

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/perspectives-ama/the-ama-opioid-task-force-calls-for-individualized-care-for-patients-with-pain/11303/>

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The AMA Opioid Task Force Calls for Individualized Care for Patients with Pain

Narrator:

Individualized healthcare is critically important, and this is especially true for patients with chronic pain or who suffer an acute injury. But there are barriers to such individualized care—barriers that the AMA Opioid Task Force are working to remove, and it's also the issue we'll be exploring today.

Welcome to ReachMD. On this episode, we'll hear from several leading experts in pain medicine who we caught up with at a recent Task Force meeting to talk about ways to help patients with pain. Let's hear from them now.

Dr. Ring:

Hi. My name's David Ring, M.D., Ph.D. I'm Associate Dean for Comprehensive Care at Dell Medical School at The University of Texas at Austin. I'm the Chair of the Patient Safety Committee for the American Academy of Orthopedic Surgeons, and I'm a member of the AMA's Opioid Task Force.

Orthopedic surgeons are starting to appreciate the role of mental and social health and getting comfortable after surgery and injury, the importance of readying people for surgery, the value of social roles and meaningful activity and comfort, and the knowledge that ongoing requests for opioid medication after the body's healing is well established tends to reflect stress, distress, and misconceptions about the recovery process.

Dr. Nagpal:

My name is Ameet Nagpal. I am a Physical Medicine and Rehabilitation Specialist, and I am the AAPM&R's physician delegate to the AMA Opioid Task Force, and I went into physical medicine and rehabilitation because I firmly believe that patients deserve to have as good outcomes as they can regardless of their disability, and physical medicine and rehabilitation specialists are the experts in treating patients with disabilities from a variety of causes, such as spinal cord injuries, traumatic brain injuries, amputations, etc. Naturally, from all of these complications of neuromusculoskeletal diseases, patients commonly suffer from chronic pain and/or acute pain, and as a physical medicine and rehabilitation expert, I think it is vital for us to be engaged in the process of ensuring that patients have adequate access to healthcare for all sorts of reasons, especially for chronic pain and acute pain.

Dr. Stanos:

I'm Steven Stanos, representative for the American Academy of Pain Medicine on the AMA Opioid Task Force. I chose a career in pain management really related to my background as a physical medicine and rehabilitation specialist where we took care of patients with significant disabilities that, in this case, pain affecting very significant parts of their life. So, I chose, pain medicine to really help those patients with chronic pain who can present in very different ways and trying to help them to improve their quality of life and improve their function.

Narrator:

Drs. Nagpal and Stanos were asked to explain why individualized care for patients with chronic pain is so important.

Dr. Nagpal:

Individualized healthcare is critically important for patients across our nation. Every single patient suffers differently, and every single patient feels differently about individual diagnoses. So, if we take two patients who have the same diagnosis, they will present absolutely differently most of the time. So, for us to assume that the same treatment pattern and the same treatment plan for both of those patients would work, even though they present differently, simply because they have the same diagnosis, I would argue is foolish

and unfair to our patients and to society.

Dr. Stanos:

It's important for individualized care decisions rather than a one-size-fits-all approach for pain because any patient that presents with a chronic or acute pain condition needs to be kind of considered under this framework of which we describe as a biopsychosocial approach. So, that implies looking at the biologic factors, the psychologic factors, and the social factors that are impacting that person's pain and the pain-related suffering, and so assessing that also includes the same model when you develop a treatment plan, so biologically, psychologically, and socially, you know, focusing your treatments on those different areas. If you apply a one-size-fits approach like maybe, for example, just focusing on what the patient's pain score is and, you know, only one type of treatment will work for that type of intervention or, or problem, you're many times going to fail, and so the, the one-size-fits approach really is not good because of the complexities of patients who are presenting with chronic pain and really the need for a biopsychosocial assessment and treatment plan.

Narrator:

Orthopedic surgeon, Dr. David Ring, shared his thoughts on a novel approach to pain management within his practice.

Dr. Ring:

We've put together a toolkit for safe and effective alleviation of pain and optimal opioid stewardship that includes practice strategies, readiness tactics and checklists, screening measures, instructional handouts, and talking points. We feel part of each surgeon and surgeon group's strategy should be to avoid the treatment of persistent pain with opioids and to avoid extended-release opioids among other tactics. When pain becomes an illness, we need to collaborate with our social and mental health experts.

Narrator:

We asked these Task Force members about some of the priority issues needing to be addressed on the policy front to help patients with pain starting with Dr. Ring.

Dr. Ring:

Healthcare policy often reflects a reductionist biomedical view that considers social factors and mental health factors separate from physical symptoms and physical limitations. These are inseparable, and a whole person biopsychosocial approach would lead to policies that better promote social and mental health.

Narrator:

Dr. Nagpal focused on overcoming barriers in access to treatment.

Dr. Nagpal:

Currently, it is very challenging to get multimodal therapy approved for many patients unless they are on the upper echelon of their healthcare insurance plans. The lower tier and middle tier plans have very little access for patients to more expensive treatment options be it procedural, pharmacologic, or even things like physical therapy, which can be expensive but still necessary for many patients. The out-of-pocket expense for many patients for a physical therapy visit is, for example, 40 dollars. So, if you're going to physical therapy three times a week over six weeks or eight weeks, you can imagine that adds up extremely high for patients in low socioeconomic groups, and so I believe that if I could change one thing about healthcare policy for patients with pain, it would be to improve access to treatment options outside of more traditional treatment options such as opioids, and, of course, we're here for the AMA's Opioid Task Force, and we firmly believe that it is in the best interest of society and our patients to minimize the use of opioids and use opioids rationally for those patients who truly need them.

Narrator:

Closing out the discussion, Dr. Stanos considered reimbursement as another important driver toward pain management reform.

Dr. Stanos:

If I could change one policy, and I think all of the members of American Academy of Pain Medicine would probably feel the same way, is not only to improve access to care for patients but also reimbursement because, you know, if we are going to apply a comprehensive approach for patients and use pharmacologic and nonpharmacologic interventions, we really need to improve the access and the coverage at multiple levels. For example, you know, decreasing the number of copays patients need to pay for repeated services improving access for education and reimbursement for those types of interventions, which many times is not covered at all, and so without having access and reimbursement for those types of treatments, it's really hard to incentivize healthcare industry and systems to change their ways and to really add more education-based, more behavioral interventions for pain that we know can help patients but I think have been somewhat forgotten with some of the policies that have been focused on the opioid epidemic where we've forgotten to really focus on not only just opioids and decreasing opioids and selecting patients more appropriately but also doing a better job at

improving, you know, true access to the nonpharmacologic interventions and also make it so, again, hospital systems, clinicians are really incentivized so we can really see some change and those, those types of services are actually more available for patients.

Narrator:

That was Drs. Ring, Nagpal, and Stanos offering their perspectives on how we can better help patients with pain. To learn more on this topic or to find other episodes in this series, visit ReachMD.com/AMA, where you can be part of the knowledge. Thanks for listening.