



American Pain Foundation
A United Voice of Hope and Power over Pain

KEY PROCEEDINGS

Provider Prescribing Patterns and Perceptions:
Identifying Solutions to Build Consensus on
Opioid Use in Pain Management—
A Roundtable Discussion





Key Proceedings

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Introduction

Untreated or undertreated pain is a growing public health problem and a leading cause of disability. Just over one-quarter of American adults—or, an estimated 76.5 million Americans—report that they have had a problem with pain that persisted for more than 24 hours in the past month. Notably, 57 percent of older adults who reported pain indicated that the pain lasted for more than one year.¹ Even though pain is one of the most common reasons patients consult a healthcare provider, it is often inadequately treated, leading to needless suffering and lost productivity. Chronic pain (pain that persists after normal healing or for at least three months) is not only emotionally and physically debilitating for patients, it also places a tremendous burden on families and caregivers and contributes to excessive healthcare costs. The need for improved pain management will undoubtedly become even more salient given increasing life-expectancy and an aging baby boomer population.

Opioids are strong pain medications and are increasingly used as part of a multi-modality pain management treatment plan. Medications that fall within this class include morphine (e.g., Avinza, Kadian, Morphine Sulfate Contin), oxycodone (e.g., OxyContin, Percodan, Percocet), fentanyl (e.g., Duragesic, Fentora), oxymorphone (e.g., Opana), hydromorphone, methadone, and related drugs. Although the use of opioids has been well studied and accepted in acute, end-of-life and cancer-related pain, there continues to be much confusion and controversy surrounding the use of these drugs in the long-term management of chronic non-cancer pain. A key challenge is the lack of scientific studies that have evaluated long-term safety and efficacy of opioids for non-cancer pain. Another challenge is the undeniable problems of substance abuse, addiction and drug diversion, all of which necessitate regulatory scrutiny of prescribers.

The dramatic rise of nonmedical uses of prescription drugs, which has paralleled the increasing use of opioids for legitimate medical purposes, have fueled fears, and for some, blurred the line between the law and the practice of medicine. As Scott Fishman, MD, wrote in *Responsible Opioid Prescribing: A Physician's Guide*: "...the collision between the War on Pain and the War on Drugs has created a 'perfect storm' of controversy."

Unfortunately, there is reason to believe that a lack of clinician knowledge or skills in selecting patients and managing their therapy restricts access to medically necessary opioid treatments. Even knowledgeable and skilled prescribers are often reluctant to prescribe opioids because of concerns related to regulatory scrutiny or fears about iatrogenic drug abuse or addiction. Historically, there has been a lack of training, particularly for primary care providers, about how to: prudently evaluate candidates for long-term opioid therapy; initiate and adjust therapy; and recognize signs suggestive of aberrant drug behaviors or addictive disorders. Moreover, sensationalized news reports of drug abuse, diversion and addiction, or of legal actions taken against prescribers have helped perpetuate a negative—and sometimes false—picture of chronic pain management.

In an effort to review the challenges surrounding optimal opioid therapy and pain management, the American Pain Foundation (APF) convened a roundtable of leading pain experts in November 2007. The roundtable, which was titled, *Provider Prescribing Patterns and Perceptions: Identifying Solutions to Build Consensus on Opioid Use in Pain Management*, was supported by an educational grant from Endo Pharmaceuticals. The meeting was intended as an open interchange to describe the ongoing critical barriers to appropriate opioid prescribing and the opportunities that exist to drive a pain treatment agenda forward in a

¹ National Center for Health Statistics. Health, United States, 2006 With Chartbook on Trends in the Health of Americans. Hyattsville, MD: 68-71.

positive and constructive manner. This lively and thoughtful discussion also served as a springboard for actionable solutions that will help elevate the national dialogue about appropriate opioid use within professional and public arenas.

Roundtable participants issued an urgent call to the pain community to begin to reframe the discussion about opioid therapy in a way that incorporates a more balanced perspective of the risks and benefits of these medications.

