

Evidence-Informed Pain Management: Principles of Pain Care from the AMA Pain Care Task Force

Introduction

Pain continues to be the one of the most common reasons many patients seek medical care in the United States. This care costs an estimated \$250 to \$300 billion in health care resources nationally per year since 2008. The AMA Pain Care Task Force (PCTF) was formed in 2018 to promote evidence-informed practice for pain care and identify the barriers and challenges that are interfering with or limiting that goal and continues to discuss and explore safe and effective methods of caring for patients with undertreated, mistreated pain and chronic pain. The AMA PCTF and the larger medical community continue to acknowledge the need to improve pain care and are focused on finding meaningful solutions.

In the interest of supporting physicians and promoting evidence-informed pain care, the AMA PCTF offers the following principles of pain care for physicians, payers, and policymakers.

Principles of Pain Care for Physicians

Provide Patients in Pain Individualized Care

Patients in pain always deserve compassion and validation of their pain. In addition, an individualized and patient-centered approach to diagnosis and treatment is always best in the treatment of pain. The establishment of a therapeutic alliance between patient and physicians and shared decision making about care leads to better pain care and better self-management by patients^{1,2} As a part of individualized care, pain care treatment goals focused on measurable outcomes such as improvements in pain impacts, quality of life, function, symptom reduction, activities of daily living and safe management of medications need to be incorporated into pain treatment plans.

Acknowledge the Stigma Associated with Chronic Pain

Stigma is present at the patient, provider, institutional and social level for patients with chronic pain and collectively creates significant barriers to effective treatment and care. In addition, patients with pain who have been on long term opioid therapy and those with a comorbid substance use disorder (SUD) face an added layer of stigma from society, friends, and the health care system. Physician-led efforts to acknowledge and overcome pain-related stigma are needed to make sure our patients receive the care they need.³

Use Standardized and Validated Pain Assessment Tools

Use of the biopsychosocial model of pain assessment, measuring physical, emotional, social, and cultural variables has been shown to be effective and gives a much deeper understanding of a patient's pain than a score on a one-dimensional numerical scale. Comprehensive pain assessment includes taking a complete history, physical exam, mental health screening, functional history, medication review and diagnostics to establish underlying causes of pain and assess for co-occurring disorders. There are many evidence-based and validated pain and other assessment tools that can be utilized by physicians.⁴

Find Agreement in Areas of Clinical Practice Across Specialties and Guidelines

Physician practices have adopted a variety of practices as part of the administrative, practice, and patient-focused aspects of treating patients with pain. Use of these tools and practices varies greatly, and outcomes are the source of considerable controversy (e.g., mitigating opioid-related risks by using physician drug monitoring programs (PDMPs), patient-provider contracts or agreements, co-prescribing of naloxone, monitoring, patient education, etc.). Another area of increasing agreement is to increase use of clinical best practice guidelines (CPGs) in specific patient groups delineated by their diagnosis or cause of pain. Clinical settings and training programs are encouraged to seek the best evidence-based CPGs available and rely on consensus-based guidelines in the absence of evidence-based CPGs. The AMA PCTF also acknowledges the important role that specialty societies play in the development of condition specific clinical practice guidelines for pain.¹

Support Multidisciplinary, Multimodal, and Integrated Approaches to Pain Care

The PCTF believes it is important to distinguish between multidisciplinary, multimodal and integrated approaches to pain care. The multidisciplinary approach is coordinated care among health care professionals, including multiple disciplines (physicians, pharmacists, dentists, nurses, nurse practitioners, psychologists, counselors, social workers, physical and occupational therapists, etc.). The multimodal approach is an individualized approach to pain management that can include multiple medications, therapies and interventions simultaneously. The integrated approach combines the best of medications, intervention, treatments, behavioral, and complementary and integrative therapies. These approaches are considered the most effective approach for all types of chronic pain.^{1,5}

Understand the Relationship Between Acute Pain and Chronic Pain

The relationship between treatment of acute pain and subsequent development of chronic pain syndrome is complex, and more evidence is needed to clearly direct clinical decision making. It is important to treat both the cause and the symptom of acute pain with the full range of options, individualizing patient care by weighing the risks and benefits of various treatments. When acute pain is fully understood and appropriately treated, it can be prevented from progressing into chronic pain in many instances.

Identify and Treat Disorders Coexisting with Pain

It is essential to identify and treat co-occurring mental health and/or SUD because they can impact pain intensity and pain-related disability and complicate good pain management. Mental health and SUDs often can be treated and managed effectively concurrently with pain treatment. Physicians need adequate knowledge and understanding of mental health and SUDs including signs and symptoms, assessment, effective treatment modalities, and available resources.

Improve Physician Education and Training

Adequate knowledge of pain and core competencies of pain assessment and treatment among all physicians is encouraged. Medical education programs are encouraged to increase and improve training and education in pain and core competencies around pain management. More pain specialists and pain clinics are needed with an emphasis on multidisciplinary, integrated, and multimodal approaches.

Utilize All Available Pain Medications Responsibly and Safely

A wide variety of opioid and non-opioid pain medications are required for the effective and individualized management of pain. A balanced approach to medication means finding the right medication for the right indication at the right time. The pain care team must recognize the efficacy and appropriateness of different medications for different pain presentations. Opioids have their appropriate place as an option for treatment of acute pain, palliative and end of life pain management, cancer pain, and some chronic pain patients. Overall, prescription of opioids, as with all medications, should be individualized, physician driven, and patient centered. It is important for physicians to educate patients on the risks and benefits of opioids, safe storage of medication and safe disposal of unused opioid medications as well as other risk mitigation strategies. If appropriate and in the patient's best interest, tapering of opioids can be done according to recently developed (National Academy of Medicine, Centers for Disease Control) protocols and is best done in a manner that shows care for the safety and comfort of the patient. In addition to traditional pain medications, careful use of nonsteroidal anti-inflammatory (NSAIDs), psychotropic, seizure, and anti-neuropathic agents are a consideration. Non-opioid medications (NSAIDs, acetaminophen, anti-depressants, anti-convulsant, musculoskeletal agents, biologics, topical analgesics, and anxiolytics) may be effective pharmacological options for pain care and also reduce risk of opioid related harms by reducing unnecessary exposure to opioids.¹ Buprenorphine can be an effective medication for pain as well as opioid use disorder.⁶ As with all medications, discussion of risks and benefits of non-opioid medications must be part of the shared decision-making process with the patient.

