

Digital Pain Technologies: Promises and Problems

Unpacking Equitable, Whole Person, Multimodal Pain Care in the Context of Responsible, Real-World Solutions

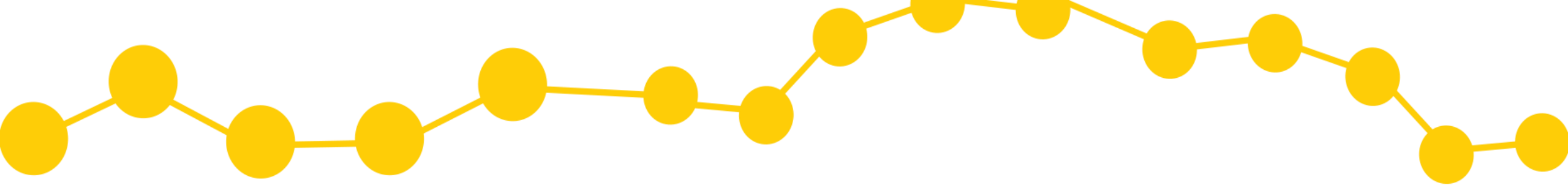


Alliance to Advance
Comprehensive
Integrative
Pain Management

May 1-2, 2023

Cornell University, Ithaca, NY

Amy Goldstein, MSW, Director, AACIPM



Thank You



Cornell University



**Co-funded by
the European Union**

Amy Goldstein, MSW

Director, AACIPM

Founder, Healthcare Collaboratives, LLC

Most recently Director, Advocacy & Alliance Development, Academy of Integrative Pain Management before it closed in 2019 after 30 years.

Founded Healthcare Collaboratives, LLC in 2019 to continue mission-driven work.

In the healthcare field 25+ years, promoting whole person-centered care for people living with renal failure, cancer, chronic pain, rare diseases, substance use disorder, mental health issues, multiple sclerosis.

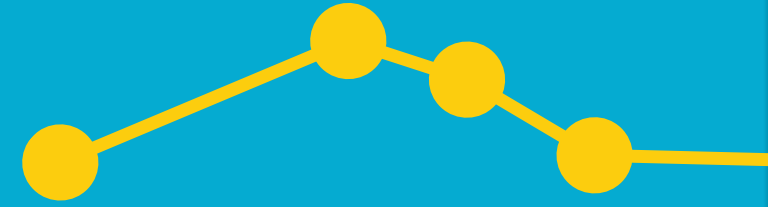


Alliance to Advance
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Website: painmanagementalliance.org

Social Media: @AACIPM

AACIPM



The Alliance to Advance Comprehensive Integrative Pain Management is:
A multi-stakeholder collaborative. It is a nimble, grant-funded initiative.

Stakeholders Include:

People with Pain | Payers | Purchasers | Healthcare Providers | Academia | Government Agencies | Advocates | More

The Connection that Brings Everyone Together:

- Belief that BioPsychoSocialSpiritual pain management is the gold standard.
- Barriers exist that hinder access; one key barrier is payment.
- Desire to collaborate to improve access to quality pain care for all.

Outputs:

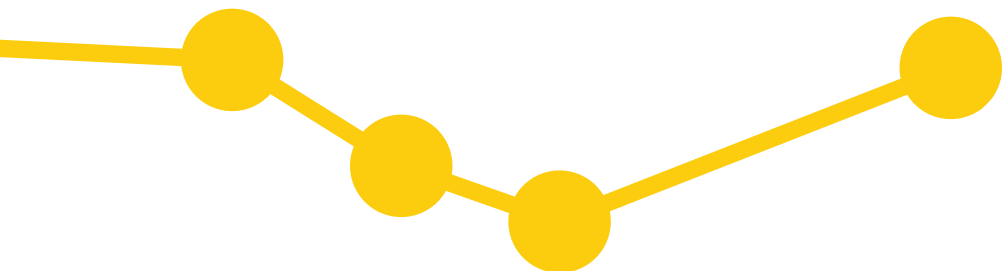
Strategic Digital Communication | Policy Advocacy | Education & Awareness



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**AACIPM CONNECTS THE DOTS TO
ADVANCE EQUITABLE, WHOLE PERSON,
MULTI-MODAL PAIN CARE.**



Prevalence of Pain

Chronic pain is the #1 cause of disability globally.



