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## **NATIONAL PANEL SOUNDS ALARM ABOUT LACK OF PHYSICIAN TRAINING TO TREAT CHRONIC PAIN; MAJOR HEALTH GROUPS ENDORSE NEW REPORT WHICH CALLS FOR URGENT MEDICAL TRAINING AND HEALTH SYSTEM REFORM**

“Epidemic” of under-treatment affects more than 70 million Americans suffering from persistent back pain, headaches, joint pain; disproportionately affects minorities and low income

WASHINGTON, DC (November 4, 2009)-- Warning that patients shouldn't assume their doctor has enough knowledge to treat their pain, a national panel of experts today called on medical schools to train doctors and nurses on the basics of pain care, reform the nation's reimbursement system, and address pain as a public health crisis. The group insists that without health reforms and better training to diagnose and treat pain properly, people with untreated pain may face a lifetime of pain as a chronic illness – which could lead to job loss, depression and in some cases, even suicide.

“Doctors, who don't lack for compassion or medical skills, often offer only limited treatments to patients disabled by chronic pain,” said Lonnie Zeltzer, M.D., co-chair of the panel, and the director of the Pediatric Pain Program at the University of California, Los Angeles. “With little or no specific training in pain management, and working in systems that make it much easier to treat common conditions like high blood pressure than a complex problem like pain, doctors may intend to help but leave most patients under-assessed and under-treated. Minorities, children and women often faced the highest risk of under-treatment.”

The panel, convened by the New York City-based Mayday Fund, included anesthesiologists, neurologists, primary care doctors, pediatricians, emergency physicians, nurses, psychologists, pharmacists and patient advocates ([the full Committee is included below](#)). After a conference in Washington D.C. and deliberations that lasted over several months, the panel's report, *A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform*, says pain is a huge public health problem. They developed several recommendations for government agencies, Congress and the medical community to address.

The report and recommendations have been endorsed by more than 30 organizations, including the American Academy of Family Physicians, American Academy of Pediatrics, The Joint Commission, American Nurses Association, American College of Emergency Physicians, and the American Academy of Neurology ([the list of current signatories is below](#)).

“As we get closer to the possibility of health care reform, the frontlines of medicine - adult and pediatric primary care - could face enormous strains from millions of new patients seeking care for pain,” says Russell K. Portenoy, M.D., panel co-chair and the chairman of Pain Medicine and Palliative Care at the

Beth Israel Medical Center in New York. “Primary care is the first stop for people in pain, and both the training received by clinicians and the system of care should facilitate best practices in pain care, but this is not the way it is.”

*The Mayday Fund Special Committee on Pain and the Practice of Medicine* writes that chronic pain should be reframed as a chronic illness since “the burden of chronic pain is greater than that of diabetes, heart disease and cancer combined.” People in chronic pain have longer hospital stays, and many duplicative tests and unproven treatments—all of which drive up the nation’s health care spending, the panel said.

Chronic pain costs the nation more than \$100 billion a year in lost productivity and direct medical costs, the report says. “This is a wasteful system,” Portenoy adds. “Major reforms in the health care system are needed if we want to improve the quality and cost effectiveness of care for chronic illnesses, and pain is as much a chronic illness as diabetes and heart disease.” Although the impact of pain on patients and on society is among the most serious of public health concerns, chronic pain has been largely left out of the current national debate on health reform, the panel writes.

According to the report, about “one-third of people in pain report that their pain is disabling and has a high impact on their ability to function in daily life. Research suggests that the high cost of under-treated pain includes lost productivity. Pain is the second-leading cause of medically-related work absenteeism, resulting in more than 50 million lost workdays.”

The authors pay particular attention to the numerous studies that suggest low-income populations, minorities, women and children are more likely to be under-treated for pain or not receive pain care at all. If doctors do not recognize chronic pain as a serious illness, or as serious as others, or they perceive that pain complaints cannot, or should not, be treated, persistent pain results. In some cases, such as pain in young children and adults with dementia, patients may not report their pain, and under-assessment drives under-treatment.

