches *Addressing Pain Management & Opioid Use* toolkit

Why?

- Overuse of opioids costs employers nearly twice as much (\$19,450) in medical expenses on average annually than non-abusers (\$10,853)
- 65% of HR professionals surveyed by The Hartford said opioid addition is having a financial impact on their company
- More than 1/2 of Americans live with chronic or recurrent pain
- 40% of Americans say pain interferes with their mood, sleep and the ability to do work or have enjoyment in their lives

IOM (Institute of Medicine). 2011. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Washington, DC: The National Academies Press. http://www.nap.edu/catalog.php?record_id=13172



AACIPM & MBGH Collaborate

March 2020: Employer advisory board on comprehensive integrative pain management

Key Learnings:

- Low back pain is one of the most common reasons for physician visits and the most common cause of job-related disability
- There is significant variability in reported insurance coverage of integrative therapies even though almost **all clinical practice guidelines** recommends **starting with non-pharmacological therapies** for low back pain
- Employer respondents reported inconsistencies with their processes to manage health care cost and quality
- Well-being/whole person approach is a focus for employers



Today

In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record The New Hork Times

Lack of access to drugs leads to lower tolerance = higher risk of overdose

Isolation: no access to group counseling sessions; limited or no emotional support system



Welcome and Context for Symposium



Stephen Gillaspy, PhD
Senior Director, Health Care Financing
American Psychological Association





About APA

APA is the leading scientific and professional organization representing psychology in the United States, with more than 121,000 researchers, educators, clinicians, consultants and students as its members.



Focusing on the behavioral health aspect of pain management is a component of APA's approach to addressing the opioid crisis.

APA wants to increase availability and adoption of psychological and behavioral (nonpharmacological) **Pain Management** interventions to reduce OUD prevalence.

- Expand the number of psychologists trained to provide pain management services
- Increase research funding awards that inform best practices for psychological and behavioral approaches to pain management
- Ensure adequate reimbursement and insurance coverage policies to support universal access to appropriate psychological and behavioral pain management services