1 in 5 Americans experiences chronic pain.



Billion in Expenses & Lost Productivity

BioPsychoSocial Pain Care is the Gold Standard but Not Accessible for Many, Especially Underserved

“Clinicians, practices, health systems, and payers should vigilantly attend to health inequities and ensure access to appropriate, affordable, diversified, coordinated, and effective pain management care for all persons.” April 23, 2023



Inconsistent Perspectives & Language?

10 The Demise of Interdisciplinary Chronic Pain Management and Its Relationship to the Scourge of Prescription Opioid Diversion and Abuse

[Get access >](#)

Michael E. Schatman

<https://doi.org/10.1093/med/9780199981830.003.0010> Pages 205–218

Published: July 2018



Integrated and Comprehensive Pain Management Programs: Effectiveness and Harms

Comparative Effectiveness Review, No. 251

Investigators: Andrea C. Skelly, Ph.D., M.P.H., Roger Chou, M.D., Joseph R. Dettori, Ph.D., M.P.H., M.P.T., Erika D. Brodt, B.S., Andrea Diulio-Nakamura, Ph.D., Kim Mauer, M.D., Rongwei Fu, Ph.D., Yun Yu, M.S., Ngoc Wasson, M.P.H., Shelby Kantner, B.A., and Shay Stabler-Morris, B.A.

Rockville (MD): [Agency for Healthcare Research and Quality \(US\)](#); 2021 Oct.

Report No.: 22-EHC002

Overcoming Barriers to the Implementation of Integrated Musculoskeletal Pain Management Programs: A Multi-Stakeholder Qualitative Study

Published date

January 9, 2023



Topics

[Value-Based Payment for Care Delivery](#)

> *J Altern Complement Med.* 2019 Mar;25(S1):S86–S94. doi: 10.1089/acm.2018.0420.

A Replicable and Sustainable Whole Person Care Model for Chronic Pain

Kathryn A Hansen^{1 2 3}, Lindsey C McKernan^{1 2 4}, Susan D Carter^{1 2}, Cynthia Allen^{1 2}, Ruth Q Wolever^{1 2 3 4}

Pain Medicine, 22(2), 2021, 430–443

doi: 10.1093/pm/pnaa417

Advance Access Publication Date: 26 January 2021

Original Research Article

OXFORD

The Resurrection of Interdisciplinary Pain Rehabilitation: Outcomes Across a Veterans Affairs Collaborative

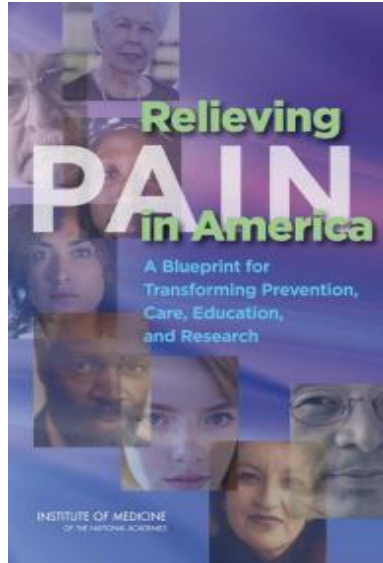
Jennifer L. Murphy, PhD,^{*,†} Sarah A. Palyo, PhD,^{‡,§} Zachary S. Schmidt, PhD,[¶] Lauren N. Hollrah, PsyD,^{||} Evangelia Banou, PhD,^{*} Cynthia P. Van Keuren, PsyD,^{|||} and Irina A. Strigo, PhD^{‡,§}

Consistent Findings/Messages from HHS, Lack of Implementation

2011 (IOM)



NATIONAL ACADEMY OF MEDICINE



March 2016 (after 5 years)



