



## **American Board of Pain Medicine**

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### **Why the US Should Develop a Primary Medical Specialty in Pain Medicine**

#### ➤ **About the American Board of Pain Medicine and our Vision**

- The ABPM's mission is to serve the public by improving access to comprehensive, high quality pain care in the U.S. through a rigorous certification process for Pain Medicine physician specialists. Since 1992, ABPM has offered qualified candidates an eight-hour, comprehensive, psychometrically valid examination in the field of Pain Medicine. Certified ABPM Diplomates now number over 2,200 physicians.
- ABPM believes in an integrated approach to pain care. ABPM certification requires significant, recent and comprehensive clinical experience and substantive expertise in the full spectrum of pain treatment therapies, including pharmacologic, psychological, interventional and complimentary therapies. Successfully passing our examination demands that applicants demonstrate comprehensive knowledge in all areas of Pain Medicine, including but in no way limited to expertise in prescribing opioids, which are often over-prescribed by practitioners who do not understand the additional modalities of effective pain treatment.

#### ➤ **Why a National Approach is Needed**

- To realize the goal of significantly improved outcomes for pain care in the US and to address the need for safe and effective opioid prescribing, we must address deficiencies within the medical education and graduate medical education systems relating to educating and training all physicians in pain care.
- The current public policy debate on how to best address the opioid abuse crisis focuses largely on treating the symptoms of what is in part a health system failure. We believe an equally important discussion relates to how to redesign the system to deliver higher quality, more cost-effective medical care to patients who suffer from the disease of chronic pain. Delivery models that emphasize coordinated, team based approaches to caring for these patients would improve outcomes and reduce costs – both monetary and health-related - associated with poorly coordinated care.
- A national approach to this problem is needed. States are working to implement certain regulatory safeguards but cannot fundamentally alter the graduate medical education system. Recently, the United Kingdom, Australia and New Zealand adopted a Primary Medical specialty in Pain Medicine. The United States should endorse and actively promote a similar model for training Pain Medicine physicians in this country.

### ➤ **Current system-wide problems**

- The current system produces uneven, fragmented and poorly coordinated delivery of care and insufficient research to inform best medical practices in this field. The result has been rampant abuse of opioid analgesics, over-use of expensive procedures, and an unacceptably wide variation in the quality and breadth of pain care.
- These problems are documented in the 2011 Institute of Medicine report “Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research,” which details how access to high quality, cost-effective care continues to prove elusive for many of the 100 million Americans who suffer from chronic pain.
- The current medical education system produces insufficient numbers of Pain Medicine specialists to provide advanced-level care for patients with complex issues contributing to pain. The IOM report reflects that there is only one certified Pain Medicine specialist for every 28,500 people with pain.
- This severe shortage of pain medicine specialists impedes efforts to develop efficient, cost-effective health care delivery models for treating the vast population of patients with chronic pain. The lack of research on the most effective clinical pain treatment protocols for specific medical conditions exacerbates this problem.
- This vacuum has created an easy market for non-experts to claim to be pain specialists or set up pain clinics. Because people suffering with pain are particularly vulnerable to claims of easy or quick relief, there is a special need to protect these patients. States are stepping in to address this problem with “truth in advertising” regulations and stricter qualifications for pain clinic operators.
- The current system affords insufficient training for primary care physicians in how to most effectively treat pain. State medical boards are working to develop prescribing protocols and CME requirements to address this problem. With the undersupply of competent pain medicine consultation options, primary care physicians often have difficulty referring patients with complex pain problems to specialists. However, states cannot address the undersupply of specialty-level care.

### ➤ **The current system for educating and credentialing Pain Medicine physicians**

- Unlike other medical specialties (e.g., pediatrics, cardiology and emergency medicine), there are no independent residency training programs for the specialty of Pain Medicine. To become Board-certified in Pain Medicine, a physician must complete an ACGME-accredited residency training program in a different primary medical specialty whose core training varies considerably, typically Anesthesiology, Neurology, Neurosurgery, Psychiatry, or Physical Medicine & Rehabilitation. After completing this residency program, a physician must complete either a one-year fellowship in Pain Medicine (through the American Board of Anesthesiology or another ABMS board) or provide proof of substantial training in pain medicine related-topics, and actively practice comprehensive Pain Medicine for a significant amount of time to demonstrate competence to qualify to apply for Board certification (through the ABPM). The physician must then successfully pass an examination offered by either ABPM or an ABMS recognized Board.

- The ABPM is working to build the case for the American Board of Medical Specialties (ABMS) to endorse Pain Medicine as a primary medical specialty, which would include developing ACGME-accredited pain residency programs to provide four years of concentrated, comprehensive training in Pain Medicine. Currently, the ABMS’s policies support Pain Medicine only as a subspecialty of other primary medical specialties, not as a primary and independent medical specialty. While the subspecialty pathway is appropriate and should be preserved, in our view, this approach is inadequate to meet the demands of this patient population.

➤ **How Developing a Primary Medical Specialty in Pain Medicine will Improve Pain Care in the US**

Implementing a primary medical specialty in Pain Medicine will help the US realize several important goals:

- **Clarify what it means to be a “Pain Medicine specialist.”** Establishing Pain Medicine as a primary specialty would bring much-needed clarity and meaning to the term “pain medicine specialist,” which today is confusing for all stakeholders, including:
  - ✚ **Policymakers seeking to protect the public from unqualified practitioners, regulate pain clinics and establish opioid prescribing protocols;**
  - ✚ **Patients seeking specialty-level care;**
  - ✚ **Treating physicians looking for consultations to help manage patients’ pain; and**
  - ✚ **Hospitals and payers seeking to credential physicians**
- **Enhance access to high quality pain care.** Developing comprehensive, coherent and accredited graduate medical education programs in Pain Medicine will increase the supply of specialists and establish more consistent training and qualifications within this field.
- **Improve education and training at both the specialty and primary care levels.** Any long-term solution needs to integrate comprehensive pain care education into the graduate medical education system for primary care physicians and specialists alike. Updating the training paradigm in this manner would create resident “rotations” through Pain Medicine, just as they rotate through surgery, neurology, emergency medicine and other departments. Exposing physicians to the comprehensive discipline of Pain Medicine will enable them to better care for patients no matter what specialty they eventually choose, by increasing the breadth of treatment options they can offer, and understanding how to effectively refer patients for specialty pain care when appropriate.
- **Establish a consistent, coherent and integrated approach to training Pain Medicine specialists.** The ABPM has developed a model residency curriculum that would establish uniform, comprehensive multidisciplinary training to integrate all aspects of pain care training more effectively and efficiently than the current approach.
- **Spur research to inform best practices for pain care.** Establishing a distinct specialty in Pain Medicine also would spur more medical research necessary to establish evidence-based clinical protocols for treating patients with pain. Better research is critical to addressing the unacceptable variation in cost and outcomes for these patients.