American Society of Anesthesiologists

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Pain in America: Exploring Challenges to Relief
United States Senate Committee on Health, Education, Labor & Pensions
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Statement for the Record by
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On behalf of the over 48,000 members of the American Society of Anesthesiologists (ASA), we would like to thank Chairman Harkin and Ranking Member Enzi for holding a hearing regarding the Institute of Medicine (IOM) report, entitled, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* and allowing ASA the opportunity to submit a statement for the record. As the medical specialty representing the largest number of practicing pain medicine physicians and the recognized leaders in patient safety, ASA has a significant interest in the IOM report's findings and recommendations. We greatly appreciate your willingness to bring this important topic before the Senate Committee on Health, Education, Labor & Pensions and for your efforts to address this issue.

Role of Anesthesiologists in Pain Medicine

The American Board of Medical Specialties (ABMS) offers a *subspecialty certification* in pain medicine to physicians already board certified in anesthesiology, physical medicine and rehabilitation, psychiatry, or neurology. However, the majority of physicians seeking subspecialty board certification in pain medicine are anesthesiologists, and more than ninety-five percent of pain medicine training programs accredited by the Accreditation Council for Graduate Medical Education reside within U.S. academic anesthesiology departments. The American Board of Anesthesiology oversees the ABMS board certification process for physician pain medicine specialists, in collaboration with the American Board of Physical Medicine and Rehabilitation and the American Board of Psychiatry and Neurology. As a result of anesthesiologists' ongoing leadership in pain education, over the 2000-2009 decade, which coincides with the Congressionally designated *Decade of Pain Control and Research*, more than half of all physicians board certified in pain medicine were anesthesiologists, followed by physiatrists, psychiatrists, and neurologists. Today, there are 3,000 – 4,000 certified, practicing pain medicine specialists in the United States.

Anesthesiologists are also leaders in pain research. The Foundation for Anesthesia Education and Research, a charitable organization both created by and receiving significant ongoing support from the ASA, promotes pain research through specific requests for proposals and the support of mentored research among young faculty anesthesiologists. Many of the most prominent researchers in the field began their scientific careers with grants from this anesthesia foundation. In addition, the official journal of the ASA, *Anesthesiology*, is among the very highest impact factor journals within the field of pain research.

Treatment of Chronic Pain

The IOM report explains that pain care almost always begins with self-management, and recommends that health professions associations develop evidence-based patient education products on self-management of pain. Examples of self-management techniques include exercise, muscle relaxation, education about pain, and diet interventions. ASA, in leading implementation of the IOM report's recommendations, is developing additional educational materials for patients that promote and enable self-management of chronic pain to enhance our existing patient-centered offerings (see http://www.lifelinetomodernmedicine.com/Anesthesia-Topics/Anesthesiologists-in-Pain-Medicine.aspx).

Following their thorough medical evaluation of the patient, anesthesiologists provide various types of therapies to relieve chronic pain. They formulate a patient-centered treatment plan based on a number of factors, including the type of pain, the patient's medical background, and the patient's environment. Anesthesiologists may use a variety of techniques to *diagnose* the specific type and origin of a patient's pain, including certain tests of nerve and muscle function as well as diagnostic injections. Examples of *therapies* that anesthesiologists use to relieve chronic pain include *nerve stimulation* and nerve destruction, also known as *neuroablation*. The goal of nerve stimulation is to stimulate the nerves with electricity to send signals to the brain and spinal cord that serve to mask the pain. It can be achieved by implanting a device surgically or applying external electric impulses to nerve endings below the skin. If implanted surgically, a small battery-operated generator sends an electrical current directly to the nerve or spinal cord to modify pain signals perceived in the brain. Neuroablation is a permanent or semi-permanent treatment plan that either injects drugs or uses extremes of temperature directly applied to the nerve to destroy the nerve or group of nerves that contribute to pain.

Multimodal interventions constitute the use of more than one therapy to relieve a patient of chronic pain. For example, an anesthesiologist may use nerve stimulation and recommend physical therapy and diet changes for a patient with persistent low back pain or low back pain and radicular pain after surgery. Multidisciplinary programs use multimodal interventions under the umbrella of more than one discipline, including anesthesiology, psychology, pharmacology, and physical medicine and rehabilitation. In a multidisciplinary specialty setting, anesthesiologists commonly lead the pain management team in treating patients with chronic pain.

ASA agrees with the IOM report that multimodal interventions should be used to care for patients with chronic pain. ASA's Task Force on Chronic Pain Management stated in the *Practice Guidelines for Chronic Pain Management* that, "ASA members…strongly agree that multimodal interventions should be part of the treatment strategy for patients with chronic pain."[1] In addition, "a long-term approach that includes periodic follow-up evaluations should be developed and implemented as part of the overall treatment strategy, and that, whenever available, multidisciplinary programs should be used."[2] Ultimately, the goal of treatment should be to reduce a patient's pain and suffering while improving function.

