

# Pain Brief Advocacy & Policy Monthly | 2011

## Advocacy Dashboard

### With internal/external partners Advocacy monitors gaps in pain care:

- Evaluate ongoing controversies regarding opioid therapy based on evidence from literature, competitive landscape and partners, organizations and networks.
- Recognize risks involved with prescription drug treatment – abuse, addiction and diversion – and understand how to identify “at risk” patients.
- Determine what actions partners take to structure national/state advocacy efforts to optimize treatment and manage prescription drug abuse.
- Examine partners’ interface with addiction medicine communities.
- Assess discussions around abuse-deterrent opioids
- Understand the current regulatory and legal climate, both local and federal, concerning prescription of controlled substances, and the ongoing efforts to effect policy change
- Monitor activities of Interventional Pain Management Communities-ASIP

### Advocacy Partners with Policy Committee sections:

- Primary external partners:
  - American Pain Foundation/State Action Network. “Go to Partner”  
Here is the link to APF [policy webpage](#), where you will find APF’s national and state pain policy efforts, APF Policy and Advocacy in the News, as well as position statements.  
[Action Network webpage](#), with links to the Action Network [state leader directory](#) and more information can be accessed at [www.painfoundation.org](http://www.painfoundation.org)
  - American Pain Society-regional affiliates
  - American Academy of Pain Medicine-regional societies
  - American Academy of Pain Management
  - American Chronic Pain Association
- Secondary external partners/information networks:
  - American Academy of Hospice & Palliative Care Medicine
  - American College of Emergency Physicians
  - American Academy of Family Physicians
  - American Geriatric Society
  - American Society of Consultant Pharmacists
  - American Academy of Physician Assistants
  - American College of Nurse Practitioners
    - AANP Smart Brief-Daily Newsletter [aanp@smartbrief.com](mailto:aanp@smartbrief.com)

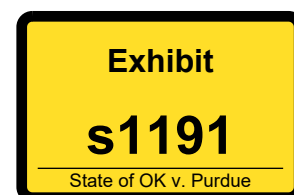
#### Other Policy Groups with state updates:

- Center for Law Enforcement & Deterrence (CLADD)
  - CLADD Policy Brief-Monthly Newsletter <http://cladd.org/>
- National Association of State Controlled Substances Association (NASCSA)
  - Monthly Newsletter accessed at <http://www.nascsa.org/>



### Key Advocacy Insights: Process

- Information is accessed and transformed into awareness and partnership activities
- Important developments are communicated immediately to key stakeholders.



# Pain Brief Advocacy & Policy Monthly | 2011

---

- Shared with Internal Policy Team-Policy (MM), SGA (JB, MQ), Fed Office (MR, BB)

## **Key Advocacy Themes:**

### **Marketplace (highly unsatisfied):**

- Significant unmet needs in the moderate to severe chronic pain market
- Advocacy on the local market level gaining momentum among partner organizations

### **Market access barriers:**

- Appropriate use and Access to opioid therapies
- Other: channels, unmet needs, outreach, partner resources

### **Unbranded programs across key partner segments:**

- What are advocacy competitors doing to increase advocacy partnerships?
- Monitor: Pain Awareness Program activities, resources, tools

### **Policy Dashboard:**

- Increased focus pain policy (7-8 bills introduced)
  - Bono Mack
  - Rockefeller
  - Ryan Credon
- Monitoring: Pill Mills/ Legislation/Operational/Inter-state communications
- Ongoing: RX Drug Abuse, Teen Abuse & Take-Back programs
- Increased focus: State pain policies with particular attention to key states: WA, FL, OH, TX, CA
- National Efforts:
  - White House ONDCP "Epidemic: Responding to America's prescription Drug Abuse Crisis."
- LAO REMS-Implications-single shared system for all products in this class of medications with content of education program focused on
  1. Safe opioid prescribing
  2. Product-specific information
  3. Patient Counseling, Patient Education
- Implications of REMS-partner networks are discussing:
  1. Mandatory prescriber training >access
  2. Educational requirements link to DEA licensure
  3. Dosing limitations
  4. Lack of number pain specialists to provide adequate and appropriate TX