Interagency Pain Research Coordinating Committee



Comprehensive Addiction & Recovery Act, 2016

Public Law 114-198 signed July 22, 2016

Sec. 101 – Establishes an interagency Task Force, led by Dept. of HHS, to develop best practices for chronic & acute pain mgmt

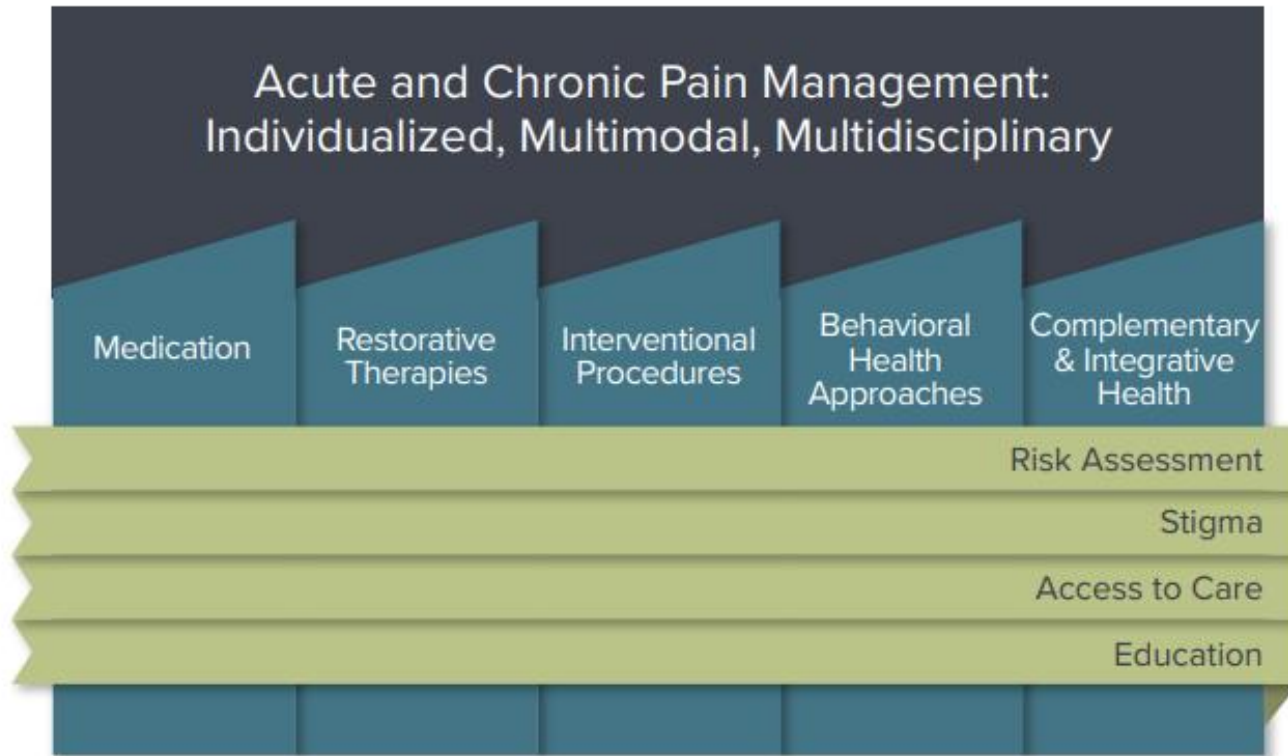
May 2019 (mandate, 2 years)



"The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources."

- Need for a cultural transformation in the way pain is viewed and treated
- Gold standard is comprehensive, person-centered, interdisciplinary (e.g., biopsychosocial) approach to care

