

## Changing the Face of Pain in Missouri Pre-Meeting Survey Results

**Number of Respondents: 26**

1. Constituency represented:
  - a. Health care providers – 81%
  - b. Public/consumers – 35%
  - c. Academia/Research – 35 %
  - d. Pharmaceutical/Health Care Product Companies – 8%
  - e. Other – 4%
  
2. Specific consumer group focus (ranked in order of frequency of response):
  - a. Elderly
  - b. Health care providers and consumers
  - c. Terminally ill
  - d. Minorities
  - e. Pediatric population
  - f. Adult population
  - g. Arthritis, rheumatic conditions, and/or osteoporosis
  - h. Long-term-care physicians
  - i. Residents of long-term care facilities
  
3. Specific groups of providers served:
  - a. Nurses/APN's – 76%
  - b. Social workers – 53%
  - c. Physician's – 50%
  - d. Pharmacists – 44%
  - e. Complementary Therapies – 44%
  - f. Other – 39%
  
4. Organizational activities:
  - a. Continuing education for providers (e.g. – professional conferences, workshops, speaker's bureau, newsletters) – 88%
  - b. Public education (e.g. – media campaign, community forums, town hall meetings, speaker's bureau, newsletters) – 73%
  - c. Public Policy - both legislatively and non-legislatively focused (e.g. – licensure, Medicare/Medicaid reimbursement, treatment guidelines, policy advocacy ) – 65%
  - d. Research/data gathering (e.g. compliance reporting, quality of life, pain research) - 54%
  - e. Other – 19%
  
5. Special events:
  - a. March – National Social Workers Month
  - b. April - Occupational Therapy Month, Minority Health Awareness Month
  - c. May - Older Americans Month, Nursing Home Week, Better Speech and Hearing Month, Arthritis and Osteoporosis Month, National Nursing Home Month
  - d. September – National Pain Awareness Month, National Assisted Living Week
  - e. October – Cancer Awareness, Occupational Therapy Month, Physical Therapy month, Lupus Awareness Month, National Residents' Rights Week (1<sup>st</sup> full week in October)
  - f. November – National Hospice and Palliative Care Month

6. Most pressing issues facing Missourians with regards to pain (ranked in order of frequency of response):
  - a. Under treatment of pain
    - Physicians not able to diagnose or don't believe the client is really experiencing pain
    - Fear of physician to treat appropriately
    - Fears about diversion
    - The end-result of inadequate assessment
    - Lack of desire by providers to increase their knowledge
    - Lack of follow up throughout continuum of care
    - Failure to individualize pain assessment and management for all patient populations
    - Especially prevalent in cognitively impaired population
  - b. Lack of provider understanding of or knowledge about pain management
    - Providers not fully knowledgeable about what complementary and noninvasive therapies are really able to do to address pain
    - Pre-existing myths regarding acute/chronic pain management by health care providers
    - Lack of education for all levels of healthcare providers
    - Lack of education/support for pain education in LTC facilities
    - Failure to seeing pain as problem for all health care providers to address, not just pain management specialists
  - c. Access to care
    - access to medication
    - no insurance
    - lack of providers
    - no transportation
    - language barriers in communication
    - lack of culturally sensitive approaches to pain management
  - d. Failure of providers to treat pain as aggressively as they treat disease
  - e. Lack of consumer awareness/knowledge
  - f. Communication gap
    - Between providers and patients
    - Among health care team members (especially in home health settings)
  - g. Lack of resources / reimbursement obstacles
    - Reimbursement obstacles for holistic/integrative therapies
    - Medicaid system for Physical Therapy, TENS units, other alternative care, and limits on which meds can be used.
    - Regulatory barriers (i.e.- Bureau of Narcotics and Dangerous Drugs, DEA) that prevent effective pain treatment
  - h. Media lack of knowledge on these issues
  - i. Lack of evidence-based guidelines for medical and rehabilitative care
  - j. danger of losing ground gained over the past decade due to fanatic behaviors by the DEA
  - k. the need for providers to recognize, research, and develop treatment protocols for emotional/spiritual aspects of pain, by itself and how it effects physical pain

7. What you expect to accomplish at the June 13 Changing the Face of Pain Summit:
- a. Strategic Planning
    - Identify organizations with overlapping interests with which to network in setting a common vision and goals, planning specific activities and establishing a timeline and structure for accomplishing them
    - Set objectives and timeline for improving pain management in the state of Missouri
    - Identify top two priorities for each group - consumer, professional, and public policy makers
    - Develop a specific plan and timetable to start "town meetings" following the Power Over Pain toolkit examples
  - b. Sharing Knowledge and Resources
    - Increase knowledge of appropriate pain management techniques to be shared with the general public and health care providers
    - Increase knowledge of what the Pain Initiative is all about
    - To learn about additional resources for pain assessment and treatment, including a discussion of reimbursement options
    - To increase our knowledge of each other's resources, network best practices procedures, build new partnerships and see how one another's agencies and organizations can work together with on specific goals pertaining to education and awareness in regards to pain
    - Enhance the awareness of the social worker's role in pain management and our effectiveness in identifying and treating the emotional/spiritual components of pain.
  - c. Provider Practice Improvement
    - Find a way to better enhance provider knowledge about appropriate pain treatment
    - That providers will all be of a like mind that patients should be educated regarding their rights to and role in effective pain management.
    - Identify pain educational programs/resources that can effectively be implemented.
  - d. Public Policy
    - Discuss barriers to APN prescribing of pain medications and its impact on access and under treatment
    - Identify standard of practice for pain assessment throughout State
    - Identify standards of practice for pain management (acute or chronic) for patients.
  - e. Public Education
    - Develop a specific plan and timetable to start "town meetings" following the Power Over Pain toolkit examples
  - f. Other
    - Network and start a discussion that will lead to grant funding for pain intervention research
    - Identify shortcomings of current pain assessment and management practices throughout State
    - Identify real or potential myths and barriers to pain assessment and management in the State.

8. What you hope happens as a result of this meeting:
- a. Strategic Planning
    - A common vision and specific strategies to move ahead with regarding improving pain management knowledge of either health care providers or the public, or both
    - Several concrete tasks are identified to be addressed by working groups with members drawn from a variety of organizations
    - Development of a realistic plan to improve our score card so that Missouri is recognized as a state that addresses difficult issues in pain management and offers resources for every citizen to guarantee the right to "no pain"
    - The Initiative's goals for pain management will be inclusive of emotional/spiritual pain and physical suffering
    - To develop goals and list outcomes we'd like to see occur in the next year, five years, ten years.
  - b. Sharing Knowledge and Resources
    - Share what we learn with those our organizations and agencies serve
    - Pooling of resources and collaboration on statewide education on pain management as well as development of protocols for pain management.
    - Increased awareness of resources and partnerships on pain issues
    - Share knowledge about what non-invasive therapies can do to manage pain
    - Learn more information about pain and issues regarding pain
    - Support the pain initiative
  - c. Provider practice improvement
    - Better pain assessment begins to occur throughout the State for all patient populations.
    - Healthcare providers realize importance of individualizing a plan of care.
    - Pain assessment and management occurs throughout the entire continuum of care, despite complexities that will occur.
  - d. Public Policy
    - Collectively expand our influence on the professional and legislative/regulatory communities
  - e. Public Education
    - A specific timetable for getting community education presentations/ town meetings under way.