As part of this paradigm shift, pain leaders recognize the need to engage and collaborate with other stakeholders—health professionals, consumers, the pharmaceutical industry, law enforcement and regulatory agencies, and health policymakers—to arrive at a unified agenda and establish a framework that supports better understanding of the issues surrounding both the essential medical role of this therapy and the benefits and risks of prescribing opioid medication. While the pain community must call attention to the epidemic of chronic pain, its undertreatment, and the utility of opioid therapy as a safe and effective strategy to relieve pain and improve functioning in appropriately selected and monitored patients, it

also must acknowledge the societal and public health concerns raised by reports of increasing prescription drug abuse. The ultimate goal, according to several roundtable participants, should be to build collaborations based on a shared understanding of the multifaceted benefits and burdens associated with opioid medications, rather than continuing to operate within silos positioned on the basis of “pro” or “con” attitudes concerning medical use, or an emphasis on risk alone. Attendees focused on the need for education and training, regulation and research strategies that the American Pain Foundation and others could consider adopting in order to lead the movement toward a more balanced view of pain management.

Participants also discussed the key findings of an online survey of 238 primary care physicians, pain specialists, nurse practitioners and physician assistants. The survey, conducted by HCD Research from October 4 – 24, 2007, aimed to gain an in-depth understanding of the prescription practices, knowledge and beliefs of opioid therapy for non-cancer chronic pain. The findings of the survey reinforced many of the ideas presented by participating key opinion leaders.

Pain affects more Americans than diabetes, heart disease and cancer combined. Now is the time to build consensus on pain management and opioid use in America and drive perceptions towards a more balanced view. Alleviating pain in patients with legitimate medical needs remains an important medical imperative. Patients deserve optimal pain relief, which includes access to safe and effective pain medications balanced with appropriate risk management. When properly prescribed by a healthcare professional and taken as directed, these medications provide important pain relief and can improve functioning.

Roundtable Participants

Co-Moderators:



Will Rowe
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Russell Portenoy, MD
Chairman, Department of Pain
Medicine and Palliative Care,
Beth Israel Medical Center, N.Y.
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Participants:



Paul Arnstein, RN, PhD, FNP-C
Associate Professor, MGH Institute
for Health Professionals, and
Clinical Nurse Specialist
Massachusetts General Hospital



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Perry G. Fine, MD
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Key Insights

The roundtable discussion initially focused on overarching statements that participants agreed should help frame current and future dialogue about chronic non-cancer pain in America. Although these observations are primarily anecdotal, the panel believes they will be widely accepted by pain specialists in the United States.

➔ PAIN IS UNDERTREATED IN AMERICA.

All members of the roundtable discussion were in agreement that pain is undertreated, despite the availability of safe and effective treatments. Participants suggested that patients with chronic pain are not seeking or receiving the care they need for a variety of reasons. Most physicians have not been trained in chronic pain management, and chronic pain is not recognized as an illness in its own right. As a consequence, a high proportion of patients consult multiple doctors before their pain condition is acknowledged, let alone appropriately managed. For those with disabling chronic pain, access to pain specialists is very limited. This is due to the limited number of specialists and the current systems that support the training and reimbursement of specialists. The panel agreed that there are certain patients with chronic pain who should be given access to opioid therapy, and that outcomes will be favorable, but many physicians are reluctant to consider a therapeutic trial, and many patients are hesitant to accept this therapy.

Although the extent to which undertreatment with opioids occurs in populations with chronic non-cancer pain cannot be determined given current data, the panel accepted that undertreatment exists, is probably substantial, and is multifactorial. Causes include the shame and stigma associated with therapy, and limited access to physicians with the skills to select and manage treatment, and the willingness to accept responsibility for this therapy. There are anecdotal reports of practices either dropping

chronic pain patients who are taking opioids or putting a cap on the number of patients served. Furthermore, some pharmacies are electing not to carry opioids. Many pain clinics will offer patients interventional treatments for pain, but will not prescribe oral pharmacological management of pain for economic and other reasons, which need to be studied. Efforts to increase awareness about the pain epidemic in this country may also be complicated by a cultural emphasis on the problems associated with drug abuse.

