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Letter from the Editor

Imagine

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A crisis looms: a year from now, and probably sooner, the devastating effects of the recent and proposed changes in reimbursement for interventional pain procedures by the Health Care Financing Administration will have noticeably impacted the lives of pain sufferers and pain practitioners alike. I say noticeably because up to now the vast majority of practitioners majority are still unaware. The interventionists and their administrators are trying to figure out ways to adapt to the changes without realizing that no adaptation will truly be successful. Whether the setting is the hospital, a free-standing ASC, or an office suite, it is only a matter of time before the squeeze is felt. Fundamental changes are necessary not mere adaptations, but ignorance apathy and bureaucracy pose huge challenges to such change. The answers to these challenges are education, motivation, persistence, and an organized strategy for implementing these efforts. That is why the Association of Pain Management Anesthesiologists (now the American Society of Interventional Pain Physicians) began in the fall 1998 with the major goal to preserve interventional pain medicine thus to provide the very best pain relief possible to the ever increasing numbers of pain sufferers. To repeat: in order to accomplish this, we must educate, motivate, persist and organize our strategies.

Strategy number one is to educate the decision makers in Congress, who in turn have the most influence over the bureaucrats. By the time you read this, the American Society of Interventional Pain Physicians (ASIPP) will already have carried out its legislative initiative on Monday, September 18, 2000, following its 2nd annual meeting in Washington D.C..

At the time of this writing, appointments had been set-up with 34 Senators and 37 Representatives from 19 different states to meet with over 50 members of ASIPP to discuss the vital issues at stake.

Just what message is it that we need to convey to get the attention of the decision makers? First of all, we need to portray the problem of pain sufferers everywhere in a language that addresses the practical consequences of pain. The following is an exercise in compassion.

Imagine - the worst pain you have ever experienced:

- When you broke your arm, or leg, or wrist
- Passed a kidney stone or had a kidney infection or gallbladder attack
- Gave birth to a child, normal delivery or C-section
- Smashed your thumb with a hammer or your fin gers in a car door
- Had a severe muscle spasm (“charley horse”)
- Smashed your shin against the corner of a coffee table or had shin splints
- Experienced periodic angina
- Had a plantar wart
- Spilled boiling water on yourself
- Woke up with a severe headache
- Had an abscessed tooth, or severe earache
- Jammed your finger into a fork or a knife while doing the dishes
- Ached in every joint of your body from the flu
- Had a severe sunburn
- Wrenched your neck or back in an automobile accident, or in a sports related injury

Imagine - that this pain never goes away or comes and goes intermittently every single day thereafter.

Imagine - that you are unable to function normally because of this pain.

Imagine - that you can no longer work or complete your household chores, or play with your children or grandchildren. Sex becomes a chore not a pleasure

Imagine - that medical examinations including x-rays, CT scans and MRIs can find no definitive explanation for your symptoms.

Imagine - that because there is no definitive diagnostic

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explanation for your continued pain, you are terminated from your job.

Imagine - that your income has just been reduced by 50%, 75%, or 100%.

Imagine - that for the first time in your life you have to apply for unemployment or some type of public assistance.

Imagine - that for the first time in your life you have to hire an attorney to help you fight for Worker's Compensation, Social Security disability, or insurance coverage following an automobile accident.

Imagine - that it will be many years before there will be any closure to such legal proceedings, during which time you will be sent for various out of town medical examinations and be deposed once or several times.

Imagine - that many people, including health care personnel, employers, neighbors – even family members – think that, at worst, you are a "crock", and at best "couldn't be hurting all that bad"; that you must be lazy, exaggerating, or just plain crazy.

Imagine - that you can no longer sleep normally, that it may take hours to get to sleep and then in a few hours you wake up in pain, that you will be lucky to get back to sleep at all, but if you do, it will only be for a few hours, and when the dawn finally comes your pain dominates your awareness and you feel as if you have not slept at all. You greet the day not with joy, but a grim determination just to make it through the day.

Imagine - that your whole life, every aspect of daily activities, every relationship, every decision revolves around your pain, your reaction to your pain, your efforts to find relief from your pain, and your efforts to find relief from the inevitable anxieties and depression which sooner or later become a part and parcel of chronic pain.

Imagine – <u>really imagine</u>, that you now feel completely desperate and hopeless, completely beaten down and worthless.

Imagine - that even though you are not suicidal and that you would never take your own life, you wish, nearly every day, that you could just go to sleep and never wake up.

Imagine - that the Ambulatory Surgery Center, or the local hospital outpatient department where you go for interventional pain treatments is no longer able to offer you the necessary interventions because their reimbursement has been eliminated or no longer covers the cost of these treatments.

That is what it is like for chronic pain sufferers who have not just had a brief encounter with pain, but suffer from daily, debilitating pain from a herniated disc, degenerative disc disease, failed surgery syndrome, post-herpetic neuralgia, reflex sympathetic dystrophy, peripheral neuropathy, intercostal neuralgia, severe sciatica or a host of other devastating causes for disabling pain. We are in our infancy in terms of specializing in interventional pain management, a specialty which needs to emphasize not just sophisticated treatments, but early and accurate diagnoses. This journal should be solely focused on such efforts, but until we have successfully solved the crisis in reimbursement, we must also address the core issues of adequate input into the decision making process, establishment of fair relative value units, flexibility in the reimbursement of new codes, and the proper understanding of evaluation and management, as well as coding, billing and compliance as they relate to the broader issues of fraud and abuse. So, for now, we will continue to do both, seeking to balance clinical science and practice management in an artful way that does not lose sight of the fact that it is our mothers and our fathers, our brothers and our sisters, our wives and our children, our friends and our neighbors that are the focus of our efforts.

Imagine, if you will, that it is you or a loved one that is seeking relief for a chronic pain problem and intervention is not available due to a shortage of funding. Imagine how you would feel when denied access to treatment. Then imagine, if you will, that together we can convince the decision makers in Congress, in HCFA, and local Medical carriers, that chronic pain is an enormous health problem that is not properly recognized nor understood and interventions must be adequately reimbursed to ensure safety and quality. That is our task; that is what we must do!

With this issue we begin our second year as a quarterly journal. We have many people to thank. Thanks to all of you who have contributed articles for publication, who have served on our peer-review editorial board, and who have advertised in the *Pain Physician*. Thanks also to Allen Press, Sonora Hudson, Anu Manchikanti, Denise Pratt, Tonie Hatton, Vidyasagar Pampati, Linda Felts, Kevin Court, Jonah Brown, and Ben Lawrence.