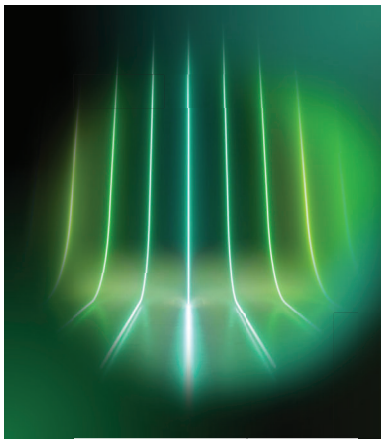


The Healthcare Team: Addressing Inequities in Pain Management

DR. LARRY CHARLESTON IV, MD, MSC, FAHS, FANA

PROFESSOR OF NEUROLOGY

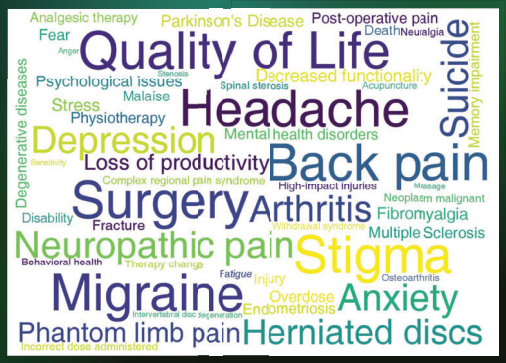
CHIEF CONSULTANT, CHARLESTON HEALTH NEUROLOGY & HEAD PAIN CONSULTANTS

ADJUNCT FACULTY,
THOMAS JEFFERSON HEADACHE CENTER

LINKEDIN:
WWW.LINKED.COM/IN/LCHARLESTONIVMD

Learning Objectives

After viewing this webinar, participants should be able to…
Describe inequities in pain management related to patient, clinician, and health system factors that contribute to adverse health outcomes.
Design strategies to improve pain management in clinical practice and reduce inequities in pain care.
Implement recommended approaches to pain management based on evidence and best practices to ensure equitable treatment.
Recognize the role of the multidisciplinary team in addressing issues of inequities in pain management.



U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

The National and Global Burden of Pain

- Millions of people worldwide suffer from persistent pain across their lifespan[1]
- Pain is a global cause of disability[1]
- 51.6 million individuals in the US experience chronic pain[2]
- 17.1 million have high-impact chronic pain – significantly restricting daily activities[2]
- $635+ billion in annual costs of persistent pain, exceeding CV disease and cancer[3]
- Policymakers, caregivers, and the general public lack adequate understanding of pain[4]

US, United States; CV, cardiovascular

1. Rice ASC, et al. *Pain*. 2016;157(4):791-796. 2. Rikard SM, et al. *MMWR MOR Mortal Wkly Rep*. 2023;72(15):379-385. 3. Gaskin DR, Richard P. *J Pain*. 2012;13(8):715-724. 4. International Association for the Study of Pain (IASP). The Gap Between Knowledge and Practice. Published July 9, 2021. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/

Inadequate Pain Care Leads to Disparities and Inequities Among Patients

Significant inequities in pain management and outcomes well-documented for past several decades

- Disparities persist across all types of pain and all healthcare settings, including primary care[1-3]
- Despite research and initiatives to progress toward equitable treatment, multiple barriers to effective pain management persist[4-5]
- Substantial intervention is needed to improve equitable pain care in the US

1. Lloyd EP, et al. *Policy Insights Behav Brain Sci*. 2020;7(2):198-204. 2. Green C, et al. *Pain Med*. 2006;7(6):530-533. 3. Ezenwa M, Fleming M. *J Pain*. 2012;13(4):S20. 4. Glei DA, et al. *J Aging Health*. 2022;34(1):78-87. 5. Karris MY, Danilovich M. *Front Pain Res (Lausanne)*. 2022;3:941476.

The PCP's Role in Pain Management and Addressing Inequities

PCPs often address pain in primary care settings

- Surveys of ambulatory care visits to US outpatient clinics: nearly all PCPs regularly treat patients who have pain[1]
- Many PCPs lack adequate training in pain management[2]
- Lack of licensing requirement incentives to obtain pain care education[2]
- Documented lack of attention to disparities in pain management in primary care[3]

PCP, primary care practitioner

1. Schappert SM, Burt CW. *Vital Health Stat 13*. 2006;(159):1-66. 2. International Association for the Study of Pain (IASP). The Gap Between Knowledge and Practice. Published July 9, 2021. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/ 3. Ezenwa M, Fleming M. *J Pain*. 2012;13(4):S20.

