PRESIDENT’S MESSAGE

The Science and Practice of Pain Medicine: A Needed Meeting of Our Minds and Skills

The American Academy of Pain Medicine (AAPM) and members of the pain community have a good reason for optimism in 2009. Important developments are occurring simultaneously on many fronts. The success of our annual meeting this year reflects a satisfying confluence of excitement about our rapidly developing translational science and hope about our growing evidence-based practices.

We—our specialty, our patients, and our science—are on a roll, and there is much to be accomplished to maintain our momentum.

Advances in public understanding of the societal burden of chronic pain and appreciation for the issues affecting pain treatment progressively galvanize public support for better treatment. Resulting legislation will lead to policy changes that ultimately will improve the training of providers and the care of patients. Congressional pain bills recently signed into law are now being implemented in the Veterans Health Administration and the Department of Defense. We anticipate that a strong cooperative effort with our Pain Care Coalition (PCC) partners and organizations, such as the American Pain Foundation, the Pain Care Forum, and the American Cancer Society, will lead to passage of HR 756 in Congress (see below) and increased National Institutes of Health (NIH) funding for pain research and education. The AAPM continues its collaboration with other professional organizations such as the International Spine Intervention Society (ISIS), the North American Spine Society (NASS), and the American Society of Anesthesiologists (ASA) to improve understanding of the value of pain treatments and reimbursemens for our treatments. There is growing recognition within and outside medicine that, for our society as a whole, responsibility for improved pain care, presently an orphan of several specialties whose primary interests lie elsewhere, will improve significantly only with the advent and development of pain medicine as a distinct specialty, unencumbered by its parent specialties’ primary interests and attention to other medical issues. Pain—its research, training, and management—is our focus, and our only focus. Our public, the tens of millions of patients with chronic pain and their relatives, friends, and employers who are concerned about them, deserves our strong advocacy. In turn, their concerns, translated to those with responsibility for public policy on health care, must help us ultimately achieve recognition of the specialty of pain medicine by the American Board of Medical Specialties (ABMS). Not taking action to recognize pain medicine’s specialty status only perpetuates the well-documented status quo—inadequate training of most doctors in pain management, inadequate training of pain medicine specialists whose brief training usually reflects their specialty of origin, not the needs of the population, continued fragmentation of specialty care, inadequately funded research, and inadequate and cost-ineffective treatment of pain. The public suffers, business costs rise, and the health care system goes broke—not a pretty picture. Fortunately, the public’s voice is being heard in legislative bodies and in organized medicine, as we shall see in my discussion of the American Medical Association (AMA) below. Our patients’ and our hopes rest on mobilizing our collective will. This year, we will run a series of reports that focus on the activities of our members related to our mission to the public trust—to care, to teach, and to learn.

2009 Annual Meeting

Our year began with a very successful 25th Annual Meeting in Hawaii. For the first time, the meeting featured an international track, and, despite worldwide economic conditions, we exceeded our attendance projections by almost 15%, with more than 700 pain care practitioners attending from around the world, including Australia, the Bahamas, Canada, China, the Czech Republic, Denmark, Egypt, Finland, Japan, Korea, Mexico, New Zealand, the Philippines, Singapore, and the...
United Kingdom. Our Program Committee, led by co-chairs Todd Sitzman and Perry Fine and with international leaders such as Ji-Sheng Han, Director of the Neuroscience Research Institute of Peking University in Beijing, China, and President of the Chinese Association for the Study of Pain; and Roger Gouke, President of the Faculty of Pain Medicine of the Australia New Zealand College of Anesthetists, continued AAPM’s growing commitment to scholarship by presenting dynamic plenary sessions from world authorities that were supplemented by very strong research presentations. This year, despite more stringent selection criteria for rating of quality, a total of 180 scientific posters were accepted, which represent nearly triple the number accepted for the annual meeting 2 years ago. Six of the best posters were selected by the Program Committee for oral presentations. As usual, our Essentials Course reviewed key areas of pain medicine as updates for experienced pain specialists and other providers, including primary-care physicians and nurse practitioners. Special thanks to our attendees, to the Program Committee, and to the Poster Session Committee, as well as to our capable AAPM staff who contributed in making the Annual Meeting such a success! Please go to our Website to review abstracts and presentations by our plenary speakers, our six “Best Paper” authors, and other poster, symposia, and workshop presentations.

Pain Summit
Concerned about addressing fragmentation in care and inadequate pain medicine training, AAPM leaders have envisioned for several years the need for a pain summit involving all the leading stakeholders in the pain-care community for the purpose of developing a unified vision for achieving Accreditation Council for Graduate Medical Education and ABMS recognition for the specialty of pain medicine.

AAPM leadership has believed that involving the AMA is critically important to hosting a successful pain summit. As a result of the efforts of AAPM’s AMA Delegation (Phil Lippe and Bert Ray), a pain summit is now a real possibility. In June 2008, the AMA House of Delegates approved Resolution 321, which commits AMA resources to help broker a meeting of all concerned. The resolution, among other things, provided that the AMA would “encourage relevant [pain medicine] specialties to . . . convene a meeting of interested parties to review all pertinent matters scientific and socioeconomic.”

