Improving Access to Pain Care: A Public Health Opportunity

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New chronic pain cases outpace new cases of diabetes, depression, hypertension

Yet..
only 46.9% of chronic pain patients receive regular care vs. 78.8% of diabetics

National Center for Health Statistics, 2023

5,871

pain medicine physicians in the U.S.

56,453

patients per pain physician

14,717

patients per cardiologist

20,366

patients per oncologist

Durbhakula et al, 2023

Average 7.8-year delay to pain specialty care; 8 other physicians seen first

Dubois et al 2014

20% with severe chronic pain never reach a specialist

Dubois et al 2014

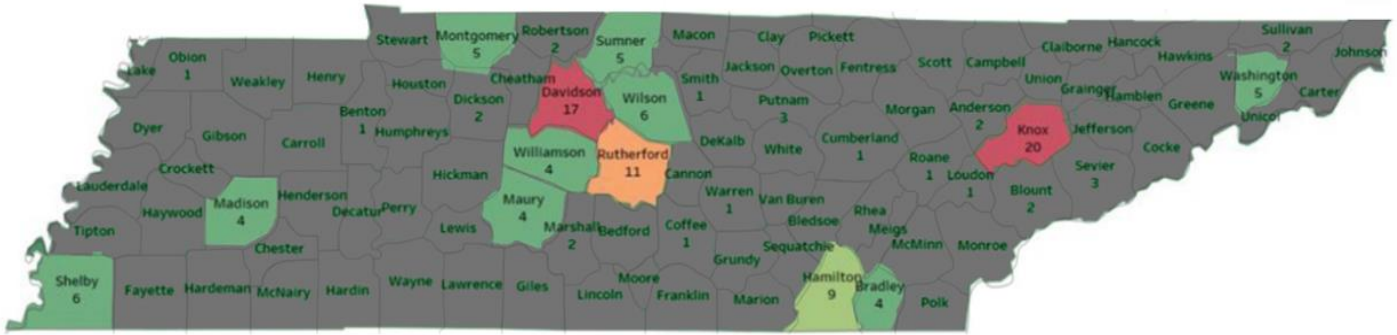
Rural areas:
Higher pain prevalence
But less access to pain specialists

Rafferty et al 2021

Pain care falls on PCPs, & others without formal pain training

Rural v. Urban Pain Clinics

Licensed Pain Management Clinic in Tennessee



County	# of Clinics
Knox	20
Davidson	17
Rutherford	11

As of December 2019

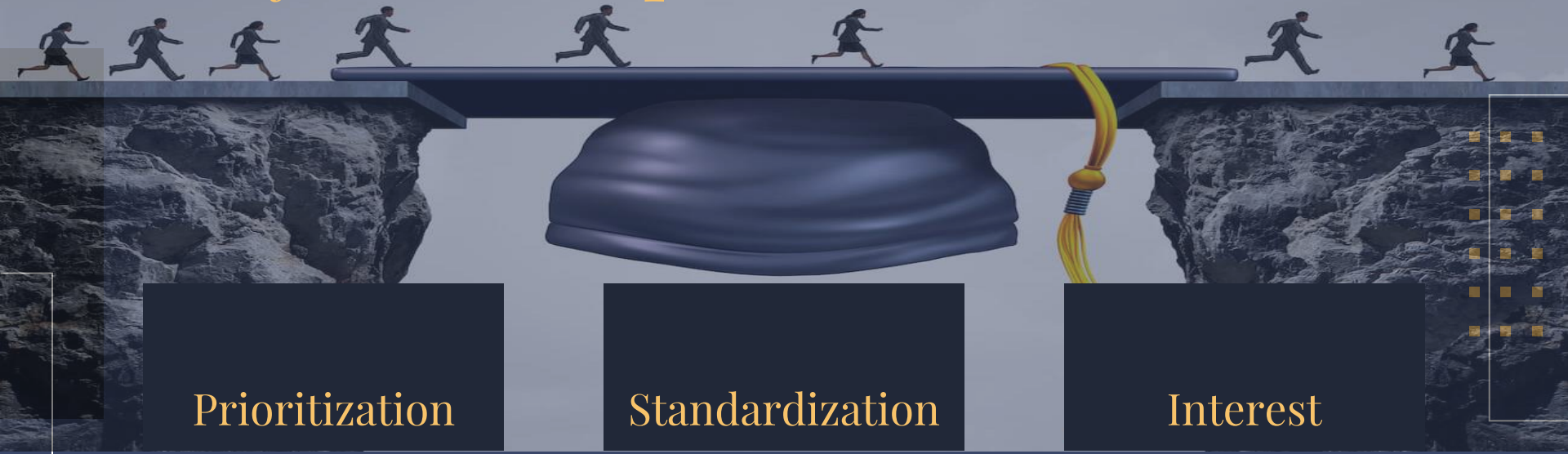
Source – Tennessee Department of Health

SUM(Number of Clinics)

0.00 20.00

Heat map enhanced by
Dr. Stephanie Vanterpool (UT Knoxville)