Acute and Chronic Pain Management: Individualized, Multimodal, Multidisciplinary



U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>



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CIPM TOOLBOX



IMPORTANT FACTORS

Trauma-Informed Care
Education
Risk Assessment
Stigma

SOCIAL FACTORS

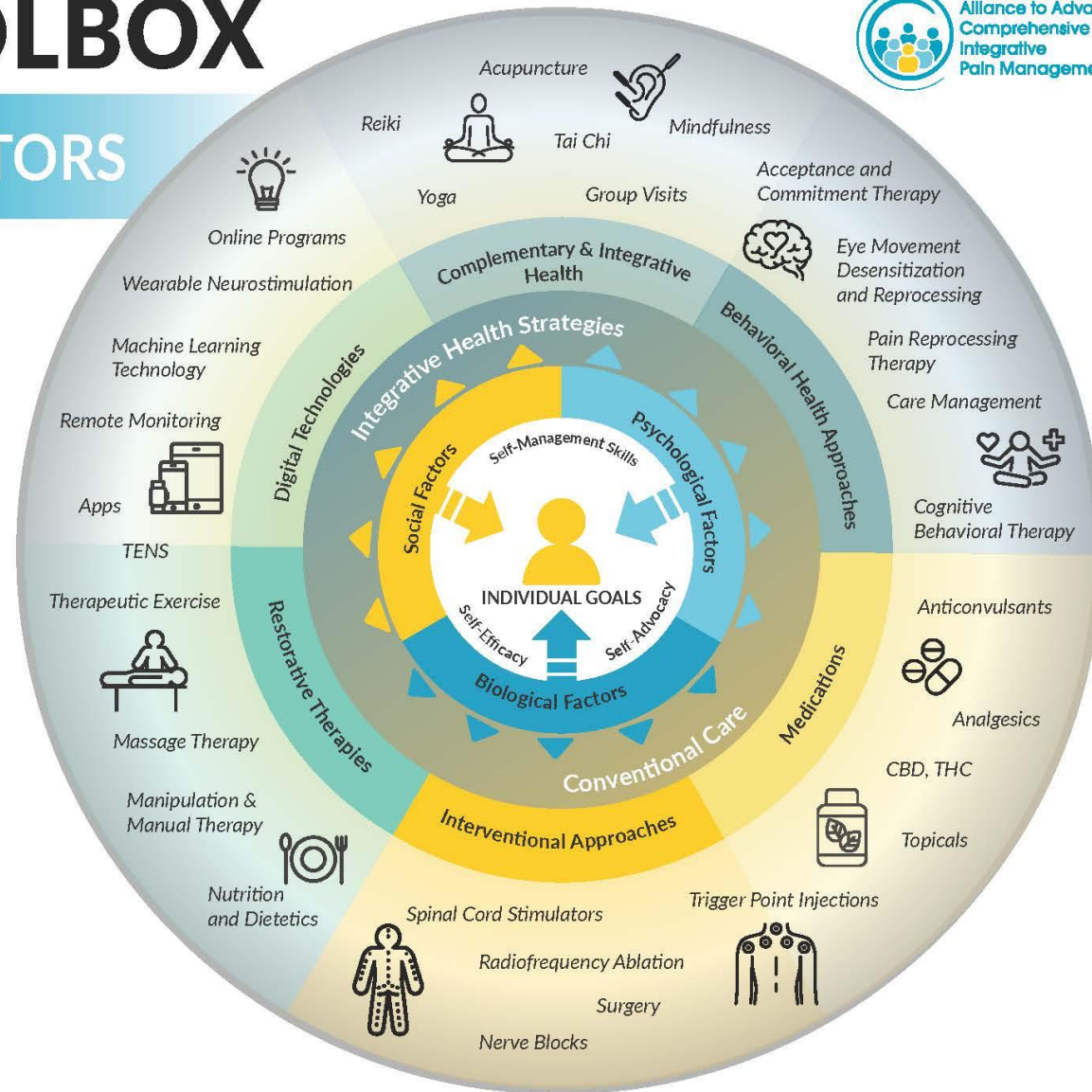
Environmental
Stigma
Cultural
Racism
Discrimination
Housing
Transportation
Food Security

