

# Reflections on the Future

## Connecting Pain Management Policy and Practice to Serve our Communities

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June L. Dahl, PhD

Professor of Pharmacology

University of Wisconsin School of Medicine and Public Health

# The Future

“I know of no way of judging  
the future but by the past”

William Gibbon

“The future ain’t what it used to be “

Yogi Berra

# The past: a decade ago

Much to celebrate

- \*greater awareness that under treatment of pain is a major public health problem
- \*Joint Commission standards
- \*new drugs, new delivery systems
- \*numerous professional and patient advocacy groups
- \*engagement of the ACS

# Much to celebrate

- Opiophobia (narcomania) on the wane
- Willingness to use opioids for chronic pain control
- Congress declared this to be the Decade of Pain Control and Research
- Recognition of the disconnect between the cost of unrelieved pain and the monies dedicated to pain research
- We seemed to have reason to feel euphoric

Were we right to feel some sense  
of euphoria?

Any sense of euphoria quickly  
replaced by somber realities

Significant risks associated with attempts to  
introduce change

Misunderstandings and controversies arose related to  
the management of both acute and chronic pain

“In our noble efforts to alleviate pain,  
has safety been compromised?”

- 2002 Medication Safety Alert from the Institute for Safe Medical Practices
- Increase in opioid-related sentinel events after introduction of the Joint Commission standards
- Some clinicians misunderstood the intent of the standards
- 5<sup>th</sup> vital sign slogan added to confusion

# Misunderstanding the Standards

- Patients could/would demand to be free of pain
- Forced to prescribe opioids even if they were not appropriate
- 5<sup>th</sup> vital sign taken literally

# Misunderstanding the Standards

- Introduction of 5<sup>th</sup> vital sign: slogan added to the confusion
- Never intended to make pain intensity a fifth vital sign
- Some clinicians took slogan literally and focused on reducing pain below a certain number
- Treated a number on a scale, not patients with pain

## Conundrums: angst over the pain standards

- Focus on pain intensity alone may lead to unsafe care Am J Surg 2003; 186: 472-5
- Increased attention to pain intensity ratings, may lead to overly aggressive use of opioids

Kozol RA, Voytovich A. Misinterpretation of the fifth vital sign. Arch of Surgery 2007; 142: 417-419.

# Lessons for the Future

- Must take great care to prepare clinicians for change
- “primary reason for unfavorable outcomes in the arena of pain management: a lack of education among physicians regarding pain management principles and analgesic pharmacology” P Rosseau Arch Surg 2008

# Sobering Reality

- Post operative pain still inadequately treated
- 73 million surgeries each year; 70% performed in an outpatient setting
- Results of recent survey: 80% had pain after surgery; 86% reported moderate to severe pain
- Unrelieved acute pain a risk factor for the development of chronic pain

# Has safety been compromised in our noble efforts to alleviate chronic pain?

- Increase in diversion and abuse of opioids and in opioid-related deaths
- Need to broaden our concerns about safety: should be concerned about those who have no access to care or receive inappropriate care
- What is the risk to patient safety of doing nothing?

# What is the future related to the management of chronic pain?

- Who will provide care?
- Who will pay for care?
- Who will decide what is appropriate care?
- Who will decide the role of opioids in that care?

## Important to the Cancer Survivor

- The landscape of “cancer pain” is shifting into a chronic pain situation blurring the treatment strategies: *A New Frontier: Pain Medicine* 2007; 8: 189-198
- ACS goal in the coming decade: make cancer into a chronic disease state in which long-term control is possible
- Institute of Medicine report: *“From Cancer Patient to Cancer Survivor: Lost in Transition”*
- 10 million cancer survivors; 6 million > 65 y/o

# Health Care Challenges

- More than 47 million uninsured
- Formularies restrict drug availability
- Lack of reimbursement for interdisciplinary care
- Many factors favor interventional approaches

# Conundrums

- Who will pay?
- How should persons with persistent pain be managed?

