

GOOD PAIN CARE DRIVES WELLNESS

WHITE PAPER

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Introduction

The aim of this paper is to illustrate how the proper approach to pain care promotes all-encompassing wellness for persons with chronic pain.

This is because chronic pain is a natural driver for healthy behaviors that impact the whole person's wellness. Persons with chronic pain live with pain every day, making them highly motivated to change behavior in order to alleviate pain.

Properly educating and managing chronic pain patients therefore results in a wellness mentality and behavior that positively impacts other diseases as well, such as heart disease and diabetes.

About Triad Healthcare

Triad Healthcare is the country's leading expert on pain care. The company supports, enhances, and extends the resources of the primary care physician by enabling an environment conducive to a medical home for persons with chronic pain---and by leveraging this long term relationship for maximum wellness. By doing so, Triad ensures the best quality care possible and the most improvement in comfort and functionality for these patients so that they may return to their old selves again.

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FORWARD

The current approach to pain management in America is not working. If all the technology and the many specialties that now are devoted solely to treating chronic pain patients worked, we would expect a declining number of people living lives with long-term chronic pain.

The chronic pain population has grown to well over 75 million people and is anticipated to continue growing as aging Baby Boomers and veterans returning from foreign conflicts swell that number.

This is an issue of concern not only for the person suffering a life of pain, but also for the American employer exposed to increasing absenteeism and health care costs, and for the nation's health care system which faces a lack of solutions to the ever escalating cost of care for this population.

The turning point for pain care in America came in the 1960's when John Bonica opened the first pain clinic. (Thomas Dormandy, p. 488-489) Before 1960, there were no pain clinics and no pain specialists. Since that time an entire pain industry has developed to treat people with chronic pain. This industry now costs over \$100 billion in annual health care and related costs. Concurrently, the number of doctors switching towards specializing in the treatment of pain has grown.

The reason why this industry has been able to grow around pain is that the health care system currently treats pain as a disease. By understanding that chronic pain with no known or scientifically identifiable cause is not a disease, we can realign our approach and successfully treat these patients so that they are able to function again in comfort within their daily lives. By understanding that good pain care drives overall wellness, we can positively impact present co-morbidities and prevent future possibility of disease.

PROBLEM WITH THE CURRENT APPROACH TO PAIN CARE

We can identify specific behaviors and beliefs in the current health care system that promote and encourage pain care that is not effective.

1. The underlying cultural belief that we should not have to live a life with pain, that it must be treated, and that there are cures for it has evolved from effective marketing information produced by companies and groups who can benefit economically or find it expedient.
2. The structure of the health care system which requires doctors to identify chronic pain patients with disease codes in order to be paid. And the structure of the health care system that requires doctors to earn their living based on the volume of work they do, rather than on the outcomes they produce.
3. The lack of incentives for researchers to find the cause(s) of chronic pain.
4. The lack of incentives for policy makers to make chronic pain a priority because it is benign and not life-threatening----despite the fact that chronic pain affects more Americans than diabetes, heart disease, and cancer combined. (Sources: 76.2 million people with chronic pain: National Centers for Health Statistics; 208 million people with diabetes: American Diabetes Association; 18.7 million with heart disease: American Heart Association; 1.4 million people with cancer: American Cancer Society)
5. The current approach to pain management falls into three narrow categories: relying on prescription narcotics (morphine, Percocet and Vicodin), relying on surgery, or on alternative medicine (acupuncture, herbal medicines). A recent review of these methods found that there is widespread lack of agreement or direction as to what works best for individual patients. "We conducted this review of pain management strategies because doctors, especially primary care doctors who manage the bulk of patients with chronic pain, are frustrated and want to know how to better alleviate what is often debilitating pain. Many of these physicians have not been well trained in pain management. They want guidance and we found very limited information," said the review's senior author Matthew J. Bair, M.D. (Journal of General Internal Medicine, June 2008)

A NEW APPROACH TO PAIN MANAGEMENT

By identifying the major behaviors and beliefs that promote pain care that does not work, it is highly possible to realign those behaviors and beliefs in order to provide the very best pain care possible and provide hope to the 72.6 million Americans who are currently suffering pain.

1. Address cultural beliefs by re-educating the consumer about the truth of chronic pain. We as a company have a consumer outreach program that is beginning with a book about chronic pain, which will be sold in retail stores beginning October 1, 2008. We are working on additional books, lectures, articles, and are developing educational materials that will be part of our programs we market to health plans across the country. We also have an ongoing awareness and education outreach program to the nation's policy makers and thought leaders.
2. We are supporting all efforts towards a medical home for these people, one customized for their special relationship with their primary care doctor. In this regard, we are authoring a book on the topic to be deceminated to the industry and retail customers. We also provide, in our own programs that we market to health plans, support and extended resources to the primary care doctor in order to make it possible for them to provide a medical home for their chronic pain patients. As experts in pain management, we are uniquely able to do this.
3. By informing policy makers and thought leaders, we hope to shed light on the need for additional incentives for researchers to find the cause(s) of chronic pain.
4. By creating awareness of the issues surrounding chronic pain care, we hope to help policy makers make the right decisions.
5. Rather than having pain management rely on the current three narrow categories of prescription drugs, surgery, or alternative therapies, instead leverage the power of the medical home.

CREATING WELLNESS

A person living with long-term pain is highly motivated to change behavior in order to get better. They want to be able to pick up their child again. They want to be able to work again. They want to shed their depression. They want to be able to stop taking narcotics to alleviate their pain. Their pain is always in the forefront of their awareness. Therefore, these patients are socially active in many patient activist groups and in online communities to find any way they can to change their state of daily being.

Pain patients naturally engage in behaviors suggested to them that they believe will get them back to functionality and comfort. The single most evidentiary validated treatment for pain patients is physical activity. Since physical activity seems to be the single most important ingredient in creating wellness for most illness states, the normal promotion of physical activity for the pain patient creates wellness benefits for other illness states as well. This means you not only reduce pain, but you improve cardiovascular disease and you improve diabetes.

Inwe commissioned a study with Milliman which found 20% lower annual cost of care because proper pain care impacted all of these things. Good pain care drives wellness in all aspects. When you treat pain patients with the correct approach you capture other disease states as well.

This, in essence, is “a medical home with activity.” By capturing the pain patient’s natural inclination to be engaged, you accomplish patient engagement in wellness activities that are otherwise difficult to achieve--because one of the biggest problems in the overall patient population is engagement. A medical home for chronic pain patients is one where we