PSYCHOLOGICAL FACTORS

Mood
Stress
Coping
Trauma
Isolation

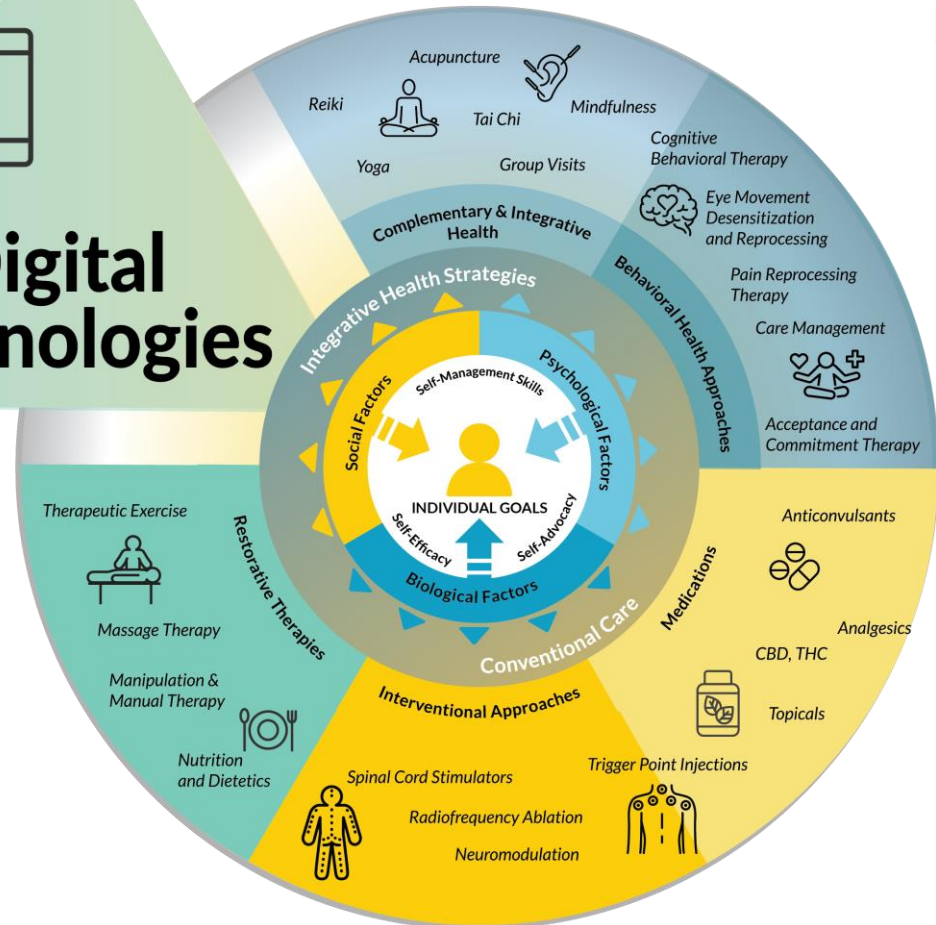
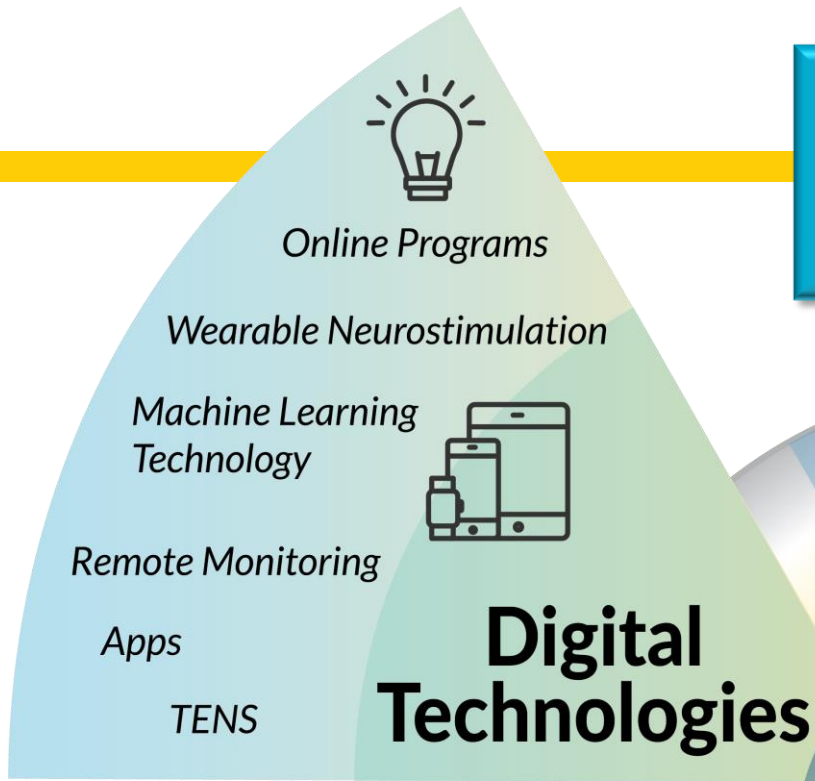
BIOLOGICAL FACTORS

