NONPHARMACOLOGIC APPROACHES TO PAIN MANAGEMENT:

POLICIES TO PROMOTE EVIDENCE BASED NONPHARMACOLOGICAL APPROACHES

PATIENT, CLINICIAN, EDUCATOR AND HEALTHCARE SYSTEMS PERSPECTIVES

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GREATEST BARRIERS TO IMPROVING CARE FOR CHRONIC PAIN?

• Access
  • Individualized, Multimodal/Multidisciplinary, Comprehensive, Integrated treatment programs
  • Reimbursement / Insurance Coverage – including adjunctive treatments (e.g. manual/movement therapies, mind body therapies)

• Education
  • Patients/Society – empowerment, self care foundations, biopsychosocial models, technology enhanced
  • Clinicians - Individual and diagnosis specific integrated/multidisciplinary treatment plan

• Integrated Health Care Delivery
  • Evidence based adjunctive treatments
  • Primary/Specialty Care
WHAT CHANGES IN POLICY WOULD HAVE THE GREATEST EFFECT ON IMPROVING CARE FOR CHRONIC PAIN:

• Access
  • Reimbursement policies/Insurance coverage – payers requirements of inclusion options
  • Align payment incentives with evidence based treatment options, effectiveness/adverse effects ratios
    • e.g. manual therapies, movement therapies, mind body therapies

• Educational requirements
  • Patient/Society – self care education resources (e.g. governmental agencies); technology enhanced
  • Clinician – educational requirements (UME, GME, CME): primary/specialty/adjunctive clinicians;
    Evidence Based Diagnosis specific treatment guidelines; interdisciplinary collaboration