An important caveat to the evidence of serious undertreatment of pain is a parallel problem of overtreatment or mistreatment. Some patients are over- or mistreated when clinicians perform or prescribe multiple ineffectual, risky, and costly interventions or drug therapies without well-defined, identifiable benefit.

It was generally agreed that optimal outcomes require that opioid therapy be structured as a component of a more comprehensive pain treatment plan—one that integrates psychological, social and functional rehabilitative approaches to care along with medical or interventional treatments. There are often inadequate resources in primary care practice settings, and severe reductions in the numbers of comprehensive chronic pain treatment centers, for this approach. This is a “systems” problem that requires correction in order to maximize the utility of pharmacological therapies and improve the treatment of chronic pain and related disability.

➔ **THE CHRONIC PAIN CONVERSATION MUST REMAIN BROAD IN SCOPE.**

Although much of the discussion centered on opioid therapy, roundtable participants agreed that for the pain community to move forward in a significant way, the conversation must also focus on pain management as a whole. Just as anesthesiology is not about one inhalational agent, one injectable drug, or one monitoring device, pain medicine is not defined by one procedure, one pharmacologic class of drug, one psychological strategy, or a single physical modality of treatment.

It's also critical to understand that while there is a great deal that is known about non-cancer chronic pain, the practice is still in its infancy and studies are needed to validate how it is best treated initially and over time.

➔ **OPIOID THERAPY MUST BE PRESENTED WITH A MORE BALANCED POINT-OF-VIEW.**

Unfortunately, the discussion about opioid therapy often is characterized by dogmatic views or one-sided arguments. Those who recognize the likelihood of opioid undertreatment may not speak about the problem of prescription drug abuse, and those whose concern is addiction or diversion may not acknowledge the potential negative impact of law enforcement or regulations on pain management. Roundtable participants agreed that, in order to break the mold, a shift towards a more balanced view that takes into account the full spectrum of issues pertaining to opioid management—"the good, bad and ugly"—is essential to improve patient care and to help shift overriding prescribing fears to a more rational, clinical, science-based appreciation of the risks and benefits of these medicines.

Integral to this is a keener understanding of the intersection of pain medicine and addictive disorders, including the role, and mechanisms, of tolerance, physical dependence, pseudoaddiction and addiction.

"The pain community—the 'we'—has neither the manpower nor the skills to do this," Dr. Portenoy said. "The pain community must figure out who and where the local champions are."

➔ **ALL WITH A STAKE IN PAIN MANAGEMENT MUST WORK COLLABORATIVELY.**

It will be essential for the entire pain management community, not only pain medicine specialists, to come together and work collaboratively with one unified voice to achieve success. Although several organizations exist to help support pain patients and the healthcare professionals who care for them, they are each engaged in separate campaigns to increase awareness and understanding of pain management. By coordinating these efforts and dovetailing on key initiatives, the pain management community can be much more powerful and effective in delivering messages and outreaching to key stakeholders. In addition, discussions about opioids and pain management have to move beyond the world of pain medicine to bring together experts from a wide variety of fields (e.g., family medicine and other medical specialties, nursing, pharmacy, physician assistants). The field needs to enlist champions within the pharmaceutical, managed care, legislative, regulatory and law enforcement arenas.

"There is an opportunity for us to collaborate and break down the silence and start working towards a common [pain] agenda. We all have different capabilities and strengths, but together we're a phenomenal force."

– Micke Brown, BSN, RN, American Pain Foundation

Discussion Highlights

EDUCATION

Education of healthcare professionals, patients, the news media, elected officials and the public about pain management and opioid use was discussed as a key priority that the pain management community should undertake. Panelists agreed that education of these stakeholders is lacking and that more must be done to encourage more balanced conversations.

