

PRESIDENT'S MESSAGE

Our Academy, Our Mission, Our Work!

This publication finds me at the half-way point of my tenure as president of the American Academy of Pain Medicine. It is therefore timely to review our academy's goals and progress, reflecting upon and inspecting our work together as a committed and talented group of management team members and volunteer leaders. To share highlights of the year-to-date, I have created a "virtual interview," posing questions (Q's) to key leadership among the various domains of our ongoing initiatives. I trust that you will find their responses to be as informative and inspiring as have I, and that they may motivate you to seek out a position in the Academy's infrastructure of committees and related working groups so that you may exercise your enthusiasm for our mission in similarly tangible ways—and strive to become the next leaders of our Academy. I have asked Phil Saigh, our Executive Director, to lead the way, answering questions designed to provide an overview of our status, with details and perspective to follow, provided by those committee chairs overseeing the various topical areas.

Interviewee: Phil Saigh, AAPM Executive Director

Q: Phil, what are the basic tenets of the AAPM 2011–2013 Strategic Plan?

The AAPM Strategic Plan can be summed up in a sentence: "AAPM will become the recognized authority for appropriate and effective pain care through its knowledge, scholarship, and commitment." These bold words serve to articulate the commitment that the Academy has made to the specialty of Pain Medicine, especially its physician members and their patients.

Specifically, the AAPM Strategic Plan embodies four principal goals:

- AAPM will achieve recognition of Pain Medicine as a primary medical specialty within the ABMS.
- AAPM will expand its educational offerings in the areas of content, audience and format.
- AAPM will advocate for and develop research and scholarship programs with a focus on establishing a repository for the information that leads to pain treatment protocols.
- AAPM will diversify its funding sources and will increase revenue.

These four goals, under the aegis of AAPM's commitment to represent the specialty of Pain Medicine, are the driving forces of virtually all of the Academy's resources.

Q: How is the organization progressing in achieving its goals?

The Strategic Plan became operational with the beginning of the 2011 calendar year. The budget was crafted; the Board adopted its oversight role; and, committee work plans were generated. By mid-2011 AAPM had already achieved several milestones relating to the Strategic Plan.

For example, in the area of **Specialty Recognition**, the Academy has participated in substantive conferences with representatives of the American Society of Anesthesiologists (ASA), the International Spine Intervention Society (ISIS), the American Society of Interventional Pain Physicians (ASIPP), and the North American Neuromodulation Society (NANS) about the future of the field of Pain Medicine. These conferences have been marked by a spirit of cooperation and frankness that will serve to unify the field, allowing us all to speak with a more forceful and influential voice, especially among policy-makers, regulators and payers. Clearly, these organizations are looking toward the bigger picture of how pain care will be delivered in the future.

No less significant are the Academy's efforts in **Education**. In addition to an incredibly successful Annual Meeting in 2011, with an even more ambitious agenda set for 2012, the Academy has launched a collaborative effort with the Federation of State Medical Boards (FSMB), which serves as the conduit to 70 state licensing boards for physicians, and the American Pain Foundation (APF), which represents thousands of individuals (patients) suffering from significant, life-changing, pain. Together these three organizations have prepared a comprehensive educational proposal focused on educating all physicians and other prescribers in the safe and responsible use of prescription opioid medications. While opioids are only one means of addressing chronic pain, they are a means often employed by primary care physicians, and the Academy has stepped forward by recognizing its responsibility in serving as a leading educational entity to help ensure the safe and responsible use of these medicines.

In terms of taking a leading role in the development of **Research and Scholarship Programs**, the AAPM Research Committee has been working hard at establishing a protocol by which AAPM member physicians will be able to collect patient outcomes data in a national

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repository. The plan calls for this data to subsequently be available for studies to determine quantitatively the efficacy of care options provided by physicians. AAPM has had discussions with several external organizations that have developed software and analytics that will support this activity. We plan on having one of these organizations develop applications specifically for the Academy's membership.