Systemic Gaps in Pain Education



Prioritization

Average of 11 hours of pain education in U.S. med schools

Only 4% of U.S. medical schools have a dedicated pain course

Mezei et al 2011

Standardization

No shared standards for pain education across medical schools or even states

Uncoordinated efforts

Interest

Declining interest in pain fellowships (applications dropped by 45% since 2019)

2024: Only 67.6% of programs filled

Pritzlaff et al 2024

PAIN REEXAMINED

How To Teach Future Doctors About Pain In The Midst Of The Opioid Crisis

September 11, 2019 · 5:02 AM ET
Heard on Morning Edition

NELL GREENFIELDBOYCE

npr

5-Minute Listen + PLAYLIST

Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse

RECOMMENDATIONS FROM THE GOVERNOR'S MEDICAL EDUCATION WORKING GROUP ON PRESCRIPTION DRUG MISUSE

Journal of Pain Research

Dovepress
open access to scientific and medical research

Open Access Full Text Article

ORIGINAL RESEARCH

Shifts in Students' Attitudes Towards Pain Patients, Pain, and Opioid Management Following a Dedicated Medical School Pain Curriculum

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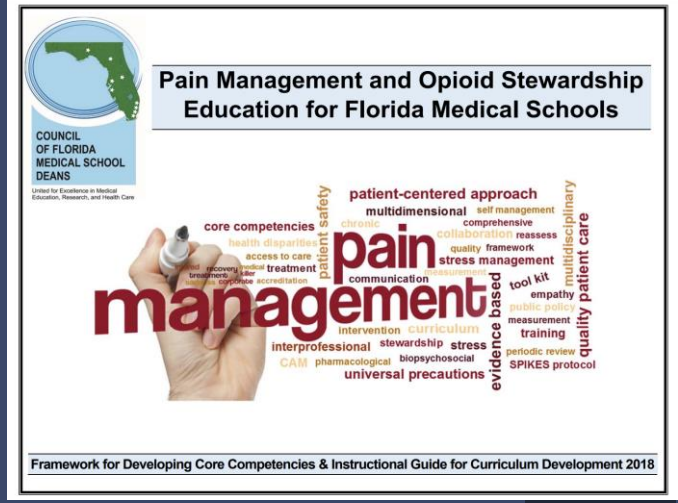


Lack of access to pain specialists

Lack of pain education for primary care

Stigma associated with treating pain patients

Insurance gaps (e.g., PT covered, but not acupuncture/yoga)

Inadequate pain care & suffering

Avoidable disability

Major public health and economic issue!

A Systems Level Pathway Forward

Training

Expand PCP training in pain management

Standardize medical school pain education

Access

Incentivize pain employment in rural areas

Ensure evidence-based insurance coverage & denials

Increase access to telehealth & virtual care

Innovation

AI tools

Remote management platforms

Digital self-management tools

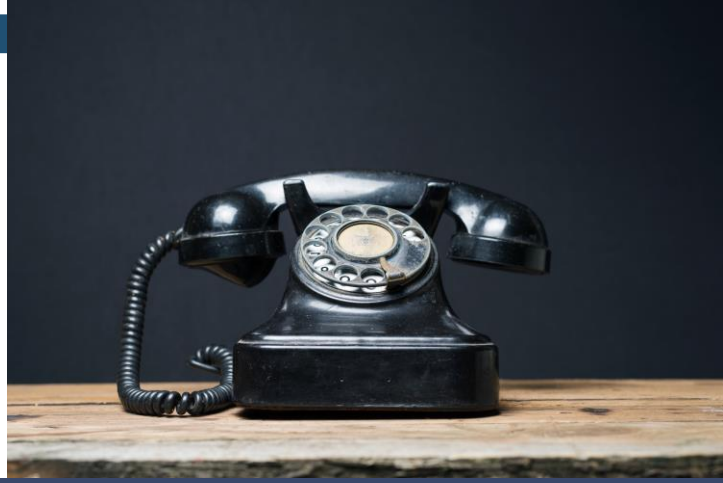
Research

JAMA Internal Medicine | Original Investigation | LESS IS MORE

Patient-Centered Pain Care Using Artificial Intelligence and Mobile Health Tools

A Randomized Comparative Effectiveness Trial

John D. Piette, MSc, PhD; Sean Newman, MS; Sarah L. Krein, PhD; Nicolle Marinec, MPH; Jenny Chen, MPH; David A. Williams, PhD; Sara N. Edmond, PhD; Mary Driscoll, PhD; Kathryn M. LaChappelle, MPH; Robert D. Kerns, PhD; Marianna Maly, MA; H. Myra Kim, ScD; Karen B. Farris, PhD; Diana M. Higgins, PhD; Eugenia Buta, PhD; Alicia A. Heapy, PhD



Conclusions

This randomized noninferiority comparative effectiveness trial indicated that despite using less therapist time, AI-CBT-CP achieved outcomes that were noninferior to outcomes of patients offered an equal number of 45-minute telephone sessions with a CBT-CP therapist. Responder analyses suggest that during 6 months, more patients may achieve clinically meaningful improvements in pain control with AI-CBT-CP than with standard CBT-CP approaches. Given that AI-CBT-CP required less clinician-patient contact time, patients may find the intervention more convenient, and health systems could use it to treat more patients without additional clinical resources.

Thank you!

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