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Full Committee Hearing – Pain in America: Exploring Challenges to Relief

Pain in America - The Hidden Epidemic

Senators, colleagues and guests, let me start by noting my sincere appreciation for the opportunity to testify before this distinguished body. It is a tribute to our political system that the voices of many, as well as the few, can be heard and acted upon. Today, I would like to further detail several of the points made in the IOM report *Relieving Pain in America*, which provides clear and unequivocal evidence that more than 100 million of our fellow citizens are experiencing a silent, hidden, and poorly treated epidemic. An epidemic that is as real as the polio epidemic that visibly shackled hundreds of thousands of Americans and caused individuals and their families much suffering. No less real is the suffering of millions of Americans who frequently suffer silently without the outward signs of an iron lung. Similar to the polio epidemic, a transformative national effort is needed to crush the epidemic of chronic pain world-wide. I submit that we now possess the tools and knowledge to conquer this epidemic and to bring relief to many millions world-wide. The real question is whether we have the fortitude and will to mount a focused campaign that results in adequate treatments and cures for common chronic pain conditions.

During the next few minutes I would like to provide you with an overview of what I consider to be the salient points of the IOM report and then address issues related to barriers to research, education, and patient care that collectively impair a transformative initiative that will defeat this hidden epidemic.

While the IOM report *Relieving Pain in America* draws several evidence-based findings, I would like to highlight a few key findings:

1. The epidemic of chronic pain impacts over 100 million Americans.
2. The direct medical costs and indirect annual costs associated with chronic pain is ~ \$600B, which is greater than the societal annual cost for cancer, heart disease, and diabetes combined.
3. Chronic pain is more than a symptom that causes patients to seek treatment. It is a disease of the nervous system that has a biological basis and a pathophysiology. Today, well trained and dedicated pain scientists are making great progress in unraveling the biological, psychological, and genetic mysteries of chronic pain. This bodes well for new research initiatives that can lead to novel treatments and cures for this epidemic.

4. While we have adequate knowledge of many of the bio-psychosocial and genetic factors that contribute to the perception of acute and chronic pain, a coordinated national public and private effort is required to successfully translate current knowledge into clinical practice.

While we are making progress in unraveling the epidemic of chronic pain, future progress in delivering relief to millions faces many hardened and daunting barriers that require a transformation in the way we think about chronic pain and the delivery of health care to the millions who suffer from this epidemic. I would like to highlight some of the barriers that are impeding this transformative effort and offer potential solutions that will enable the transformative step to occur.

- Research:

1. There is a major mismatch between NIH annual funding (~0.8% of NIH budget) and annual direct and indirect costs of chronic pain (14% of annual Medicare costs for treatment of pain related conditions; ~30% of direct and indirect costs associated with the treatment of all common diseases (Cardiovascular, Pulmonary, Cancer, Endocrine, Digestive Diseases)).

Recommendation: A greater share of federal funding for pain research is needed and can be provided by additional targeted funding to the NIH or a portion of allocated NIH appropriations should be devoted to pain research.

2. The review process (i.e., study sections) for pain related grant applications needs to be modified to incorporate reviewers with competency in pain mechanisms and pain management.

Recommendation: Grant applications associated with pain should be distributed to multiple study sections and should be reviewed by expert reviewers in the field of pain.

3. There is a substantial need to develop new methods for diagnosing and treating chronic pain patients based on the concept of “personalized” medicine.

Recommendation: The funding of clinical studies and basic science studies that further delineate pain mechanisms and putative therapeutic targets with a focus on identifying key clinical characteristics (phenotypes, biomarkers, molecular profiles) that permit diagnoses based on patient heterogeneity and result in personalized or tailored pain therapies.

4. In order to accomplish a transformative national research initiative coordinated public-private initiatives are required.

Recommendation: That the newly formed Interagency Pain Committee be charged with developing, integrating and monitoring public-private funding opportunities.

o Education:

1. Curriculum: Clock hours are very few and not well integrated resulting in inadequate knowledge and skills based competencies with respect to the ability of health care providers to evaluate and treat acute and chronic pain conditions.

Recommendation: Mandated curriculum reform – mandated via accrediting agencies and/or by the Department of Education.

2. Manpower: A limited number of trained health care providers, basic and clinical scientists with background and interest in pain mechanisms and pain management. There is a major need to expand educational opportunities for the training of health care providers at all professional levels.

3. *Recommendation:* Provide resources for training grants and GME sponsored residents/fellows training across all areas of health care.

o Patient Care:

1. Primary Care:
 - Reimbursements are poor and when coupled with inadequate education in the area of pain diagnosis and treatment results in inadequate patient care.

Recommendation: Increase reimbursement for services provided in the primary care setting and provide incentives to complete CME offerings in pain management.

- Referral process to advance pain management units is eclectic at best with no clear “portal” for referral and management.

Recommendation: There is a strong need to create incentives/funding that leads to the development of referral portals to Advance Pain Management Centers, which will enable rapid referral and results in the multidisciplinary management of chronic pain patients.

2. Advanced Pain Centers of Excellence

- Reimbursements for non-procedure based care is poor.

Recommendation: Create bundled reimbursements for multidisciplinary approaches.

- Should provide a portal of entry that is not departmentally (silo) based and is integrated across the health care system.

Recommendation: Provide funding to support the initial infrastructure development of several Advance Pain Centers of Excellence which integrate across the health care delivery system. These centers should have mission statements related to patient care, research, and education.

- These centers should be on the forefront of conducting comparative effectiveness studies.
- *Recommendation:* Federally funded Advanced Pain Centers should partner with public-private networks and other regional Advanced Pain Centers to conduct comparative effectiveness assessments of current and new treatments.

3. Patients:

- Portals of entry into the health care system are not clear resulting in “doctor shopping” with the hope and luck of identifying a

clinical facility that understands, validates, and can manage chronic pain.

Recommendation: The establishment of bona fide Advanced Pain Centers of Excellence which are “branded” and have public visibility.

Addressing and breaking through these barriers will not only improve the Human Condition but will fuel new economic opportunities and job creation that will endure well into the 21st century. The tools and pathways needed to conquer the hidden epidemic of chronic pain are now before us. We Americans have an established and proud history of curing debilitating public health epidemics to improve the Human Condition. A national initiative similar to the way that we addressed the polio epidemic is needed and within our reach and will relieve the suffering of millions of Americans. All that is required is to hear and to act upon the voices of those who suffer from this epidemic.

Respectfully Submitted,

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