The PCP's Role in Pain Management and Addressing Inequities

How to improve pain management and inequities in pain care

- Education: potentially significant benefits from improved pain curricula for initial training and continued education for clinicians[1]
- During clinical encounters: address feelings of hopelessness and perceived discrimination[2]
- Follow guidelines: Apply recommended assessment and treatment strategies to manage pain[3]
- At the health system level: implement models, policies, and procedures to minimize bias and promote equitable pain care[2]

1. Lippe PM, et al. *Pain Med*. 2010;11(10):1447-1468. 2. Ezenwa M, Fleming M. *J Pain*. 2012;13(4):S20. 3. U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Assessment of Pain Syndromes

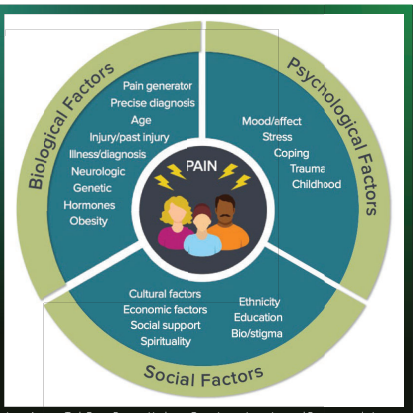
Principles of Pain Assessment

- **Obtain a detailed history** of the patient's pain, including review of previous records[1]
- **Differentiate between pain types** since effective treatment modalities vary[2]
  - Acute, chronic, centralized, or neuropathic pain
  - Treating pain is dependent on the pathophysiology of the type of pain
- Acknowledge the influence of **comorbidities and psychosocial determinants** of health that impact pain[3]
- Balance **objective** pain assessment and **subjective** pain assessment[1]
- Consider use of **MRI and other imaging modalities** to assess pain in certain cases[4,5]

MRI, magnetic resonance imaging

1. Dydyk AM, Grandhe S. *StatPearls*. Updated January 29, 2023. Accessed August 7, 2023. https://www.ncbi.nlm.nih.gov/books/NBK556098/ 2. Nalamachu S. *Am J Manag Care*. 2013;19(14 Suppl):s261-s266. 3. U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf 4. Davis KD, Seminowicz DA. *Clin J Pain*. 2017;33(4):291-294. 5. Walitt B, et al. *Curr Rheumatol Rev*. 2016;12(1):55-87.

The Biopsychosocial Model of Pain



U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Examples of Pain Assessment Tools

Pain Scale	Description	Intended population
Visual Analog Scale	Numerical rating scale (1-10)	Adults who are able to self-report pain
Wong-Baker Faces	Scale utilizing facial expressions linked to pain severity	Patients 3 years of age and above
Pain Assessment in Advanced Dementia (PAINAD)	Utilizes non-verbal cues to assess pain	Patients with dementia, unable to self-report
Behavioral Pain Scale	Observational assessment	Critically ill, sedated patients
Defense and Veterans Pain Rating Scale (DVPRS)	Combination graphic and numerical tool	Adults who are able to self-report pain

Inequities in Pain Management

Inequities in Pain Management

"All people have the right to have access to appropriate assessment and treatment of pain by adequately trained health-care professionals."

- IASP 2010 Declaration of Montreal

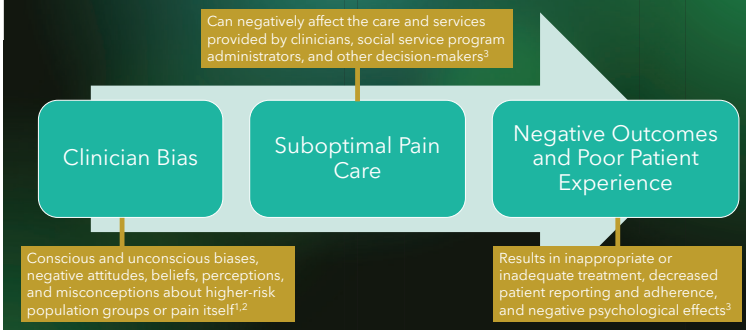
Despite the inherent right patients have to appropriate pain care,

