“a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources.”
The National Pain Strategy

Oversight Panel

Professional Education & Training

Population Research

Service Delivery & Reimbursement

Public Education & Communication

Disparities

Care & Prevention

Liaison

NIH

The Interagency Pain Research Coordinating Committee
The National Pain Strategy

Oversight Panel

Public Education & Communication
High quality, evidence based education programs for patients and the public

Prevention & Care
Increase substantially the accessibility and quality of pain care.

Disparities
Under-treatment and inappropriate treatment of pain among racial and ethnic minorities

Population Research
Improvements in state and national data are needed

Professional Education
Improve professional education of all providers

Services & Reimbursement
Public health entities have a role in pain care and prevention
Oversight Panel

Sean Mackey, Stanford University (Co-chair)
Linda Porter, NIH (Co-chair)
Daniel Carr, Tufts University
Myra Christopher, Center Bioethics
Terrie Cowley, TMJA, CPRA
Carmen Green, U. Michigan
Charles Helmick, CDC
Robert Kerns, Yale, VA
Audrey Kusiak, VA
Judith Paice, Northwestern
Greg Terman, U. Washington
Richard Thomas, DoD
Christin Veasley, CPRA
Professional Education & Training

Rollin Gallagher, U. Penn (Co-chair)
James Rathmell, Mass. Gen (Co-chair)
Brian Berman, U. MD
Daniel Carr, Tufts U.
Steven Cohen, Johns Hopkins U.
Terrie Cowley, TMJA, CPRA
Margaret Faut-Callahan, Marquette U.
Scott Fishman, UC Davis
Francis Keefe, Duke U.
Bill McCarberg, WPS/AAPM
Brian Schmidt, NYU
Christina Spellman, Mayday Fund
David Tauben, U. Washington
David Thomas, NIH/NIDA
Mary Willy, FDA
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Penney Cowan, ACPA (Co-chair)
Linda Harris, HHS (Co-chair)
   Humayun (Hank) Chaudhry, FSMB
   Myra Christopher, CPB
   Lee Claassen, ICA
   Ronald Dubner, UMD
   Keith Humphreys, Stanford U.
   Francis Keefe, Duke U.
   Rebecca Kirch, ACS
   Julie Madden, CDC
   Susan Maier, NIH/ORWH
   John Piette, VA
   Tina Tockarshevsky, NA
   Mary Vargas, Stein & Vargus, LLP
   Lynn Webster, PRA International
Public Health: Disparities

J. Nadine Gracia, HHS (Co-chair)
Carmen Green, U. Michigan (Co-chair)
Diana Burgess, VA
VJ Periyakoil, Stanford U.
Beverly Thorn, U. of Alabama
Elizabeth Unger, CDC
Salina Waddy, NIH/NINDS
Diana Wilkie, U. of Illinois at Chicago
Public Health: Prevention and Care

Dan Carr, Tufts U. (Co-Chair)
Sean Mackey, Stanford U. (Co-Chair)
Christine Branche, CDC
Chester “Trip” Buckenmaier, Walter Reed
Kathleen Foley, Memorial Sloan-Kettering/Cornell U.
Sharon Hertz, FDA
Richard Ricciardi, AHRQ
Jackie Rowles, Meridian Pain Group
Cindy Steinberg, US Pain Foundation
Public Health: Service Delivery & Reimbursement

Robert Kerns, Yale U./VA (Co-Chair)
Mark Wallace, UC San Diego (Co-Chair)
  Paul Arnstein, MGH
  Sean Cavanaugh, CMS
  Jan Favero Chambers, Nat’l Fibromyalgia
  Jack Conway, KY Attorney General
  Elizabeth Gilbertson, Unite Here Health
  Karl Lorenz, UCLA/VA
  Brook Martin, Dartmouth U.
  Judith Paice, Northwestern U.
  Patricia Sinnott, VA
  Steven Stanos, Northwestern U.
  David Sugerman, CDC
  Marianne Udow-Phillips, CHRT at U. of MI
  Catherine Underwood, APS
  Sherri Yoder, IHS
Population Research

Ann Scher, USUHS (Co-Chair)
Michael Von Korff, Group Health Research Inst. (Co-Chair)

Olivia Carter-Pokras, U. Maryland
David Dodick, Mayo Clinic
Joseph Goulet, Yale U.
Scott Griffith, Walter Reed
Robin Hamill-Ruth, U. of VA
John Kusiak, NIH/NIDCR
Linda LeResche, U. of Washington
Leonard Paulozzi, CDC
Walter (Buzz) Stewart, Sutter Health
Raymond Tait, St Louis U.
Greg Terman, U. of Washington
Christin Veasley, CPRA
If the objectives of the National Pain Strategy are achieved, the nation would see a decrease in prevalence across the continuum of pain......which would reduce the burden of pain for individuals, families, and society as a whole. Americans experiencing pain...would have access to a care system that meets their biopsychosocial needs and takes into account individual preferences, risks, and contexts. Americans .....would recognize chronic pain as a complex disease and a threat to public health ..... significant public resources would be invested in the areas of preventing pain, creating access to evidence-based and high-quality pain assessment and treatment services and improving self-management abilities among those with pain. ......individuals who live with chronic pain would be viewed and treated with compassion and respect.
Next steps

• Preclearance
• Departmental Clearance
• Public Comment
• Roll Out
In Memoriam

Noreen M. Clark
January 12, 1943 - November 23, 2013