Responsibility for implementing the pain care summit was referred to the AMA’s Pain and Palliative Medicine Specialty Section Council (PPMSSC). In turn, the PPMSSC created two committees, an implementation committee and an advisory committee, each chaired by AAPM members (Bert Ray, MD, and Philipp Lippe, MD, respectively). In addition to the AAPM’s representation on the committees, the AAPM will be devoting significant time and effort to ensure that this important summit takes place. An Advocacy Committee of pain medicine leaders has been established, co-chaired by the Presidents of the AAPM (Rollin Gallagher MD, MPH) and the ABPM (Michel Dubois, MD) to shepherd the AAPM’s effort.

Legislative Developments
In the legislative arena, Congress passed two important bills in the fall of 2008 requiring the Department of Defense and the Department of Veterans Affairs to develop comprehensive pain management policies for treating all military personnel and veterans. The AAPM, with its partners in the PCC (AHA, APS, and ASA) and with the American Pain Foundation, was actively involved in these two bills. One of the AAPM’s goals for 2009 will be to monitor progress in achieving the mandates of these bills. I can report firsthand that
both the VA and the military are moving ahead on their new pain care programs and I am optimistic that the goals set by these two bills will be achieved to assure effective pain care for those who now serve and have served our country in the military.

While the National Pain Care Policy Act, another of the AAPM’s top legislative priorities, did not pass both houses of Congress in 2008, I am delighted to report that a new version of the bill has already been introduced in the new February session as HR 756 and has passed the House. If enacted, the bill will authorize an Institute of Medicine Conference on Pain Care, promote pain research at the NIH, provide comprehensive pain care education and training for health care professionals, and launch a public awareness campaign on pain management. Because the 2008 bill enjoyed widespread bipartisan support and because, according to its sponsors, HR 756 has the support of 98 organizations in the pain care community, the AAPM is hopeful that HR 756 will become law in 2009. Please consider getting involved by encouraging your legislative representatives to support this significant measure.

State Initiatives

As the AAPM continues its efforts to establish itself as the voice of pain medicine, it must seek to stay on top of legislative developments and to influence those developments wherever possible, including HR 756. At the federal level, our cofounding of and continuing involvement in the PCC has proved remarkably successful as demonstrated by the mentioned 2008 legislative victories. At the state level, however, our results have been more uneven, and it is here that the AAPM will focus organized efforts.

To that end, the Local Initiatives Committee, chaired by Lynn Webster, MD, submitted a proposal that was accepted by the AAPM board to create more state and local representation in the AAPM. As recently as February 2008, the AAPM had four state chapters (California, Colorado, Idaho, and Utah). Although federal legislation frequently garners most of the attention, state and local laws and policies often play critical roles for pain medicine professionals in their day-to-day operations, including in areas such as accreditation and licensing.

The Local Initiatives plan calls for the AAPM to establish a representative in every state, either by creating a new state chapter or by affiliating with an existing state organization that shares the AAPM’s goals. While we recognize that organizational hurdles remain, the AAPM is committed to pursuing this important goal, and we thank Dr. Webster and his committee for their crucial work on our behalf. I am pleased to report that, as this message goes to press, representatives from an additional 26 states have been recruited to form AAPM chapters or affiliations under the leadership of Dr. Webster’s committee. Please visit http://www.painmed.org/member/committees.html#sect2 if you would like information on how to form such a state chapter or how to participate in chapters that are already formed, or contact the AAPM directly at 847-375-6382. Dr. Webster also invites you to contact him directly at http://lynnw@lifetreepain.com to discuss plans and ideas.

Pain Medicine Textbook

In the education arena, the AAPM is drawing upon the pain medicine expertise of its members to develop what we believe will become the state-of-the-art reference book on pain medicine. Expected to be published by early 2010, the textbook will be a multidisciplinary explanation of pain medicine and its various clinical guidelines that will be written and edited entirely by AAPM members under the leadership of Editors Tim Deer, Vitaly Gordon, Bert Ray, and Sunil Panchal. It will be published in print and electronic forms by Springer, a large science and medical publisher. We are excited about this new textbook and look forward to its publication.

Health Care Reform

On a final note, the new Obama Administration (and its stated goal of significant health care reform) offers the AAPM a unique opportunity to assure that the public health problem of chronic pain and the needs of our many millions of patients are appropriately addressed in planning research, education, and clinical initiatives. The AAPM will play a role in this process as the voice of pain medicine. We will be working both as an individual organization and through our affiliation with the PCC to make sure that pain medicine’s voice is heard and considered in the reform debate and that the AAPM is seen by the new administration as the premiere organization of pain medicine. These efforts will be coordinated by AAPM Board members Scott Fishman (Chair of the Legislative Affairs Committee) and Perry Fine.
Please let other board members, committee chairs, and me know of your interests and concerns so we can put you to work on a committee or in a state chapter—or both. Our organization, the AAPM, will be effective in achieving our ambitious goals for our patients because of your efforts. To repeat an earlier theme, our collective will, manifest by your work on committees and in your communities to strengthen our advocacy for our patients and the public health, will in turn be empowered by their collective will. Together we will achieve our mission to improve the care and the quality of life for patients in pain.

Rollin M. Gallagher, MD, MPH
President, American Academy of Pain Medicine