Age
Injury/Past Injury
Illness/Diagnosis
Neurologic
Genetic
Hormones
Nutrition
Metabolic Health



AACIPM offers this visual tool to illustrate and increase awareness of the various therapies that may be a part of whole person, multidisciplinary, multi-modal, evidence-informed, integrative pain management. This does not represent an exhaustive list of interventions, and not all interventions will be covered, covered without limits and/or without patient out-of-pocket cost.* Most services must be provided by a licensed or credentialed health care provider or community-based service provider.

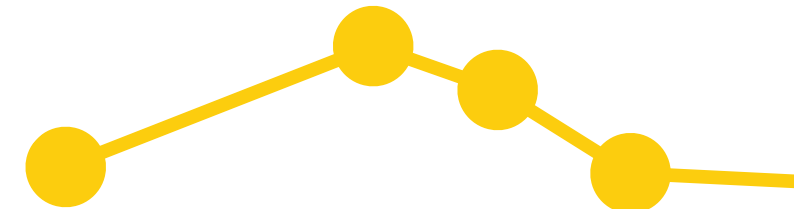
BioPsychoSocial Pain Tool



From HHS Task Force Report:

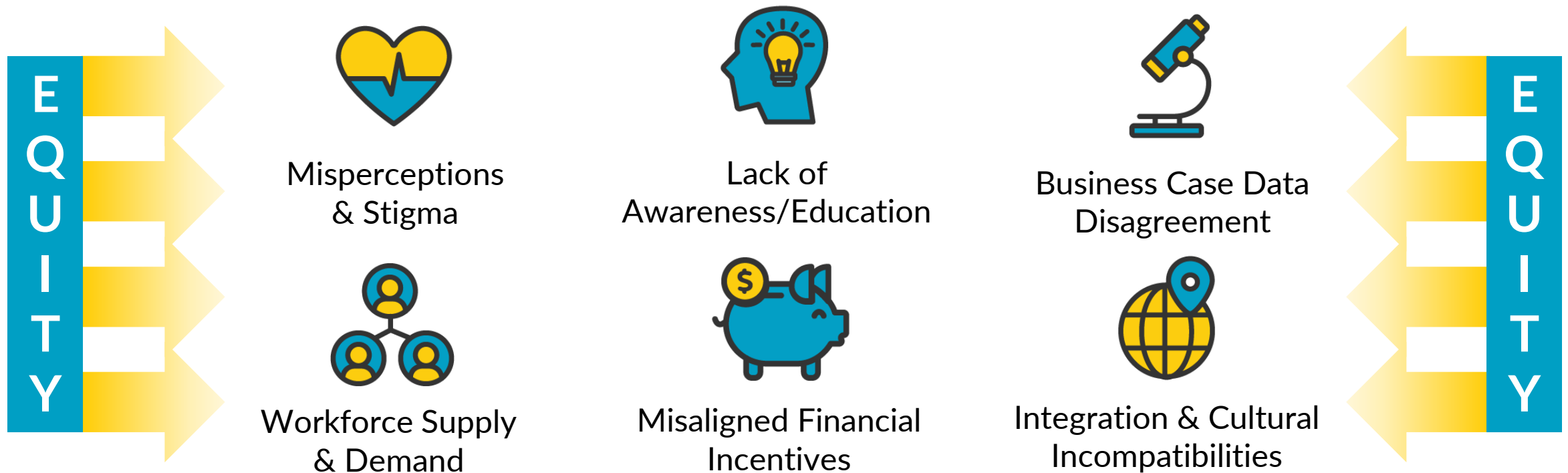
- Restorative Therapies
- Complementary & Integrative Health
- Behavioral Health Approaches
- Medications
- Interventional Approaches

AACIPM Added:
Digital Technologies



CHALLENGES

Why is evidence-based, guideline-concordant, multimodal care **inaccessible** for many people, especially those who are underserved?



