

“Life Support” for American Pain Medicine: Thoughts on Moving Forward

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Disclosure

- Dr. Schatman has served as a consultant to Depomed

A Decade Ago....

- 3-part series in Pain Physician
 - ❖ Giordano J, Schatman, ME. An ethical analysis of crisis in chronic pain care. Part 1. Facts, issues, and problems in pain medicine. Pain Physician 2008;11:483-490.
 - ❖ Giordano J, Schatman ME. A crisis in chronic pain care: an ethical analysis; Part 2. Proposed structure and function of an ethics of pain medicine. Pain Physician 2008;11:589-595.
 - ❖ Giordano J, Schatman ME. A crisis in chronic pain care: an ethical analysis. Part 3: Toward an integrative, multi-disciplinary pain medicine built around the needs of the patient. Pain Physician 2008;11:771-784.
- Things seemed dire....

A Decade Ago

- Pain care in the US was clearly lacking an ethical foundation and structure
 - ❖ Too many stakeholders
 - ❖ Too much greed
- So we then proposed one of “rapprochement”
- Giordano J, Schatman ME, Hoyer G. Ethical insights to rapprochement in pain care: bringing stakeholders together in the best interest(s) of the patient. Pain Physician 2009;12:265-275.
- Yet the role of the insurance industry as an interloper into American pain medicine has continued to grow, and has become progressively more influential....and egregious

Insurance and Pain Management

- Profound impact on so many levels...
- For many years, most types of chronic pain could be treated through interdisciplinary treatment programs
- Functional restoration was important; so was reducing reliance upon opioids
- Hooten WM, et al. Pain Med. 2007;8:8-16.
- Evidence-bases for cost-efficiency as well as for clinical efficacy were established

Turk DC, Swanson K. In: Schatman ME, Campbell A (eds.), Chronic Pain Management: Guidelines for Multidisciplinary Program Development. New York: Informa Healthcare, 2007:15-16.

Insurance and Pain Management

- Number estimated at “over 1000” by the late 1990s
- Anooshian J, et al. Psychosomatics 1999;40:226-232.
- And then the tide changed.....and programs simply “went away”
- By 2012, down to 90 programs outside the VA and military
- Schatman ME. Pain: Clin Updates 2012;20(7):1-5.
- Is it a pure coincidence that the demise of interdisciplinary chronic pain management programs in the US coincided with the opioid crisis?

Schatman ME. The demise of interdisciplinary chronic pain management and its relationship to the scourge of prescription opioid diversion and abuse. In: Peppin J, Coleman J, Dineen KK, Ruggles A (eds.), Pain and Prescription Drug Diversion: Healthcare, Law Enforcement, and Policy Perspectives. New York: Oxford University Press, 2018 (in press).

Insurance and Pain Management

- Another way in which insurance destroys pain management:
- Refusal to pay for ADFs of opioids
 - ❖ Imperfect drugs...
 - ❖ With great potential to save lives
- Only answer to the problem?
- A single-payer system

Schatzman ME, Webster LR. *J Pain Res.* 2015;8:153-158.
 Peacock A, et al. *Pharmacoepidemiol Drug Saf.* 2015;24:1321-1333.
 Hale ME, et al. *J Opioid Manag.* 2015;11:425-434.

Insurance and Pain Management

- Two 2017 studies:
 - ❖ LinkedIn Survey – 48% of physicians supported, only 32% opposed
 - ❖ Chicago Medical Society – 56% supported single payer system
- Are such systems panaceas?
- Are they better for pain patients and treating physicians than what we have now?

Kutscher B. Insurance is driving physicians mad; nearly half say they'd prefer single payer. Available at: <https://www.linkedin.com/pulse/insurance-driving-physicians-mad-nearly-half-now-say-theyd-kutscher/>
 Chicago Medical Society. Survey: physicians attitudes shift to single payer. Available at: <http://www.cmsdocs.org/news/survey-physician-attitudes-shift-to-single-payer>

Bad Segue Slide



Step 2: The Imperative of Rapprochement

- Will we ever see rapprochement with the insurance industry?
- Not as long as they function under the “business ethic” of cost-containment and profitability
- Schatman ME. The demise of the multidisciplinary chronic pain management clinic: bioethical on providing optimal treatment when ethical principles collide. In: Schatman ME, ed. Ethical Issues in Chronic Pain Management. New York: Informa Healthcare, 2007:43-62.
- So we need to find another “extraneous stakeholder”
- So let’s start with a group damaging to pain medicine
- Let’s start with the “anti-opioid activists”

Rapprochement

- When the anti-opioid faction began to become vocal, we were in the midst of a prescription opioid OD crisis
 - ❖ This has clearly ended, with prescription rates per capita having decreased every year since 2009
- CDC. U.S. Prescribing Rate Maps. Available at: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
- ❖ Now we know that 80-90% of what CDC has been calling “prescription opioid deaths” are actually due to illicit fentanyl and its analogues and/or polypharmacy

Schatman ME, Ziegler SJ. J Pain Res. 2017;10:2489-2495.

