

PHOENIX, March 7, 2014 /PRNewswire-USNewswire/ -- Physician leaders of the American Academy of Pain Medicine (AAPM) are calling for evidence-based interdisciplinary care as the gold standard to treat chronic pain and want insurance payers to step up to provide adequate coverage.

In a position paper released today, AAPM asked all tiers of the health-care delivery system to recognize comprehensive, interdisciplinary modalities of treatment, including cognitive behavioral therapy (CBT), physical therapy, stress management, rehabilitation, complementary therapies, and medications that are known to be effective and safer than usual care.

"Interdisciplinary care has a significant evidence base in the treatment of chronic nonmalignant pain, which is not reflected in insurance coverage policies," said Lynn Webster, MD, president of AAPM.

Dr. Webster further noted that inconsistencies in the delivery of insurance benefits for patients with chronic pain inadvertently push healthcare practitioners in the direction of prescribing pharmaceuticals or performing surgeries.

"Further difficulties with current coverage include the limited time allowed to provide comprehensive services and the routine limits commercial insurance policies place on complementary and alternative therapies and comprehensive interdisciplinary care," he said.

The AAPM document calls for a minimum of three months coverage for an interdisciplinary, integrative pain evaluation and treatment program when pain is severe enough to warrant ongoing therapy, when pain has not responded or is not expected to respond to first-line therapies, and when pain is not expected to resolve in the foreseeable future.

Interdisciplinary care is marked by specialists working collaboratively to treat all aspects of a patient's pain, including the underlying pathology and the patient's behavioral, and psychosocial needs in relation to the pain experience. The treatment team may vary but may include the patient, the patient's family, physicians, nurses, psychologists, physical and occupational therapists, and others.

The AAPM paper further notes that interdisciplinary pain care programs lack the risk for bad outcomes that are commonly seen with treatment with opioid analgesics and other medications and also with certain surgeries and interventional procedures. The position paper cites evidence for interdisciplinary care as showing long-term treatment gains of up to 13 years and clear cost benefit. Additionally, several recent meta-analyses of CBT (and other psychological therapies) for chronic pain have found significant benefits for pain intensity and other outcomes that include depression and pain-related interference.

A significant point is that insurance coverage logically affects clinical practices when it comes to therapeutic choices for people who live with long-term pain. Pain affects more people than heart disease, cancer and diabetes combined, and more than 100 million suffer from chronic pain in America, according to the Institute of Medicine's 2011 report: *Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research*

. The IOM report highlighted the burden pain imposes in disability, in use of medical services, and in destruction of quality of life and productivity.

"The IOM called for giving pain relief, research, awareness, and education the status of a national priority," Dr. Webster said. " We are asking for changes in standards for health coverage to reflect that status."

Read the AAPM [position paper](#) by visiting the Press Room at www.painmed.org/press/position-statements

About AAPM The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with over 2,500 members. Now in its 31st year of service, the Academy's mission is to optimize the health of patients in pain and eliminate pain as a major public health problem by advancing the practice and specialty of pain medicine through education, training, advocacy and research. Information is available on the Academy's website at www.painmed.org .

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