Keep Chronic Pain Patients Engaged in Care

Provider anxiety as well as prior authorization, denials, and arbitrary limits by insurers, pharmacy benefit management companies, and pharmacies, and some overreaching state regulations have contributed to some patients with pain being inappropriately denied or terminated off opioid therapy. Closures of pain clinics and loss of specialist care has resulted in many patients doing rapid opioid tapers, including non-consensually.⁷ Despite the many current barriers to providing opioid therapy for patients with pain, physicians are encouraged to do the best they can to keep patients engaged in care, and to treat their patient's pain in a holistic, evidence based and evidence informed way.

Principles of Pain Care for Payers and Policymakers

Recognize and Address Disparities in Pain Care

It is essential to recognize disparities in all aspects of health care, including pain care. There is adequate evidence showing that inequities exist in racial and ethnic minority groups in the treatment and outcomes of pain-related conditions. These can be related to social and economic disadvantage, lack of access to insurance, racial bias, inadequate community supports, historical oppression and structural issues in health systems. These conditions can and do lead to sub-optimal treatment for pain. Policymakers, payers, and health systems can be leaders in addressing health care inequities by supporting collection of relevant demographic data including race, language, and ethnicity to identify and measure health inequities and to mitigate differences in care.

Provide Coverage and Reimbursement for Comprehensive, Multidisciplinary and Multimodal Pain Care Approaches for Chronic Pain

Expanding physician capacity to provide pain care in a multidisciplinary, multimodal, and integrative framework is needed. Physicians, particularly those in primary care, need reimbursement and care delivery strategies that make it possible for them to do the intensive care coordination that chronic pain care can require. There also needs to be recognition that many patients' employment, travel, and other needs represent a considerable barrier to this type of comprehensive approach. Payers should adapt policies to account for these challenges and reimburse evidence based care appropriately.⁸ Telehealth, the Extension for Community Health Outcomes (ECHO), and other innovative approaches can be utilized to expand the reach of pain specialists and improve access to specialized evidence based and evidence informed pain services.¹

Eliminate Administrative Barriers to Pain Care

Payer administrative practices that create barriers to care (prior authorization, utilization review, prescribing limits, fail-first, limited or restrictive formularies) should be minimized or removed.⁹

Expand Coverage and Access to Noninvasive and Nonpharmacologic Pain Treatments

Statutory and other limits on access to opioid therapy without increasing coverage for non-opioid pain treatments has had a negative effect on patients with pain, especially those with chronic pain. Patients need access to adequate coverage for pain medications and medical services including pharmacological, restorative, interventional, psychological/behavioral, and complementary/integrative therapies. Evidence of the efficacy of treatments such as yoga, cognitive behavioral therapy (CBT), acupuncture, spinal manipulation, exercise, massage, and others for conditions such as low back pain, fibromyalgia, chronic headache, and osteoarthritis is increasing.¹⁰ Payer coverage for these treatments should be in alignment with the emerging and existing research and clinical evidence for these types of treatments. Providing transparency in formulary and benefit designs and placing non-opioid medications and non-pharmacological treatments for pain on the lowest cost-sharing tier is urged so more patients can access and afford the care they need.^{1,11} State departments of insurance have an opportunity to meaningfully review formulary and benefit design packages and filings from payers to ensure sufficient and affordable non-opioid pain care options exist for patients.

Expand Coverage for Treatment of Pain and Coexisting Behavioral Health Conditions

Conditions such as anxiety, depression, and SUD commonly co-occur with pain and it is important to address these coexisting conditions effectively in conjunction with treatment for pain. Multidisciplinary pain rehabilitation programs that include access to behavioral health interventions have been shown to be most effective in producing decreases in pain severity and improvements in function.¹² The AMA Pain Care Task Force urges payers to provide benefit packages that reflect multidisciplinary approaches and can provide access to effective care for pain and co-existing behavioral health disorders. Incorporating supports such as group therapy and other interventions for mental health and substance use disorder into payer coverage and benefit packages for multidisciplinary pain care is urged.^{1,12}

Address Medicolegal Challenges for Physicians

Physicians and patients with pain currently face a patchwork of state regulation and other policies with respect to pain care. Also, physicians in some settings (chronic pain, cancer, palliative and hospice care) or in underserved areas prescribe opioids safely and appropriately but often at higher volumes than what is suggested by arbitrary guideline thresholds. These setting and geographic differences must be better understood by regulators and others to avoid inappropriate intrusions into the practice of medicine and prevent disruption of medical care. Care and treatment for pain is best when it is individualized, physician-led, and patient centered. This is not to say there is no place for regulation, but any regulations must be determined, reviewed, and implemented by physicians in-practice rather than non-medical entities.

Support Payer Network Adequacy Requirements for Pain Care

States can require payers to show that they are providing adequate and affordable non-opioid pain care options as well as sufficient pain care specialists and specialized pain clinics in their networks as a condition of selling policies in their state. Network adequacy is essential to the provision of comprehensive pain and other medical care¹³

Citations

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