

The National Pain Strategy is it Working?

Chronic Illness Advocacy & Awareness Group
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Lauren Deluca, CPCU, API, AINS

Executive Director - President

Twitter: @CIAAGOfficial / @CIAAG_Lauren

Email: lldeluca@ciaag.net

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Objectives

- How did we get here?
- National Pain Strategy directives:
- What is the impact?
- How do we move forward?



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How Did We Get Here?

- 2000 The Pain Relief Promotion Act (PRPA) H.R. 756
 - Promoted research on the treatment of pain
 - Promoted palliative care (without assisted suicide)
- 2010 ACA Section 4305 created the National Prevention Health Promotion and Public Health Council within the Department of Health
- 2010 The ACA created PCORI (Patient Centered Outcomes Research Institute)



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- 2010 Healthy People Campaign
 - 467 objectives to serve as a framework during the 1st decade of the 21st century (also called the Decade of Pain Research)
- 2010 ACA (Public Law Section 111-148) dictated the formation The Interagency Pain Research Coordinating Committee (IPRCC)
- 2011 The Institute of Medicine (IOM) wrote “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research”
- 2012 Senate Meeting: “Pain in America/Exploring Challenges to Relief”
- 2013 Health in All Policies (HiAP)



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- 2014 Pathways to Prevention meeting
- 2016 The National Pain Strategy (NPS)
- 2016 The CDC Opioid Prescribing Guidelines for Chronic Pain
- 2016 The Comprehensive Addiction Recovery Act (CARA Act)
- 2018 The Help End Addiction Long-Term (HEAL Initiative)
- 2019 The HHS Pain Management Task Force (PMTF)
- 2020 the PMTF recommendations were sent to appropriations



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The National Pain Strategy Directives

- Objectives/Goals:
 - Change society's perception of pain
 - Shift the treatment of pain from a biomedical approach to a biopsychosocial approach
 - Promote the use of self management strategies
 - Reduce healthcare expenditures
 - Reduce disability and overdoses rates
 - Reduce the economic social impacts of pain/disease in America
- Recommend the use of pragmatic/clinical trials
 - 2017 FDA issues the IRB Waiver on informed consent



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- Six sections to address different aspects of public health
 - Population health
 - Prevention and care
 - Disparities
 - Service delivery and payment
 - Professional education and training
 - Public education and communication



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What is the Impact?

- Lack of data has made impact difficult to ascertain
- Anecdotal evidence of increased patient suffering
- Suicides has increased
- Overdoses continue to increase
- Disability rates have increased



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What is the Impact?

- Opioid prescribing has decreased yet overdoses have increased
- Patient loss of consent/autonomy
- Artificial Intelligence replacing physician decision making
- Increased stigma for those with painful illnesses/disease
- Increased patient abandonment
 - Difficulty in obtaining care
 - Denial of care
 - Lack of access to treatment



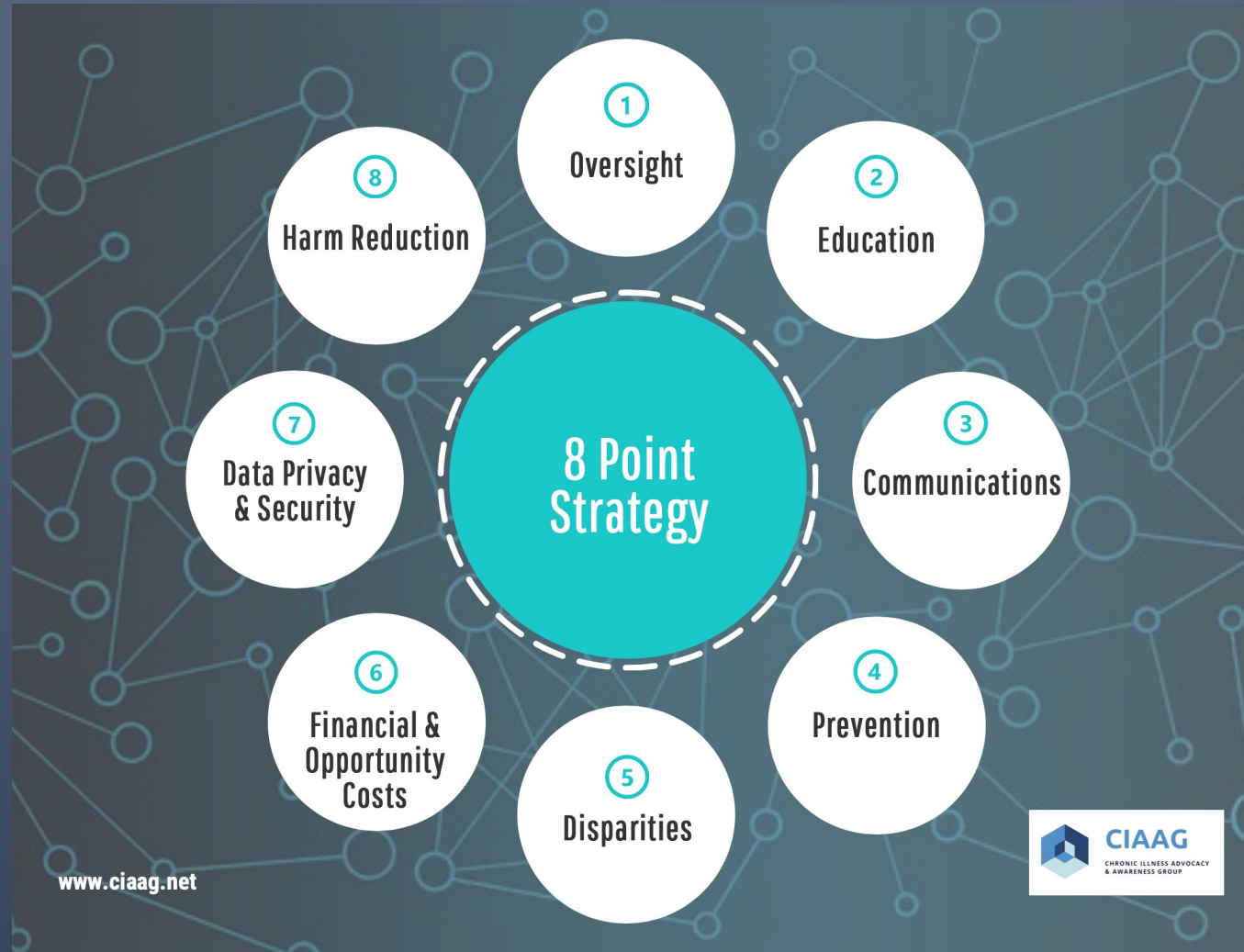
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How Do We Move Forward?

- CIAAG 8-Point Strategy

- Oversight
- Education
- Communications
- Prevention
- Disparities
- Financial/Opportunity Costs
- Data Privacy & Security
- Harm Reduction



Discussion and Questions

THANK YOU



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