Public Health: Care, Prevention, and Disparities Working Group

J. Nadine Gracia, MD & Carmen R. Green, MD (Co-Chairs)

IPRCC Meeting

February 4, 2014

Working Group Roster

- J. Nadine Gracia, MD,MSCE,
  - Deputy Assistant Secretary of Minority Health, HHS, Co-Chair
- Carmen R. Green, MD,
  - Associate Vice President and Associate Dean, U of Mich,Co-Chair
- Christine Branche, PHD, CDC
- Chester (Trip) Buckenmaier III, MD, DOD, VA
- Diana Burgess, PhD, U of Minn, VA
- Kathleen Foley, MD, Memorial Sloan Kettering
- Sharon Hertz, MD, FDA
- VJ Periyakoil, MD, Stanford
- Richard Ricciardi, PHD, AHRQ
- Jackie Rowles, MBA, CRNA, Private Practice IN
- Cindy Steinberg, MASS
- Beverly Thorn, PHD, UAB
- Elizabeth Unger, MD, PhD, CDC
- Salina Waddy, MD, NINDS
- Diana Wilkie, PhD, U of Ill

Framework

- Patient/consumer and health care provider organizations should lead the development of educational materials and approaches to promote self-management, including information on pain, ways to use self-help strategies to prevent, cope, and reduce pain, and the cost, benefit, and risks of pain management options.
- Identify and develop approaches to overcome barriers to care and to improve pain care especially for those who are underserved and at risk for health disparities. Barriers include stigma, lack of time/reimbursement of practitioners for complexity of pain issues and limited supply of pain specialists among others.

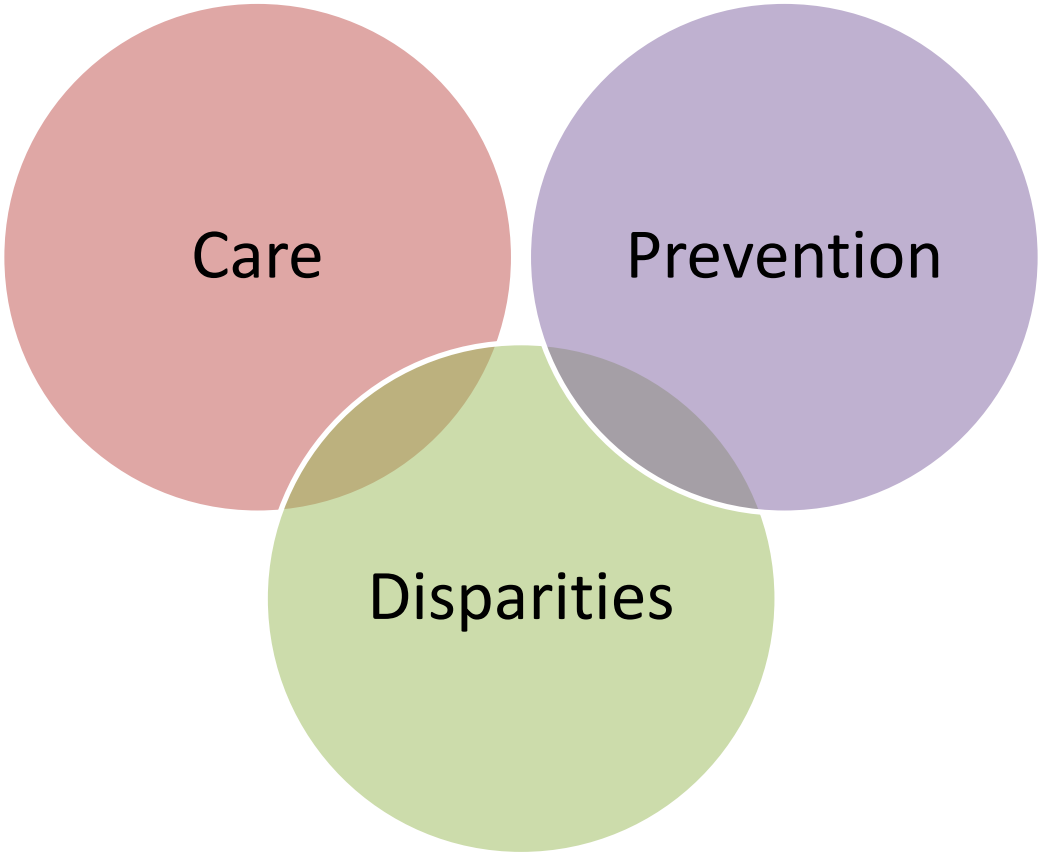
Framework

- To improve pain care, professional organizations should support collaboration among professionals with pain expertise and those with primary care or other specialized expertise by providing joint meetings, professional organization sponsored educational opportunities, and protocols for consultations between the practitioners.
- Address regulatory, enforcement and health care access issues that restrict access to opioids for all populations, and especially for minorities and other vulnerable groups.

Framework

- Identify public policies including legislation and regulation that are hindering and restricting care of all people living with pain.
- Improve public health emergency planning (e.g. hurricane Katrina) for continuity of pain care for the full range of treatment approaches including the filling prescriptions of displaced people with pain.
- Employ skills of private and public agencies in reaching all populations, especially underserved and vulnerable populations, to develop and disseminate useful messages about pain prevention, management, and self-care.

Objectives/Priorities



Time Frame & Next Steps

Time Frame

- Target Completion by April 2014

Next Steps

- Identify Approaches, Deliverables, and Stakeholders
- Link to Outcomes Evaluation