Recent Market Analysis

Prescription Digital Therapeutics U.S. Market Landscape for 2023: Current status of PDT commercialization and upcoming launches

Posted by Jeff Liesch, Darya Volgina, Corey Nessim, Devin Murphy, and Casey Samson on March 22nd, 2023.

“The top therapeutic areas for PDTs are CNS (119), Cardiometabolic (18), Gastrointestinal (11), Oncology (9), and Women’s Health (5)”

“The top indications for PDTs are anxiety disorders (12), pain (9), multiple sclerosis (9), depression (8), ADHD (7), and migraine (6)”

<https://bluematterconsulting.com/prescription-digital-therapeutics-us-market-outlook-2023/>

“Noisy” Space, Some BioPsychoSocial Oriented Examples

Digital Interventions Promote:

- **A Whole Person Focus**

- Helping People See, Feel Things in a Different Way
- BioPsychoSocial Integration

- **Addressing Key Barriers, Equity**

- Lack of Access, Education
- Workforce Supply & Demand
- Misaligned Financial Incentives
- Misperceptions & Stigma

- **Precise, Unbiased Data Collection**

- Improve Clinical Care
- Address Lack of Objective Pain Data from Claims / EHR



What is Best for a Person with Complex Pain?

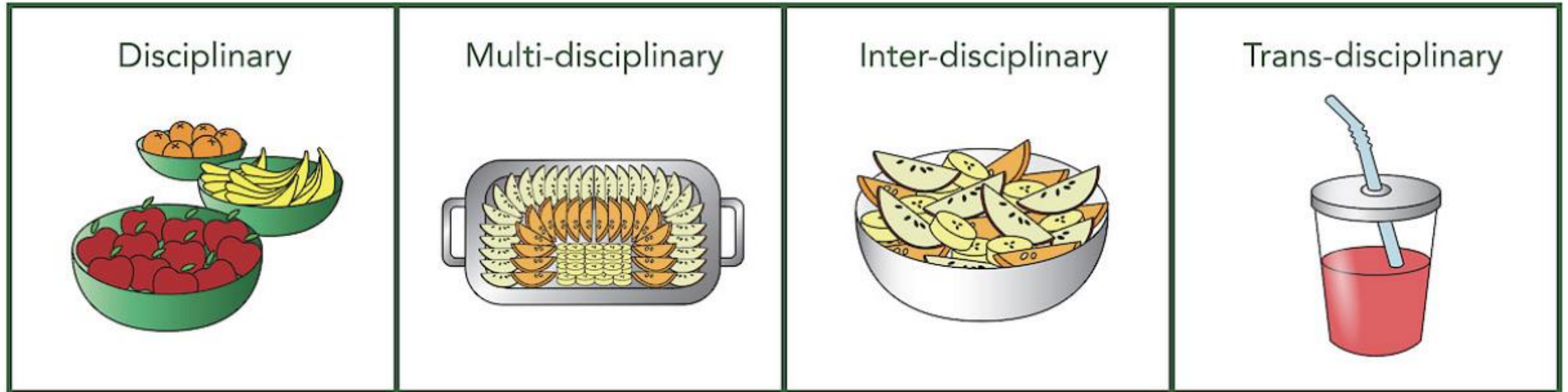


Figure 1. Different Disciplinary approaches represented by fruit. "Disciplinary vs. inter-disciplinary vs. multi-disciplinary vs. transdisciplinary, represented by fruit." by Emily Nastase, UMCES Integration and Application Network, 2017.



In Closing

For Discussion:

Are the advances in digital technologies addressing access to equitable, responsible pain care?