

# EWG Webinar



Teaching non-pharmacological treatments for  
chronic pain: updates, questions, and next  
steps

September 28, 2017

# Consortium Community



## ☞ Consortium Pain Initiative

☞ Heather Tick – overall initiative

☞ Arya Nielsen – policy / evidence committee

☞ Becky Schultz – clinical committee

☞ Roseanne Sheinberg – education committee

# Panel Members



- ☞ Mary Koithan, PhD,  
CNC-BC, FAAN
  - ☞ Associate Dean and  
Furrow Professor of  
Integrative Nursing
  - ☞ University of Arizona,  
College of Nursing



# Panel Members



- ❧ Pooja Shah, MD
  - ❧ EWG Vice Chair
  - ❧ Assistant Professor, Director, Integrative Medicine and Musculoskeletal Education
  - ❧ Columbia University College of Physicians & Surgeons



# Panel Members



❧ Patricia Piant, DACM, MS, Lac,  
Dipl. OM

❧ Doctor of Acupuncture and  
Chinese Medicine

❧ NorthShore University  
HealthSystem



# Moderator



- ❧ Raymond Teets, MD
  - ❧ EWG Immediate Past Chair
  - ❧ Assistant Professor, Faculty Mount Sinai Downtown Family Medicine Residency
  - ❧ Icahn School of Medicine at Mount Sinai NYC



# Plan / objectives



- ❧ Identify background and stakes to chronic pain crisis
- ❧ Identify role for Non-Pharm (Integrative Health) treatments
- ❧ Updates on Consortium efforts
- ❧ Questions for how to teach this stuff?
  - ❧ Interprofessional Panel members
  - ❧ Questions from audience / discussion

# Academic Consortium Initiative



NON-PHARMACOLOGIC APPROACHES TO PAIN

**MOVINGBEYONDMEDICATIONS**



# Stakes



- ❧ Addiction “epidemic”
- ❧ Chronic pain “epidemic”
- ❧ General reductive focus in health industry, media, public, etc. on
  - ❧ Pharmacological therapies
  - ❧ Procedural (conventional) therapies
  - ❧ Varied mention of non-pharmacological, non-procedural therapies, at best

# Stakes



## ☞ Optimism!

☞ Joint Commission begins scoring hospitals for having “non-pharmacologic” pain therapies available

☞ LD.04.03.13<sup>[SEP]</sup> Pain assessment and pain management, including safe opioid prescribing, is identified as an organizational priority for the hospital.

☞ EP 2 The hospital provides non-pharmacologic pain treatment modalities.

☞ PC.01.02.07<sup>[SEP]</sup> The hospital assesses and manages the patient’s pain and minimizes the risks associated with treatment.

☞ EP 3 The hospital treats the patient’s pain or refers the patient for treatment.<sup>[SEP]</sup> Note: Treatment strategies for pain may include nonpharmacologic, pharmacologic, or a combination of approaches.

# Stakes



## More Optimism!

### Mayo Clinic Proceedings (Nahin 2016)

Review of “Complementary Health Approaches” for chronic pain

### American College of Physicians (ACP) (Qaseem 2017)

Guidelines from ACP identifying non-invasive treatments for chronic, acute, subacute lower back pain

Paradigm shift: start with non-invasive!

# ACP article



- ❧ Specific recommendations for chronic lower back pain:
  - ❧ Exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate quality evidence)
  - ❧ Tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low quality evidence)
  - ❧ Grade of recommendation: STRONG 😊

# Consortium efforts



- ❧ White paper is submitted for publication!
- ❧ Evidence is available on Consortium members-only website
- ❧ Slide sets have been created out of the evidence already pulled together by Evidence Squad
  - ❧ Some updates needed but should be available soon
- ❧ Clinical guidelines coming

# Consortium next steps



- ❧ 2-page executive summary of White Paper is in process
- ❧ Evidence to be updated
- ❧ Dissemination plan

# Our role?



☞ Aim of educating others to feel empowered to help those who are suffering, without needing to resort to medicines or invasive procedures in inappropriate ways

# Plan for panel



- ❧ We'll identify some questions that need to be considered as we teach
- ❧ Questions are not exhaustive
- ❧ Answers are not definitive nor exhaustive
- ❧ Beginning of dialogue



# Questions



- ❧ How to acknowledge underserved settings?
  - ❧ Many of Integrative modalities are not covered by insurance
  - ❧ How to acknowledge this? How to suggest mitigating or overcoming it?
  - ❧ When to acknowledge this?

# Questions



- ❧ How to teach integrative approaches to various audiences?
  - ❧ There may be opportunities to speak to audiences outside of our professional group
  - ❧ There may be opportunities to speak to inter-professional group, how to talk to a mixed audience?

# Questions



- ❧ How to teach integrative medicine treatments for chronic pain to conventional colleagues?
- ❧ How do we teach about evidence?
  - ❧ How to make talking about it interesting?
  - ❧ How to acknowledge uncertainty in evidence?
  - ❧ How updated must it be?



Mary Koithan

Nursing Education



Pooja Shah

Physician Education



Patricia Piant

Acupuncture Education

# Questions?



Please type in your question  
We will repeat question and then have discussion

THE END



Thanks!