

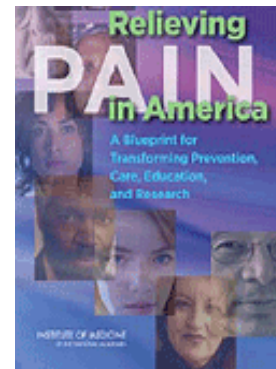
Patient Protection and Affordable Care Act 2010

Advancing Research and Treatment for Pain Care Management

- *Secretary HHS to convene an IOM Conference on Pain*
- *Secretary HHS to establish Interagency Pain Research Coordinating Committee to coordinate all efforts within the DHHS and other Federal agencies that support research related to pain*



INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

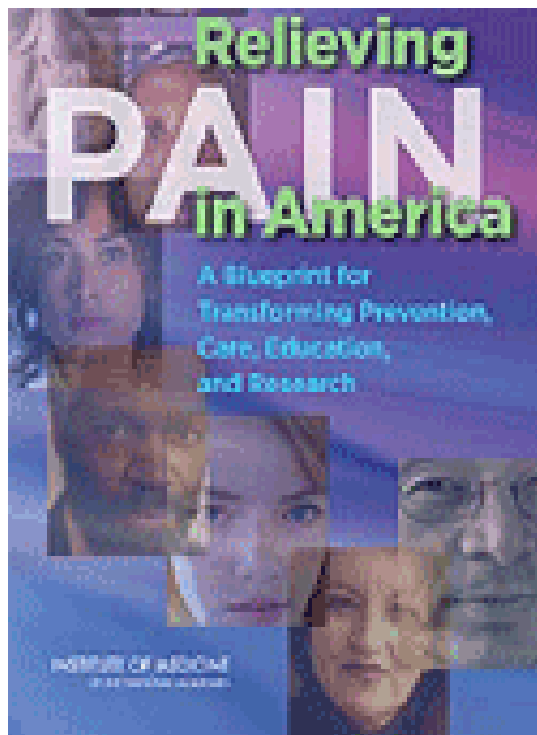


Convene a conference on pain to:

- increase the recognition of pain as a significant public health problem in the US
- evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain
- identify barriers to appropriate pain care
- establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the US



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***IOM: Relieving Pain in America: 2011
A Blueprint for Transforming
Prevention, Care, Education, and Research***



- Describe how efforts across government agencies, including public– private partnerships, can be established, coordinated, and integrated to encourage population-focused research, education, communication, and community-wide approaches that can help reduce pain and its consequences and remediate disparities in the experience of pain among subgroups of Americans.
- Include an agenda for developing physiological, clinical, behavioral, psychological, outcomes, and health services research and appropriate links across these domains.
- Improve pain assessment and management programs within the service delivery and financing programs of the federal government.
- Proceed in cooperation with the Interagency Pain Research Coordinating Committee and the National Institutes of Health’s Pain Consortium and reach out to private-sector participants as appropriate.
- Involve the appropriate agencies and entities.
- Include ongoing efforts to enhance public awareness about the nature of chronic pain and the role of self-care in its management.



The Interagency Pain Research Coordinating Committee

October 2012: Assistant Secretary for Health, Department of Health and Human Services tasked IPRCC and NIH to address IOM Recommendation 2-2.