- **Professional education about pain management is inadequate**
- **Gaps separating knowledge about effective pain care and delivery of effective pain care persist**

IASP, International Association for the Study of Pain

International Association for the Study of Pain (IASP). The Gap Between Knowledge and Practice. Published July 9, 2021. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/

Clinician Bias: An Origin of Pain Inequities



1. Mather VA, et al. *J Pain*. 2014;15(5):476-484. 2. Turk DC, et al. *Lancet*. 2011;377(9784):2226-2235. 3. Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Additional Factors Interrelated with Pain Bias

Cultural bias exists in the medical community against people with pain, especially those with chronic pain[1,2]

- Empathy declines among clinicians as medical training progresses
- Exacerbated by knowledge deficits[4]
- Frustration with limited effectiveness of usual treatments for chronic pain[4]
- Complex nature of pain and pain care and risks associated with treatments can worsen bias[4]

1. Turk DC, et al. *Lancet*. 2011;377(9784):2226-2235. 2. Nahin RL. *J Pain*. 2015;16(8):769-780. 3. Neumann M, et al. *Acad Med*. 2011;86(8):996-1009. 4. Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Examples of False Beliefs that Worsen Disparities in Pain Care

Black people have greater pain tolerance, thicker skin, and fewer nerve endings, so they feel less pain than White people.[1]

Patients are stigmatized by clinicians, family members, and the general public when pain persists despite treatment, or when there are few objective findings.[2]

1. Schoenthaler A, Williams N. *JAMA Netw Open*. 2022;5(6):e2216281. 2. International Association for the Study of Pain (IASP). Global Inequities in Pain Treatment: How Future Research Can Address This Better. Published January 18, 2022. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/global-inequities-in-pain-treatment-how-future-research-can-address-this-better/

Pain Inequities: A Real-World Example

EMILY'S STORY
PATIENT TESTIMONIAL

"For the past eight years, I have lived with debilitating chronic pain as the result of Klippel-Feil syndrome, a rare spinal defect. Over the years, I have tried every possible treatment. I've had neurosurgery. I get regular injections, massages, and acupuncture. I do physical therapy and yoga daily. I wear braces. I buy expensive pillows. I meditate. I eat well. I do all the things you're supposed to do."

"But I also need medications. For nearly a year after the pain began, I refused to take anything. I certainly had no interest in taking an opioid. But it was only after eight months of agonizing trial and error with other drugs that we tried Tramadol, as a last resort, and found that it worked."

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Pain Inequities: A Real-World Example

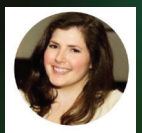
EMILY'S STORY
PATIENT TESTIMONIAL

"And yet despite taking one of the safest opioids available, and taking it responsibly for a legitimate problem, I faced restrictions that made me feel more like a criminal than a patient. Once, a doctor refused to refi ll my Tramadol prescription, even while acknowledging that I showed no signs of abuse. I ended up in the ER where they told me they could only treat withdrawal. It was the most horrific and dehumanizing experience of my life."

"Another example was the time I wanted to consult a second pain specialist about injections. Although I wasn't asking for medications, I was berated just for asking for a second opinion and left the appointment in tears."

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Pain Inequities: A Real-World Example



EMILY'S STORY
PATIENT TESTIMONIAL

"Most recently, my health insurance suddenly refused to cover Tramadol. After much back and forth, they wanted proof I had signed an opioid contract. I had in fact signed one, but the doctor had lost his copy. It took over three weeks to resolve."

"These stories may sound like minor inconveniences, but keep in mind what it would be like to deal with this on top of debilitating pain."

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Pain Inequities: A Real-World Example

EMILY'S STORY
PATIENT TESTIMONIAL

"I have sometimes wished I had cancer instead of a spine defect, knowing I would be treated with more respect and compassion. And let's not overlook that I am a middle-class Caucasian female with a strong support system and a background in health care."

"I cannot imagine how these restrictions are affecting people of color, or the elderly, or those from a lower socioeconomic status."