Curriculum Advocacy

Roundtable participants called for a coordinated effort that would require pain management training to be part of the core curriculums at schools of Medicine, Nursing and Pharmacy. Appropriate training and resources are needed to ensure that prescribers have the necessary skill set and resources to provide quality pain and opioid management.

“I really feel that [the missing part is] training; it’s education at the medical school, pharmacy school, nursing school level,” said Aaron Gilson, MSSW, PhD. “If they don’t get an understanding of the [principles of] pain management and opioid analgesics at that stage, it’s very unlikely they will develop that practice without it.”

Dr. Heit added “I think we really have to put the pressure...on medical schools in regards to making this part of the core curriculum.” The prevalence of pain, as well as the potential for addiction further justifies the need for a dedicated curriculum in pain management. “If 10 percent of the population has a disease of addiction, and pain is the most common presentation to a doctor’s office, why isn’t this part of the core curriculum of all medical schools?” Heit asked.

Primary Care Community Engagement

Health professionals in the primary care setting serve as the main providers of pain care and should be at the table during future discussions about opioid therapy. Pain experts agreed that to deliver good pain management, healthcare providers must also have a working

understanding of both the skills necessary to optimize the favorable pharmacologic effects of opioids and those needed to assess and manage the risks associated with opioid abuse, addiction and diversion. It is critical that primary care providers be given the training and tools necessary to watchfully monitor and manage risk when treating chronic pain in order to reduce their fears of prescribing.

In summarizing the group’s discussion of primary care education, Dr. Russell Portenoy said, “We would all agree that a major barrier [to appropriate pain management] is the lack of education in the primary care community, which has to address most of the chronic pain in the United States.”

Paul Arnstein, RN, PhD, added, “There’s this fear [among primary care professionals] of causing or feeding an addiction problem. And I think that this fear is really driven by a lack of an appropriate skill set...how do we evaluate patients for aberrant drug behaviors or addiction disorders? How do we treat or refer those types of patients? And how do we have difficult conversations with patients where there may be a conflict or difference of opinion?”

Patient Education

In addition, roundtable participants unanimously agreed that patient education must run parallel to professional education. To make informed pain management decisions, patients must be armed with the information about how to safely use medications, store medications to avoid unauthorized use by others, understand expectations for therapeutic

adherence and communicate with providers. One participant suggested developing self-assessment tools to help patients track their pain relief and understand the difference between tolerance, physical dependence, and addiction.

“I think that one of the real strengths of the APF is the focus on the consumer and the patient,” said Perry G. Fine, MD. “And I think that there is some education that needs to be done that hasn’t been done to the consumers about the potential benefits or risks.”

The Media

The morning of the roundtable, a segment on a national morning news show poignantly illustrated the media’s ability to cast a negative, biased light on the subject.

“The other thing we can do to deal with the public perceptions that are out there today—that we heard this morning when the doctor on the Today Show said ‘Get your chronic pain treated, but stay away from those narcotics’—is we can watch and provide responses that will move the dime,” Dr. Scott Fishman remarked.

Participants agreed the use of the term “narcotic” reinforces the myths and misconceptions of this class of drugs and places emphasis on the drug abuse issue.

Dr. Fishman continued, “We don’t have a media watchdog that can help [monitor] and give feedback to those who are [reporting] . . . to [help] maintain a position of balance. With the lack of [statistical] evidence, [we must rely on anecdotal] evidence that people are suffering. Doing nothing has risk.”

REGULATION

In light of the barriers created by law enforcement and regulatory bodies for the pain management community, Dr. Aaron Gilson suggested, “to create messages that not only counter the actions that have been taken against the pain management community in recent years [we must] recognize the limitations of what we have, the evidence that we have. We have to be truthful about it.”

“I’m for coming together. The DEA is not going to go away. The government is not going to go away. The police are not going to go away. It’s an accepted fact and it’s better that we join and try to work with them,” Dr. Heit said.