“develop 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

Co-Chairs

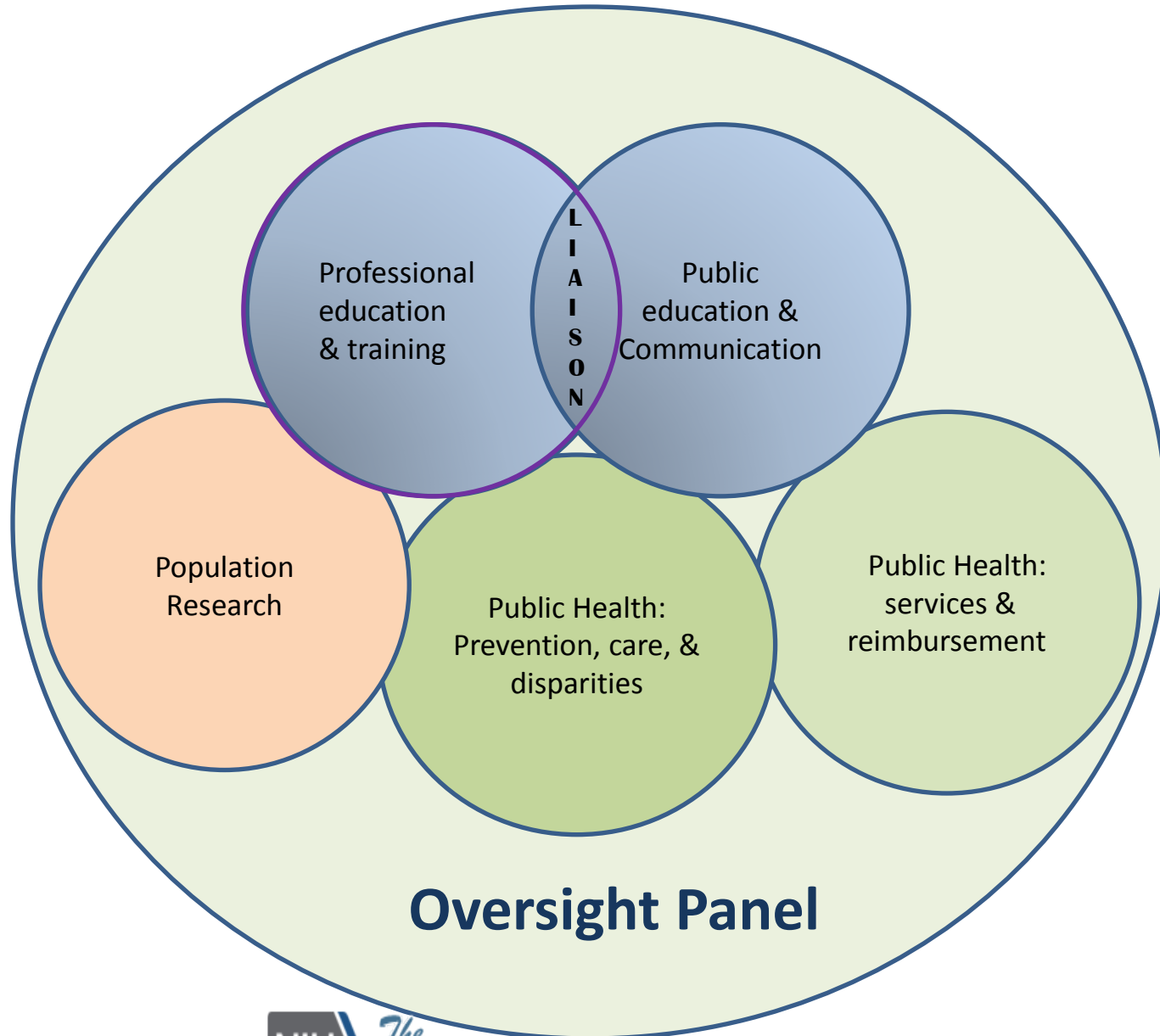
Sean Mackey, Stanford University
Linda Porter, NIH

Members

Daniel Carr, Tufts University
Myra Christopher
Terrie Cowley, TMJA
Carmen Green, U. Michigan
Charles Helmick, CDC
Robert Kerns, Yale
Audrey Kusiak, VA
Judith Paice, Northwestern
Greg Terman, U. Washington
Richard Thomas, DoD
Christin Veasley, NVA



The National Pain Strategy



The National Pain Strategy



Oversight Panel

Develop the time-frame and scope of the plan's development

Serve as liaisons between the oversight working group and the thematic working groups