“The tragedy of this system is that it leaves many people suffering from unrelenting pain,” says Zeltzer. “Pain that goes untreated may permanently change the body’s nervous system and may lead to pain that can be managed but never goes away.”

Federal policymakers have recognized the impact pain has on individuals and the health care system and have included provisions of the National Pain Care Policy Act 2009 (NPCPA) in health reform proposals. That bill calls for an Institute of Medicine Conference on Pain; increased funding for the National Institutes of Health to collaborate across institutes to find more effective treatments for pain and to better understand the biology of pain; a grant program to improve health professionals’ understanding of and ability to assess and treat pain; and better public education so that consumers understand the danger of letting pain go untreated.

“Remarkably, less than one percent of the NIH budget was devoted to pain in 2008,” Zeltzer said. “This amount is not commensurate with a public health problem of this magnitude.”

In addition to medical school reforms and expanded funding for pain management training programs, the panel cited specific measures that would ease this public health crisis. Among them:

- Health care providers, insurers and government agencies should eliminate disparities in access to pain care related to race, gender, age and socioeconomic status. All Americans in pain, including low-income Americans, should be offered timely and effective treatment for their pain.

- Government, health care payors and providers should develop coordinated health information technology (IT) systems to track pain disorders and treatments. Computerized IT systems can boost physicians’ knowledge about the best treatment for pain by providing them with best practice information quickly.
- The Department of Health and Human Services should reform payment to eliminate the current incentives that drive pain care toward procedures or unproven treatments. Primary care doctors should be reimbursed for the time it takes to provide comprehensive pain care to patients who are disabled by chronic pain—a system that can cost a little more up front, but often reduces the cost of treating pain over the long haul.
- The Surgeon General should mount a public education campaign to inform the public about the risks associated with under-treated pain. Consumers should understand that if they wait too long to treat acute pain they run the risk of developing a chronic syndrome, one that’s costly to treat and potentially disabling.

“Reducing the burden of uncontrolled chronic pain is a societal necessity, a medical challenge and an economic requirement,” the panel says.

*The Mayday Fund is a New York City-based private philanthropy dedicated to alleviating the incidence, degree and consequences of human physical pain. The Mayday Fund does not lobby or retain individuals or organizations to lobby. The panel participants are listed below. To obtain a copy of the report please visit [www.MaydayPainReport.org](http://www.MaydayPainReport.org).*

**THE MAYDAY FUND SPECIAL COMMITTEE  
ON PAIN AND THE PRACTICE OF MEDICINE**

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**This report has been endorsed by the following organizations:**

Alliance of State Pain Initiatives  
American Academy of Family Physicians  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Pain Management  
American Academy of Pain Medicine  
American Academy of Pediatrics  
American Cancer Society Cancer Action Network  
American College of Emergency Physicians  
American Health Care Association  
American Nurses Association  
American Pain Foundation  
American Pain Society  
American Pharmacists Association  
American Psychosocial Oncology Society  
American Society for Pain Management Nursing  
American Society of Law, Medicine & Ethics  
American Society of Pain Educators  
Association of Oncology Social Work  
Association of Professional Chaplains  
Center for Practical Bioethics  
Center to Advance Palliative Care

Honor Society of Nursing, Sigma Theta Tau International Center for Nursing Excellence in Long-Term Care  
International Association for Hospice and Palliative Care  
International Psycho-Oncology Society  
National Association of Social Workers  
National Palliative Care Research Center  
Reflex Sympathetic Dystrophy Syndrome Association  
The Healthcare Chaplaincy  
The Joint Commission  
The National Hospice and Palliative Care Organization

The Mayday report, endorsers and other background can be found at [www.MaydayPainReport.org](http://www.MaydayPainReport.org).