Finally, while it may be obvious to state, none of these initiatives can proceed very far without adequate resources to manage them. To that end the Academy has committed itself to identifying **New Sources of Revenue** that can support its programs and activities. One of our most notable successes is the establishment of the AAPM Foundation. Under the leadership of Alex Cahana, MD, President; Charles Argoff, MD, Secretary; and Marsha Stanton, PhD, RN, Treasurer, the AAPM Foundation is positioning itself to be a significant force in fund-raising activities for the profession of Pain Medicine. The Foundation held its inaugural Board of Directors meeting at the AAPM Annual Meeting in March 2011.

Q. What do you see as the most exciting outcome of the Strategic Plan?

From a procedural perspective, I'm excited by the focus that the Strategic Plan has brought to AAPM planning. For several years now, the Academy has been refining its overall strategic planning processes. The 2011–13 AAPM Strategic Plan is a very real outgrowth of that effort. It's most assuredly not something that is "gathering dust on a shelf." Rather it forms the backbone of decision making and resource deployment for the Academy.

In terms of the actual goals themselves, I think the words of Daniel Burnham, the 19th-century architect known for the establishing the "look" of Chicago, speak well of the effort:

"Make no little plans. They have no magic to stir men's blood and probably themselves will not be realized. Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will never die, but long after we are gone will be a living thing, asserting itself with ever-growing insistency. Remember that our sons and grandsons are going to do things that would stagger us. Let your watchword be order and your beacon beauty. Think big."—*Daniel Burnham, Chicago architect. (1846–1912)*

The Academy has laid a significant challenge for itself . . . "AAPM will become the recognized authority for appropriate and effective pain care through its knowledge, scholarship, and commitment." From the perspective of the staff team, this is an exciting and gratifying time to be engaged with AAPM.

Interviewees: Lynn Webster, MD, AAPM Treasurer and Co-chair 2012 Annual Meeting; Sean Mackey MD, PhD, Vice President for Scientific Affairs and Co-chair 2012 Annual Meeting

Q: Gentlemen, would you please provide an overview of how things are shaping up for our upcoming meeting in Palm Springs?

The 2012 annual meeting promises to be one of best meetings AAPM has ever produced. Each year the specialty of Pain Medicine expands its scientific knowledge and the sophistication pain specialists bring to the full spectrum of patients suffering from pain. This year the Academy is inviting leading scientists from diverse areas, such as those who can help us to understand the role of microglia in neurodegenerative diseases—including multiple pain conditions—to those who will discuss the science of skin permeability, absorption and distribution in pain medication delivery. A new and special focus will be on the tremendous challenges the military is facing with pain and rehabilitation and how their cutting-edge work may influence advances in civilian practices. The traditional *Essentials Course* will include important and practical guidance for all physicians practicing pain medicine. Beginner and advanced courses in interventional therapies will be offered in a cadaver workshop. Advanced techniques in ultrasound use in pain management will be taught by leading experts in the field.

And, for the first time, the Academy will offer a comprehensive course in *Safe Opioid Prescribing*, specifically designed to curb opioid misuse, abuse and unintentional overdose deaths. This will be an all day Saturday and half-day Sunday program offering 20 CME credits if all the pre-conference and post-conference assignments are completed. The course will include the *Responsible Opioid Prescribing* program which is a collaborative effort of AAPM, APF and FSMB designed to meet the U.S. Food and Drug Administration's new Risk Evaluation and Mitigation Strategy (REMS) requirements and ensure that prescribers understand how to be compliant with their respective medical boards' and other regulators' expectations.

It will be a grand educational experience in the beautiful, and usually warm, Southern California desert. We look forward to seeing you there!

Interviewee: Scott Fishman, MD, Board Member and Chair, Legislative and Regulatory Affairs Committee

Q: Scott, what is AAPM doing in response to the public health crisis of greatly increased prescription opioid morbidity and mortality, and REMS in particular?

AAPM has engaged with the FDA around appropriate analgesic drug policy well before REMS. We have worked with FDA from the beginning of the REMS process, both behind the scenes as well as publicly in all major hearings and *Federal Register* reports. AAPM produced a thoughtful and comprehensive formal report to FDA that was incorporated into the *Federal Register*. Moreover, we testified at official hearings on numerous occasions. Members should know that their Academy has been instrumental in guiding

balanced policy at FDA and continues to help with REMS implementation.

