

# Update & 2013 National Advocacy Business Planning

**PAIN Franchise**  
**August 2012**

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*DRAFT Pending HCC Review*

## Advocacy Update: Focus on Three Priorities

### National, State Advocacy Partners

Sequence pain advocacy partners include community awareness, **Pain Action Alliance to Implement a National Strategy-PAAINS**, policy partners as National Association of Attorney Generals

Support Good Pain Policy, Chronic Pain Disease Awareness (e.g. painful DPN)

Support a core network of National Advocacy partners to advocate for appropriate policies with internal HPAD, SGA, Federal partners

Support State-focused networks that address regional legislation/regulation (e.g. **State Pain Policy Action Committee**)

IOM “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research” –national, state/community implementation (e.g. PAAINS)

Support governmental agencies (state and federal) to respond to the IOM *Relieving Pain* recommendations. Engage and support program recommendations at the community-level

Promote Core Assets: Support pull-through programs toward Improving access, quality, safety, e.g.

**Prescribe Responsibly**

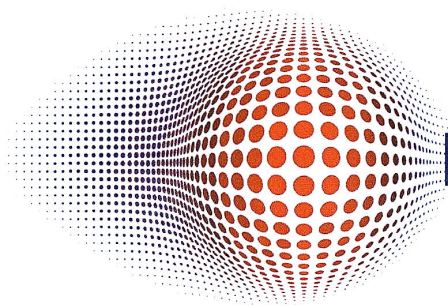
**Smart Moves, Smart Choices**

**JCR Pain Tool:** “Pain Management A Systems Approach to Improving Quality & Safety “

**Imagine the Possibilities Pain Coalition (IPPC)**, outreach, products

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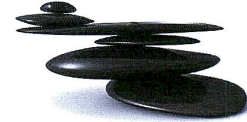


Imagine the Possibilities  
*Pain Coalition*

May 2, 2012

Meeting 4 Output

**Our Vision continues: Advocacy/Policy Subteam**  
**What does Balanced Pain Care look like?**  
**Leading Change, Advancing Pain Care**



**Objective:** Balance the conversation surrounding access to appropriate pain care

**Task:** Make Pain Management *right*

- Progressing with a comprehensive plan; specific goals, actions, timeframes by end of calendar year (traditional/non-traditional medium)
- Placement/Target: AAPM (Management ) Journal, September (Pain Awareness Month)

**Tool:** IOM Blueprint: Advancing a National Pain Care Agenda

•Chronic Pain is experienced by 116 Million Adults and costs the economy \$635 billion/year. Undue Toll/Consequences:

**Data Gap:** The cases presented in a narrative fulfills an unmet need to provide healthcare professionals, policymakers with information and balanced perspectives to treat, manage and enhance the experience for people living with pain in their communities.

**Laser Focus concepts:**

"Pain Managed appropriately is available today and we advocate for disciplined, holistic, measurable and educational resources for consumers, families, schools; Adult, Elderly and work force to benefit and receive care." Each Case will include the following and end with a simple bottom line "POSITIVE MESSAGE!".

**Approach:** CASE STUDY – possible TARGET AUDIENCES:

- a)Employee, Commercial setting i.e. Low Back Pain - PRODUCTIVE
- b)Adult , Young Elderly- safe and effective, quality of life - FULLNESS OF LIFE
- c)Adolescents - sports and activities - LESSONS LEARNED - HEALTH MATTERS

**Example Messages:** The bottom line.....Each STORY will have one simple positive message to leave behind - to educate, to heal, to help, to care, to matter





## Imagine the Possibilities Pain Coalition Directory

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# 2013 National Advocacy Business Planning

