



**AAPM Participates in the Institute of Medicine (IOM) Committee Meeting on
Advancing Pain Research, Care, and Education
February 8, 2011**

The American Academy of Pain Medicine participated in the public session of the IOM Committee on Advancing Pain Research, Care, and Education meeting that was held on February 8, 2011 in New Orleans, LA. This was the third of seven scheduled meetings for the committee and the second of two anticipated public meetings.

AAPM Executive Director, Philip A. Saigh, Jr., addressed the Committee on behalf of the Academy. The remarks focused principally on one of the three areas this Institute of Medicine committee is seeking to advance: pain education within the context of the charge to “identify barriers to appropriate pain care and strategies to reduce such barriers.” It is AAPM’s position that more robust education and training of physicians—pain medicine specialists and other clinicians alike—will produce dividends in both research and on-the-ground pain care.

The Academy acknowledged that there are myriad barriers that often prevent the delivery of effective care that would assuage the suffering of patients with intractable pain. A few examples included:

- Availability of physicians in rural areas and lack of access to specialists
- A reimbursement structure that sometimes de-incentivizes a multi-modal, individualized approach to pain care
- Lack of research to identify new treatment modalities and to determine the effectiveness of existing treatments

AAPM exhorted the IOM committee to examine these barriers and others. But the Academy has particularly focused its strategic efforts on barriers related to education and training. Currently, there are significant gaps in pain medicine education. Many physicians have not been equipped to properly evaluate and treat pain, and the type of care given can vary significantly from one physician to the next—even among physicians specializing in pain medicine. Especially problematic are the following issues:

- Education and training that are insufficient in scope and duration
- Education standards that lack uniformity; and
- Credentialing standards that are inconsistent.

We also commented on AAPM’s work towards a more unified, rigorous, and effective model of education, and commented on how the Academy has developed initiatives across the three stages of medical education. First, the Academy is working to improve

medical school pain curriculum. There is a dearth of instruction in pain-related topics in medical school, leading many medical students to miss the opportunity to acquire a solid foundation for their future clinical exposure to patients with pain.

To address this, the Academy is supporting efforts to identify the core knowledge domains related to pain that all medical students should master before graduation. We are also committed to seeing this defined body of knowledge rendered into curricula that would be suited for medical schools. The vision within the Academy is to ensure that pain medicine become an integrated element within the learning objectives for medical schools across the country. Addressing pain from the start of formal medical education will help to raise the competency of all physicians in understanding, diagnosing, and treating pain.

Second, the Academy is committed to improving graduate medical education for those who are specializing in pain medicine. Currently, formal training consists of a one-year fellowship after a multi-year residency in another specialty. Many agree that the one-year fellowship is inadequate to cover the breadth and depth of the field. The Academy's position is that a more comprehensive model would involve three to four years of residency training in pain medicine. Accordingly, the Academy developed a four-year residency curriculum to demonstrate how this training would unfold. Moving from a one-year fellowship to a residency, however, will likely be an evolutionary process. Extending the fellowship from one year to two is one intermediate step that the Academy is currently exploring in discussions with other medical specialties with a demonstrated stake in pain medicine. In order to achieve the objective—establishment of bona fide pain medicine residency programs—pain medicine will need to be recognized as a primary medical specialty. While achieving specialty status is a complex process involving consensus building among numerous partners, the benefits to pain education and training would be substantial. Among other things, it would facilitate:

- Consistent medical school and post-graduate medical education;
- Less variability in care and treatment protocols;
- More uniform credentialing standards; and
- Enhanced respectability for the medical specialty that serves the largest single patient concern: pain.

Lastly, the Academy is continuing to offer current, evidence-based professional pain education to practicing physicians. Along with offerings aimed at the pain medicine specialist, the Academy also provides education programs to equip physicians from other specialties. One example of this is the Academy's long-standing conference on the "essentials" of pain medicine, which is attended by primary care physicians and experienced pain specialists alike. Another is an education collaborative the Academy is engaged in with the Federation of State Medical Boards and the patient advocacy group, the American Pain Foundation. Together, these three organizations are building a comprehensive educational program to fill the knowledge deficit relating to the safe and effective prescribing of opioids. This education, built on the expertise and experience of pain medicine specialists, has the potential to impact the practices of physicians nationwide, mitigating both the crisis of prescription drug abuse and the crisis of undertreated pain. In designing its continuing medical education efforts, the Academy is seeking to improve pain care from primary care through the tertiary levels.

In summary, the Academy has enlisted its resources to make a concerted advance against the barriers to better pain education. It our hope that AAPM's efforts described above will prove to be helpful to the IOM Committee on Advancing Pain Research, Care, and Education as it seeks to develop recommendations to overcome barriers to better pain care.