

National Landscape in Comprehensive Pain Management

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Director, AACIPM

**UVM Integrative Pain Management
Conference**
May 7, 2021

**Connecting the Dots to
Expedite a Paradigm Shift**



Alliance to Advance
Comprehensive
Integrative
Pain Management

AACIPM is a Multi-Stakeholder Collaborative

Our 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/



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A Grant-Funded Initiative

Thank you to David and Lura Lovell Foundation, the primary funder for the AACIPM Initiative, A Paradigm Shift to Advance Comprehensive Integrative Pain Management.



Thank you to our fiscal sponsor, The Pain Community.



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What is Comprehensive Integrative Pain Management?

Focused on the whole person

Includes **biomedical, psychosocial, complementary & integrative health, spiritual care, shared decision-making, and self care**

Moving from *“What’s the matter with you?”* to
“What matters to you?”

More details:

painmanagementalliance.org/engage/what-is-cipm/

History of AACIPM:

painmanagementalliance.org/about-us/history/



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Snapshot of Past Decade Federal Efforts Chronic Pain

2010: NIH contracted with the IOM to make recommendations ***“to increase the recognition of pain as a significant public health problem in the United States.”***

2011: IOM report, 100M people w pain; called for a cultural transformation & ***“a comprehensive population health-level strategy” to address these issues.***

2016: IPRCC released National Pain Strategy, A Comprehensive Population Health-Level Strategy for Pain. Released in 3/2016.

2017: Landmark legislation (Section 101 of CARA) mandated creation of HHS Pain Management Best Practices Task Force & VA’s Whole Health Initiative Pilot.

2018: 21st Century Cures and Pain SUPPORT Act adopted.

2020: HHS Pain Management Task Force Report released 5/2020.

2021: CARA 3.0 pending as comprehensive bill for SUD/pain

Snapshot of Past Decade Federal Efforts Chronic Pain

More info here: <http://bit.ly/ag852>



S.524 - Comprehensive Addiction and Recovery Act of 2016
114th Congress (2015-2016)



PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE REPORT

Updates, Gaps, Inconsistencies, and Recommendations

FINAL REPORT

Advanced by Passage of CARA, Veterans Connected to Whole Health Increased by 193%

CARA 3.0, (S. 987), was introduced March 2021, ⁶

Connecting More Dots: Federal Efforts Chronic Pain

More background: <http://bit.ly/ag852>

Connecting the Dots: IOM (Now NAM), CARA 3.0 and Whole Person, Multidisciplinary Pain Management

by AACIPM | Apr 30, 2021 | Connecting the Dots | 0 comments

by Amy Goldstein, MSW, Director, AACIPM

CARA & WORK OF
AACIPM

WHAT MATTERS TO
YOU?

VETERANS WHOLE
HEALTH

NAM AS A
CATALYST

CARA, CARA 2.0,
CARA 3.0

CARA 3.0 EFFORTS
& WHAT'S NEXT

What Do We Know About Pain?