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[1] American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010; 112(4):810-33.

[2] *Id*.

While ASA is pleased that the IOM report highlights the need for better pain care, we are concerned that the IOM report calls into question state laws that restrict the scope of practice of nurses and recommends that educational programs for nursing "have increased capacity to train providers who can offer advanced pain care" (pgs. 204, 210). As noted above, management of chronic pain involves medical diagnosis and the implementation of a medical treatment plan, which must account for all aspects of the patient's health status. Both the diagnosis and treatment frequently require invasive interventional techniques of significant complexity and risk. Safe delivery of such care requires knowledge and skills **only obtainable** through general medical education and advanced post-graduate medical training. Given that interventional techniques are integral to the diagnosis and treatment of complex pain conditions, "advanced pain care" by definition includes interventional pain management. ASA strongly believes that interventional pain management by unqualified providers presents serious risks to patients, such as improperly selected or performed procedures that may lead to persistent or worsened pain, bleeding, infection, nerve damage, brain injury, paralysis, or even death. We cannot emphasize enough that appropriate medical training is necessary to evaluate, diagnose, and safely treat patients suffering from chronic pain and to respond to complications of treatment should they arise. To ensure patient safety and the highest quality of care, it is the position of ASA that interventional pain management is the practice of medicine provided only by qualified MDs/DOs. For these reasons we vigorously oppose the IOM proposal to expand nursing training to include advanced pain care.

Chronic Pain Can Be a Disease

The IOM report rightly recognized that while pain is often a symptom of a disease, chronic pain can be a disease in itself. Pain, in its warning role, is a protective signal that something is wrong. Acute pain has a sudden onset and lasts only a short period of time. However, as noted in the IOM report, "[c]hronic pain has a distinct pathology, causing changes throughout the nervous system that often worsen over time. It has significant psychological and cognitive correlates and can constitute a serious, separate disease entity" (p. 3). In these cases, chronic pain requires direct, appropriate, and timely treatment. Chronic pain always begins with acute pain, but prompt treatment may alter the progression of pain from the acute to the chronic state. This fact underscores the need to recognize chronic pain as a serious disease process that requires appropriate education in the public and health care community, research that is supported with the same enthusiasm that other serious and disabling conditions are afforded, and improved access to high quality, multidisciplinary care from well-trained providers.

Data Collection and Pain Research

The IOM report acknowledged that timely and consistent data collection on pain is necessary to better understand the incidence, prevalence, and consequences of pain. As noted in the IOM report, data may be collected through a variety of sources, including standardized questions, fields, and protocols for surveys, and electronic health records. This information will help anesthesiologists provide more efficient and effective pain care for their patients.

The report also recommends focusing pain research efforts at the National Institutes of Health (NIH), and coordinating that research with other government agencies and the private sector in order to accelerate the development of new pain therapies, foster interdisciplinary approaches, increase longitudinal research of patients suffering from pain, and increase the number of pain researchers.

In particular, the report recommends that NIH designate a specific institute to lead efforts in advancing pain research and increase the financial and staffing support for the existing Pain Consortium. The expansion of research into pain should ultimately assist anesthesiologists in the treatment of pain, and should provide additional opportunities for anesthesiologists to conduct research into pain mechanisms and translate that information into new pain therapies.

Public and Provider Education

The IOM report recommends that federal agencies expand and redesign public education programs to transform the understanding of pain (p. 209). ASA advocated for adoption of the National Pain Care Policy Act, which would have required the Secretary of Health and Human Services to establish and implement a national education outreach and awareness campaign on pain management. While key elements of the National Pain Care Policy Act were included in the Patient Protection and Affordable Care Act, the mandate to establish a national education outreach and awareness campaign was not enacted into law. ASA urges the Senate Committee on Health, Education, Labor & Pensions to reconsider mandating a public education campaign on pain management, in light of the IOM report's recommendations.

Finally, ASA is pleased that the NIH Pain Consortium is offering a new funding opportunity to create Centers of Excellence in Pain Education (CoEPEs) at medical, dental, pharmacy, and nursing professional schools. CoEPEs will develop pain management curriculum resources and encourage adoption of these resources at other institutions. This opportunity should improve pain management education through the development and promotion of high-quality and scientifically reviewed educational resources.

Again, thank you for holding such an important hearing on a public health issue that can improve the quality of care of our patients. The IOM report has clearly outlined the overwhelming impact of chronic pain on American citizens. ASA is proud to be the leader in pain medicine and looks forward to working with the Senate Committee on Health, Education, Labor & Pensions to improve the understanding and treatment of this enormous public health problem.