**PAIN *Franchise***  
**July 2012**

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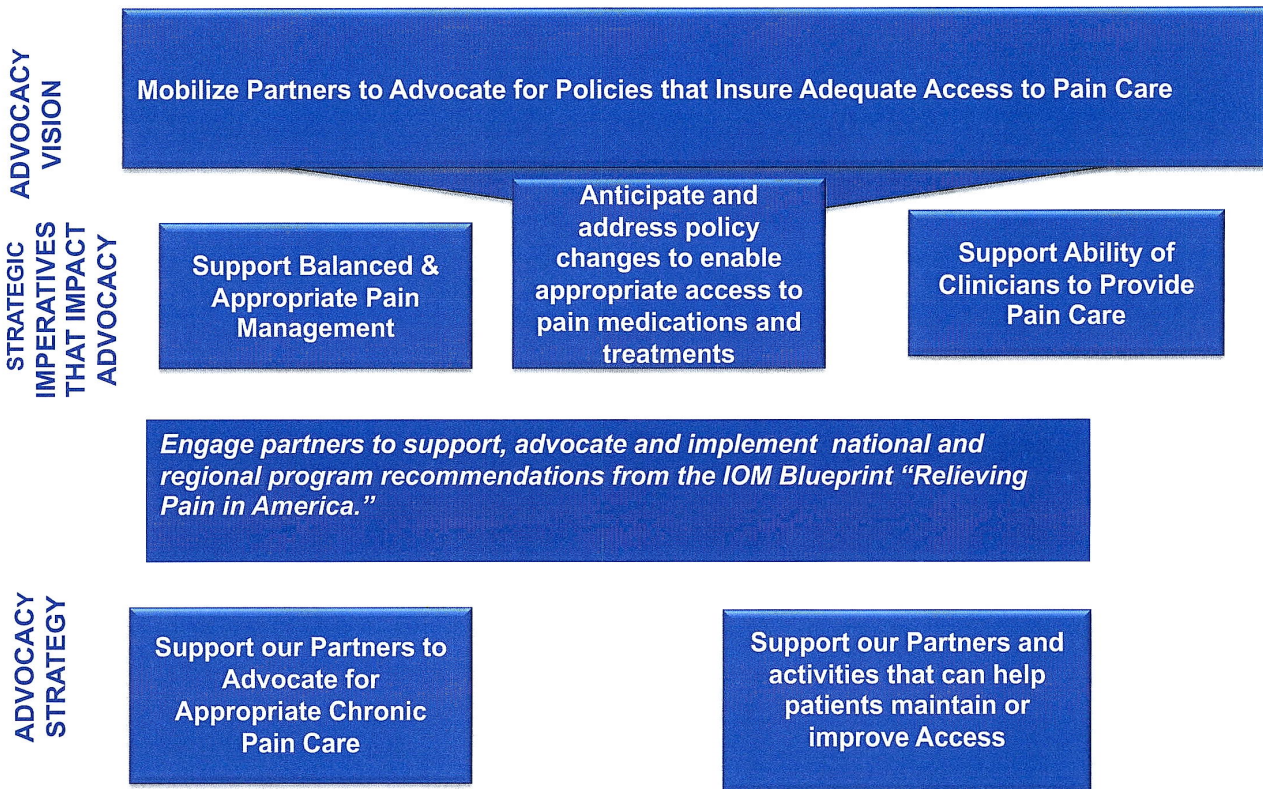


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## 2013 PAIN Advocacy Strategy



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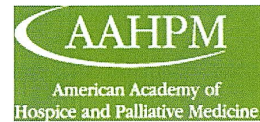
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**Our commitment to National Pain Advocacy, Policy & Quality Partnerships**



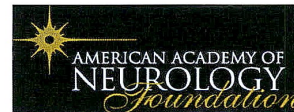
*American Chronic Pain Association*



**NASCSA**



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*Pain Coalition™*



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# How Can Advocacy Have An Impact for Chronic Pain, Painful DPN ?

Create Awareness	Improve/Maintain Access
<p><b>Of the Disease (Diagnosis, Care, TX)</b></p> <ul style="list-style-type: none"> <li>•Painful DPN, differences with other types of pain</li> <li>•Neuropathies-scope</li> <li>•Prevalence of diabetes and painful DPN</li> </ul>	<p><b>Shape Policies</b></p> <ul style="list-style-type: none"> <li>•HCR and impact on neuropathy and neuropathic pain patients</li> <li>•State Efforts to Protect Health Insurance Coverage</li> </ul>
<p><b>Of the Latest Treatments</b></p> <ul style="list-style-type: none"> <li>•Class level-CII</li> <li>•MOA</li> <li>•DPN medications (AEDs, etc.)</li> </ul> <p><i><u>NOT product specific!</u></i></p>	<p><b>Public/Private Outreach</b></p> <ul style="list-style-type: none"> <li>•Letters of support from Partner organizations (AAN, Neuropathy Association, Pain/IM, DM)</li> <li>•Neuropathy Support groups (speak out)</li> </ul>
<p><b>Of Barriers to Access</b></p> <ul style="list-style-type: none"> <li>•Providers/Systems of care (Neurology, Pain/DM)</li> <li>•Formulary considerations</li> <li>•Subpopulations (elderly), caregivers</li> </ul>	<p><b>Impact Legislation</b></p> <ul style="list-style-type: none"> <li>•Quality Measures (NCQA HEDIS, STARS-DM)</li> </ul>

**FOCUS ON THE PATIENT!!!!!!**

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## Advocacy: Barriers to Care – our partners perspectives

- Chronic pain can and should be thought of as a disease.
- Chronic pain is a complex problem and often requires an integrated approach and an interdisciplinary team.
- Chronic pain can be managed by early intervention and appropriate care.
- Resources and programs are needed in the communities , i.e. “Smart Moves, Prescribe Responsibly.
- Abuse of prescription pain medications can confound balanced pain policy.
- Patients and providers must work together to successfully manage chronic pain.
- Public health and community-based approaches can address the under-treatment of chronic pain.

***Focus: Engage with advocacy partners at the national level for greater impact and alignment.  
Support models for collaboration and synergies that can then be applied at a regional level.***

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## Some Considerations for Advocacy Partner Selection Criteria for 2013

- What stakeholders are part of this society?
- What are the top issues this society is focused on?
- Is this organization aligned with similar objectives for patient access and care and are they willing to advocate for access?
- What % of the provider, patient community participate in this society?
- What type of engagement do they have with key policy decision makers (e.g. payers)?
- What are there current fund allocations (e.g. program support, services, disease awareness education)?

