

## PRESIDENT'S MESSAGE

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As 2008 comes to a close, we in the Pain Medicine community have many reasons to be proud of our accomplishments while also recognizing that much work remains to be done before our goals can be achieved. Getting the medical community to understand and accept the idea that both the practice of pain medicine and the patients we serve will benefit if Pain Medicine is recognized as a medical specialty is not something that will happen overnight. Changing people's perceptions is never a simple task.

I am encouraged, however, by the signs I see all the time that the logic of our arguments is beginning to take hold. We are moving inexorably forward, and I am hopeful that we are getting closer and closer to the tipping point, when the momentum of all those who have come to accept the wisdom of our ideas finally breaks down the resistance of those who stubbornly resist change often for no reason other than that's the way it has always been done.

Achieving specialty recognition and developing Pain Medicine residency programs are probably the two most significant goals we have set for ourselves. But if Pain Medicine is to reach its full potential, we must strive for much more than those two important milestones. We must also strive to address the day-to-day needs of pain care practitioners and pain sufferers. To that end, I want to focus this message on a couple of efforts within the American Academy of Pain Medicine (AAPM) that perhaps do not receive the attention that higher profile efforts do, but are nevertheless just as important to our efforts to address the needs of our members and their patients.

### **Medicare/Medicaid, Other Regulatory Agencies, and Coding and Reimbursement Issues**

AAPM continues to fight the good fight with the Center for Medicare/Medicaid Services (CMS) for recognition of codes and reimbursements that conform to the latest developments in Pain Medicine and that meet the needs of pain care practitioners. It is an unglamorous but critically important task.

Among the most recent efforts on AAPM's behalf are the following:

- Surveying and revaluing the intrathecal pump and stimulator codes as a result of the fact that CMS identified that the site of service has changed from a predominant inpatient setting to the outpatient setting.
- Working with several other societies to combat CMS's decision to refuse coverage for IDET, which was based on a flawed analysis of data and which would create a higher standard of proof for coverage than any other pain procedure.
- Addressing CMS concerns regarding overutilization of numerous procedures, such as facet injections.
- Working with several other societies to respond to (and hopefully reverse) the decision by Washington State Health Technology Assessment agency to deny coverage for intrathecal analgesic therapy for individuals obtaining healthcare under Washington State worker's comp program.
- Reviewing National Council on Compensation Insurance edits and CMS's coding edit proposals.
- Helping numerous members deal with reimbursement and coding issues involving Current Procedural Terminology.

I want to thank all those who have labored on AAPM's behalf with regard to coding and reimbursement issues. All who practice Pain Medicine benefit from your efforts owe you a debt of gratitude.

### **Lobbying Efforts**

Any organization that desires to serve its members' best interests must seek to have its voice heard in Washington, DC. Ten years ago, AAPM, together with the American Pain Society and the American Association of the Study of Headache, formed the Pain Care Coalition (PCC) for the purpose of influencing federal healthcare policy on behalf of those who practice Pain Medicine and those who suffer from pain. Four years ago the ASA joined the PCC to add their support to this work.

The PCC, acting through its Washington-based lobbying firm, Powers, Pyles, Sutter & Verville, P.C., continues to work on all our behalves to take positions on federal legislation that are important

to pain care practitioners. Among the successes in 2008 are passage in the House and Senate of the Veterans Pain Care Act (which explicitly acknowledges the validity of certification by the American Board of Pain Medicine); introduction of the Military Pain Care Act in the House; introduction of a Senate bill that is the companion to the National Pain Policy Act of 2007 that was introduced in the House last year; and working to boost funding within the VA for a major expansion of pain treatment capabilities throughout the VA system. As I write this message, the 110th Congress is rushing toward adjournment, but further action on one or more of these measures is still possible in the waning days of the Session.

Our participation in the PCC has raised Pain Medicine's profile in the corridors of power and given us influence on pain-related legislation and regulation. It is important work, and all too often taken for granted. We all owe thanks to those who work on our behalf on these key issues, including those members who have spent time writing, calling, and meeting with their representatives to make our voices heard.

#### **AMA Membership**

The AAPM remains active in the AMA, particularly through the Pain and Palliative Medicine

Specialty Section Council, which gives our organization the opportunity to work with other organizations toward improving pain care. A notable accomplishment was the approval of Resolution 321 in the AMA House of Delegates (HOD), which requires that the AMA convene a meeting of stakeholders to define the specialty of Pain Medicine. This resolution received widespread support from a number of specialties and subspecialties, reinforcing the fact that no single existing ABMS specialty fully represents Pain Medicine.

I conclude with a final note of appreciation for those AAPM members who also belong to the AMA. Because we have met the threshold requirement that at least 35% of our members are also members of the AMA, AAPM will be able to keep its seat in the AMA HOD and will continue playing a key role in developing pain care policies from within the AMA. Our HOD seat is another critical part of our efforts to raise Pain Medicine's profile, and the fact that it will continue for another year is good news for all of us.

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