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Higher-Risk Groups/Conditions Prone to Bias, Stigmatization, and Discrimination

Women experiencing pain from chronic fatigue syndrome, fibromyalgia, and other conditions
People who take prescription opioids for intractable pain
Children, especially infants and others who cannot communicate
Older adults, especially those in long-term care setting who have limited communication
People with substance use and mental health disorders
Patients sickle cell disease or pain associated with HIV infection

HIV, human immunodeficiency virus

Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Lack of Clinician Education and Training in Pain Care

- **Many clinicians not adequately prepared to address cultural components of pain care**
- **Education and training insufficient**
  - Lack of valid information about pain care among educators
  - Core competencies in pain care underdeveloped
- **Practitioners may relay on ineffective procedural/pharmacologic approaches**
  - Can have significant, unintended adverse consequences such as addiction and misuse

Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Bridging the Gaps in Pain Management

TO PROMOTE
EQUITABLE CARE

Overview and Summary of Pain Care Gaps

- Contemporary evidence is not being transferred to pain management practices efficiently or effectively
- Pre-licensure pain education curricula is inadequate for many clinicians
- Licensure qualifications rarely require appropriate competency in pain assessment and management
- Outcome evaluations of pain education are not routinely captured and tend to focus on knowledge rather than competence and improved patient outcomes

International Association for the Study of Pain (IASP). The Gap Between Knowledge and Practice. Published July 9, 2021. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/

Overview and Summary of Pain Care Gaps (cont)

- Voices of individuals and their families are not sufficiently considered in pain management planning and monitoring
- The public health impact and related population-health consequences of pain are not well understood
- People with persistent pain often lack access to or are unaware of available resources and treatment options

International Association for the Study of Pain (IASP). The Gap Between Knowledge and Practice. Published July 9, 2021. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/

What Can We Do?

*"Elimination of disparities and equity in care cannot be achieved without **increased access to high-quality treatment, development of strategies and expectations** for equitable assessment and treatment of pain, and **creation of appropriate supporting programs and services** for people with pain."*

- National Pain Strategy Report, 2022

Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

What Can We Do?

- Develop a more **robust and well-trained workforce**
  - Improve access to quality care, especially among vulnerable populations
- Expand the **behavioral health** workforce
  - Support needs of patients with chronic pain, substance abuse, and mental health disorders
- **Improve communication** between clinicians and patients/caregivers/families

Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Objectives to Address Pain Management Disparities: National Pain Strategy

Intended to improve quality of care and reduce barriers for vulnerable, stigmatized, and underserved populations at risk of pain disparities

1. Reduce bias and its impact on pain treatment by improving understanding of its effects and supporting strategies to overcome it
2. Facilitate communication among patients and health professionals

Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Objectives to Address Pain Management Disparities: National Pain Strategy

Intended to improve quality of care and reduce barriers for vulnerable, stigmatized, and underserved populations at risk of pain disparities

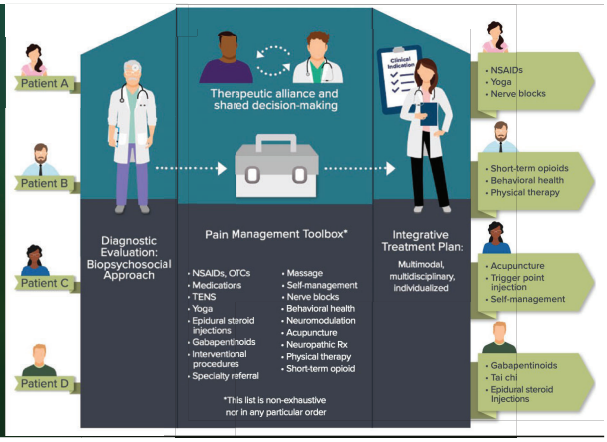
3. Improve the quality and availability of data to assess the impact of pain and under or overtreatment for vulnerable populations, and the costs of disparities in pain care
4. Improve access to high-quality pain services for vulnerable population groups

Interagency Pain Research Coordinating Committee, National Institutes of Health. National Pain Strategy Report: A Comprehensive Population Health-Level Strategy for Pain. Reviewed July 11, 2022. Accessed August 4, 2023. https://www.iprcc.nih.gov/node/5/national-pain-strategy-report

