

The National Movement Towards Comprehensive Integrative Pain Management

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(AACIPM)

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Alliance to Advance Comprehensive Integrative Pain Management

AACIPM is a multi-stakeholder collaborative uniting leaders representing purchasers of healthcare, public and private payors, health care providers, people with pain, researchers, government agencies, federal medicine, policy experts, policy makers, patient/caregiver advocates, and more.

We are connecting the dots in shared interest to improve access to quality, safe, evidence-based, individualized pain care that is oriented to the whole person.

Participating Stakeholders

Executive Branch agencies

Payors

Purchasers of Healthcare

People with Pain/Consumers

Patient/Caregiver Advocates

Research

Non-Governmental Organizations

Healthcare Provider Organizations

Healthcare Entities

Government Relations/Policy Experts



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

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 <http://painmanagementalliance.org/engage/what-is-cipm/>

Why is AACIPM Needed?

- We are in a time of innovation in pain management
- Healthcare fragmented; “find-it-fix-it”; high \$ waste in low value care
- Consumers want a whole person-oriented approach to health care
- Focus ↓ reliance on prescribed opioids & ↑ access to all evidence-based tools in the toolbox.
- Confusion in conflicting recommendations or information overload from many different guidelines.
- Financially sustainable models of coordinated, value-based pain care have been difficult to achieve
- Sharing resources and promoting collaboration between payors/providers is key
- Need for coalescence – there is ample evidence available but can be inconsistent interpretations
- AACIPM focuses on person-centered care informed by evidence and connected to quality outcomes

AACIPM Core Work

Improve Access to CIPM

Practical Resources to Shift Pain Care Delivery & Design

Focus on Person-Centered and Value-Based Care

Connecting and coalescing multi-stakeholders around a common interest for evidence-based, affordable, quality, multimodal, individualized pain care that achieves consistent outcomes for the person with pain.



Pain Policy Congress



CIPM Practice Examples



Purchaser Education



White Papers

Focus Group with Purchasers of Healthcare

Some reactions at the end of March 4 focus group with employers and subject matter experts

“Network and finding good providers and quality referrals is an issue that is very location dependent and especially challenging if you are rural. The main issue is how to find good providers – how to take a data driven approach that’s not proprietary to an insurer and make that information publicly available.”

“This is not just an opioid issue – it’s a pain management issue. We’re on the right road with the integrative approach.”

“There is a lot of discussion around find it and fix it quickly. Many will say the opioid misuse crisis has been confounded by that. The health care system and fragmentation around how things are paid for have forced quick fixes or less expensive fixes. If paired with quality outcomes, people start to see it differently.”

Seminal reports about pain management

- **Institute of Medicine, 2011, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research***
- **National Pain Strategy, 2016, implementation includes**
 - Professional Education and Training
 - Public Education and Communication
 - Disparities
 - Prevention and Care
 - Service Delivery and Payment
 - Population Research
- **HHS Pain Management Best Practices Inter-Agency Task Force report, 2019, Updates, Gaps, Inconsistencies, and Recommendations**
 - Legislative mandate through CARA; multi-stakeholder task force



PAIN MANAGEMENT AND ACCESS TO CARE

DID YOU KNOW?



50 million

adults in the United States have chronic daily pain.



19.6 million

adults experience high-impact chronic pain that interferes with daily life or work activities. And many of these patients **face significant barriers accessing care.**



The use of an individualized, **multidisciplinary approach** for chronic pain across various disciplines, **using one or more treatment approaches** helps to improve outcomes.



Addressing barriers to **access to care** is essential in improving the management of acute and chronic pain, **enabling patients and clinicians to use clinically indicated treatment modalities**, including medication (opioid and non-opioid), restorative therapies, interventional approaches, behavioral approaches, and complementary and integrative health.