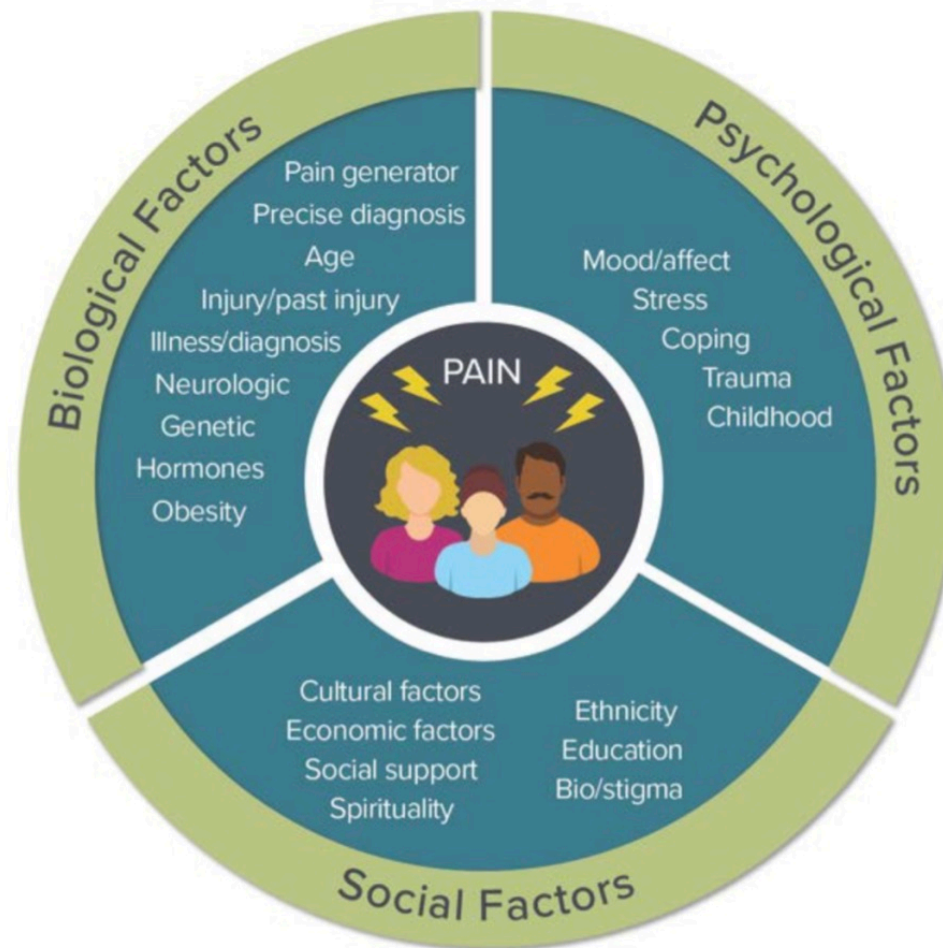


Figure 5: The Biopsychosocial Model of Pain Management

Connecting Dots Around VA's Whole Health Initiative Pilot

The Connector – Guest Spotlight: Kavitha Reddy

by AACIPM | Mar 25, 2020 | Connecting the Dots | 0 comments

Kavitha Reddy, MD, Whole Health System Clinical Director, Veterans Health Administration, was one of five presenters during the [focus group](#) facilitated by AACIPM and Midwest Business Group on Health on March 4 in Chicago, Illinois.

Dr. Reddy shared some exciting preliminary findings from VA's Whole Health initiative, such as veterans with chronic pain who used whole health services had a 3-time reduction in opioid use compared to those who did not use whole health services.

A challenge in complementary and integrative health is examining the effectiveness of approaches that have not been tested through formal research. VA researchers are conducting studies to determine which approaches are truly safe and effective. This information can help clinicians and people with pain make informed decisions about treatment options. Read about these outcomes and more in the [VA Center for the Evaluation of Patient Centered Care \(EPCC\): Whole Health Flagship Site Evaluation](#).



Advanced by Passage of CARA, Veterans Connected to Whole Health Increased by 193%

Thanks to a directive in [CARA \(2016\)](#), the Veterans Administration radically changed its approach to health care and is piloting the Whole Health Initiative in 18 sites.

In April 2021, the Veterans Administration released [initial findings from this pilot](#) showing an increase in Whole Health services to Veterans by 193%.

The Whole Health approach to care features conventional clinical care (such as pharmacy, medical care, or counseling) and complementary and integrative care (such as acupuncture or yoga) working together as part of an overall treatment plan.

Veterans who used Whole Health services to manage their chronic pain used opioid medications three times less compared to those who did not, and the pain outcome measures improved. Those who used Whole Health services reported being able to manage stress better and noted the care they received as being more patient centered. These results indicate improvements in Veterans' overall well-being.



Challenges to Implementing Quality Pain Management

Stigmatization, misperceptions of people, pain a root cause	Person-centered care, “What Matters to You”; 50M+ people have to piece this together w limited resources
Public awareness, Education key to cultural transformation	Decades of bias; quality pain care requires all tools in toolbox; culture change; need more alignment among provider groups
Workforce supply & demand	Inadequate training, interprofessional knowledge; Need pipeline for all communities
Financial incentives are misaligned	i.e., FFS, copays, value based models need more provider/payor and non-traditional partnerships
Business case data for decision-makers is vital	Lack of agreement across providers and payors as to what models are scalable, sustainable; more effective research translation, implementation, dissemination
Logistics & cultural barriers	Integration of conventional clinical care & CIH is hard; differences in provider approaches, EHR compatibilities
Practical access for people who are underserved	Access requires <u>solving</u> all of the above (e.g., work w HRSA-funded AHEC Scholars on supply side; support providers w quality pain training, share solid state examples w business case data; collaborate w patients, regulators, provider groups, schools, etc. to encourage non-traditional partnerships and pipeline for future



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How AACIPM is Addressing These Challenges

AACIPM is a Multi-Sector/Stakeholder Convener, Leader, Expert Hub, Educator, Collaborator, Connector, and Supporter to Advance Multidisciplinary, Multimodal, Whole Health Pain Management.



