

HOD ACTION: Council on Medical Education Report 6 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 6-A-13

Subject: Curricula for Pain Education
(Resolution 325-A-12)

Presented by: Mahendr S. Kochar, MD, Chair

Referred to: Reference Committee C
(A. Patrice Burgess, MD, Chair)

1 Resolution 325-A-12, Curricula for Pain Education, introduced by the American Academy of Pain
2 Medicine and referred by the House of Delegates, asked that our American Medical Association
3 (AMA):

4
5 Work with all agencies, government bodies and other stakeholder organizations associated with
6 developing, coordinating, and maintaining curricula for pain education, in cooperation with
7 relevant medical specialty societies, to provide education about pain neurobiology, evaluation
8 and treatment to all medical students.
9

10 This report provides an overview of issues relevant to pain management in the US, highlights
11 relevant AMA policy, and provides a recommendation.
12

13 BACKGROUND

14
15 Pain is one of the most common reasons for patients to seek medical attention and one of the most
16 prevalent medical complaints in the US.¹⁻³ According to the 2010 Institute of Medicine Report
17 Relieving Pain in America, more than 116 million Americans are burdened with chronic pain.⁴ Three
18 in five of those 65 years or older said that they experienced pain that lasted a year or more; more
19 than 60% of US nursing home residents report pain, most commonly attributable to arthritis, and
20 17% have substantial daily pain.^{2,4} More than one-quarter of adults said they had experienced low
21 back pain, and 15% of adults experienced migraine or severe headache in the past three months. For
22 the millions of Americans who experience persistent pain, the impact on function and quality of life
23 can be profound.²⁻⁵
24

25 Pain is associated with high utilization of health care, and the societal costs related to treatment are
26 compounded by the loss in productivity associated with persistent pain.⁶ Lost productive time from
27 common pain conditions among workers costs an estimated \$61.2 billion per year; most of this is
28 related to reduced performance while at work.⁷ The annual economic cost associated with chronic
29 pain most likely exceeds \$560 billion.⁴
30

31 Additionally, in recent years, national attention has focused on the escalating problem of prescription
32 drug misuse and abuse—particularly of opioid medications. Drug overdose deaths in the United
33 States exceed 36,000 annually with prescription drugs involved in more than 55% of such deaths. In
34 2008, opioid prescription pain killers played a role in 14,800 drug overdose deaths in the United
35 States.⁸ Unintentional poisoning deaths from these medications now exceed those attributable to car
36 accidents in many states and show no signs of abating.

1 Federal actions such as requiring education on FDA-mandated Risk Evaluation and Mitigation
2 Strategy (REMS) for extended-release and long-acting opioids, tracking and monitoring of
3 prescription drugs at the retail level, developing standards on proper medication disposal, and
4 enforcing laws to prevent practitioners illegally prescribing and/or dispensing prescription controlled
5 substances and other prescriptions under the banner of medical care have emerged. State-based
6 initiatives designed to more tightly regulate opioid use have followed these federal actions.
7 Physicians and other clinicians would benefit from current, state-of-the-art education to assist them
8 in developing the necessary skills to evaluate and safely manage patients with persistent pain.

9
10 DISCUSSION

11
12 Reference committee testimony from the American Academy of Pain Medicine argued for new
13 policy, indicating that current AMA policy on this topic is more than 10 years old. However, the
14 AMA House of Delegates has recognized this need for education related to pain, most recently in its
15 reaffirmation (A-11) of the following AMA policies:

16
17 D-295.982 “Model Pain Management Program For Medical School Curricula”

18 Our AMA will collect, synthesize, and disseminate information about effective educational
19 programs in pain management and palliative care in medical schools and residency programs.

20
21 D-300.996 “Voluntary Continuing Education for Physicians in Pain Management”

22 Our AMA will encourage appropriate organizations to support voluntary continuing education
23 for physicians based on effective guidelines in pain management.

24
25 In addition to supporting these policies, the AMA House of Delegates at its 2012 Interim Meeting
26 reaffirmed the Association’s commitment to continuing to promote training of physicians on
27 competent use of controlled substances and encourage use of screening tools to identify patients at
28 risk of abusing prescription drugs.⁸

29
30 While the AMA does not support mandating medical education curricula, the Association recognizes
31 that physician education is key to ensuring appropriate pain management of patients. One component
32 of the AMA’s strategy for fighting opioid abuse is a comprehensive CME activity on pain
33 management, first developed by the AMA in 2003, with content revisions released in 2007 and 2010.
34 Over 155,000 certificates were issued to physicians for participation in this 12-module series since
35 its initial online release. In addition to physician participation, nearly 10,000 medical students
36 participated in one or more of the modules between 2007 and 2012. The next revision of this series is
37 scheduled to be released in 2013.

38
39 RECOMMENDATION

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41 The Council of Medical Education recommends the following statement be adopted in lieu of
42 Resolution 325-A-12 and the remainder of this report be filed:

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44 That our American Medical Association (AMA) reaffirm the following policies: D-295.982
45 “Model Pain Management Program for Medical School Curricula”; and D-300.996 “Voluntary
46 Continuing Education for Physicians in Pain Management.” (Reaffirm HOD Policy)

Fiscal Note: No significant fiscal impact

REFERENCES

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5. Sawyer P, Lillis JP, Bodner EV, Allman RM. Substantial daily pain among nursing home residents. *J Am Med Directors Assoc.* 2007;8(3): 158-165.
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7. Stewart, WF, Ricci, JA, Chee, E, Morganstein D, & Lipton R. (2003). Lost productive time and cost due to common pain conditions in the US workforce. *JAMA.* 2003; 290(18);2443-2454.
8. American Medical News. January 28, 2013.