PRESIDENT’S MESSAGE

The “Continuum of Pain” and the American Academy of Pain Medicine

We mark our Academy’s end of year and beginning of the next with our March Annual Meeting. As I am writing my last President’s Message (PM) in the first few days of January, I wanted to share with you some our accomplishments over the last year, as well as some of our goals and objectives in moving forward. In my remaining months, I will be working nonstop to help further advance the Academy’s missions and pain care, education, research, and advocacy.

Managing Conflicts of Interest

One of the first items we addressed last year was the issue of professional conflicts of interest (COI). The issue of COIs has become increasingly important with intensified public scrutiny focused on the relationships between individuals, professional medical associations and industry. AAPM has taken a responsible and proactive approach to managing conflicts of interest (COIs). As outlined in my first PM [1], following the Ethics Council’s recommendation, AAPM signed on to the Council of Medical Specialty Societies (CMSS) Code for Interaction with Companies http://www.cmss.org/codeforinteractions.aspx. AAPM has taken an incremental approach to implementing the Code – much as has been done by other professional medical associations. In examining the code, the Ethics Council gave priority to recommending levels of divestiture by “key society leaders,” (defined here as President, President-Elect, Immediate Past President, Chief Executive Officer and Editor-in-Chief) over the course of the next few years. We will then examine and work towards a more thorough implementation of the Code for Interaction with Companies. We will be posting updates to our website on Code implementation. Dr. Gallagher, to preserve editorial independence as Pain Medicine Editor-in-Chief, has been divested of industry support since 2007. I will self-disclose that years prior to my becoming President, I had completely divested of all industry support.

The Continuum of Pain

Conceptually, pain does not exist in discrete “buckets”. Rather it exists upon a smooth continuum. That continuum describes the timing of pain, our care of persons with pain, and our education for professionals who care for persons in pain. I will use that metaphor of “continuum of pain” below to further illustrate how our Academy is advancing our missions in pain care, education, research and advocacy.

The Continuum of Pain and the Role of Acute Pain Medicine

Our Academy has traditionally been focused on advancing pain assessment, care, education, research and advocacy with a focus on chronic pain. We have historically not aligned our goals to also address acute pain – leaving that instead to the other societies. However, as our understanding of pain mechanisms and epidemiology advances, we better appreciate the continuum of pain which could be defined as – “the characterization of pain as a temporal process, beginning with an acute stage, which may progress to a chronic state of variable duration”. We now appreciate that there are no arbitrary buckets of “acute pain” and “chronic pain”. That many chronic painful conditions start early after an injury or surgery, and that some of our patients may be predisposed (or vulnerable) to developing chronic pain with even a simple acute injury. Furthermore, we now know that many of the mechanisms at play in chronic pain are activated in the acute setting. Perhaps most importantly, many chronic pain conditions started with an injury or surgery. As with other medical conditions, history has shown us that it is much better to prevent than to treat the condition. For all of these reasons, we have taken active efforts to integrate Acute Pain Medicine into the Academy’s mission and membership.

For me, this all started on September 25, 2012 while having a discussion with Dr. Trip Buckenmaier after a military pain meeting he was hosting in San Diego. I outlined the messages above on the continuum of pain to Trip and found a kindred spirit, despite coming from different backgrounds (Trip comes from the world of regional anesthesia and acute pain medicine). We both recognized the importance of acute pain, the notion of the continuum of pain and made a commitment to better integrate acute pain into the Academy. In a very short period of time the Academy has made remarkable progress. Our Board of Directors unanimously supported the move to better integrate acute pain medicine. We formed a Shared Interest Group (NB: for information on our recently developed AAPM Shared Interest Groups (SIGs) see President’s Message for further details [2]) on Acute Pain Medicine with Trip Buckenmaier and Patrick Tighe as Co-Chairs. Furthermore, I encourage you to read Dr. Buckenmaier’s article outlining the formation of the SIG [3]. Through their leadership, the AAPM Foundation was able to obtain a generous unrestricted educational gift supported by
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Mallinckrodt Pharmaceuticals. These resources have been used to bring together thought leaders to identify needs and develop objectives to advance Acute Pain Medicine and its intersection with the overall mission of the Academy. This includes the development of an acute pain registry, refinement of acute pain taxonomy and advancements in acute pain medicine education nationally. You will shortly see a summary of the Acute Pain Medicine SIG’s findings in this journal. Finally, in a wonderful example of interprofessional society collaboration, we worked together with the American Society of Regional Anesthesia (ASRA) to submit an application for a new ACGME fellowship in Regional Anesthesiology and Acute Pain Medicine. I am pleased to say that this was approved in October 2014. We will be working closely to help define the training, scope of practice and credentialing of these new fellows. And rest assured that we will work to make sure there is clarity in in this new fellowship as compared to the traditional Pain Medicine Fellowship. I would be remiss if I did not also acknowledge the forward thinking leadership of our Editor in Chief, Dr. Gallagher, as well as Drs. Buckenmaier and Boezaart in developing the Acute and Perioperative Pain Section of Pain Medicine in 2010. We now have alignment of both the Academy and Journal with regard to Acute Pain Medicine. Overall we have made exciting and rapid progress, and the Academy should be proud for having played such a large leadership role in advancing the science, care and education of the continuum of pain.