Dr. Heit also proposed that law enforcement and regulators invite members of the pain community to their meetings and vice versa. “Let us exchange ideas and educate each other so that we may better serve our patients and communities,” he said.

Micke Brown, RN, added that the pain community “needs to push back a little bit or we’re going to continue to be taken advantage of to the derailment of the people that we serve.”

Roundtable participants voiced their fear that those concerned with criminality related to opioids “might choose to use the lack of safety and effectiveness data as an opportunity to promote an agenda that would be harmful to the patients who might otherwise benefit.” This underscores the need for more shared discussion and understanding of the problem.

RESEARCH

As the pain management community continues to move forward, so too must the research that supports specific guidelines and policy. Participants called for an aggressive research agenda to generate long-term studies of the effects of pain-management therapies, as well as studies that demonstrate the effectiveness of different processes (e.g., documentation, opioid rotation, multimodal therapy). Without this data it will be difficult to make a strong case for appropriate use of pain medicine.

“We have to recognize that there’s probably more that we don’t know than we do know—and be upfront about that,” said Dr. Heit. “But, we also have to recognize that those who are in academic positions, that have the ability to do clinical studies, these studies have to be done in order to validate what we’re doing now.”

The absence of controlled clinical trials evidence must not be misinterpreted to be “lack of evidence.” As defined by the principles of evidence-based medicine, the cumulative experience of myriad practitioners and their patients presents a robust body of evidence;

however, the need for better science in this area is abundantly clear.

NOTE: In recognition of the above, the Mayday Fund, in partnership with the Milbank Foundation, supported a “research conclave” in March 2008. This forum was led by C. Richard Chapman, Soledad Cepeda, Perry G. Fine, and John Loeser, with an invited multidisciplinary panel of researchers, methodologists, and others. The purpose is to define a research agenda around key unanswered questions, as further defined and reinforced by roundtable participants.

KOL Perspectives: What Are the Most Pressing Issues to Achieving Appropriate Opioid Prescribing and Management?

In addition to the lack of confirmatory data about the long-term safety and efficacy of opioids in non-cancer chronic pain, roundtable participants called attention to other real and perceived barriers to opioid prescribing. These include:

- **Persisting stigma and shame** felt by patients around opioid use and the inappropriate conclusion that opioid therapy equals addiction. Stigmatization may lead to communication problems between patients and providers, which may drive undertreatment or inappropriate prescribing.
- **Limited public awareness and education** about opioid pain relievers. As part of a broad imperative to educate consumers about the risks and benefits of all pain relievers, myths about opioids must be addressed. The messages must be about the balance between the potential for long-term reduction in pain and the risks related to side effects and the phenomena of tolerance, physical dependence and addiction.
- **Lack of education and training in pain medicine**, especially among primary care providers, who are on the frontlines of the pain epidemic. There is an urgent need to increase the number physicians willing to care for patients with chronic pain and competent to assess and manage patients with a broad array of therapies, including opioid medications. At present, there is only one pain specialist for every 21,000 patients. As a result, access to competent pain care may be limited, forcing patients to go from doctor to doctor to find relief. “We’re asking people to do a job they’re not trained to do, and then trying to give them technical support after the fact,” said one panelist.