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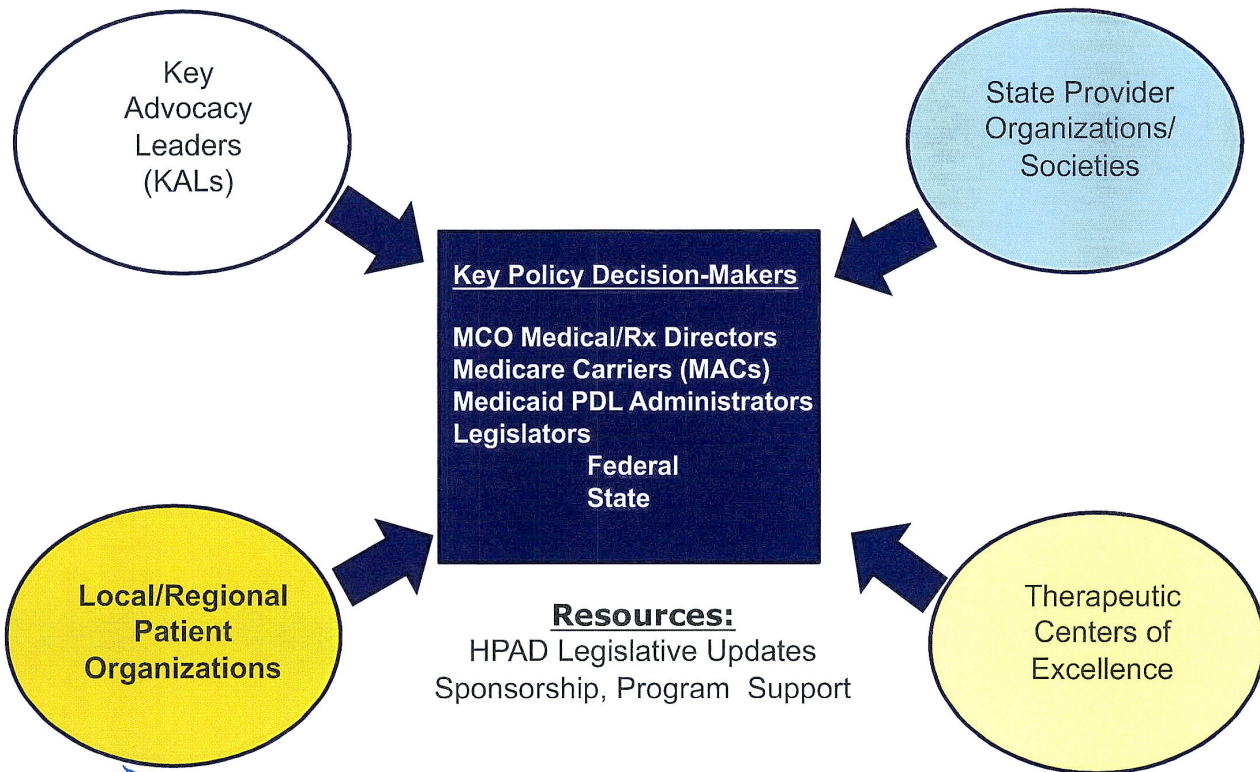


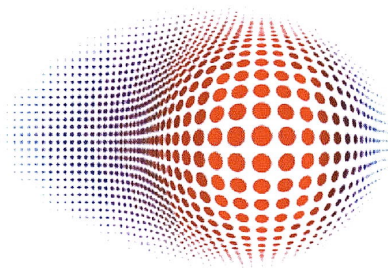


2013 Proposed National Advocacy Sponsorship Activities	Policy	Access	DPN	Membership	Program Funds
American Academy of Pain Management/SPAAC	X	X		7,500	20
American Academy of Pain Medicine	X	X	X	7,500	
American Academy of Pain Medicine/Regional Affiliates (key states)	X	X			20
American Pain Society/Chapters (WPS, MPS, TPS)	X	X	X		20
American Academy of Nurse Practitioners/Chapters	X	X		20	50
American Academy of Family Physicians	X	X		5	
American Association of Hospice & Palliative Medicine	X	X		5	
American Chronic Pain Association	X	X		25	25
American Academy of Neurology	X	X	X		25
Neuropathy Association	X	X	X	25	25
NASCSA Sponsorship Support	X	X		5	20
Pain Care Forum	X	X		2	
US Pain Foundation	X	X			25
Global Healthy Living Foundation	X	X			
National Minorities Health Foundation	X	X			10
ASPE /PAINWEEK Program Sponsorship Support:	X	X	X		25
NASN/CADCA Program Sponsorship Support	X	X		50 (25 per)	25
HPAD Local Market Support (exhibits, regional, state associations, policy meetings)				100	100



## Approach to Local Pain Advocacy





# Imagine the Possibilities

*Pain Coalition*

✓ **Imagine the Possibilities Pain Coalition** is a working group of recognized experts in the field of pain aiming to fill unmet needs and gaps in patient care

✓ Advocacy/Policy pull-through products

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