PRESIDENT’S MESSAGE

All Politics Is Local

In the relative scheme of organized medicine, the American Academy of Pain Medicine (AAPM) remains but a small voice surrounded by the many primary care and specialty medical societies competing to be heard on the national scene. Certainly, there is a strong legitimacy to our message, as there is to the message of each and every special interest group; unfortunately, with the escalating competition from so many of medicine’s “voices,” being heard in the crowd is becoming increasingly difficult. It does not take an actuary to recognize that we are rapidly approaching a point at which health care expenditure cannot be sustained. The threat of cuts in physician payment has loomed over the already meager Medicare reimbursement for the past several years. Employers are increasingly limiting both pension and health care funding, potentially leaving many patients facing the possibility of going without health care coverage. Significant change must take place in the U.S. health care system, and it is essential that we, as pain physicians, become authors of this change to ensure that our patients continue to have access to effective and appropriate pain treatment. In this environment of escalating competition for health care dollars, there are no guarantees that the proper decision-making process will occur, unless we assume an active role in guiding and implementing that process with our ultimate goal being the best pain care for our patients. Key to influencing this process will be: gaining recognition for Pain Medicine as a legitimate medical specialty, seeking influence with government regulators, and fostering political action to promote the interests of Pain Medicine and our patients with our congressional representatives.

The Academy has and will continue to actively promote and support the establishment of Pain Medicine as a fully recognized medical specialty. At the community level, we have been successful in gaining the recognition for Pain Medicine among our colleagues and patients; regrettably, organized medicine has lagged behind in their acknowledgment. A great deal of the inertia surrounding the acceptance of Pain Medicine as a distinct specialty stems from the recognition that pain treatment is a component of nearly every medical and surgical specialty. The desire of various specialty groups to carve out a portion of pain care distinct to their specialty interests has contributed to the fragmentation of patient care, excess reliance on procedural and operative intervention, and an escalation in health care costs, without substantial benefit to the patient. Clearly, a more focused and comprehensive approach is needed to reduce costs, improve outcomes, and improve our patient’s well-being. Unfortunately, the obvious is often not recognized, or, worse, intentionally ignored due to conflicting interests. When all things are considered, it is politics.

Increasingly, the Academy has sought to influence public policy on pain-related issues. Through our representation on the Pain Care Coalition, we have worked closely with the American Pain Society, the American Headache Society, and recently the American Society of Anesthesiologists to monitor and lobby on pain-related issues in Washington, DC. This collaboration has been effective on several fronts, but it does not directly address many of the issues at the forefront to Pain Medicine physicians. Issues surrounding medical liability, the Drug Enforcement Agency and opioid prescribing, and Medicare reimbursement have great impact on physicians and, most importantly, on patient access to proper care. Most of these issues are tied directly to political pressures directed through the Executive and Legislative branches impacting on various government organizations. Attempts to provide educational support to influence the development of government policy are often ignored or disregarded. All too often we find that which is right, does not necessarily coincide with political expediency. And where does political expediency leave our patients?

As I stated earlier, we pain physicians must become authors of the inevitable changes taking place in health care. In support of this the Academy must evolve a process to promote political action. Does this imply that we must create a political action committee (PAC) and begin to raise funds to influence our legislators through financial contributions? Maybe, but a reality check suggests
that the limited amount of money we have the potential to raise from our membership will fall woefully short to gain significant notice on Capitol Hill. Ultimately, a PAC fund may be a reasonable consideration, but there are other, more immediate, opportunities to influence public officials. One method is to combine forces with other like-minded organizations whenever the opportunity arises. Building coalitions offers the advantage of large numbers, potentially greater financial support, and the greater likelihood of results. Furthermore, forming alliances with consumer groups, where possible can be extremely effective. The Academy remains committed to both these options.

But in the coming year, there is a new initiative that I am calling upon us to advance on behalf of our specialty and our patients—an initiative that each of us can find time to do in our home states.

Former Speaker of the House of Representatives, the consummate politician, Tip O’Neil, espoused the belief that “all politics is local.” In my recent discussions with our Pain Care Coalition Lobbyist, Robert Saner, this concept was again brought home that some of the best opportunities to garner political support can be found in our own hometowns. The competing cacophony of lobbyists seeking legislative attention in Washington, DC, frequently limits the benefit of visiting a congressional representative in the nation’s capital. Approaching a congressman as a constituent within their home state office may be the most effective measure to gain attention. Although our numbers may be relatively small, our voices on behalf of our patients can surely be heard. It is essential that the membership of the AAPM become engaged in organizing a state presence and promoting an agenda that will improve patient access to quality Pain Medicine. Some states have already organized active state chapters; in other states this process has been hampered by small numbers or the lack of a nidus to initiate the process. In an effort to promote this process, the AAPM Membership Committee and the Legal and Regulatory Affairs Committee have begun efforts to identify members interested in participating in developing state caucus groups or chapters, and to identify delegates from each state to work with AAPM on monitoring and influencing public policy pertaining to Pain Medicine. It is my hope and belief that we can ultimately establish a viable working group within each state to foster the interests of Pain Medicine, to promote patient access to an appropriately trained Pain Medicine specialist, and to provide state medical boards and health departments with proper guidance on pain-related issues. I hope that each and every member will seize upon this opportunity to improve our political effectiveness and strengthen the Academy, so that we can continue to aid and support your individual practice goals.

All politics is, indeed, local, so let’s take home our message of better pain care for our patients.

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