

# **Chronic Pain: The Neglected Malady**

**For Grace Change Agent Pain Summit: Part Two  
November 2, 2018**

## **Executive Summary**



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### **Executive Summary**

In November 2018, For Grace, a California advocacy organization, held a summit on how to implement the major goals of the National Pain Strategy in California. The summit convened leaders in health care and public policy, as well as patients, caregivers, and representatives from other groups that advocate for people in chronic pain.

In the U.S., 50 to 100 million adults suffer from some type of chronic pain that persists for months or years, often with no discernable cause. In California, it is estimated that 6 to 12 million adults have chronic pain that is inadequately diagnosed and treated. The annual cost of chronic pain in terms of health care and lost productivity is more than \$600 billion—more than the annual costs for cancer, heart disease, and diabetes.<sup>1</sup>

The panel of experts at the For Grace Change Agent Pain Summit outlined the major causes of this public health crisis. Foremost is a lack of policies and practices that prevent acute pain from becoming chronic and preventing chronic pain from becoming disabling. They stressed that a comprehensive strategy for preventing chronic pain must include better research and education, as well as an integrative approach to health care in which the patient and clinician are partners in the healing process, seeking to integrate the best of Western scientific medicine with a broader understanding of the nature of illness, healing, and wellness.

The current health care system in the U.S. and the system of insurance reimbursements undercut doctors' motivation to spend adequate time with patients whose problems are not straightforward. Nor do most insurance providers cover alternatives to medication such as acupuncture, massage, biofeedback, and psychotherapy, which are often the best approaches to managing chronic pain. A lack of federal funding for research into integrative treatments has resulted in a lack of data on what treatments work for whom and at what cost or risk. The result is that patients and clinicians may spend months to years in hit-or-miss attempts to find a combination of safe, effective treatments with acceptable side effects. Moreover, DEA laws and enforcement practices concerning the use of opioids have created a climate of fear in the medical community, with many doctors refusing to take on chronic

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<sup>1</sup> Gaskin DJ, Richard P. The economic costs of pain in the United States. *J Pain*. 2012;13(8):715-724. The figure of 50 to 100 million does not include children or people in the military, nursing homes, or prison.

pain patients or taking their patients off prescription opioids. As a result, many people in chronic pain are turning to street drugs or suicide.

In 2011 the Institute of Medicine (IOM) released a report called *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*<sup>2</sup> that called for a coordinated national effort to transform how the nation understands and approaches pain management and prevention. One of its underlying principles is that chronic pain is a disease in itself for which an integrative approach must be the standard for comprehensive treatment.

In response to the IOM's report, the federal Department of Health and Human Services tasked an interagency group, led by the National Institutes of Health, with developing what became the *National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain*<sup>3</sup> (NPS) that recognizes effective care for people suffering from chronic pain as a public health priority. Published in 2016, the NPS provides the first steps in a long-term strategy to transform how our nation perceives, assesses, and treats pain.

As a follow-up to the 2018 For Grace pain summit, a group of experts in health care, health care law, and disparities in health care delivery and reimbursements have worked diligently to outline a specific recommendation for how California can implement the principles of the NPS statewide and, in so doing, become a model for the rest of the nation. This recommendation is based on their analysis of the epidemiology of chronic pain in California and the state's resources for pain education and treatment, such as medical, nursing, and pharmacy schools, board certified pain providers, and pain clinics. This recommendation is also based on relevant features of the current health care system in California, including Medi-Cal, state employee health care systems, private health insurers, the workers compensation system, the State Medical Board, and California's laws, policies, and enforcement practices relevant to the treatment of chronic pain.

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<sup>2</sup> *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Available at: <http://www.nationalacademies.org/hmd/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx>.

<sup>3</sup> *National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain*. Available at: [http://consumerpainadvocacy.org/wp-content/uploads/2016/03/HHSNational\\_Pain\\_Strategy.pdf](http://consumerpainadvocacy.org/wp-content/uploads/2016/03/HHSNational_Pain_Strategy.pdf).

### **For Grace Policy Committee Recommendation**

We urge the California legislature to direct the Secretary of the California Health and Human Services Agency to establish a Center for the Improvement of Chronic Pain Research, Management, and Prevention within the Agency. The Center shall be tasked to:

- 1)** Establish a network of Comprehensive Integrative Pain Treatment and Research Centers of Excellence across the state.
- 2)** Improve and expand education and training about pain diagnosis, treatment, management, and prevention for all types of health care providers and students.
- 3)** Work with state agencies responsible for state employee health insurance, Medi-Cal, and Workers Compensation coverage to revise coverage and reimbursement policies for chronic pain.
- 4)** Develop and implement a statewide public health campaign to educate Californians about chronic pain and its therapies.