- **Absence of standards of care** for effective use of opioids for long-term non-cancer pain management. Unlike the uniform, systematic approaches to other illnesses, such as diabetes, there is an unacceptable degree of variation in the approach to patients with chronic pain. As a result, it is likely that the phenomena of undertreatment and overtreatment are occurring simultaneously in the health care system.
- **Discussions around opioid prescribing patterns** and challenges need to extend beyond the world of pain and academic medicine. It will be especially important to engage the primary care profession and share best practices for pain management, including the best ways to prescribe, dispense and monitor pain medications.
- **State, legal and regulatory barriers** interfere with the medical use of opioids for pain relief. Fear of scrutiny by regulators or law enforcement, and specific actions by some agencies, have had a “chilling effect” on the willingness of doctors to prescribe opioids. Pain management professionals voice concern that this may hinder legitimate patient access to medications. “The prescriber must know that federal regulations, as written, are not a barrier to effective pain management with opioids, if indicated,” said Dr. Heit.
- **Inadequate reimbursement of pain medications** due to the impact of formulary restrictions, rising co-pays and Medicare Part D policies, among other factors may hinder access.
- **Need to shift focus from a reactive, “fear-based” prescribing strategy** to a proactive, “risk-based” strategy for opioid medications. The discourse around opioids needs to shift from the fear of prescribing to the need to judge the potential benefits and burdens for the individual patient and the approaches that must be in place to monitor effectively and encourage responsible medication use over time. Opioids, like all other medications, have a risk profile. Prescribers must understand the risks—including side effects and the risks associated with the abusability of these drugs—and acquire the skills necessary to perform a risk assessment. Based on this assessment, patients can be risk stratified, and prescribing—if the assessment supports a therapeutic trial—can be undertaken with the degree of control and monitoring appropriate to risk. Transition planning (exit strategy) should be considered when opioids are initially offered as a treatment option.
- **News media coverage and sensationalized case reports** of young lives being destroyed because of non-medical access to prescription medications, including opioids, are damaging because they pit one public health problem against another. Drug abuse, diversion and addiction often take center stage in news reports of pain management which perpetuates a negative—and sometimes false—picture of chronic pain management. Such reports fuel fears and the stigma associated with opioids.

“The undertreatment [of pain] is accepted by all of us based on anecdotal observations that suggest very limited access [to pain care], stigmatization of patients, lack of competence among physicians, non-clinical decisions being made by physicians based on perceptions of personal risk and other factors.”

—Dr. Russell Portenoy

Recommendations & Next Steps

The group set forth a number of short-term and long-term strategies to reframe the discussion around opioid therapy. All of these strategies must be framed from the perspective of a balanced approach to these drugs—one that recognizes the necessity to ensure access to legitimate opioid treatment for pain, while also addressing the public health and law enforcement concerns related to drug abuse, addiction and diversion. Importantly, this balanced perspective at a societal level can be mirrored by clinical practice through balance at the bedside.

Overall, roundtable participants suggest greater transparency in discussions about the risks and benefits of opioid therapy. To be successful, the pain community must work collaboratively with other important stakeholders, including other healthcare professionals, patients and families, health policymakers, pharmaceutical industry, regulatory and law enforcement agencies. The pain community needs to come

together and identify local champions—those individuals who can help move other organizations, agencies, and the public at large. The National Pain Care Policy Act represents an important step and includes strong language about the need for professional education and training, a dedicated research agenda and consumer outreach and awareness program.

The group also agreed the American Pain Foundation (APF) is well positioned to take the lead in advancing many of these issues, especially as it relates to patient values—an often neglected ingredient of evidence-based medicine. Roundtable members stressed that understanding and meeting patient needs is integral to good medicine, which is demonstrated by the shift to patient-centered care. APF stated its commitment to establish programming priorities in 2008 and beyond that elevate the national dialogue about opioid use within professional and public arenas.

Roundtable participants shared concerns that the pain management field is losing ground as drug abuse, diversion and addiction have continued to take center stage. Concurrently, funding for comprehensive pain care is waning. Practitioners and patients are the ones suffering as a result. The emphasis must change to the perspective of balance in communication, education, practice, regulation, and research.

ROUNDTABLE PARTICIPANTS OFFERED THE FOLLOWING RECOMMENDATIONS:

Defining the Issue

Roundtable participants agreed there needs to be a more accurate assessment of opioid prescribing patterns and perceptions among primary care professionals, which could help inform future initiatives. A similar effort to gauge the public's view of opioids for pain management would also be valuable.

