Adding Chronic Pain Objectives to Healthy People 2020

Interagency Pain Research Coordinating Committee

September 22, 2014

Chad Helmick, MD, CDC
Why Healthy People 2020?

- Health objectives for the nation
- Must be addressed in federal grant applications
Adding Chronic Pain Objectives to Healthy People 2020

HP2020 Federal Interagency Workgroup
August 20, 2014

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Linda Porter, PhD, NINDS
Pain as a Public Health Issue

- Affects at least 100 million American adults*
- Costs society $560–$635 billion annually
- Federal and state costs almost $100 billion annually
- Reduces quality of life
- Demographic disparities in prevalence and care
- Undertreated

* Doesn’t include pain in children or people in long-term care facilities, the military, or prison
Principle: Chronic pain can be a disease in itself

- Chronic pain has a distinct pathology
  - Changes throughout nervous system
  - Worsens over time
- Significant psychological and cognitive correlates
  - Can constitute a serious, separate disease entity
- Common for persons with complex chronic pain to have diffuse pain that cuts across different conventionally defined conditions.
- Treatment: sub-optimal (and sometimes costly) treatments are tried for each condition in isolation without considering the entire clinical situation, often with unsatisfactory results.
Finding 2-3. A population-based strategy for reducing pain and its consequences is needed.

A comprehensive and coordinated strategy would:

- Encourage and foster the prevention of pain;
- Heighten national concern about pain as a health care quality and safety issue;
- Use public health communication strategies to ensure that patients understand their role in managing their own pain;
- Identify and attempt to remediate relevant environmental factors, especially those that adversely affect children and start them on a path to chronic pain as adults; and
- Inform members of the public about what chronic pain is, how they can help loved ones who have it, and how they may be able to help prevent it for themselves and others.
Pain as a Public Health Challenge
Recommendation

- **Recommendation 2-1:** NCHS, AHRQ, other federal and state agencies, and private organizations should improve the collection and reporting of data on pain
  - Incidence and prevalence
  - Interference with activities of daily living, work, disability
  - Utilization of clinical and social services
  - Costs of pain and pain care
  - Effectiveness of treatment
Pain as a Public Health Challenge

Recommendations

• 2-2. HHS Secretary should create a comprehensive population-level strategy for pain prevention, treatment, management, and research
  ▪ Describe coordination of efforts across public and private sector
  ▪ Include agenda for developing research
  ▪ Improve pain assessment and management programs
  ▪ Proceed in cooperation with Interagency Pain Research Coordinating Committee and the NIH Pain Consortium and reach out to private-sector participants as appropriate.
  ▪ Include ongoing efforts to enhance public awareness of chronic pain
Charge to the Interagency Pain Research Coordinating Committee

October of 2012, Assistant Secretary for Health, Dr. Howard Koh, charged IPRCC to

• create a National Pain Strategy (IOM Recommendation 2-2)

• include chronic pain objectives in Healthy People 2020

HP2020 Objectives Mentioning Pain

Arthritis, Osteoporosis, and Chronic Back Conditions
- **AOCBC-1** Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis

Medical Product Safety
MPS-2 Increase the safe and effective treatment of pain
- **MPS-2.1** (Developmental) Reduce the proportion of patients suffering from untreated pain due to a lack of access to pain treatment
- **MPS-2.2** Reduce the number of non-FDA-approved pain medications
- **MPS-2.3** (Developmental) Reduce serious injuries from the use of pain medicine
- **MPS-2.4** (Developmental) Reduce deaths from the use of pain medicines

Substance Abuse
SA-19 Reduce the past-year nonmedical use of prescription drugs
- **SA-19.1** Reduce the past-year nonmedical use of pain relievers
- **SA-19.5** Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives)
National Pain Strategy
Status of HP2020 Efforts since June, 2014

• HP2020 Chronic Pain Workgroup created, met twice
• DHHS/NIH/NINDS committed to supporting NHIS chronic pain questions in 2016 and 2017
• DHHS/Acting ASH recommitted to getting chronic pain objectives in HP2020
HP2020 Chronic Pain Workgroup

Linda Porter, DHHS/NIH/NINDS, co-workgroup coord.
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Judith Paice, Northwestern U.
Steven Stanos, Northwestern U.
David Tauben, U. Washington
Dennis Turk, U Wash
Roger Chou, OHSU
Josie Briggs, NCCAM
Others...
HP2020 objectives considered

• Public understanding of high impact chronic pain
• Provider education/certification
• Access to appropriate drug and non-drug care/counseling/self-management education
• Symptoms/prevalence
• Function/disability
• Employment/work limitation
National Pain Strategy
Status of HP2020 Efforts since June, 2014

Operationalizing (& pilot testing) a standardized definition of “high impact chronic pain” for use in 2016 NHIS:

• moderate to severe pain lasting 3 months or more
• that interferes with life activities, and restricts participation in key social roles.
National Pain Strategy
Status of HP2020 Efforts since June, 2014

Possible HP2020 objectives:

• **Reduce the prevalence of high impact chronic pain**
• Increase public awareness/knowledge of high impact chronic pain
• Increase self-management of chronic pain
• Reduce impact of chronic pain on family/significant others
Four pain objectives:

• Approved at Sept 17, 2014 FIW meeting!
• Added to the Arthritis, Osteoporosis, Chronic Back Conditions, and Pain (AOCBCP) topic area
National Pain Strategy & Healthy People 2020 Issues

Next steps:

• Continue discussions with NCHS on adding pain questions to 2016 NHIS
• Define questions to be used for all objectives
• Funding for questions
• Plan for Healthy People 2030