

## PRESIDENT'S MESSAGE

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As AAPM expands the reach of Pain Medicine to address the public health problem of chronic pain, our collaboration with affiliated organizations plays an increasingly important role. Whether we are developing educational programs, working for specialty recognition, or creating medical student education curricula, we must consider how we can join forces with other organizations to achieve shared goals. Examples include our work with the Pain Care Coalition (PCC), the American Pain Foundation (APF) and others to establish congressional mandates for VA and military pain care and consideration of the NIH pain bill. I'm pleased to be able to report to you about some new and rejuvenated collaborations currently under development.

### Primary Care Initiative

The AAPM Board of Directors has approved primary care initiatives in which AAPM is collaborating with the American Academy of Family Physicians (AAFP), the Center for Practical Bioethics, and the Federation of State Medical Boards (FSMB) to produce a live programming series, *AAFP Live! Pain Management: The Role of Family Physicians in the Treatment of Pain and its Comorbidities* (AAFP Live! Pain), which will consist of five free educational programs in five different cities. The first program was held in October in Greensboro, North Carolina.

Each program features a Pain Medicine physician, a primary care physician, and an ethicist, who will discuss a patient-centered approach to treating pain. The Greensboro program was hosted by Peter Carek, MD, of the AAFP; Myra Christopher, President and CEO of the Center for Practical Bioethics; and by me, as AAPM President. The full series is expected to reach 2,000 primary care physicians. Copies of the book, published by the Federation of State Medical Boards, *Responsible Opioid Prescribing*, and authored by AAPM Board Member and Chair of the Regulatory and Legislative Affairs Committee, Scott M. Fishman, MD, are provided to each program attendee. The sessions are taped and made available to all AAPM members.

As you know, family physicians and primary care internists shoulder most of the burden of caring for chronic pain disorders and diseases. As a specialty we must collaborate with them in devel-

oping and testing clinical programming models for assessment and treatment that assures the public of the best possible care for pain. As health care reform proceeds and attention is paid to pain's contribution to societal health care costs, AAPM is increasingly attuned to the public need for a population-based approach to pain management. At the AAPM in Hawaii last January four presentations described different models of Pain Medicine and primary care collaboration. AAPM Coding and Reimbursement Committee Co-chair Fred Davis, MD, described a model of a network of practices in small southern Michigan cities and towns that he has developed over two decades, centered in Grand Rapids. Former AAPM President and Business Oversight Committee Chair Todd Sitzman, MD, MPH, described a single practice Pain Medicine community model he has recently developed in the small southern city of Hattiesburg, Mississippi. AAPM Board of Directors member Bill McCarberg, MD, presented the challenges of developing a primary care pain management model with pain specialty consultation at Kaiser Permanente in the San Diego area. I presented the VA's stepped care model, now adopted by the VA Health System and its 153 hospital network, that is based on most care being delivered by integrated primary care pain management teams including psychologists, and supported by timely access to Pain Medicine specialty clinics and rehabilitation.

The AAFP Live! Pain educational series aims to promote a population-based approach to pain management that relies on a competent primary care workforce supported by a pain medicine workforce that is competent in a collaborative, community model of practice in a community setting. Patients in pain cannot wait for weeks to months for specialists to provide effective pain control so that they can functionally recover a reasonable quality of life. Our program with AAFP begins addressing the issue of access through education and the development of these community models. Importantly, this series marks the first time that AAPM has officially collaborated with a major primary care organization to advance pain management education.

The AAFP Live! Pain educational series will provide clinical pain management tools for

primary care physicians and discuss ways to improve communication between primary care providers and Pain Medicine specialists in their communities. We anticipate further developments and hope that the Pain Live Series marks the beginning of a long and fruitful relationship.

### SIGs

In further collaboration with primary care providers, AAPM is developing a primary care shared interest group (SIG), co-chaired by *Pain Medicine* Section Editor Matt Bair, MD, MS, and AAPM Board Member Bill McCarberg, MD, to give primary care physicians who are AAPM members a place within AAPM to meet regularly to share ideas, discuss issues of importance, and exchange feedback on the latest developments. Moreover, our primary care colleagues have much to teach Pain Medicine specialists about chronic disease management and evidence-based medicine. We can learn from each other, and the SIG will give us that opportunity. The SIG offering is another indication of AAPM's commitment to our goal of improving communication with primary care physicians and enhancing the relationship within AAPM membership.

### Medical Student Curriculum

Through the strategic leadership of Martin Grabois, MD, VP of Scientific Affairs, the AAPM Board approved a Medical Student Pain Curriculum task force that has been assigned to the Educational Programs Committee (EPC). Chaired by Beth Murinson, MD, PhD, who has developed a novel student curriculum at Johns Hopkins School of Medicine, this task force will rejuvenate the medical student education work done earlier in the decade by AAPM. She reports that there is considerable interest in academic medical circles and data about present programming in medical student education. Beth will be assembling the task force, which will include several AAPM members who were previously involved, such as myself and Fred Burgess, MD, PhD, Scott M. Fishman, MD, as liaison from the Board of Directors, and Charles Guernsey, DO, among others. She will be holding her first task force meeting at AAPM's 2010 Annual Meeting in February. I look forward to reporting more on this important initiative in future President's Messages.

### Local Initiatives

Late last year, the Board created the Local Initiatives Committee. Chaired by Lynn Webster, MD, the committee was asked to develop a strategy for improving AAPM's state and local presence in matters involving pain care. By becoming more involved in local legislative and regulatory matters, AAPM plays a greater leadership role in pain care legislation and regulation, increases its profile within the pain care community, and further cements its reputation as *the* voice for Pain Medicine.

The Local Initiatives Committee is currently determining how to best organize local interests within AAPM. We have four local AAPM Chapters and more than 40 state representatives. The Local Initiatives Committee is charged with making recommendations for how best to organize our state and local resources in order to carry out our mission most effectively. If this initiative is to succeed, we need the participation of committed members who are willing to represent AAPM's and our patients' interests at the state and local level. The local chapters and state representatives are a great start, but we need other members to join them to create a robust local group that can successfully advocate for the practice of Pain Medicine and for our patients. I urge anyone who might be interested in working on behalf of effective pain care legislation and regulation to please contact AAPM and your local colleagues to let us know of your interest. A listing of local leaders can be found at the end of the President's Message in the 10(6) issue of *Pain Medicine*.

### *Pain Medicine* Journal

I'm pleased to announce that AAPM has renewed its contract with Wiley-Blackwell to continue publishing *Pain Medicine* for the next five years. Among the improvements we expect to see in *Pain Medicine* are an increase in annual volumes from 8 to 12 beginning in 2010; an increase in the number of articles; an updated cover; improved overall design; and an enhanced Wiley-Blackwell website. In other exciting journal news, the first issue of *Pain Medicine* in Chinese was published this summer in China. A Chinese editorial board, led by Shenping Zou, MD (who is also Dr. Michel Dubois' colleague at NYU) and Dong Huang, MD, picked articles of interest from 2009 for this issue, which is being well received in China.

These collaborations, as well as other developments still in the planning stages, offer exciting

new opportunities for developing relationships with organizations involved in delivering pain care. I'm particularly enthusiastic about our efforts to reach primary care physicians and strengthen ties within that community as well as establish standards of pain education in medical schools. The exchange of information serves both groups well. Collaborations play a key role in reaching

our goals as an organization. The better we are able to forge partnerships and work with others to achieve mutually compatible goals, the more likely we will be to succeed as an organization.

ROLLIN M. GALLAGHER, MD, MPH  
*President, AAPM*