PRESIDENT’S MESSAGE

Primary Care Summits

Building bridges that connect our clinical colleagues in Primary Care with Pain Medicine specialists has been an important focus of mine for as long as I have been a member of the Academy. This year, as I serve as your President, is no different. I am committed to efforts toward improving medical management at the initial contact point—frequently in the primary care setting—for most patients experiencing pain.

At the end of this year’s annual meeting in Washington, DC, there were discussions with primary care providers representing the Veteran’s Administration and the Department of Defense. As you are aware, the VA and DOD are having challenges with large numbers of wounded veterans experiencing battlefield injuries and chronic pain. Primary care at the VA is leading the effort to provide long term, comprehensive pain management to these heroic soldiers and has developed state-of-the-art, innovative programs to treat patients despite limited resources. The Academy is continuing to explore opportunities to help primary care provide comprehensive care to these organizations.

Through our work with the AAPM Primary Care Shared Interest Group, which I have chaired since its founding several years ago, we proposed collaboration with primary care groups. 2015 marked the successful completion of three primary care summits held in Chicago over the last 3 years. The goal of the summits was to explore and agree upon common activities on which the Academy and the primary care organizations might work together. These summits, each a day long, were attended by representatives from the organizations listed below:

- American Academy of Pain Medicine
- American Academy of Family Physicians
- American College of Physicians
- Society of General Internal Medicine
- American Osteopathic Association
- American College of Osteopathic Family Physicians
- American Academy of Physician Assistants
- American Association of Nurse Practitioners
- American Medical Association

The first summit was held March 30, 2013 with the question: How can we work collaboratively to improve the coordination of care for patients in chronic pain? Six areas of interest emerged for exploration and development: science, technology, legislation and regulation, education and training, credentialing, and practice systems. The summit participants were able to identify where the practice of pain should be in 3 years for the primary care providers and what the barriers are for such practice standards to develop. The nine organizations agreed to work further on the problem areas identified at the summit.

The second summit occurred on July 27, 2014, and focused on five areas where education of the primary care provider could be enhanced: audience, content/curriculum, delivery systems, outcomes/impacts, and program sustainability. Identified gaps between the current and ideal state of pain care education included:

- Existence of multiple guidelines and medical curricula often not evidence-based are confusing to primary care.
- Disparities often based on bias limit access to quality resources in underserved populations.
- Core competencies in pain management, familiar to primary care in other chronic conditions, need to be developed.
- Adequate compensation for the time-consuming care of complicated pain patients.

These gaps represented a valid starting point for identifying activities that would be appropriate for collaboration.

The third summit was held in June and built on the prior meetings. All of the previously identified groups participated in either the preparations or the on-site activities. The goal was to define specific options, resources, and tools for patients whose pain does not resolve within the expected time frame. Many of the recommended actions aligned with the National Pain Strategy, a nationwide strategic plan to transform pain prevention, treatment, education and research, formed in response to the recommendations of the 2011 Institute of Medicine report, “Relieving Pain in America.”

Three work groups were charged with defining a specific tool, algorithm, or guiding principle in assessment, treatment, or referral identifying steps to move forward. Below are the results of the group effort.

Assessment

There is a need for a dataset in chronic pain, easily adapted to primary care for reporting outcomes. This data set could define risk and generate outcome data. Once the tool is developed and disseminated, incentives could be used to encourage use and test its impact in clinical practice.
Treatment

There are gaps confronted by primary care providers that impact what they would or could do to treat their patients and what they are able to do. Insurance often does not cover recommended treatments. EMRs, which could be utilized for evidence-guided treatment, including conversion guides, prescription monitoring links, and so forth, are not yet designed to do so.

Referral

Patient-centered pain education, similar to diabetes, should be available to all patients with attention paid to limited health literacy. Barriers to referral and correct timing of referral (e.g., too soon vs. too late) should be investigated. Tools are needed to help prompt primary care for referral based on factors such as morphine equivalents, comorbidities, diagnosis, and so forth.

The AAPM Primary Care summits represent a 3-year commitment both by the Academy and the participating organizations. The effort has been buoyed by the participating organizations’ commitment to improving pain care in America. The summits showed that each organization is unique with issues specific to it. But at the same time, all participating organizations agreed on major themes outlined in the summary above. Patients present to primary care, are assessed and treated in primary care and are usually followed for years with chronic pain by their trusted primary care provider. AAPM will continue this collaborative effort to develop action plans that include timelines, representatives, and budgets. This effort will allow you, the members of the AAPM, to work with educated, better-prepared primary care providers to benefit everyone, especially the suffering pain patient.

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