



2017  
SUMMIT  
— ON —  
Balanced Pain  
Management



ALLIANCE FOR

Balanced Pain  
Management





# Overview

**On November 14, 2017, the Alliance for Balanced Pain Management convened its fourth annual Summit on Balanced Pain Management.**

Attendees and presenters included patients, advocates, health care providers, industry representatives and government officials. Through panel discussions, featured speakers and on-stage interviews, the summit highlighted:

- The benefits of balanced pain management
- Policy barriers and health plan coverage issues
- The stigma related to diseases that entail chronic pain
- Treatment opportunities for America's veterans and servicemembers who experience pain
- The value of abuse-deterrent opioids
- The role of balanced pain management in national efforts to reduce opioid abuse.

For Americans in pain, finding relief isn't easy. Brian Kennedy, executive director of the Alliance for Patient Access, explained in his opening remarks that balanced pain management offers a “two-fold” benefit: it can impact the level of prescription drug abuse and addiction while also allowing for optimal patient care.

# Access & Coverage Policy

Health plan coverage is a major factor in whether patients can receive multidisciplinary pain care. As several speakers noted, health plans may favor less expensive pharmacologic treatment over multi-prong care that includes non-pharmacologic treatments such as chiropractic care and acupuncture. In “Balancing Access with Abuse Prevention,” **Stephen Ziegler, Ph.D.**, of Purdue University, summarized the challenge: “Denial of coverage is denial of treatment.”

Dr. Ziegler also detailed the unintended consequences of shortsighted policy responses to the nation’s opioid crisis. “No one evaluates policies or laws to see if they’re effective or if they have unintended consequences,” Dr. Ziegler noted.



**Representative Tim Ryan** (D-Ohio) addressed summit attendees about the need for holistic solutions that address the big picture. “Not solutions that are left or right,” Rep. Ryan explained, “but solutions that are working out in the field.”

Rep. Ryan also emphasized the role of market forces in making more options for pain treatment available. Reimbursement for providers of alternative treatments such as acupuncture or mindfulness-based

stress reduction would increase the number of professionals who offer these services, Rep. Ryan explained, as well as the number of patients who can receive them. Rep. Ryan, who created the Quiet Time Caucus on Capitol Hill, hosts regular meditation sessions for congressional staff.



## The Patient Experience

Keynote Speaker **Ally Hilfiger** – artist, author and daughter of fashion mogul Tommy Hilfiger – told her story of overcoming Lyme disease.

Hilfiger described the intense pain brought on by Lyme disease, which doctors didn't diagnose until years after she contracted the disease. "Putting lotion on my legs felt like I was getting beaten by a baseball bat," Hilfiger recollected. Before finally getting treatment, Hilfiger lost the ability to drive and, for a period of time, even the ability to read. She recounted her story to **Paul Christo, MD**, host of Sirius XM's "Aches and Gains."

Stigma was also a factor. Dark sunglasses would have protected her eyes from extreme sensitivity, Hilfiger explained, but joked, "I couldn't wear them inside, because there's already the stereotype that I'm a bitch." Hilfiger recounted other people's perception that she "looked fine" even while she experienced intense pain. "It was very lonely," she recollected, "I'd have to cancel on people, or not call them back or not go to birthday parties."

Hilfiger expressed appreciation at having the chance to be a patient advocate, explaining, "I'm really grateful to have the opportunity to give back."

“ I didn't like feeling like a victim.  
I liked feeling like a warrior.”





## Migraine & Invisible Illness

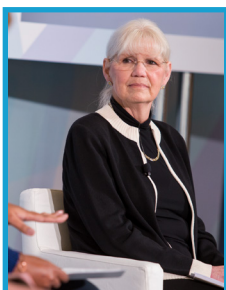
In “The Stigma of Pain: Societal Burden of Invisible Disease,” panelists pinpointed several common myths – and described how stigma compounds the pain of headache disorders.



It's not 'just' a headache,” **Jan Brandes, MD**, emphasized, and it's not simply a symptom of stress. “If it were because of stress, there's not a person in here who wouldn't have had [a migraine] in the past week,” Dr. Brandes noted, referring to the summit audience. She also dismissed the notion that migraine is a disease concocted by women who simply want to get out of something.



These stereotypes resonated with panelist and blogger **Jamie Sanders**. “The burden of proof falls on the patient,” Sanders noted. She described how it took her 12 years to get to a headache specialist, explaining that, when women go the doctor, “they think you're exaggerating your pain.” Sanders also emphasized the role of integrative and patient-focused treatment. “Everyone should be treated as a whole person first,” she summarized.



**Penny Cowan** of the American Chronic Pain Association explained the need for people to track symptoms and triggers so they can report details to their health care provider. She also emphasized the importance of a team approach to migraine treatment. “It can't just be ‘Doctor, fix me,’” Cowan noted.

# Complementary Pain Care

A panel entitled, “Complementary Approaches for Chronic Pain: Perspectives from NCCIH, DoD and VA” invited discussion about how multi-prong pain treatment is – or should be – used in the United States, particularly with veterans and current members of the United States Armed Forces.



**Wendy Weber, N.D., Ph.D.**, of the National Institutes of Health National Center for Complementary and Integrative Health reported that chronic pain affects 100 million adults and costs the nation \$500 billion annually in health care costs and lost productivity. She explained the need for large-scale clinical trials to determine which non-pharmacologic therapies are most effective and how to best deliver those interventions.



**Eric Schoomaker, MD, PhD**, described the need to change the culture of pain management in the military. “Why is alternative medicine is ‘the alternative?’” Dr. Schoomaker asked, “Why isn’t it the primary?”



**Friedhelm Sandbrink, MD**, of the Veterans Affairs Medical Center echoed the importance of interdisciplinary pain care for veterans. He noted that in 2012, more than 2 million veterans experienced chronic pain. One-third of those took prescription opioids to treat their pain. He emphasized the department's clinical practice guidelines, which discourage across-the-board cutting and encourage slow tapering for patients who need to switch treatments.

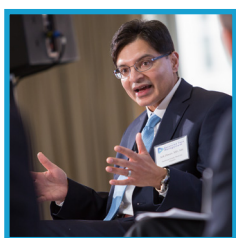






# Abuse Deterrence & the Opioid Epidemic

During “Cost and Value of Abuse-Deterrent Formulations,” panelists explored the role of abuse-deterrent technology in addressing the nation’s opioid epidemic.



**Ash Diwan, MD**, explained that immediate release opioids have played into the opioid crisis by presenting a cheap option that could result in misuse or addiction. He emphasized the need to move toward long-acting, slow release medications to deter abuse.



Economist **Wayne Winegarden, PhD**, commented that the policy environment is tilting toward opioid abuse and “forgetting pain.”



**Steven Passik, PhD**, of Collegium Pharmaceuticals pointed to America’s perpetual addiction problems. “We as a society have a massive problem of addiction in this country, whether it be to food, alcohol or opioids.”



In a separate address to summit attendees, the Food and Drug Administration’s **Douglas Throckmorton, MD**, emphasized that abuse-deterrent opioids and other technologies designed to target misuse are “very important for the agency.” The FDA is offering acceleration tools such as fast tracking and priority review to get such developments approved.



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