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New, Targeted Pain Medicine Delivery Systems May Reduce Costs Long Term; Cost to Treat Pain Varies Significantly by Chronic Pain Condition

February 4, 2010, San Antonio, TX—Estimates of pain care treatment costs exceed \$1 billion annually in the United States. Today at the American Academy of Pain Medicine's 26th Annual Meeting two abstracts looked at the issue. One evaluated [intrathecal drug delivery](#) (a targeted medicine delivery system) that could save costs over time. The other analyzed the differences between the costs of treatment for chronic pain treatments.

In the first abstract, Scott Guillemette from Ingenix Consulting analyzed costs for intrathecal drug delivery (IDD). The implantable neuromodulatory device, which delivers medicine directly to the spinal cord, was used to treat pain patients suffering from Failed Back Surgery Syndrome (FBSS). The results of the analysis suggest that patients utilizing IDD moved closer to a normal lifestyle more quickly than patients on conventional therapy such as oral medicines, or physical therapy. This was found to correlate to lower future medical costs, such as doctor visits and additional intervention.

“The cost effectiveness of novel interventional treatments, coupled with outcomes associated with these newer approaches, is increasingly an important part of a treatment decision,” said Guillemette. “Our analysis showed that, while there was a higher upfront cost, patients utilizing IDD returned to ‘normal living’ more quickly than conventional therapy. And, in the long term, our modeling shows it was more cost effective because they made fewer doctor visits and required less additional therapy to alleviate their pain.”

Guillemette studied 1,408 IDD implant cases occurring from January 2006 to January 2009. Using the cost data for patients receiving IDD and 30-year actuarial projections, the costs of IDD intervention and conventional pain therapy were compared. Costs for IDD from the month of implantation through the first year were \$14,000 greater than conventional therapy.

However, the breakeven point between the methods occurred in just the second year (between months 19 and 20) following the implant. The lifetime costs for IDD patients were \$12,600 less per year than patients receiving conventional therapy. Patients receiving an IDD implant will experience less cumulative medical costs relative to the anticipated costs of conventional pain therapy.

In another abstract, T. Kim Le of Eli Lilly conducted a retrospective analysis of de-identified medical and pharmacy insurance claims from large employers, health plans, and government organizations across the United States. Total costs including doctor visits and medicine for two years were calculated. Statistically significant results revealed that neuropathy (\$39,368) was associated with higher total expenditures than musculoskeletal disorders (\$23,811), inflammatory arthritis (\$21,377), and migraine (\$17,155).

About AAPMedicine

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