Recommended Approaches to Pain Management

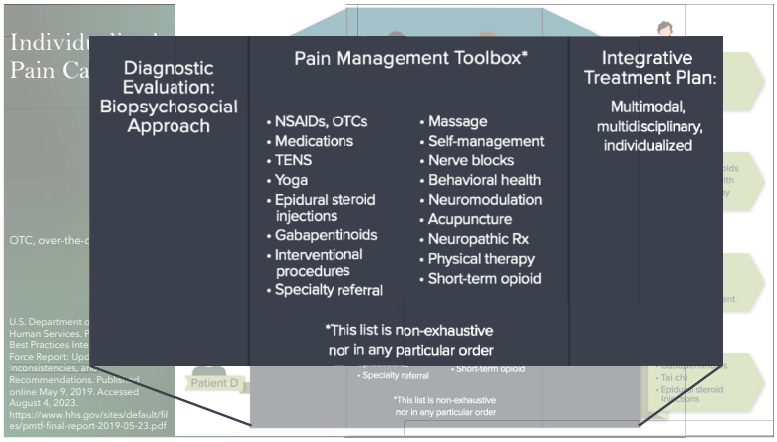
IN PRIMARY CARE

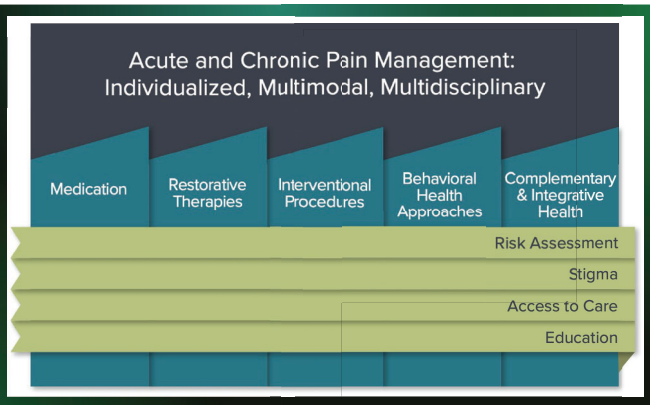
Individualized Pain Care



OTC, over-the-counter

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf



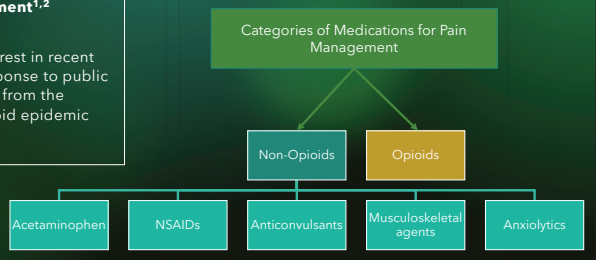


U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Medications for Treatment of Pain

Two categories of medications for pain management[1,2]

1. Non-opioids
   - Greater interest in recent years in response to public health crisis from the current opioid epidemic
2. Opioids



NSAIDs, nonsteroidal anti-inflammatory drugs

1. Sutherland AM, et al. *Ann Intern Med*. 2015;162(4):295-300. 2. Todd KH. *Pain Ther*. 2017;6(2):193-202.

Non-Opioid Pain Medications

Agent/Class	Notes
Acetaminophen	• Effective for mild to moderate pain • Risks include dose-dependent liver toxicity (unintentional or intentional)
NSAIDs	• Significant pain relief for inflammation • Risks include gastritis, gastric bleeding, renal damage, hypertension, and CV events
Anticonvulsants	• Can treat pain syndromes with neuropathic components • Risks include sedation and possible risk of misuse (gabapentin and pregabalin)
Antidepressants	• TCAs effective in a variety of chronic pain conditions, including neuropathic pain • SNRIs effective for certain chronic pain syndromes, including neuropathic pain • SNRIs have fewer adverse events than TCAs but carry risk of withdrawal reactions
Musculoskeletal agents	• Agents include baclofen, cyclobenzaprine, and tizanidine; risk of sedation • Carisoprodol not recommended due to sedation and risk of misuse
Antianxiety medications	• Used to treat anxiety that accompanies acute pain and fluctuations in chronic pain • SSRIs and SNRIs helpful; benzodiazepines can be used short-term in some cases

TCAs, tricyclic antidepressants; SNRIs, serotonin-norepinephrine reuptake inhibitors; SSRIs, selective serotonin reuptake inhibitors

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Considerations for Prescribing Opioids

"Acute, subacute, and chronic pain needs to be appropriately and effectively treated regardless of whether opioids are part of a treatment regimen."