Advise the working groups on the approach and framework for their elements

Ensure that goals, objectives, actions, and resources are integrated & harmonized across groups

Monitor progress of the thematic working groups

Advise and inform the working groups on objectives and progress of the other groups

Inform the IPRCC on progress and outcomes of the working groups and the overall project

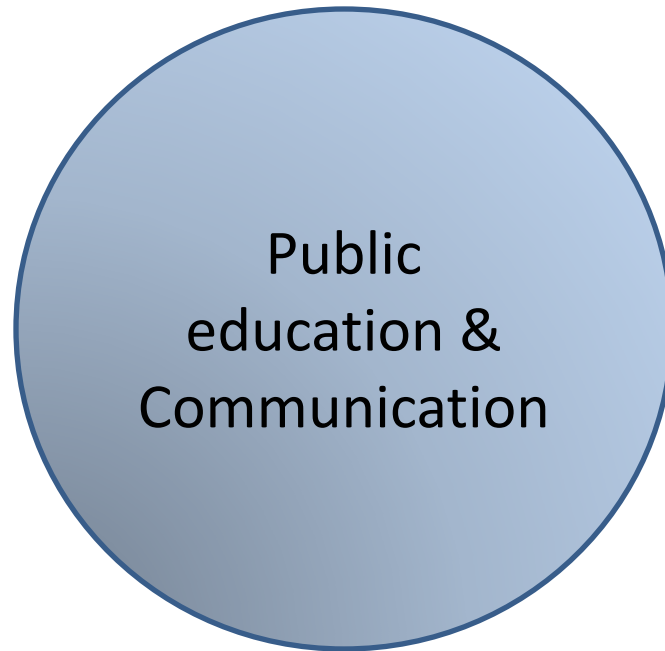
The National Pain Strategy



Professional
education
& training

“Curricula for health care professionals lack adequate materials on pain prevention and treatment . Despite the significant responsibility that health care professionals have for pain patients, many health professionals, especiallyprimary care.....physicians, are inadequately prepared and require greater knowledge and skills to contribute to the cultural transformation in the perception and treatment of people with pain”.

The National Pain Strategy



“Education is a central part of the necessary cultural transformation of the approach to pain. High quality, evidence based education programs for patients and the public...that are designed to promote a transformation in their expectations, beliefs, and understanding about pain, its consequences, its management, and its prevention are needed to make the transformation”.


The National Pain Strategy



Public Health:
Prevention,
care, &
disparities

People's experience with pain touches the entire health care system and many aspects of life. Only a cultural transformation could substantially increase the accessibility and quality of pain care. Cultural perspectives influence reports of pain in general and within specific racial/ethnic groups. Available data substantiate undertreatment of pain among racial and ethnic minorities, and others.