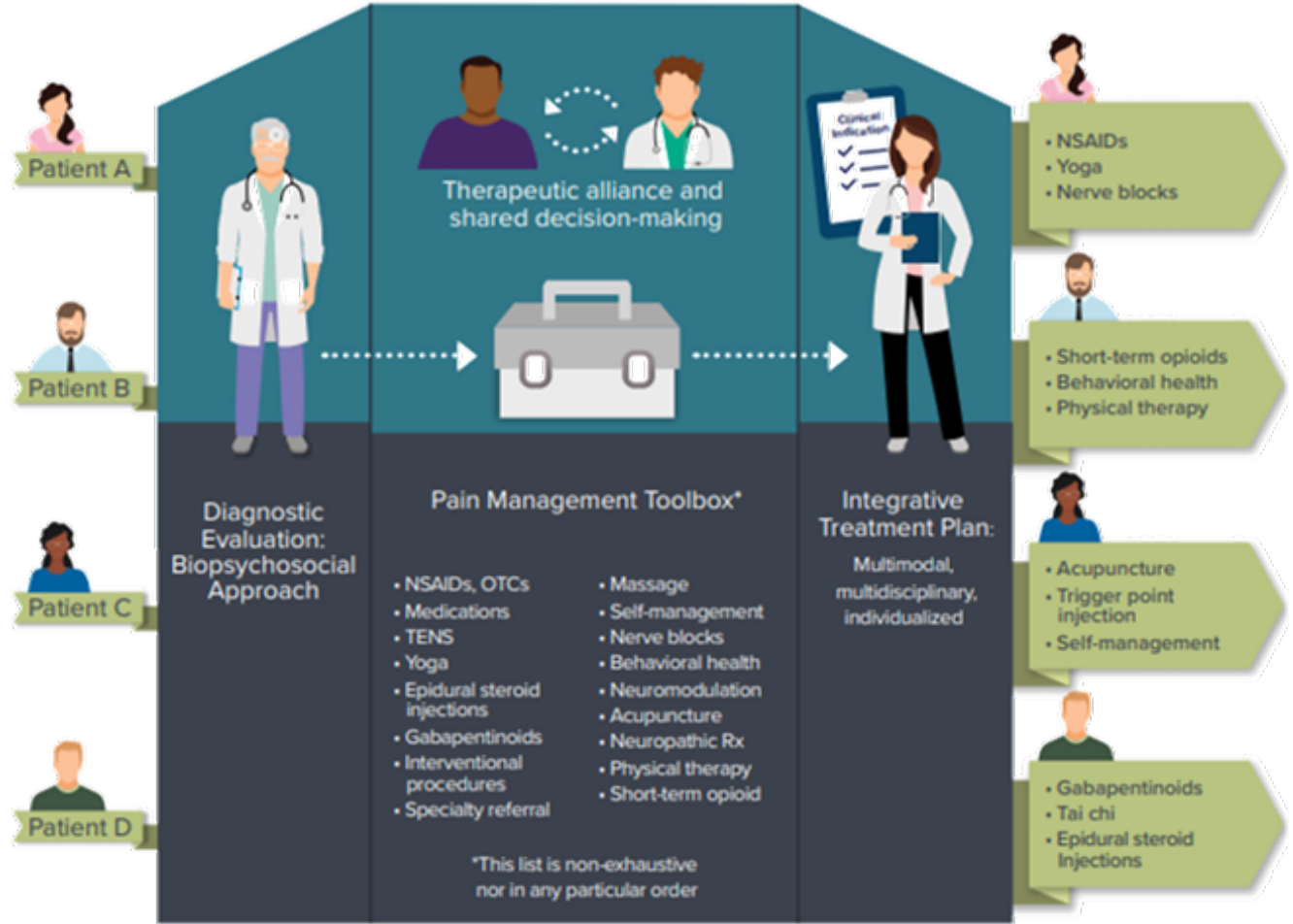


Figure 6: Individualized Patient Care Consists of Diagnostic Evaluation That Results in an Integrative Treatment Plan That Includes All Necessary Treatment Options

Thank you!

Questions or Feedback

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Visit www.PainManagementAlliance.org