- CDC Guideline for Prescribing Opioids for Pain, 2022[1]

- **Less than 20%** of US clinicians licensed to prescribe controlled substances have training on how to prescribe opioids safely and effectively[2]
- Opioids are often used early in pain treatment; however,[3]
  - Non-opioids should be used first-line whenever clinically appropriate
  - If an opioid is being considered, follow recommendations of evidence-based guidelines

1. Dowell D, et al. *MMWR Recomm Rep*. 2022;71(3):1-95. 2. International Association for the Study of Pain (IASP). The Gap Between Knowledge and Practice. Published July 9, 2021. Accessed August 5, 2023. https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/ 3. U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Considerations for Prescribing Opioids

- Effective for moderate to severe acute pain[1]
- Effectiveness beyond 3 months requires more evidence[1]
- Consider initiating opioids when patient and clinician deem that benefit outweighs risk[2]
- Start at a low dose, titrate to lowest dose required to achieve goals[2]
  - Goals: pain control, better daily functioning, improved quality of life
- Risk assessment, close follow-up, and pain reevaluation important throughout the duration of opioid therapy[1]
- Maintain opioid treatment for a period no longer than necessary for adequate pain control[1]

1. Dowell D, et al. *MMWR Recomm Rep*. 2022;71(3):1-95. 2. U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Restorative Therapies

Therapy	Notes
Therapeutic exercise	• High-quality evidence has established superiority of movement over rest for management of pain • Improves physical function and can also have positive effects on secondary factors that contribute to pain and disability such as fear of movement and anxiety
TENS	• Generally considered a safe self-care option for patients (with appropriate education) • Limited overall evidence of efficacy due to lack of randomized trials
Massage therapy	• Various types of massage, including deep tissue massage, can reduce pain
Cold/heat	• Only treats symptoms, duration and effectiveness dependent on cause of pain
Bracing	• When used for short periods of time, may improve function without muscle atrophy

TENS, transcutaneous electrical nerve stimulation

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Interventional Procedures

- Most interventional pain physicians offer interventional therapies for acute and chronic pain conditions[1]
- Many interventional procedures have been around for decades[2]
  - They vary in effectiveness and invasiveness

Example Interventional Procedures
• Trigger point injections • Joint injections • Peripheral nerve injection
• Facet joint nerve block • Epidural steroid injections • Radio-frequency ablation • Regenerative/adult autologous stem cell therapy • Celiac plexus blocks • Cryoneuroablation • Neuromodulation
• Spinal cord stimulator • Intrathecal pain pumps • Epidural adhesiolysis • Vertebral augmentation • Interspinous process spacer devices • Percutaneous discectomy

Degree of Complexity

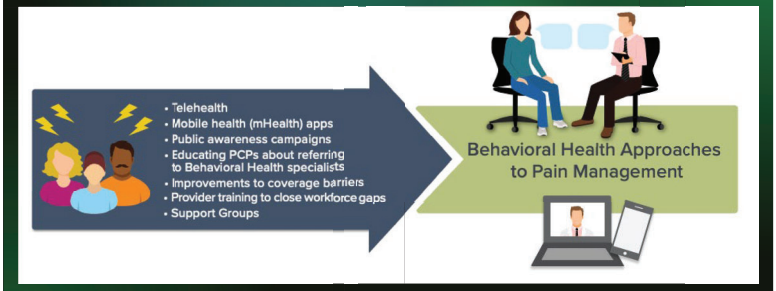
1. Manchikanti L, et al. *Pain Physician*. 2013;16(2 Suppl):S1-S48. 2. U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Behavioral Health Approaches

Therapy	Notes
Behavioral therapy (BT)	• Focuses on reducing maladaptive pain behaviors (fear, avoidance) and increasing adaptive or "well" behaviors with a goal to improve overall function
Cognitive behavioral therapy (CBT)	• Similar to BT, but also focuses on shifting cognition and improving pain coping skills, in addition to altering behavioral responses to pain
Acceptance and commitment therapy	• A form of CBT, emphasizes observing and accepting psychological and physical experiences rather than challenging them
Mindfulness-based stress reduction	• A mind-body treatment delivered in a group format, teaches self-regulation of pain and related comorbidities by developing nonjudgmental awareness and acceptance
Emotional awareness and expression therapy	• An emotion-focused therapy those with a history of physical or psychological trauma and centralized pain; improves pain control through emotional awareness and expression
Self-regulatory/ psychophysiological approaches	• Help patients control physiologic and psychological responses to pain through mind-body connection; examples include biofeedback, relaxation training, and hypnotherapy