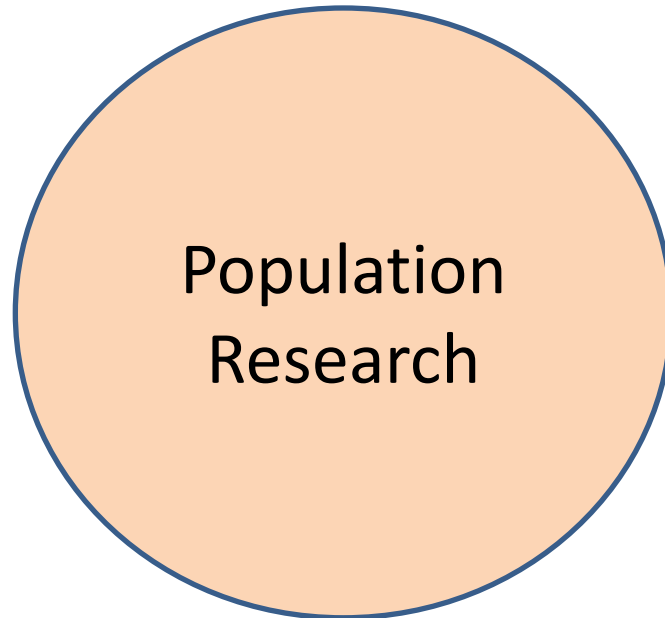
The National Pain Strategy



Public Health:
services &
reimbursement

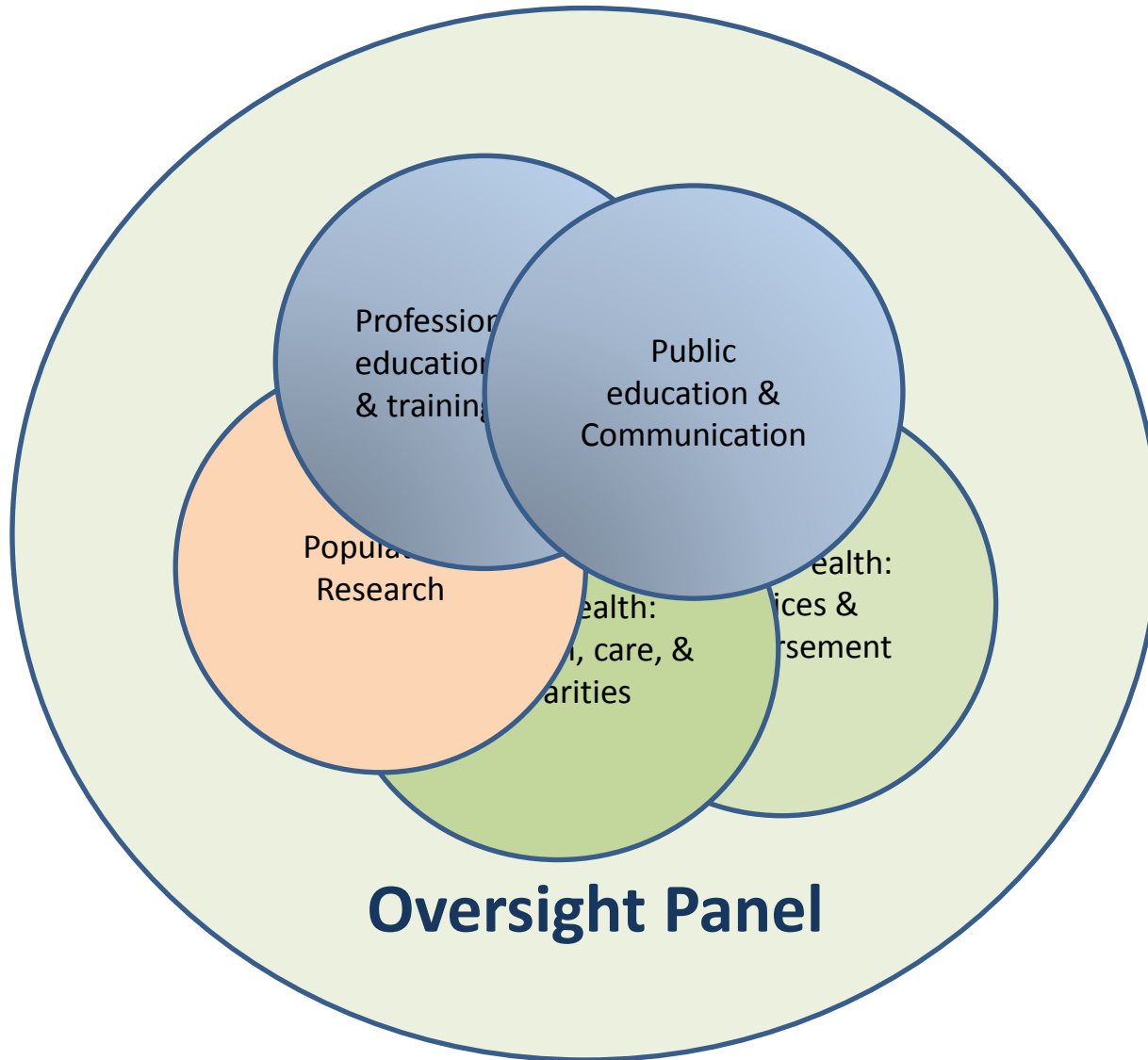
Public health entities have a role in pain care and prevention because of the high utilization of publicly funded service delivery programs (e.g. community service programs, public housing, rural and migrant health centers, services for the homeless, the IHS, and the Native Hawaiian Health Care Systems Program). Aside from its role in direct service delivery, the public health establishment reimburses for care in nonpublic settings, including hospitals, doctors' offices, and pharmacies.

