National Pain Strategy

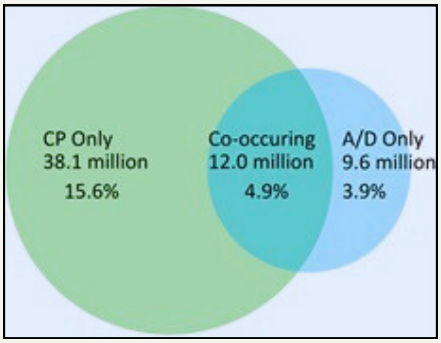
Fact Sheet

INTRODUCTION

The National Pain Strategy (NPS) was authorized in 2016 and is the federal government's first overarching effort to reduce chronic pain for millions of Americans. The NPS replaces outdated pain policies from the 1990s to the early 2000s. While chronic pain often co-occurs with depression and anxiety and is a public health problem, the opioid epidemic overshadows new treatment modalities.

POPULATION

In 2019, 50.1 million US adults reported having chronic pain. Chronic pain alone was prevalent in 38.1 million US adults, while 12 million adults reported co-occurring depression/anxiety symptoms. An estimated 9.6 million people reported only having depression/anxiety symptoms. In comparison, adults with chronic pain are four times more likely to experience depression/anxiety symptoms.



NPS'S INTENTIONS AND UNINTENDED CONSEQUENCES

INTENTIONS

- Address biopsychosocial aspects of pain
- Emphasize interdisciplinary treatment approaches
- Incorporate numerous groups and stakeholders to focus on populations
- Advance research to improve the quality of care
- Align with the Institutes of Healthcare Improvement's initiatives:
  - Improve patient experience
  - Improve population health
  - Reduce healthcare costs
- Transform education programs
- Promote a value-based healthcare system with bundled and performance-based payments

WEAKNESSES

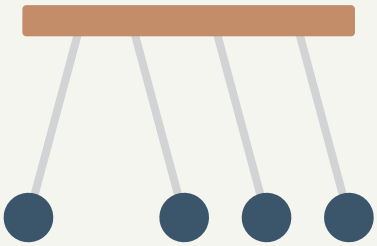
NPS weaknesses include inadequate workgroup synchronization, insufficient creation of new treatment modalities, insufficient guidance on acute and end-of-life pain, lack of timeline, and limited funding appropriation.

National Pain Strategy

Fact sheet

UNINTENDED CONSEQUENCES

- New policies focus on the opioid epidemic rather than pain management
- New data is still in the preliminary stages
- The reimbursement system is not feasible for integrated, interdisciplinary, team-based care
- Additional problems that fuel vulnerability to pain and disparities in care



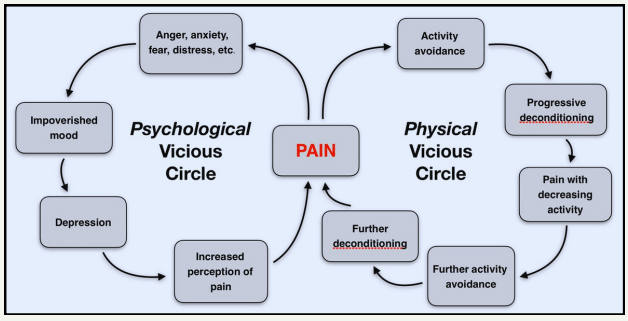
BILLS FOCUSED ON THE OPIOID EPIDEMIC

Several bills were passed and others introduced to tackle the opioid epidemic but none to address pain management. In 2016, the 21st Century Cures Act, the Comprehensive Addiction and Recovery Act, and the Ensuring Patient Access and Effective Drug Enforcement Act were all passed. Additionally, in 2018, bills HR 4275, HR 5401, and HR 2063 were introduced.

DRIVING FORCES BEHIND INADEQUATE PAIN MANAGEMENT

- Incompatible reimbursement policies
- Payers cover expensive medical interventions that are known to fail
- Lack of reimbursement for non-drug and non-medical treatment contributes to a lack of providers who are willing to treat chronic pain and who are knowledgeable about co-occurring conditions, especially in rural areas

PHYSICAL AND PSYCHOLOGICAL CYCLE OF CHRONIC PAIN



REFERENCES

Chronic pain: How PNE can help. (2022, March 23). Advanced Manual Therapies. https://advancedmanualtherapies.com/blog/chronic-pain-how-pne-can-help

De La Rosa, J. S., Brady, B. R., Ibrahim, M. M., Herder, K. E., Wallace, J. S., Padilla, A. R., & Vanderah, T. W. (2024). Co-occurrence of chronic pain and anxiety/depression symptoms in U.S. adults: Prevalence, functional impacts, and opportunities. *Pain, 165*(3), 666–673. https://doi.org/10.1097/j.pain.0000000000003056

Gross, J., & Gordon, D. B. (2019). The strengths and weaknesses of current US policy to address pain. *American Journal of Public Health, 109*(1), 66–72. https://doi.org/10.2105/AJPH.2018.304746