Rapprochement

- Yet the rhetoric continues, and it becomes progressively easier to understand in our society that hyperbole has suddenly become “the truth”
- And it seems to be coming from both sides...
- Anti-opioid faction:
 - ❖ “When we talk about opioid pain medication, we’re essentially talking about heroin pills.”

Andrew Kolodny, quoted in: Chilson M. The Topeka Capital Journal, August 29, 2017. Available at: <http://www.cionline.com/business/local/2017-08-29/its-coming-kansas-health-professionals-leaders-consider-opioid-crisis>

Rapprochement

- And, more recently:
 - ❖ "...we continue putting countless Americans in 'heroin prep school' each year by overprescribing opioids"
- These statements are not only false, but serve to further marginalize and stigmatize an already vulnerable population
- Millions of Americans with chronic pain continue to use prescription opioids responsibly, with "addiction" rates ranging from <1% to 81%

Humphreys K. Testimony of Keith Humphreys to House Judiciary Subcommittee on Immigration and Border Security February 15, 2018 Hearing on Immigration and the Opioid Crisis. Available at: <https://judiciary.house.gov/wp-content/uploads/2018/02/Witness-Testimony-Keith-Humphreys.pdf>

Ballantyne JC. Pain 2015;156(4):567-568.

Rapprochement

- Impossible to quantify a phenomenon that may be impossible to define
- Yet rhetoric and hyperbole come not just from the anti-opioidists...
- Very few (perhaps outside of Pharma) are "pro-opioid"
- MANY, however, have become "anti-anti-opioid", now that opioids are being legislated away and insurers refuse to pay for safer, more effective treatments

Volkow ND, McLellan AT. New Engl J Med. 2016; 374:1253-1263.

Rapprochement

- Much of harshness comes from patient advocates...whether patients or health care providers
- Examples of "anti-anti-opioid" rhetoric and hyperbole:
 - ❖ "Dr. Kolodny has been prominent in a national campaign to deny chronic pain patients even minimal management of their pain. His actions are directed toward forcing draconian restrictions or outright withdrawal of this class of medications from medical practice"
- True, or does he simply want to see safer prescribing?
- Perhaps if you sit down with him and ask him....

Quote from multiple sources, in: Patient Advocates Call on Brandeis to Fire Kolodny, Pain News Network, 10/3/17.

Rapprochement

- So I've been communicating with Dr. Kolodny...
- We have our differences regarding the ideal treatment of chronic pain
 - ❖ Yet, there also seem to be some common beliefs...
- So I tweeted about our hope to co-author an article on commonalities
 - ❖ Resulting in considerable hate-mail against me for "sleeping with the enemy"
 - ❖ From patients and professionals alike....

Rapprochement

- Some of the anti-opioid faction are completely agenda-driven....and willing to sell their souls to "win"
- Yet most are actually operating out of a desire to improve the lives of those suffering from chronic pain
 - ❖ The difference between the "anti" group and the "anti-anti" group is primarily about the means used to achieve common ends
- Involuntary complete tapers off of opioids in patients who are functioning well are an abomination
 - ❖ And this has been acknowledged by some leaders of PROP

Summary and Conclusions

- American pain medicine is in a heinous place at present
- We saw it coming a decade ago...and have stood by helplessly
- Who's to blame?
- An overabundance of stakeholders and rampant greed?
- Pain medicine will not be revived unless we see a wholesale change in the manner in which we fund it
- But this is just one piece of the puzzle

Summary and Conclusions

- Rapprochement between those considered “anti-opioid” and those of us who see ourselves as “anti-anti” is imperative
- And I see the level of discourse beginning to change...albeit slowly
- “We (all of us) need to get past the personalities and interpersonal squabbles if we're going to make real progress. We almost certainly agree on more things than we disagree on”

David Juurlink, email 1-10-18.

THANK YOU