The Continuum of Pain Education

Pain education was the cornerstone of the Institute of Medicine report on Relieving Pain in America [4]. Across health care and society alike, there are major gaps in knowledge about pain. The IOM called for better education of our health professionals in understanding pain mechanisms, assessment and care to bridge those gaps. Similarly, we appreciate that pain education, as with the timing of pain noted above, also exists across a continuum. Pain education starts with the person in pain, and as I will describe below pain care starts with them as well. Pain education continues with the person in primary training for medical school (e.g. medical student), then progresses to the resident and fellow, and then the post licensure Pain Medicine physician. I have used physicians here in this example. However, the same model applies for other professions providing pain care.

Historically, AAPM has not had a structure optimized for this continuum of pain education. Therefore, to better advance our education mission, we have taken several important steps. First, we have restructured our educational committees and SIGs. We have developed the Medical School Committee under the leadership of Beth Murinson. This was previously a subcommittee under the Education Programs committee. Additionally, we recognized that a key constituency was missing in the Academy membership, leadership and mission - that was the Pain Medicine fellows and the Pain Medicine Program Directors. The Pain Medicine Program Directors are represented by the Association of Pain Program Directors (APPD). In this last year we have become the administrative oversight for APPD and have brought them into our Academy.

Our efforts to attract Pain Program Directors have been an important step for us. We need to have the primary group of people training our future Pain Medicine physicians to have an influential voice in the Academy. Similarly, to continue to grow our membership, we will need to attract our young Pain Medicine physicians - hence one of several reasons to attract the fellows to our Academy.

We have followed up these efforts with the formation of a Resident/Fellow SIG led by APPD President David Walega and Jordan Newmark. They are currently working with the AAPM Foundation to raise monies to support scholarships for fellows to attend our Annual Meeting and Essential Tools For Treating the Patient In Pain™ Course. There will also be a special session at the Annual Meeting with a focus on pain education. I encourage any members with an interest in pain education to join the SIG and help guide our future in pain medicine education.

The Continuum of Pain Care

Pain is a uniquely individual and subjective experience that depends on a variety of biological, psychological, and social factors, and different population groups experience pain differentially. Depending on a person’s experience of pain and its impact, treatment of pain can also be viewed along a continuum. Many of the 100 million Americans with chronic pain noted in the IOM pain report “self-manage” their pain. They take care of their pain at home without help from the medical community. Once pain becomes more intense, significantly interferes with quality of life, or is feared to be a sign of something more serious, a person may go to their primary care provider for advice and relief. Primary care providers may refer to a specialist who practices with a specific set of targeted therapies. For more complex cases of chronic pain, a person may be referred to an interdisciplinary pain center. This continuum of pain care is a similar model of care present in other chronic conditions such as diabetes, asthma or congestive heart failure. In all of these models, health care is provided in a team approach that includes professionals in medicine, psychology, physical and occupational therapy, pharmacy, social work, massage therapy, acupuncture, etc.

