THE University of Vermont MEDICAL CENTER

Comprehensive Pain Program
62 Tilley Drive Suite 201
South Burlington, Vermont 05403
802-847-3737

House Health Care Committee
Vermont General Assembly
Montpelier, Vermont

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Dear Mr. Lippert, Ms. Donahue, and Honorable Committee Members,

I appreciate the opportunity to provide testimony regarding the University of Vermont Medical Center's Comprehensive Pain Program, which is scheduled to begin operation later this year.

Chronic pain is a complex biopsychosocial condition which affects up to thirty percent of the American population and, when direct medical costs and lost wages are factored in, is associated with expenditures higher than those associated with cancer, heart disease, and diabetes combined.[1] A number of hard realities become apparent when we consider the traditional medical approach to addressing chronic pain among our patients over the last two decades.

I. We have viewed chronic pain as a *symptom* rather than as a complex condition best viewed through a biopsychosocial lens.

In the care of these individuals, a circumscribed focus on pain is likely to overlook the *suffering* which inevitably accompanies it. The ongoing opioid epidemic has taught us once again that reliance on a simple answer to a complex issue can have tragic consequences for individuals, families, and society at large.

A number of concurrent and serious phenomena accompany the experience of chronic pain, including significant sleep disturbances, decreased energy, reduced ability to carry out household tasks and engage in leisure and vocational activities, deterioration of marital and family relationships, and social isolation. From a narrative study of chronic pain conducted at a Swedish hospital program for women treated for chronic pain:

> *"The women are in the midst of lives that are not functioning well. Life is hindered by physical symptoms and tiredness; for many, social relationships are not working. Pain and physical symptoms are, however,*

[1] Relieving pain in America: A blueprint for transforming prevention, care, education and research. Institute of Medicine. 2011. Available at: http://www.nap.edu/catalog.php?record_id+13172 (accessed April 2017).

not the central issue in these women's stories. It is, rather, the consequences of pain that are in focus including the inability to maintain relationships. The illness is felt to cause an inherent sensitivity to stimuli and people. This in turn brings loneliness and isolation…"[2]

II. Traditional primary care settings are often not ideal settings – for patients or for clinicians – to address the needs of patients with chronic pain.

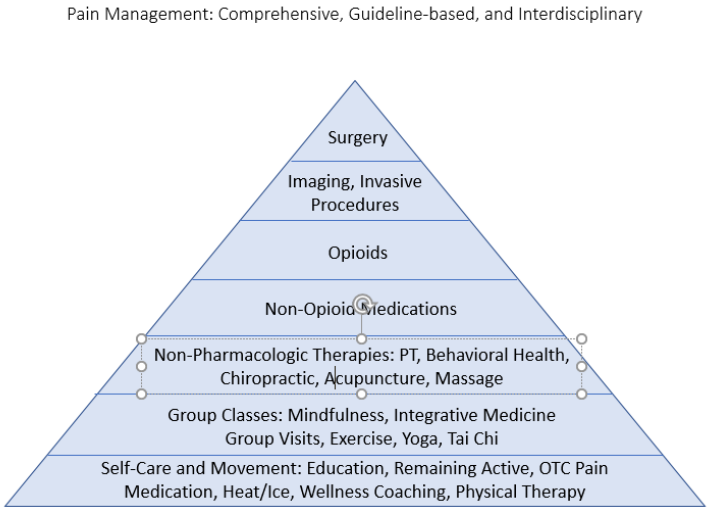
Those experiencing chronic pain, who may have challenging issues in virtually every arena of their lives, are likely to find themselves frustrated by a traditional primary care visit. Drawing again from the Arman (2016) study of patients suffering from chronic pain:

> "…Their previous experience of health care was extensive but coloured overall by a sense that help was fragmented and short term. They associated it with struggle and distrust."