### **Pain Tools Disseminated:**

- Unbranded Programs-
  - Prescribe Responsibly-external HCP community
  - Smart Moves, Smart Choices-Teen Rx Abuse
  - Let's Talk Pain-Provider/Patient Communications
- Prescribe Responsibly
- HPAD Partner Resource Kits
- Burden of Pain Deck

## New Initiatives:

*Imagine the Possibilities: Pain Coalition IPPC-Janssen Pharmaceuticals*

- IPPC is Comprised of Internal cross-functional members of the pain teams and external members of the pain communities. Goal: align and address issues in pain management with emphasis on abuse and diversion. Launch Meeting held June 24.

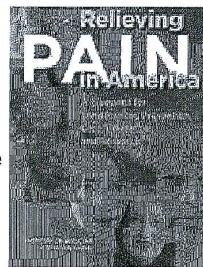
New Partnership: State Pain Policy Action Coalition (SPPAC)-AAPM, APF, ASPMN

- Formed out of need to respond and influence positive state-based public policies is crucial to assuring access to effective care for persons experiencing pain. National pain management organizations have attempted to influence many of these issues, but often have done so in an ineffective piecemeal and hit-or-miss fashion, failing to take advantage of opportunities to speak with one voice and achieve desired outcomes. SPPAC provides the opportunity to create a synergistic voice to insure the ability of our members to provide and receive optimal care for pain. While three organizations are initially organizing the coalition, other organizations will be invited to join once the structure is developed.

## National Updates:

### Institute of Medicine Releases Report 6/29/11

Newly released report from the U.S. Institute of Medicine (IOM), proposes a multifaceted blueprint for action. The 2010 Patient Protection and Affordable Care Act required the U.S. Department of Health and Human Services (HHS) to enlist the IOM in examining pain as a public health problem. The report, released on June 30, 2011 — *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* — calls for a cultural transformation of attitudes toward pain and its prevention and management. The entire consensus report is available [\[here\]](#).



Among the noteworthy findings of the 19-member committee assembled by the IOM are the following...

- Chronic pain affects an estimated **116 million** American adults — more than the total affected by heart disease, cancer, and diabetes combined. It is expected that the incidence rate of chronic pain will continue to increase.
- Pain costs the nation up to **\$635 billion each year** in medical treatments and lost productivity.
- Chronic pain negatively affects socioeconomic status.
- Primary care professionals, who manage most patients with chronic pain, are undertrained and understaffed. There is a severe scarcity of pain-care specialists and pain facilities to adequately treat patients in need. The IOM report notes that there are only about 3,500 physicians board certified in pain care — equal to 33,000 people with chronic pain for every specialist — and fewer than 200 accredited pain care facilities.
- “Federal and state drug abuse prevention laws, regulations, and enforcement practices have been considered impediments to effective pain management....” Among other barriers, they say “Twenty-nine percent of primary care physicians and 16 percent of pain specialists report they prescribe

opioids less often than they think appropriate because of concerns about regulatory repercussions.”

*The report observes that, “the majority of people with pain use their prescription drugs properly, are not a source of misuse, and should not be stigmatized or denied access because of the misdeeds or carelessness of others.”*

**Partner Commentary:**

The IOM committee offers a blueprint for action in transforming prevention, care, education, and research, with the goal of providing relief for people with pain. “Given the burden of pain in human lives, dollars, and social consequences, relieving pain should be a national priority.”

The committee recognizes that there are many barriers to pain care, including regulatory, legal, institutional, financial, and geographical — all of them factors that not only limit access to effective pain care but contribute to disparities among select groups. The committee calls for government agencies, healthcare providers, and public and private funders of health care to adopt a comprehensive, strategic approach to reduce or eliminate the barriers to pain care.

**Note: Pain Care Task Force is being formed to develop a communication and outreach plan for dissemination of key messaging across national/local markets. The activities can serve as an advocacy tool for our partner organizations.**

