

POSITION STATEMENT:

Improving Access to Psychosocial Care for Individuals with Persistent Pain: Supporting the National Pain Strategy Call for Interdisciplinary Pain Care

(MARCH 2017) E. Amy Janke, PhD, University of the Sciences, Philadelphia, PA; Martin D. Cheatle, PhD, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA; Francis J. Keefe, PhD, Duke University Medical Center, Durham, NC; and Lara K. Dhingra, PhD, Metropolitan Jewish Health System Institute for Innovation in Palliative Care, New York, NY

Psychosocial approaches to pain management should be available for all individuals with persistent pain, in all health care settings, as part of the comprehensive, interdisciplinary approach to pain care outlined in the National Pain Strategy.

Persistent pain is common, expensive, and debilitating, yet is often inadequately assessed and treated. Growing concerns regarding prescription opioid misuse/abuse and opioid-related fatalities have initiated a re-evaluation of the long-term efficacy and potential risks of opioids in the management of pain. These concerns are part of a larger dialogue on the way pain is managed in the United States. Recently released opioid prescribing guidelines by the Centers for Disease Control and Prevention (CDC)¹ emphasize the importance of using non-opioid therapies before considering opioid treatment for those having persistent pain in the absence of a malignant illness. The *National Pain Strategy*² underscores the importance of comprehensive, interdisciplinary pain care. Psychosocial approaches to pain address the psychological, behavioral, social, and cultural domains of the biopsychosocial model and emphasize the importance of these domains in assessing and treating individuals with persistent pain. The favorable risk-benefit ratio of psychosocial approaches for persistent pain suggests that these be considered early on, and potentially prior to or alongside other treatments that carry more risks. Unfortunately, despite persuasive evidence supporting the efficacy of psychosocial approaches for persistent pain, access to these interventions is severely limited. **Access to psychosocial care including pain assessment, intervention, and prevention needs to be available in all clinical contexts, for all populations who are at risk for persistent pain. The provision of psychosocial pain care represents an important component of the comprehensive, evidence-based approach outlined in the National Pain Strategy. To improve access to psychosocial pain care, we must prioritize reimbursement of evidence-based psychosocial approaches for pain management and improve provider training and competencies to implement these approaches.**



PERSISTENT PAIN IS A PUBLIC HEALTH CRISIS

Approximately 25.3 million U.S. adults experience daily pain.³ Pain not only results in individual distress but impacts families and society. Patients with persistent pain often have psychological comorbidities and complex needs that are difficult to address.

- * Individuals with pain represent an enormously diverse and heterogeneous population. While conditions such as arthritis and spinal pain are among the most common types of persistent pain, persistent pain is present in hundreds of medical disorders including many serious chronic illnesses like cancer, HIV/AIDS, and sickle cell anemia.
- * In 1994, the International Association for the Study of Pain (IASP) published its widely cited definition of pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. ... Pain is always subjective."⁴
- * The Institute of Medicine report *Relieving Pain in America*⁵ elaborated on this definition, emphasizing that although pain is often related to activities in the nervous system it is a multidimensional phenomenon influenced by a variety of biological, psychological, social, and cultural factors.

- * When pain persists, individuals often experience associated emotional distress that can heighten the impact of pain on quality of life and can lower physical, emotional, and social well-being.^{5,6}
- * The total costs of pain are staggering, and are estimated in the range of \$560 - \$635 billion annually—greater than the estimated combined annual costs of heart disease, cancer, and diabetes.^{5,7}

PAIN IS INADEQUATELY ASSESSED AND TREATED

A lack of access to psychosocial approaches and the limited availability of providers with competence in psychosocial pain care contribute to inadequate pain management. The result is individuals at higher risk for prolonged distress and disability.