In parallel fashion, primary care clinicians called on to address these issues with very limited time may leave the encounter frustrated and drained.[3] An ideal system of care for these individuals would allow adequate time for the clinician to understand the primary challenges facing the patient, consider and employ a variety of therapeutic initiatives which may offer benefit, and provide support in optimizing the patient's internal resources in moving toward optimal comfort and function.

III. Therapies currently utilized in treating chronic pain have limited efficacy.
Currently available therapies result in an improvement in pain intensity of roughly 30%[4], a reality which is energizing the development of new models of care.

The figure below summarizes prevalent allopathic treatment approaches to chronic pain over the last two decades.



Adapted from Gardiner, P. via B. Tanzman

[2] Arman, M and Hök, J Scand Caring Sci; 2016; 30; 374-381.

[3] Henry, SG, Holt, ZB. Frustrated Patients and Fearful Physicians. J Gen Intern Med 32(2): 148-9.
[4] Turk, DC ET al. Treatment of chronic non-cancer pain. Lancet; 2011; 377; 2226 - 2235

The base of the pyramid represents the least expensive and least invasive therapeutic options, all of which have efficacy in addressing chronic pain. As one ascends the through the levels of the pyramid, the interventions increase in cost and risk of adverse outcomes to the patient - without a corresponding increase in efficacy. As well, ascension through these layers is associated with lower levels of patient involvement in their care – i.e. something is "given to/done to" the patient as opposed to the patient engaging actively in care and associated outcomes.

Over the last two decades, traditional allopathic approaches to the care of chronic pain have engaged primarily the top three tiers of the pyramid. While there is no doubt that interventional approaches can provide significant relief for selected patients, an overreliance on the upper tiers of this pyramid has served individuals and our larger society poorly.

In response to these challenges, the University of Vermont Medical Center is moving forward in the development of an integrated program of care for individuals suffering from chronic pain who are patients in its faculty-affiliated primary care practices.

The UVMC Comprehensive Pain Program (CPP), scheduled to open this fall, will make use of nonpharmacologic integrative therapies which have shown promise in the treatment of chronic pain. Along with traditional allopathic approaches (as useful), acupuncture, massage therapy, mindfulness, movement therapies including yoga and tai chi, trauma-informed behavioral health therapies including Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing, physical and occupational therapies, psychiatry, and culinary medicine will be utilized in an effort to support patients in managing their pain effectively and attaining meaningful functional, self-articulated goals. The Medical Center is currently renovating a nine thousand square foot facility which includes space for meditation, yoga and other forms of movement, acupuncture, massage therapy, physical and occupational therapy, individual and group behavioral therapies, and a teaching kitchen.

Through the delivery of modalities which we hope will have an additive – and perhaps synergistic – effect on patient outcomes, the Comprehensive Pain Program holds the following goals for patients who utilize its services:

- Individualized guidance regarding optimal therapeutic approaches to an individual's condition
- Optimized comfort and function through the use of appropriate use of allopathic and integrative therapies
- Attainment of an accurate and holistic understanding of their condition
- Engagement and involvement in decision-making and care
- Articulation and attainment of meaningful short and long-term goals
- Optimized self-agency and self-efficacy in management of their care
- Social connection and support from others experiencing chronic pain
- Minimized exposure to iatrogenic harm

Many patients referred to the program by their primary care clinician will complete a twelve week program in a cohort with other individuals experiencing chronic pain and will be offered maintenance support and treatment after they return to their medical home. Those providing primary support for patients – spouses, partners, or close friends – will be offered a separate curriculum providing education

about chronic pain along with support. Program alumni will be invited to serve in an advisory capacity as the program continues to develop.

This approach to the treatment of chronic pain is novel, and there is exists no template or map for the process. The program will rely on real-time measurement of patient outcomes and must refine its program delivery as required to assist patients in meeting the goals outlined above. Conversations are ongoing with payers to arrive at – hopefully – payment mechanisms which will allow the program to sustain itself as the measure of its benefits is understood over time.

Sincerely,

Jon Porter, MD
Medical Director
Comprehensive Pain Program
University of Vermont Medical Center
Jon.Porter@uvmhealth.org