The National Pain Strategy



Improvements in state and national data are needed to (1) monitor changes in the incidence and prevalence of acute and chronic pain; (2) document rates of treatment or under-treatment of pain; (3) assess the health and societal consequences of pain; and (4) evaluate the impact of related changes in public policy, payment, and care.

The National Pain Strategy



In Memoriam

Noreen M. Clark

January 12, 1943- November 23, 2013



National Pain Strategy: Guidance from Office of the Assistant Secretary for Health (OASH: Howard Koh MD, MPH)

- Accelerated timeline: Completion of the plan by mid-2014
- Each of the five thematic working groups should establish one “major achievable (and quantifiable) deliverable”
- Deliverables should be quantifiable and evaluations of outcomes should be included
- A limited number of concise and achievable deliverables should be recommended

National Pain Strategy: Guidance from Office of the Assistant Secretary for Health (Howard Koh MD, MPH)

- Deliverables should be achievable over a short and sequential time frame – 2014, 2015, 2016
- Longer term goals might be included for consideration at the 5 year revisit phase
- The report might include a plan for a “revisit” after 5 years to continue or redirect in alignment with outcomes and future needs
- Stakeholders to implement and evaluate the deliverables should be identified
- Federal Agencies and Private Partners should be assigned specific tasks

National Pain Strategy: Guidance from Office of the Assistant Secretary for Health (Howard Koh MD, MPH)