- Create a targeted, scientifically valid survey that aims to better understand/define the barriers that exist for healthcare professionals treating pain with opioid therapy that can be administered to a representative sample of professionals; conduct a companion omnibus survey to assess public opinion and gain insight into important gaps in communication and understanding about opioid therapy; use these survey results to drive additional research, regulatory and educational initiatives.

Inspiring Consensus

- Develop an opinion paper to examine the *State of Opioid Therapy in Pain Management* that includes relevant historical perspectives, challenges and solutions, and an overview of “what we know and what we don’t know.” This document could be developed in collaboration with key stakeholder organizations to gain greater consensus and acceptance and provide a road map for the future. NOTE: perhaps link this to 2008 publication of APS-AAPM Guideline for chronic opioid therapy in non-cancer chronic pain.

Educating Healthcare Professionals

- Develop a strategy to engage top-tier medical schools to discuss core curriculum and the integration of pain management into the curriculum.
- Explore a strategic partnership with a well respected professional medical organization to collaborate on a direct-to-PCP campaign which focuses on increasing knowledge about pain management and provides PCPs with the necessary tools to appropriately prescribe pain medications.
- Conduct an audit of select third party/professional medical organizations to determine opportunities to collaborate (e.g., existing communications vehicles, programming initiatives, medical meetings/panels) and integrate information about chronic pain management.
- Develop a template article, tentatively titled, *Balance at the Bedside: Pain Management and Opioid Therapy* and other related news items, for publication in select third party/professional member organization publications, e-newsletters or web content; Roundtable participants suggest focusing initial efforts on PCP trade publications.

Launching a Patient-Provider Educational Platform

- Develop a module within the American Pain Foundation’s larger consumer outreach campaign, *My Pain, My Decision*, to highlight opioids and other medications in pain management. This module could include:
 - Pain & Opioids Fact Sheet
 - FAQs about Opioid Use
 - Tip Sheet to differentiate tolerance, physical dependence and addiction to include vignettes to ensure health literacy
 - Self-assessment tests to help facilitate medical decisions and other communication tips to educate patients and encourage ongoing, open dialogue with providers
 - Pain Aid related chat/webinar
 - National (omnibus) survey on pain and opioids
 - Peer-to-peer seminar-in-a-box (Power Point presentation, summary booklet, worksheet, sample promotional materials and feature article, resources and other program materials)
 - Video stories from pain experts and consumers to highlight key issues (importance of communication, safe use and storage, multi-modal approach to pain care)
- Develop a parallel interactive program to arm healthcare professionals, particularly PCPs, with the resources/tools that enhances providers’ ability to select, dose, monitor and exit patients, educate patients and facilitate communication and necessary documentation.

Responding to Negative News Reports

Members of the roundtable believe there should be a coordinated effort to rapidly respond to emerging issues and inaccuracies surrounding news media coverage of pain management and opioids.

- Establish a Speakers' Bureau of expert pain leaders equipped to respond to newspaper and trade media stories and speak about issues in real time.

Issuing a Call to Action for Expanded Research

- Develop a status of pain management opinion paper that examines current research and standards, and makes recommendations for advancing an aggressive research agenda that includes the key unanswered questions about the safety and effectiveness of long-term opioid therapy. This would also draw from other ongoing efforts, including reports from Dr. Chapman's efforts supported by the Mayday Fund.
- Drive a research agenda through a call to action for additional data to support current methods and begin focusing on future methods and issues as well.

Bridging Divide: Reaching out to Regulatory and Law Enforcement Agencies

- Review existing relationships with key government organizations to better understand how to further engage them and use the process to identify any organizations which are not currently engaged.

ABOUT THE AMERICAN PAIN FOUNDATION

Founded in 1997, the American Pain Foundation (APF) is the nation's leading independent non-profit 501(c)3 organization serving people with pain. Our mission is to improve the quality of life for people with pain by:

- Raising public awareness
- Providing practical information, education and support
- Advocating to remove barriers and increase access to effective pain management
- Promoting research



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