Q: AAPM is one of the three members of the Responsible Opioid Prescribing Collaborative. What exactly is the ROP Collaborative?

AAPM has partnered with the Federation of State Medical Boards and the American Pain Foundation to create comprehensive educational products that will meet the new opioid REMS requirements. FDA has indicated that they expect REMS solutions to include professional and consumer education. Thus, this Responsible Opioid Prescribing (ROP) Collaborative is an unprecedented joining of the premier professional and consumer pain organizations with the FSMB—the overarching body of the state medical boards that govern the medical standard of care. FSMB produced *Responsible Opioid Prescribing*, a book and has had 200,000 copies delivered to physicians through 20 medical boards. The 2nd edition of the ROP book will be greatly expanded, meeting all requirements of REMS. This collaborative is quite strategic and represents a formative, high level, and comprehensive response, both to REMS and the larger public health issues surrounding the need to optimize outcomes and minimize harms from the use of controlled substances in pain management.

Q: How will AAPM members be able to participate in the offerings of the ROP Collaborative?

The offerings from the collaborative will certainly be available to all AAPM members. However, exactly what will be offered is not completely settled because the FDA has not yet clarified the exact requirements for REMS. AAPM will make this information readily available to all members as plans solidify. Please “stay tuned” by checking the AAPM website on a regular basis.

Interviewee: Ajay D. Wasan, MD, Co-Chair, Research Committee

Q: Ajay, what are the reasons for AAPM’s recent emphasis on outcomes and how is this playing out?

Creating a Pain Treatment Outcomes Repository is a key strategic objective of AAPM, which has been strongly endorsed and developed by the Research Committee. In addition to being a Section editor for *Pain Medicine*, this has been my central focus of activity at AAPM. The main goals are: 1) To encourage individual pain practitioners to collect individual outcomes data at the point of service; 2) To create a research infrastructure within AAPM that enables AAPM to support comparative effectiveness research; 3) To encourage comparative effectiveness research (CER) on a national level by pooling the data from thousands of patients and disseminating free access to the data for scientific investigators, and; 4) To transform AAPM into the premier scientific organization for dissemination of this data to the scientific community. AAPM is only interested in the scientific uses of the repository data. This mission is timely and of great interest to our profes-

sion. This system will allow us to justify the value of our services to payers and will improve the quality of care delivered.

In sum, we have assembled a strong group of AAPM members with interest and expertise in this area—initially under the auspices of the Research Committee and more recently through a special Task Force—assigned to create an operational and business plan that will actualize the goals I’ve outlined. In the short run, I expect that we’ll be ready soon to engage our member to participate in submitting data and use web-based tools to track treatment outcomes. This is a critically important step that goes well beyond the meager limits of simply assessing a patient’s pain intensity and functional ratings at a given point in time. Access to aggregated data on a nationwide level will lead AAPM to be the *only* pain medicine professional organization with the ability to demonstrate the clinical effectiveness of our treatments with a high degree of scientific validity. The system that we employ will allow practitioners to collect data on their own patients in a rapid and economical manner, and it will create a data base from which a research infrastructure can evolve to analyze and report the results.

As Co-Chairs of the Research Committee, Dr. Alex Cahana and I have put forward a model and action plan, endorsed by our committee and the Executive Committee, to realize these goals. Since AAPM does not have the software or information technology infrastructure and expertise to construct such a system, we have been intensively negotiating with several private companies to partner so as to make such a product available to our members. Furthermore, we have worked extensively on a proposal to create the research infrastructure with a home in an academic center. I anticipate that we will close out 2012 with a well-defined operational plan for a data repository and center for pain outcomes research.

Interviewee: Alex Cahana, MD, Chair AAPM Foundation

Q: Alex, why was the AAPM Foundation formed?

The senior leadership and executive board of the Academy through the foundation ad hoc committee, felt that there is a need to establish a viable fundraising entity to support the AAPM strategic plan. The Foundation’s mission is to address pain as a significant public health problem by establishing a specialty in Pain Medicine, advancing physician education and furthering research in the field. The AAPM Foundation board in its inaugural meeting in March decided that as the foundation develops its fundraising plans, it is necessary to prioritize the goal of establishing pain medicine as a specialty within the ABMS.