# Fragmentation of Pain Medicine

- **Biopsychosocial model:** patient receives comprehensive rehabilitation that includes multiple therapies provided in a coordinated manner by persons from multiple disciplines
- **Interventional model:** comprehensive treatment programs involve interventional techniques as the primary treatment modality, with physical therapy, medical therapy and psychological management as supplementary”

Ann Fam Med 2004; 2: 576-582

Trescot et al. Pain Physician 2006; 9: 1-40

# Fragmentation of Care

- “Pain rehabilitation programs are significantly more cost effective than implantation of spinal cord stimulators, IDDSs, conservative care, and surgery, even for selective patients”
  - Turk The Clinical Journal of Pain 2002; 18: 355-365

# Conundrums

- The tension between the interventional and the rehab approach
- The cost of care – who pays and for what?
- The role of opioids
  - Are they safe and effective for chronic use?
  - Doesn't increased use = increased abuse = increased deaths?

# Opioids for chronic pain

- Use increased dramatically in the past 10-15 years in spite of controversies
- Uncertainty about long-term efficacy and safety
- Addiction remains a concern
- *APS: Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain*
- *View of ASIPP: Misinterpretation of evidence synthesis and ASIPP guidelines by Chou*
  - Pain Medicine 2009; 10: 422-424

# Prescription Opioids, Overdose Deaths, and Physician Responsibility

JAMA 2008; 300: 2672-2673

Recommend structured monitoring of patients who require long-term treatment with opioids with urine drug screens and opioid agreements.

“Primary care physicians appear to be only rarely using these mechanisms.”

# Laws and Regulations

- Federal and state controlled substances laws
- Prescription Monitoring Programs: rapid increase in the number of states with these programs
- And this in spite of lack of evidence for effectiveness

# DEA Actions

- Dec 2007: allows multiple Scripts for CII drugs at a single visit. Provides patient with the equivalent of a 90-day supply; Could use approach to prescribe smaller quantities for shorter times
- Require use of tamper resistant pads for scripts for CII drugs written for Medicaid patients

# Most recent action (REMS)

- FDA plans to require risk evaluation mitigation strategies (REMS) for long acting and ultra short acting opioids
- Frightening future
  - Certify clinicians
  - ?register patients

# One expert's perspective

“the message that has been sent and clearly received by physicians is that their primary responsibility is to help regulators prevent drug diversion and the excessive prescribing of opioid analgesics, not to effectively manage the pain of their patients”

Ben Rich, lawyer and ethicist

# WCPI: 1986

- Poor pain control not due to lack of effective therapies: they were not being used appropriately
- There was a gap between what was known and what was being done
- Education alone does not change practice: need to change attitudes

# Institute of Medicine: 2001

- *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*
- “There is not just a gap, but a chasm between the health care we have and the care we could have.”
- More systematic approaches are needed to analyze and synthesize medical evidence for both clinicians and patients. Far more sophisticated clinical decision support systems will be required to assist clinicians and patients in selecting the best treatment options and delivering safe and effective care>:

# The chasm in pain care

“Pain management presents the most glaring example of a disparity between the current state of medical knowledge and the prevailing custom of medical care.”

» Ben Rich

# The Future

“The future depends on what  
we do in the present”

Mahatma Gandhi

Ever greater need for independent,  
knowledgeable, forceful  
advocacy groups to transform  
the culture of pain care

# Your strengths

- A network of committed individuals, persons with expertise and passion
- Ability to collaborate and network with others with common goals
- Interdisciplinary nature brings breadth and depth of experience and resources

# The Future

- The future has been around for a very long time.
- It was there in the past
- It will be there tomorrow
- But this is today

“The best thing about the future is  
that it only comes one day at a time”

Abraham Lincoln

- Never doubt what a committed group of individuals can accomplish
- That really is the only way that anything ever gets done

Perspective from Margaret Mead