PRESIDENT’S MESSAGE

National Pain Strategy Task Force: The Strategic Plan for the IOM Pain Report

Last month I summarized our work to develop the Institute of Medicine (IOM) report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, which was released in June 2011 and is freely available at: http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-transforming-Prevention-Care-Education-Research.aspx. What has happened since then in the call for a cultural transformation of pain care, education, and research? A lot. And that is the topic of this President’s Message.

Following the IOM report, the National Institutes of Health (NIH) formed the Interagency Pain Research Coordinating Committee (IPRCC). The IPRCC comprises federal and nonfederal members charged with enhancing pain research efforts and promoting collaboration across all levels of the government, with the twin goals of advancing the fundamental understanding of pain and improving pain-related treatment strategies. I served as a founding member of that group until late last year. In essence, the IPRCC’s activities are an outgrowth of the research recommendations from the IOM report. Lead by Dr. Story Landis (NIH National Institutes of Neurological Diseases and Stroke), the IPRCC has currently worked to catalog all NIH/federal grants to identify gaps in research funding and overlap between agencies. The goal is to optimize how the federal government funds pain research nationally.

One of the key recommendations of the IOM report, Recommendation 2-2, was to direct the Secretary for Health and Human Services (HHS) to develop a nationwide plan to address pain prevention, care, education, and research. Not much happened on this recommendation until October 2012, when Assistant Secretary for Health Dr. Howard Koh approached the IPRCC and gave us the task of developing the nationwide plan as recommended in Recommendation 2-2. While many of my colleagues on the IPRCC were enthusiastic about the opportunity, I voiced my resistance, asserting that the IPRCC was a research group and did not have either the resources or expertise to enact such an important and far-reaching strategic plan. To Dr. Koh’s credit, he pragmatically addressed my challenge by stating that the Office of the Assistant Secretary of Health (OASH) was embroiled in other priorities and if the IPRCC did not come up with the plan, it would not happen for years. Clearly, we chose to take on the task.

Dr. Landis assembled an Oversight Panel and put Dr. Linda Porter (NIH Health Science Policy Advisor for Pain) and myself in charge. Dr. Landis also brought Dr. Tara Schwertz on board to support the NPS effort. We ultimately assembled six working groups (WGs) that represent the themes of the IOM pain report: Professional Education; Public Education; Service Delivery and Reimbursement; Prevention and Care; Disparities; and Population Research. Each of these WGs is represented by experts from academic, federal, patient advocacy, community, and other groups. I will say that there are many members and leaders within American Academy of Pain Medicine (AAPM) who serve as Chairs of the WG or members including: Mac Gallagher—Co-Chair of Professional Education WG (EIC of Pain Medicine and Past-President AAPM); Dan Carr—Co-Chair of Prevention and Care WG and Oversight Panel (AAPM VP Scientific Affairs), Lynn Webster—Public Education (AAPM Immediate Past-President), Bill McCarberg—Professional Education (AAPM President-Elect), Mark Wallace—Co-Chair Service Delivery and Reimbursement; Trip Buckenmaier—Prevention and Care WG, Oversight Panel; Carmen Green—Oversight Panel; Scott Fishman—Professional Education (AAPM Past President); David Tauben—Professional Education; Steve Cohen—Professional Education; and Steve Stanos—Service Reimbursement and Delivery (AAPM Treasurer). Each of us serves as individual citizens—citizens who have put aside our preconceived biases and allegiances to focus on the needs of the country.

National Pain Strategy Task Force

The goal of the National Pain Strategy (NPS) Task Force is to develop a strategic plan to transform pain prevention, care, and education in our country. We have been asked by the assistant secretary for HHS (ASH) to develop a 15- to 25-page “tactical report” that will have three specific, meaningful, and measureable deliverables from each WG. These are not meant to be “pie in the sky” goals. Rather, they are short, intermediate, and longer term goals and objectives that can be executed and the results measured.

I will share that the WGs are all making excellent headway in delivering this report in June. The NPS presented a progress report to the IPRCC in February 2014, which can be accessed here: http://iprcc.nih.gov/meetings/2-4-2014_IPRCC_Meeting.htm. We plan to deliver the report to OASH for review and dissemination for public commentary. During the period of public commentary, I encourage you to let your voices be heard. The final report should then be published this fall.
The release of the NPS Report will easily rival and hopefully surpass the importance and attention of the IOM Pain report. When it is released, we will need to be prepared to promote the messages in the NPS Report in order to advance its aims. I and other members and leaders in the Academy will be working to help advocate for the resources needed to execute this report. We will keep you informed and ask that you similarly get the word out locally, regionally, and nationally.

Our overall goal is nothing short of reshaping pain prevention, care, education, and research in our country. This is an exciting time to make a true difference, which will require the cultural transformation outlined in the IOM pain report. The NPS Report will help show us the way there. It will then be up to us to make it happen. The strategic goals in the NPS are all well aligned with AAPM’s strategic plan and overlap extensively with our goals of improving pain prevention, care, education, and research. I look forward to working with all of you to make the NPS strategic plan a reality.

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