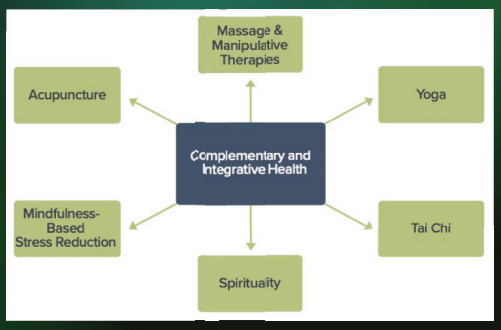
U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Access to Psychological Pain Interventions



U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Complementary & Integrative Health



U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Special Populations

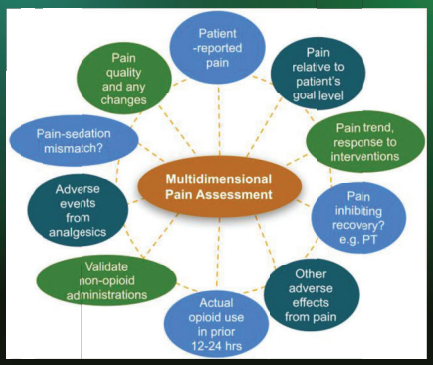
- Certain populations have unique issues that increase complexity of painful conditions and pain management
- Additional care should be taken to ensure patients these populations receive appropriate and adequate pain care, based on their individual situations

Examples of Special Populations in Pain Care
Pediatric patients
Older adults
Patients with cancer-related pain and those receiving palliative care
Women, including women who are pregnant
Patients with chronic relapsing pain conditions
Patients with sickle cell disease
Patients who are military active duty, reserve service members, and veterans
Patients with chronic pain undergoing surgery
Patients with chronic pain and mental health/substance use comorbidities

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

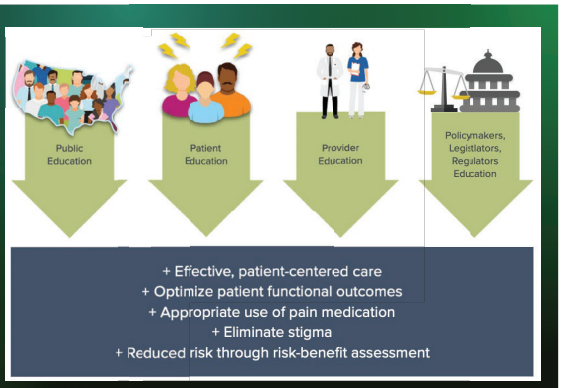
Multidimensional Pain Assessment

Ongoing assessment of the effectiveness of pain care



Reprinted without modification from Hyland SJ, et al. *Healthcare (Basel)*. 2023;11(1):34 under Creative Commons license CC BY 4.0. https://creativecommons.org/licenses/by/4.0/legalcode

Education is Critical to Delivering Effective, Patient-Centered Pain Care



U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published online May 9, 2019. Accessed August 4, 2023. https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

Summary

- **Pain is a highly prevalent condition that causes significant morbidity worldwide and is often managed in primary care settings**
- **Lack of education, clinician bias, stigmatization by the general public, and high-risk populations contribute to inequities in pain care**

Summary (cont.)

- **Initiatives seek to eliminate disparities and promote equity in pain care by:**
  - Increasing access to high-quality treatment
  - Developing strategies and expectations for equitable assessment and treatment of pain
  - Creation of appropriate supporting programs and services

Summary (cont.)

- **Recommended approaches to pain management include:**
  - Appropriate assessment to determine the cause and type of pain
  - Individual, multimodal, multidisciplinary care for acute and chronic pain

Pain Management involves the entire multidisciplinary healthcare team… and so does addressing inequities in pain management. Everyone on the healthcare team has an important role.

