

Overview: The National Pain Strategy

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The National Pain Strategy, the federal government's first coordinated plan for reducing the burden of chronic pain that affects millions of Americans, has been released by the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services.

Developed by a diverse team of experts from around the nation, the National Pain Strategy is the first-ever, comprehensive, population-level strategic plan to advance pain research, education, care and prevention, and was developed in response to the imminent need to transform how pain is perceived, assessed and treatment in America. The development process began after the 2011 Institute of Medicine (IOM) report, *Relieving Pain in America*, determined that over 100 million American adults live with life-altering chronic pain, at an annual economic cost burden of \$600 billion. This equals a national epidemic with costs far exceeding that of any other disease state or disorder in the U.S.

The National Pain Strategy calls for:

- Developing methods and metrics to monitor and improve the prevention and management of pain.
- Supporting the development of a system of patient-centered integrated pain management practices based on a biopsychosocial model of care that enables providers and patients to access the full spectrum of pain treatment options.
- Taking steps to reduce barriers to pain care and improve the quality of pain care for vulnerable, stigmatized, and underserved populations.
- Increasing public awareness of pain, increasing patient knowledge of treatment options and risks, and helping to develop a better informed health care workforce with regard to pain management.

"Of the millions of people who suffer from chronic pain, too many find that it affects many or all aspects of their lives," said Linda Porter, Ph.D., director, NIH's Office of Pain Policy and co-chair of the IPRCC working group that helped to develop the report. "We need to ensure that people with pain get appropriate care and that means defining how we can best manage pain care in this country."

THE NATIONAL PAIN STRATEGY:

A Vision: The objectives of the National Pain Strategy aim to decrease the prevalence of pain across its continuum from acute to high-impact chronic pain and its associated morbidity and disability across the lifespan. The intent is to reduce the burden of pain for individuals, their families, and society as a whole. The Strategy envisions an environment in which:

- People experiencing pain would have timely access to patient-centered care that meets their biopsychosocial needs and takes into account individual preferences, risks, and social contexts, including dependence and addiction.
- People with pain would have access to educational materials and learn effective approaches for pain self-management programs to prevent, cope with, and reduce pain and its disability.
- Patients, including those with low literacy or communication disabilities, would have access to information they can understand about the benefits and risks of treatment options, such as those associated with prescription opioid analgesics.
- All people with pain would be assured of receiving needed preventive, assessment, treatment, and self-management interventions, regardless of race, color, nationality, ethnicity, religion, income, gender, sex, age (neonatal through end of life), mental health and substance use disorders, physical or cognitive disability, sexual orientation and gender identification, geographic location, education, language proficiency, health literacy, or medical condition. All pain-related services would be provided without bias, discrimination, or stigmatization. 7
- Americans would recognize chronic pain as a complex disease and a threat to public health and productivity. Individuals who live with chronic pain would be viewed and treated with compassion and respect.
- Clinicians would take active measures to prevent the progression of acute to chronic pain and its associated disabilities.
- Clinicians would undertake comprehensive assessments of patients with chronic pain, leading to an integrated, patient-centered plan of coordinated care, managed by an interdisciplinary team, when needed. Treatment would involve high-quality, state-of-the-art, multimodal, evidence-based practices. While most pain care would be coordinated by primary care practitioners, specialists would be involved in the care of patients who have increased comorbidities, complexity, or are at risk for dependence or addiction.
- Clinicians would receive better education and training on biopsychosocial characteristics and safe and appropriate management of pain. Clinician's knowledge would be broadened to encompass an understanding of individual variability in pain susceptibility and treatment response, the importance of shared (patient-providers) and informed decision-making, ways to encourage pain self-management, appropriate prescribing

practices, how empathy and cultural sensitivity influence the effectiveness of care, and the role of complementary and integrative medicine.

- Payment structures would support population-based care models of proven effectiveness in interdisciplinary settings and encourage multimodal care aimed at improving a full range of patient outcomes.
- Electronic data on pain assessment and treatment would be standardized, and health systems would maintain pain data registries that include information on the psychosocial/functional impact of chronic pain and the costs and effectiveness of pain management interventions. These data resources would be used in an ongoing effort to evaluate, compare, and enhance health care systems, identify areas for further research, and assess therapies for quality and value.
- The evolution toward a public health approach to pain prevention and care would be facilitated by epidemiologic, health services, social science, medical informatics, implementation, basic, translational, and clinical research, informed by clinician/scientist interactions.
- Data on the health and economic burdens of chronic pain would guide federal and state governments and health care organizations in their efforts to work toward these objectives. Such data would lay the groundwork for enhancing the effectiveness and safety of pain care overall and for specific population groups and would enable monitoring of the effectiveness of policy initiatives, public education efforts, and changing treatment patterns.
- A more robust and well trained behavioral health work force would be available to support the needs of patients who suffer from chronic pain, including those at risk who need mental health care and substance abuse prevention and recovery treatment.
- The actions in this strategy would be undertaken in the context of the dual crises of pain and opioid dependence, overdose, and death in the United States. Actions to improve pain care and patient access to and appropriate use of opioid analgesics for pain management would be coordinated and balanced with the need to curb inappropriate prescribing and use practices. To achieve this balance a broad range of stakeholders including those engaged in pain care and pain care policies, as well as those working in substance use prevention, treatment, and recovery, would be engaged as the actions of the NPS are undertaken.