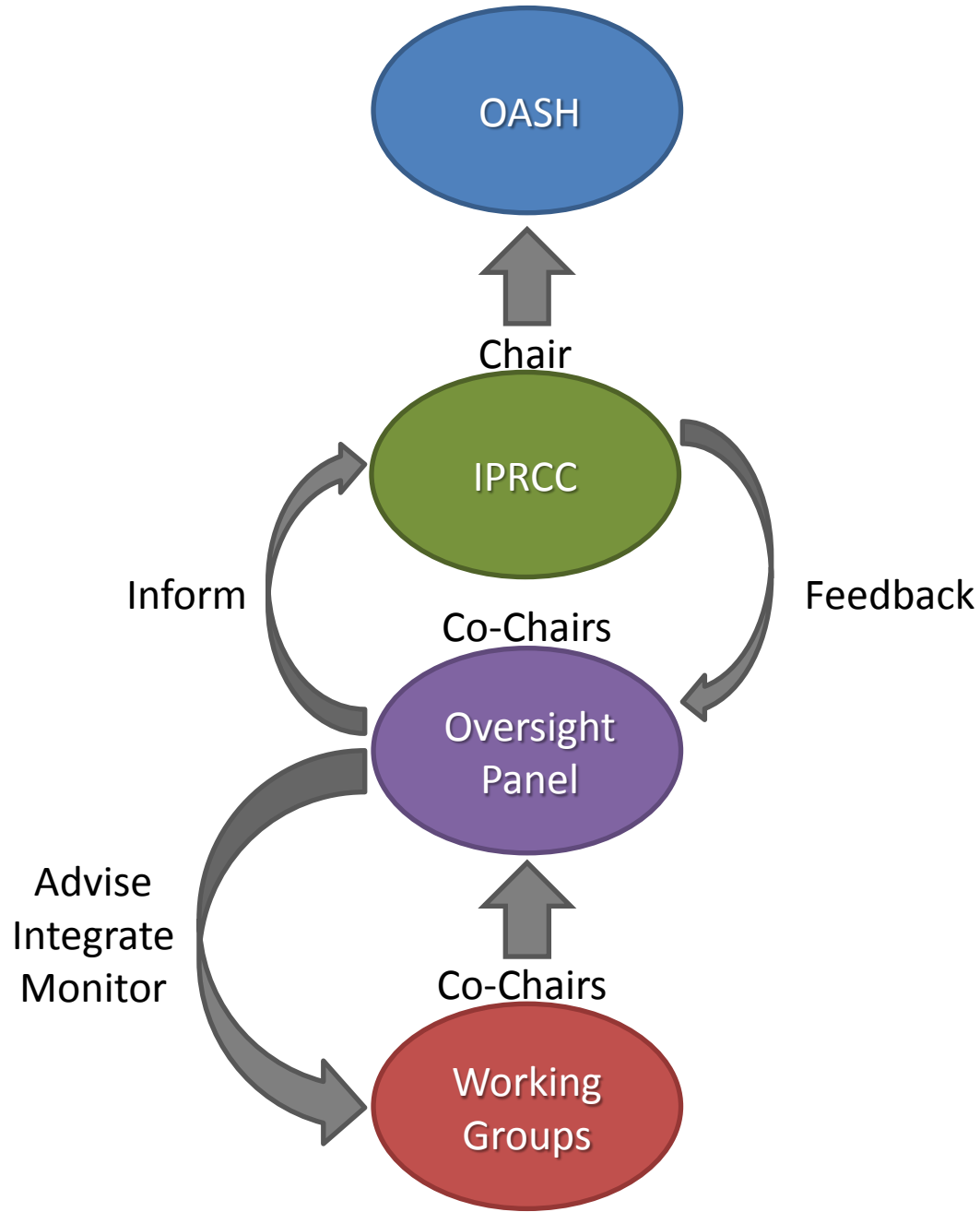
Report Format and Scope

- The report should be concise and concrete, with a target of 15-25 pages in total
- Federal agencies and private partners should be assigned specific tasks
- The goals should be quantifiable

The National Pain Strategy: Report Format

- **EXECUTIVE SUMMARY:** *Oversight Panel*
- **OVERVIEW**
- **Historical Perspective and Background –Strategic Framework – *Oversight Panel***
- **Short-Term, Achievable Objective 1 (Primary)* – *Thematic Working Group***
 - Description
 - Approaches and Stakeholders
 - Deliverables and Time Frame
 - Outcomes Evaluation
- **Short-Term, Achievable Objective 2 & 3* – *Thematic Working Group***
 - Description
 - Approaches and Stakeholders
 - Deliverables and Time Frame
 - Outcomes Evaluation
- **Longer-Term Objectives – *Thematic Working Group***
- **Description and Vision**
- **Conclusions – *Thematic Working Group***

The National Pain Strategy: Operational Flow



Long Term Timeline

Nov
2012

June
2014

February
2014

Identify WG
Co-Chairs

Approve
WGs

Advise WGs
on Outlines
& Action
Items

Feedback on
WG Plans &
Integration

Submit Plan
to HHS for
Review

Develop Plan

Submit
Outlines to
Oversight
Panel

Submit Plans
to Oversight
Panel

Oversight
Panel & IPRCC
Comment
Period

Revision &
Integration
Period

Oversight Panel

Thematic Working Groups

Combined Effort

The National Pain Strategy: Progress Update

- Working groups are collecting and evaluating data and existing resources
- Working groups are establishing priorities and a framework for development of deliverables
- Oversight Panel is coordinating efforts and integrating priorities and objectives of the groups
- A public comment period is planned after OASH review
- Final report - pending IPRCC, OASH, and HHS approval is expected mid-2014