The Multidisciplinary Team in Pain Management

Michael D Staudt [1]

Affiliations + expand

PMID: 35718393 DOI: 10.1016/j.nec.2022.02.002

Abstract

A multidisciplinary approach to pain management includes evaluation by a variety of healthcare professionals who possess differing levels of expertise and who often consult with one another. The "core" multidisciplinary team commonly consists of primary care providers, anesthesiologists, psychologists, nurses, and physical and occupational therapists, with additional involvement from surgeons, neurologists, internists, physiatrists, psychiatrists, social workers, dietitians, and pharmacists. Multiple studies have supported the use of multidisciplinary programs as effective, cost-efficient, and superior to single-discipline treatments or outpatient nonmultidisciplinary rehabilitation; however, barriers to their implementation exist due to significant associated costs and need for longitudinal care.

- https://pubmed.ncbi.nlm.nih.gov/35718393/

ORIGINAL RESEARCH

Improving health disparities in PA practices

A quality improvement initiative

Zuber, Kim PA-C, MS; McCall, Timothy C. PhD; Bruessow, Diane MPAS, PA-C; Deline, Patricia J. MLS; Straker, Howard O. EdD, PA, MPH

Author Information

Journal of the American Academy of Physician Assistants 33(1):p 33-38, January 2020. | DOI: 10.1097/01.JAA.0000615488.54560.3a

- https://journals.lww.com/jaapa/Fulltext/2020/01000/Improving_health_disparities_in_PA_practices__A.7.aspx

Pain Management Nursing

Articles Publish CE About Contact

FULL LENGTH ARTICLE · Volume 26, Issue 2, P137-138, April 2025

Disparities, Inequities, and Injustices in Populations With Pain: An ASPMN Position Statement

- https://www.painmanagementnursing.org/article/S1524-9042(24)00280-7/abstract

Meta-Analysis > Br J Clin Pharmacol. 2021 Aug;87(8):3028-3042. doi: 10.1111/bcp.14745. Epub 2021 Feb 24.

Pharmacist-led intervention on chronic pain management: A systematic review and meta-analysis

- https://pubmed.ncbi.nlm.nih.gov/33486825

Home > Achieving Equity in Neurological Practice > Chapter

Headache Medicine

Inequities and disparities exist in the field of headache medicine; however, the full extent of disparities and inequities is not known. Multiple factors and barriers may lead to inequitable care of people with headache disease. A multifaceted strategy and approach are needed to eliminate headache disparities and achieve equity in headache medicine. The chapter will review some key areas in which there is room to improve equity in headache care.

- https://link.springer.com/chapter/10.1007/978-3-031-62727-9_7

Review > Neurol Ther. 2023 Oct;12(5):1533-1551. doi: 10.1007/s40120-023-00529-x. Epub 2023 Aug 5.

Multimodal Migraine Management and the Pursuit of Migraine Freedom: A Narrative Review

- https://pubmed.ncbi.nlm.nih.gov/37542624/

Development of an interdisciplinary training program about chronic pain management with a cognitive behavioural approach for healthcare professionals: part of a hybrid effectiveness-implementation study

- https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05308-2

Updates on Research…and why staying up-to-date on the latest research is important to addressing inequities in pain management

> Headache. 2024 Sep;64(8):912-930. doi: 10.1111/head.14797. Epub 2024 Aug 16.

The headache research priorities: Research goals from the American Headache Society and an international multistakeholder expert group

- https://pubmed.ncbi.nlm.nih.gov/39149968/

Development of Non-Opioid Analgesics for Chronic Pain, Draft Guidance for Industry; Availability

A Notice by the Food and Drug Administration on 09/11/2025

This document has a comment period that ends in 55 days. (11/10/2025) VIEW COMMENT INSTRUCTIONS

- Downloadable as PDF from: https://www.federalregister.gov/documents/2025/09/11/2025-17442/development-of-non-opioid-analgesics-for-chronic-pain-draft-guidance-for-industry-availability

Development of Non-Opioid Analgesics for Chronic Pain

Draft Guidance for Industry

SEPTEMBER 2025

Download the Draft Guidance Document | Read the Federal Register Notice

Draft | Level 1 Guidance

- URL: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/development-non-opioid-analgesics-chronic-pain

RESOURCE TOOLKIT

(QR Code and URL below)

HTTPS://WWW.PCECONSORTIUM.ORG/TOOLKIT/PAININEQUITIES

You'll find links to every reference mentioned in the webinar, PLUS:

- PDF of Slide Deck
- Webinar for Review
- Additional Resources

To receive credit for this webinar, take the survey!

(QR Code and URL below)

HTTPS://WWW.PCECONSORTIUM.ORG/SURVEY/POST/PAININEQUITIES