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**Presenters and Panelists**

**Roger B. Fillingim, Ph.D.**

- Distinguished Professor, University of Florida College of Dentistry
- Director, University of Florida Pain Research and Intervention Center of Excellence (PRICE)
- Past President, American Pain Society

Dr. Fillingim's research program endeavors to identify the mechanisms and clinical implications of individual differences in pain and analgesic responses, particularly the influences of sex/gender, race/ethnic group, age, and genetic factors. He is also investigating pain sensitivity, psychosocial variables, and genetics as potential risk factors for development of chronic pain conditions.

At the For Grace Change Agent Pain Summit: Part Two, Dr. Fillingim was a panel member, addressing issues of disparity in the health care system.

**Diane E. Hoffmann, J.D., M.S.**

- Director, Law and Health Care Program, University of Maryland Francis King Carey School of Law
- Jacob A. France Professor of Health Care Law, University of Maryland Francis King Carey School of Law

Ms. Hoffmann has taught courses on Law and Medicine, Health Care Law, Legal Problems of the Elderly, Critical Issues in Health Care, Research with Human Subjects, and Health Care for the Poor. Her research interests include issues at the intersection of law, health care, ethics, and public policy.

At the For Grace Change Agent Pain Summit: Part Two, Ms. Hoffmann was a panel member, addressing issues in health law and policies as they relate to chronic pain.

**Wayne Jonas, M.D.**

- Executive Director, Samueli Integrative Health Programs
- Clinical Professor of Family Medicine, Georgetown University
- Former Director, Office of Alternative Medicine, National Institutes of Health

Dr. Jonas is a practicing family physician, an expert in integrative health and health care delivery, and a widely published scientific investigator. He is currently Executive Director of Samueli Integrative Health Programs, an effort supported by Henry and Susan Samueli to empower patients and doctors by providing solutions that enhance health, prevent disease, and relieve chronic pain.

At the For Grace Change Agent Pain Summit: Part Two, Dr. Jonas was a panel member, addressing the health care system and reimbursement. He was also the Lunch Speaker on the topic of "How Healing Works."

**Sean Mackey, M.D., Ph.D.**

- Chief, Division of Pain Medicine, Stanford University
- Director, Systems Neuroscience and Pain Laboratory, Stanford University
- Redlich Professor of Anesthesiology, Perioperative and Pain Medicine, Neurosciences and Neurology, Stanford University
- Co-Chair, National Pain Strategy

Under Dr. Mackey's leadership, researchers at Stanford have made major advances in the understanding of chronic pain as a disease in its own right, one that fundamentally alters the nervous system. His efforts have led to the development of a multidisciplinary treatment model that translates basic research into innovative therapies and personalized treatments for patients with chronic pain.

At the For Grace Change Agent Pain Summit: Part Two, Dr. Mackey was the Keynote Speaker on the topic of the National Pain Strategy and, as a panel member, addressed prevention and treatment of chronic pain.

**Steven Richeimer, M.D.**

- Chief, Division of Pain Medicine, Keck School of Medicine, University of Southern California
- Professor of Clinical Anesthesiology and Psychiatry & Behavioral Sciences, Keck School of Medicine, University of Southern California
- Director, Online Master's Degree in Pain Medicine, Keck School of Medicine, University of Southern California
- Director, Norris Comprehensive Cancer Center Pain Management, University of Southern California

Dr. Richeimer is the former Director of Pain Management at the University of California Davis Medical Center, where he established a national reputation for his comprehensive, multidisciplinary approach. He is dedicated to using the full scope of medical science to provide personalized, effective care for patients with chronic pain. He is board certified in anesthesiology, psychiatry, and pain medicine.

At the For Grace Change Agent Pain Summit: Part Two, Dr. Richeimer was a panel member, addressing deficiencies in education on pain treatment in medical schools.

**Christin Veasley**

- Cofounder and Director, Chronic Pain Research Alliance
- Oversight Panel Member, National Pain Strategy

Ms. Veasley's experience of living with life-altering chronic pain led her to obtain a science degree, conduct neuroscience research at The Johns Hopkins University School of Medicine, and advocate for pain research. The Chronic Pain Research Alliance is the country's only collaborative advocacy program focused on advancing a strategic research, translational, and industry effort toward improving and accelerating multidisciplinary pain research.

At the For Grace Change Agent Pain Summit: Part Two, Ms. Veasley was a Co-Keynote Speaker with Dr. Mackey, presenting an update on the National Pain Strategy with a focus on the prevention of chronic pain.

**Executive Support**

**John Garrett**

Director, For Grace

**Cynthia Toussaint**

Founder and Spokesperson, For Grace

**Mindy Meyer**

Lead Mediator, Center for Collaborative Policy, California State University, Sacramento