AACIPM is a Multi-Sector Hub for Whole Person-Centered Pain Management



Examples: How AACIPM is Addressing These Challenges

Focus on Employers/Self-insured groups to change benefit designs

AACIPM partners with payors, purchaser/business coalitions, providers, researchers, and patients to create business cases and a repository of practical tools to aid in implementing change.



More than half of covered lives are through employer-sponsored health plans

Mar 2020: Focus Group with AACIPM and Midwest Business Group on Health

Pictured (left to right): David Elton, United Health Ventures; Alyssa Wostrel, AACIPM; Leah Hole Marshall, Washington Health Benefit Exchange; Amy Goldstein, AACIPM; Daniel Blaney-Koen, American Medical Association; Christine Goertz, Duke University; Lance Luria, Mercy Care Management; Kavitha Reddy, Veterans Health Administration



National Alliance, AACIPM partner to help employers address pain management for employees

Examples: How AACIPM is Addressing These Challenges

Connecting Dots to Increase Momentum, Echo Chamber

Spotlight: Duke and AACIPM are Aligned in Identifying Clinical Examples of Integrated Pain Management (IPM)

by AACIPM | Jun 30, 2020 | Connecting the Dots | 0 comments

AACIPM unites many stakeholders who are leading important work to advance whole person oriented, integrative and integrated pain management. This includes Duke University where many of their leaders are focused on changing the paradigm in how pain management is being provided.

“Poorly managed pain, a key contributor to opioid misuse and use disorders, continues to be a significant public health problem in the time of Covid-19. Multidisciplinary integrated pain management programs can significantly reduce the burden of pain, but are not well-resourced or implemented.”



Roundtable at Duke – February 2020

Connecting the Dots: Vermont as a Case Study

Building Momentum to Advance Whole Person Pain Management

The Challenges of Culture Change

Roundtable: Implementing Integrated Pain Management: Lessons from North Carolina Health Systems and Beyond

by AACIPM | Jan 21, 2020 | Connecting the Dots | 0 comments

Reflections on the Duke Integrated Pain Management Conference

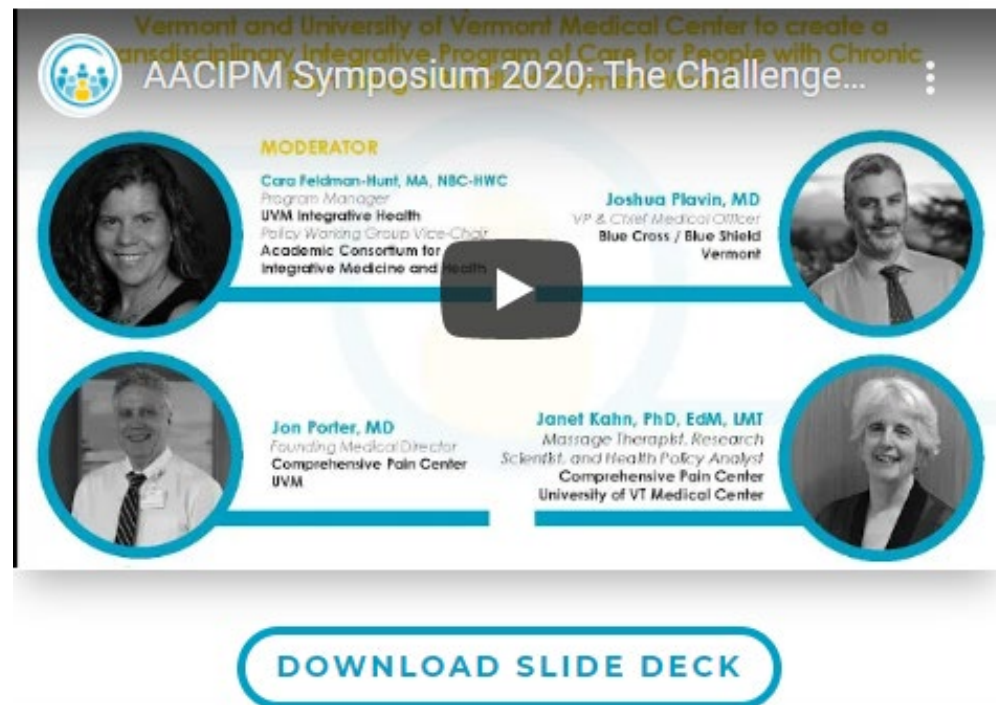
by AACIPM | Feb 19, 2020 | Connecting the Dots | 0 comments

By: Adam Seidner, M.D., M.P.H., CMO, The Hartford

Spotlight: Duke and AACIPM are Aligned in Identifying Clinical Examples of Integrated Pain Management (IPM)

In 2021-22, AACIPM is partnering with the **Duke-Margolis Center for Health Policy** and **Duke Department of Orthopaedic Surgery** to help disseminate work informed by findings from their **Roundtable on Integrated Pain Management**, including four case studies of successful integrated pain management programs and more.