- * For individuals with persistent pain, many of the commonly used biomedical treatment approaches (i.e., medication) may be insufficient to reduce pain and/or have a meaningful impact on functioning.⁸ These treatments are associated with adverse effects, significant and ongoing cost, stigma, diminishing efficacy, and other concerns.
- * Health care providers do not typically offer psychosocial approaches or referrals even when these are suggested by treatment guidelines. They report that lack of access, lack of support, lack of time, and lack of training are barriers to providing psychosocial care for pain.^{9,10}
- * Lack of access to psychosocial care can lead to the increased use of medical interventions that may be inappropriate and ineffective.^{11,12}
- * Patients may refuse referral for psychosocial care due to fears of being stigmatized, a lack of understanding of accepted models of pain (e.g., the biopsychosocial model, neuromatrix model), and concerns that receiving psychosocial interventions means their physical problems will not be adequately addressed.¹³
- * There are substantial inequities in access to psychosocial approaches to pain care in the United States. These approaches are rarely available to socioeconomically-disadvantaged populations and patients with demographic, geographic, and other disparities.¹⁴

WHAT IS PSYCHOSOCIAL CARE FOR PAIN?

The *National Pain Strategy* endorses a “disease management approach to pain care that is delivered by integrated, interdisciplinary, patient-centered teams,” which should include providers with competence in psychosocial pain care.² Psychosocial care for persistent pain focuses on psychological, behavioral, cultural, and social contributors to pain experience with an understanding of how these factors influence pain and disability in the context of biological processes. Psychosocial care can be offered by a range of providers as part of this biopsychosocial model of pain care—an approach that considers and addresses these diverse aspects of pain.

Providers with competence in psychosocial pain care can:

- * Provide assessment that informs treatment planning for a patient's individualized care needs. A psychosocial pain assessment addresses cognitive, emotional, behavioral, interpersonal, and sociocultural factors that influence pain outcomes and treatment.¹⁵
- * Identify patients most likely to experience problems in managing persistent pain. These include patients with comorbid mental health and medical disorders, reliance on maladaptive coping skills, substance abuse histories, and risk factors for substance abuse problems.¹⁶
- * Inform patients and providers about behavioral factors related to decision-making about opioids and the management of this therapy. Comprehensive psychosocial assessment prior to the initiation of this treatment can help identify those appropriate for opioid therapy.
- * Plan and deliver psychosocial interventions. Interventions can include enhancing pain coping skills (e.g., relaxation training, distraction, imagery), encouraging mindfulness-based techniques (e.g., meditation, acceptance), improving the ability to recognize and change maladaptive beliefs about pain, enabling more effective goal setting, increasing the range and level of daily activities, and increasing patients' willingness to expose themselves to activities and situations that are avoided because of fear of pain.¹⁷
- * Provide training, consultation, and ongoing supervision to improve other health care providers' capacities to assess pain, provide more compelling rationales for integrating biological and psychosocial treatments, and appropriately integrate psychosocial assessment and treatment methods into their practices.

WHY ARE PSYCHOSOCIAL APPROACHES TO PAIN UNAVAILABLE?

Psychosocial services for pain are not adequately reimbursed. The evidence supporting the biopsychosocial model of persistent pain is strong, yet the biomedical model still drives medical care and reimbursement practices. Reimbursement structures do not adequately support coverage of psychosocial services for persistent pain despite evidence that psychosocial approaches for the treatment of persistent pain are cost-effective, particularly when compared to the high and growing cost of medication and surgery.^{18,19}

- * Current fee policies and coverage options often cover mono-therapy such as interventional surgical procedures and pharmacologic approaches above evidence-based psychosocial and self-management approaches.²
- * Psychosocial approaches for patients with persistent pain, when covered, are often fee-for-service with coverage that varies by state and provider. For example, 35 states use fee-for-service models to pay for psychosocial pain services for adults enrolled in Medicaid. Private insurers, Department of Defense/Tricare, and Federal and State Workers' Compensation Programs are also all fee-for-service for this care.



- * Fee-for-service approaches are poorly aligned with the interdisciplinary model of pain care endorsed by the *National Pain Strategy* and CDC guidelines.
- * Fee-for-service promotes fragmented, high-cost care that often contributes to poor pain and disability outcomes. It discourages the use of providers with competency in psychosocial pain care and low-cost, high-impact services—such as pain management—that can significantly improve outcomes with minimal risk for patients having persistent pain.