AAPM is ideally positioned to be a leader in the advancement of the team approach to pain care. To do this effectively, we have made changes this last year to advance that objective. First, we recognized and subsequently changed our Bylaws to be more welcoming non-physician members. Of note, we did not change the Bylaws to change the underlying physician leadership nature of the Academy. This Bylaws effort was led
by Beth Darnall (Pain Psychologist) and Perry Fine (Past-President). We have subsequently reached out to
nursing, psychology, physical therapy and other organiza-
tions to develop relationships and attract them to our
Academy. Additionally, Brandon Goff and Ravi Prasad
have formed an Interdisciplinary Pain Medicine SIG. Bill
McCarberg (President-Elect) has done a phenomenal
job of overseeing the Primary Care SIG and leading the
efforts to foster primary care alliances with the Acad-
emy. I am sure he will be describing this to you in more
detail in the coming months. If you are interested in
advancing interdisciplinary, team based care or primary
care in pain, please consider joining these SIGs.

Future Directions

In summarizing our accomplishments, I have undoubt-
edly missed significant advances made by hard working
member volunteers. For the sake of space, I have left off
the daily efforts of members and AAPM staff to advocate
on your behalf to provide the best level of care possible
for your patients. However, I do apologize for any omis-
sions. Similarly, the advances I have outlined here are
directly due to the incredible dedication of our members
and AAPM staff (led wonderfully by Executive Director,
Phil Saigh). I am grateful and honored for the opportu-
ty to share this information with you and communicate how
our Academy is working to represent its members and to
advance important national missions.

Over the next year, my particular efforts will be focused
on multiple fronts to advance Academy goals. I will list
two. The first is to advance the National Pain Strategy
(NPS) that should be released in the coming months. I
outlined the important messages of the NPS and its
predecessor, the IOM Pain Report in previous Presi-
dent’s Messages [5,6]. The NPS represents a critically
important time for us to come together to advance pain
care, education and research. The second effort is to
further develop and disseminate our open source, open
platform and free health outcomes registry known as
CHOIR (Collaborative Health Outcomes Information
Registry). Information can be found at http://snapl.stan-
ford.edu/CHOIR. CHOIR directly addresses the first rec-
ommendation of the IOM Pain Report which is “for
greater development and use of patient outcome regis-
tries that can support point-of-care treatment decision
making, as well as for aggregation of large numbers of
patients to enable assessment of the safety and effec-
tiveness of therapies.” CHOIR forms the basis for learn-
ing health systems that have been called for by the IOM
and NIH. I am eager to work collaboratively to advance
the collection and use of quality data to better inform
our treatment decision making and to help identify new
and safe treatments.

Finally, as I close, I have been incredibly honored to serve
as your President for this last year, helping to build a sense
of engagement and involvement in each of our interrelated
missions, goals and objectives. I have had the privilege
of working with thousands of patients, trainees, physicians,
researchers, legislatures on behalf of AAPM. Through our
shared goals we have witnessed the continued evolution
of excellence in our missions in education, research,
patient care and advocacy that have been aimed to better
serve our communities, locally and globally.

Today AAPM stands proudly as one of the finest Pain
Medicine organizations in the world - thanks largely to
your efforts. More importantly, you have been the
source of illumination. Along the journey I have done my
best to create connections between everyone who is
focused on reducing pain in the individual and its impact
on society. Today we stand more united and unified in
our commitment to doing all we can to make AAPM a
model of excellence for our community and nation. Of
course this is a journey that will continue long into the
future and I am honored to have served with you for
this year. The Annual Meeting represents an ending for
me personally but a beginning for the leadership Bill
McCarberg will bring next year. I look forward to
AAPM’s continued excellence into the future. Thank you
very much and very best wishes to all.

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1 Mackey S. President’s message. Pain Med 2014;

2 Mackey S. AAPM Shared Interest Groups (SIGs):
bringing together members with shared interests.

3 Buckenmaier CC. 3rd, The Acute Pain Medicine Spe-
1117–8.

4 Institute of Medicine (U.S.). Committee on Advancing
Pain Research Care and Education. Relieving pain in
America : a blueprint for transforming prevention,
care, education, and research. 2011 Washington,

5 Mackey S. National Pain Strategy Task Force: the

6 Mackey S. The IOM pain report revisited: setting the
stage for what’s next in transforming pain care, educa-