Reflections from a Partnership between Blue Cross/Blue Shield of Vermont and University of Vermont Medical Center



Vermont and University of Vermont Medical Center to create a **transdisciplinary integrative program of care for people with chronic pain**

AACIPM Symposium 2020: The Challenge...

MODERATOR

Cara Feldman-Hunt, MA, NBC-HWC
Program Manager
UVM Integrative Health
Policy Working Group Vice-Chair
Academic Consortium for
Integrative Medicine and Health

Joshua Plavin, MD
VP & Chief Medical Officer
Blue Cross / Blue Shield
Vermont

Jon Porter, MD
Founding Medical Director
Comprehensive Pain Center
UVM

Janet Kahn, PhD, EdM, LMT
Massage Therapist, Research
Scientist, and Health Policy Analyst
Comprehensive Pain Center
University of VT Medical Center

DOWNLOAD SLIDE DECK

from AACIPM May 2020 symposium, painmanagementalliance.org

Examples: How AACIPM is Addressing These Challenges

Two more case studies about successful integration of pain management – West Virginia and Texas

AACIPM's Story about WVU Comprehensive Integrative Pain Management in Action

by AACIPM | Jul 30, 2020 | Connecting the Dots | 0 comments

You may have seen this excellent panel discussion during [AACIPM's May Symposium](#) with Dr. Clay Marsh, Dr. Rick Vaglienti, and Julianne Speeney about the transformation at West Virginia University Medicine Center for Integrative Pain Management to approach pain in a comprehensive integrative way. **Click "Read the Article" found on the American Medical Association's microsite, [End the Epidemic](#).**

"While pain care is often fragmented for the patient due to numerous barriers and inconsistent care protocols, we strive to achieve best practices and treat the whole person," said Rick Vaglienti, MD. **"We are fortunate to have a team of many health care professionals that work together under one roof to treat pain of all types."** he added.



AMA's story Texas FQHC Develops Integrative Model for People with Pain | Advocacy Efforts to Improve Access

by AACIPM | Feb 5, 2021 | Connecting the Dots, In the News | 0 comments

New story in American Medical Association's microsite, [End the Epidemic](#)

People with acute and chronic pain, especially those who are underserved, face significant challenges accessing person-centered, multidisciplinary, comprehensive integrative pain management. This bulletin is focused on multi-stakeholder efforts – innovation, progress, and opportunities – to improve access to integrative pain care for people who are underserved.

"We know from best practices that patients' pain care must be individualized, so we created our own program that – based on their preferences – allows them to choose from a larger toolkit," Dr. Kohli said.



Examples: How AACIPM is Addressing These Challenges

Education Advocacy and Awareness

2020 Symposia Breaking Down Silos — Connecting the Dots



As a result of attending:



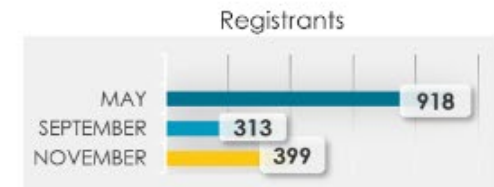
of participants are motivated to act or change



changed opinion about body of evidence for CIH

"This was the best-run online webinar I have participated in, and I've participated in many over the years. It's like AACIPM has set up a new base camp on the way to Mount Everest!"

– Eric Schoomaker, MD, PhD, FACP - Lt. General U.S. Army, retired, 42nd Army Surgeon General



AACIPM "is taking the lead in integrative pain care." – John Weeks, The Integrator Blog

Examples: How AACIPM is Addressing These Challenges

Nimble response to address need for scholarships for this May 7 conference for providers caring for underserved!



Scholarship Form: UVM Integrative Pain Management Conference for Healthcare Providers Caring for the Underserved

Thank You!

More Information About AACIPM

- **Email:** amy@painmanagementalliance.org
- **Website:** painmanagementalliance.org
- **Sign up** for monthly newsletter, announcements, updates at bottom of any webpage
- **Hashtags:** #aacipm #cipm
- **Twitter:** @aacipm
- **LinkedIn:** <https://www.linkedin.com/company/aacipm/>



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