Q: Why did you accept the position as chair?

As chief of the Division of Pain Medicine at the UW, the birthplace of modern Pain Medicine and the home of several of our national pain leaders, I understand all too well the consequences of poor pain assessment and

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management. Our specialty is struggling to deal with the rising tide of prescription misuse and abuse and non-discriminative use of image-guided procedures in the absence of a more comprehensive treatment program, with resultant poor outcomes among our patients. The need to provide active solutions to this terribly fragmented, inconsistent and unsustainable health care system is severe. I want to be part of the national solution, and as Chair of the Foundation, heading up its mission, provides the opportunity to make a meaningful difference.

Q: Who serves on the AAPM Foundation?

The ad hoc committee recommended a board of eight Members and one Chair that should be composed of a cross-section of constituents considering geographic representation, occupational background, other affiliations and personal profile. De facto, all members have demonstrated leadership in the field of pain medicine, high ethical standards and the willingness to financially support the foundation. Also, all Board Members have shown their ability to “open doors” and obtain federal, corporate and philanthropic support. The Board has representatives from AAPM and ABPM, as well as non-physicians with a long history of interest and involvement in Pain Medicine.

Q: Please explain the initiatives the AAPM Foundation will support.

The AAPM Foundation recognizes the need to increase public and payer awareness, that chronic pain is a disease that requires a specialty for physicians with specific training, and that all pain societies need to have uniform standards of practice based on measuring outcomes. Therefore the AAPM Foundation will support AAPM strategic goals—together with other physician pain societies—the promotion of: a joint submission for specialty certification for the ABMS; a joint submission of treatment guidelines for the national clearing house; and endorsing to its members measurement-based care as standard of care.

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Interviewee: myself (Perry G. Fine, MD, AAPM President)

Further to the promise I made at our recent “State of the Academy” meeting that took place during our annual meeting in Washington, DC, last March, I would like to summarize some of the extraordinary efforts made by our colleagues in their home jurisdictions, under the heading “Local Leadership.” It has been aptly stated that “all politics is local,” and that cannot be over-emphasized, especially at this time in our history when state legislatures are

becoming increasingly involved in issues pursuant to our specialty.

Local Leadership

Colorado

In late February of 2011, Local Initiatives Committee member Lynn Webster, MD and Colorado State Representative Richard Stieg, MD informed AAPM that the Colorado legislature had recently opted not to renew the existing prescription drug monitoring program in Colorado. AAPM drafted a letter in support of Colorado’s Prescription Drug Monitoring Program (PDMP), and sent it to Ms. Edie Sonn at the Colorado Medical Society, and the Centers for Medicare and Medicaid Services (CMS) had plans to introduce a late bill to resurrect the program. To further emphasize the Academy’s support of PDMPs, a copy of an article previously published in *Pain Medicine*, titled “Regulating Opioid Prescribing Through Prescription Monitoring Programs: Balancing Drug Diversion and Treatment of Pain” was provided as well. In late May, AAPM got the good news that the Colorado PDMP would be renewed with funding by the legislature.

Montana

In January of 2011, the Academy signed on to support Montana prescription monitoring program bill HB 83. An action alert provided by the Prescription Drug Abuse Awareness Program at the Montana Department of Justice was sent to all AAPM Montana members by Montana State Representative Michael Schabacker, MD. In April, AAPM learned that HB 83 was signed into law by the governor.

These examples (and I am sure there are several more), demonstrate the power we have to control our destiny on behalf of the public health when we exercise our authority and credibility among policy-makers in a constructive and focused manner. Please become active and exercise your leadership within your own communities, and let us know what you’re accomplishing.

In conclusion, my thanks to all the “correspondents” who have taken time from their busy schedules to provide updates through these interview questions. As AAPM members and *Pain Medicine* readers, your feedback in any way, shape or form will be greatly appreciated. If you are not yet a member, please join today, because, after all, as professionals who care about the health of people living with pain, this is our academy, our mission, our work!

PERRY G. FINE, MD
President