



Statement on Privileging for Pain Medicine

Committee of Origin: Standards and Practice Parameters

Committee of Oversight: Pain Medicine

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Chronic pain is a complex disease entity, and the practice of pain medicine encompasses evaluation, diagnosis and management including therapeutic pharmacological and procedural interventions that entail substantial risk. Optimal management of the patient with chronic pain may require coordinated care from multiple medical specialists, with each physician having an important role. The practice of pain medicine requires extensive diagnostic skills and integration of knowledge across multiple disciplines of medicine. Recognizing this, the profession of anesthesiology has been instrumental in defining the training and competencies required for physicians to provide safe and effective evaluation and treatment of chronic pain. It is in the best interests of the public to maintain the standards for training and competency established by anesthesiologists and other physicians specializing in the treatment of chronic pain, in order to balance the risks and benefits of potential therapies to yield the safest and most effective treatment for the patient suffering from chronic pain. The elective therapeutic interventions in pain medicine entail a substantial consequence if an adverse outcome were to happen.

Appropriate education and training for all chronic pain should include comprehensive didactic knowledge with documentation of the knowledge gained, and a comprehensive portfolio of supervised cases to demonstrate competency and safety in all aspects of patient care, including pharmacologic management and interventional procedures, before beginning independent practice. Chronic pain physicians should have appropriate training in specialty knowledge that pertains to pain medicine in the fields of anesthesiology, radiology, psychiatry, psychology, palliative care and physical medicine and rehabilitation.

In the absence of appropriate education and training there is an incentive for many primary care providers, faced with pressures in everyday practice to make direct patient care visits brief, to prescribe analgesics such as opioids rather than spending time on (or referring the patient for) comprehensive evaluation and planning for successful long-term outcomes. Some patients may have had opioid therapy initiated and maintained on a chronic basis for pain syndromes that may be responsive to treatment by non-opioid adjuvants or advanced interventional techniques. In such cases, chronic opioid requirements could potentially be reduced or eliminated. Timely referral to a chronic pain medicine physician should be considered for such patients.