Professionals with appropriate training to offer psychosocial care are not available in most care settings. Because psychosocial care is not easily reimbursable, providers who offer this care are absent in many health systems and settings. Many health care providers are inadequately trained to address the needs of patients with pain.

- * Most health systems do not financially support psychosocial care services for patients with persistent pain and acknowledge this as a significant weakness in the services provided despite the potential benefits on pain outcomes and patient satisfaction.¹³
- * Medical providers report they do not know how to find or refer patients to providers in their area. Medical providers also struggle to identify psychosocial resources for pain management—such as community-based, psychoeducational groups—within their health setting or community.¹⁹
- * Many health care providers have limited familiarity with psychosocial assessment and interventions for patients with persistent pain, lack training in the fundamental theories and principles underpinning these approaches, and acknowledge their own lack of training and expertise in implementing these assessment and management approaches.¹⁹ They also are often not fully prepared to provide state-of-the-art risk assessments that address important behavioral issues involved in the safe management of opioid therapy.

POLICY RECOMMENDATIONS

The Society of Behavioral Medicine (SBM) recommends the following policies so all individuals at risk for or experiencing persistent pain have access to psychosocial pain care in all health care settings.

Health care systems need to support access to psychosocial pain care including inpatient, emergency, and ambulatory settings as well as home health, nursing, and rehabilitation settings. System-related barriers that impede effective psychosocial care provision must be addressed.

- * Providers with competence in psychosocial pain care should be staffed in hospital settings, rehabilitation/nursing facilities, and community-based settings where patients with persistent pain are regularly managed.
- * Health care providers need tools that support referral to other providers who specialize in psychosocial pain care and pain self-management resources. Such tools may involve improvements to medical record systems and strategies that facilitate referrals to psychosocial services. Health care providers should have access to up-to-date information on resources in the local community and/or online that can provide evidence-based support for individuals with pain.

Payors need to reimburse evidence-based psychosocial approaches in the care of persistent pain.

- * Payors, including government agencies and insurance companies, should emphasize proper reimbursement for evidence-based psychosocial approaches to assessing, managing, and preventing persistent pain across all health care settings. Reimbursement should be available following a disease-management rather than fee-for-service approach as outlined in the *National Pain Strategy*.
- * Reimbursement structures need to support access to providers with expertise in psychosocial pain care for those who prescribe opioids to identify and address behavioral issues related to the selection of patients who are candidates for opioid therapy and support of these patients while receiving therapy.

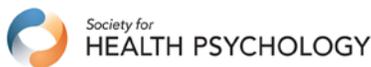
Professional organizations, education and training organizations, health care systems, and licensing/professional regulatory boards must prioritize generalist-level as well as specialized training of pain providers. They should also participate actively in the interprofessional education of medical and other health care providers on psychosocial pain care.

- * Professional organizations, including the American Psychological Association and SBM, as well as graduate and post-graduate education programs should increase the availability of general and specialized training in pain for providers.
- * Pain education should be integrated at all levels of psychology training, across all clinical foci, and in all degree programs.

- * Pain psychology should be formally recognized as a specialty in the field of psychology.
- * Health care systems and professional organizations should enhance interprofessional education for physicians, nurses, social workers, and other allied health professions on the use of evidence-based psychosocial approaches for pain management.^{2,5}
- * Training models should address misconceptions and the perceived stigma around pain and its treatment; contemporary evidence-based models of pain and approaches to psychosocial pain assessment, intervention, and prevention; and interprofessional strategies for the management of the person with persistent pain.
- * As a guide to key curricular components for interprofessional and psychology education, SBM recommends the IASP Interprofessional Pain Curriculum Outline, the IASP Curriculum Outline on Pain for Psychology,²⁰ and educational opportunities for medical providers such as those provided by the National Institutes of Health Pain Consortium Centers of Excellence in Pain Education.²¹

Government and private entities should support funding to promote education for all health care providers on understanding and implementing psychosocial approaches for pain. Affordable Care Act mandates for funding education and training programs in psychosocial pain care should be supported.

ENDORSEMENTS



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HEALTH PSYCHOLOGY



Academy of Integrative
Pain Management

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