



# Pain Pulse Survey 2024

Discover Perspectives of  
Pain Medicine Practitioners  
and the Future Direction  
of the Field.

SHAPE THE FUTURE  
OF PAIN MEDICINE



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# EXECUTIVE SUMMARY

The “2024 Pain Pulse Survey” provides valuable insights into the perspectives of pain medicine practitioners regarding the challenges, opportunities, and future directions of their field. Through a detailed analysis of each survey question, several key themes have emerged, highlighting the complex landscape of pain medicine today.

**1. Experience and Perspective:** The majority of respondents are highly experienced, with a significant number practicing pain medicine for over 20 years. This experience underpins the depth of insights shared throughout the survey.

**2. State of Pain Medicine:** Practitioners have mixed feelings about the progress of pain medicine compared to five years ago, with many noting concerns about worsening conditions due to regulatory pressures, public misunderstanding, and challenges in patient management.

**3. Challenges in Practice:** The top challenges identified include reimbursement issues, the complexities of opioid therapy, and keeping up with advancements in pain treatments. These concerns underscore the financial, regulatory, and educational hurdles faced by practitioners.

**4. Telemedicine and Technology:** There’s a notable split in the adoption of telemedicine, with many embracing it as a regular part of their practice, while a significant portion remains hesitant, reflecting the diverse approaches to integrating new technologies into patient care.

**5. Education and Training:** A significant number of practitioners express concern about the adequacy of current educational programs in preparing new physicians for the field, suggesting a need for enhanced training and curriculum development.

**6. Research Needs:** Respondents identify non-opioid pharmaceuticals, neuromodulation techniques, and alternative therapies as top areas needing more research, pointing towards a focus on diversifying and improving pain management strategies beyond opioids.

**7. Public Understanding:** There’s a widespread perception that the public is misinformed about pain medicine, highlighting the need for increased public education and awareness efforts to bridge the knowledge gap.

**8. Career Recommendation:** Sentiments about recommending pain medicine as a career are mixed, with concerns about the field’s challenges balanced by a recognition of its importance and potential for rewarding work.

# EXECUTIVE SUMMARY

**9. Future Insights:** Practitioners share a range of thoughts on the future of pain medicine, emphasizing the need for interdisciplinary approaches, more research and innovation, better patient management strategies, and addressing educational gaps.

**10. Overall Concerns and Optimism:** Despite the challenges highlighted, there's also a sense of optimism about the field's potential to evolve and improve patient care through research, technology, and a more informed public and professional community.

The “2024 Pain Pulse Survey” reveals a pain medicine community deeply committed to advancing the field despite facing significant challenges. The insights provided by practitioners underscore the importance of addressing regulatory, educational, and public perception issues to ensure the future growth and effectiveness of pain medicine.

As the field continues to evolve, these insights can guide efforts to improve patient care, enhance professional education, and foster public understanding of pain medicine's vital role in healthcare.

## PAIN PULSE SURVEY BY THE NUMBERS

**N (Total Number of Physicians Surveyed): 5,802**

**Response Rate: 3.6%**

**Confidence Level: 95%**

**Margin of Error: ±1.30%**

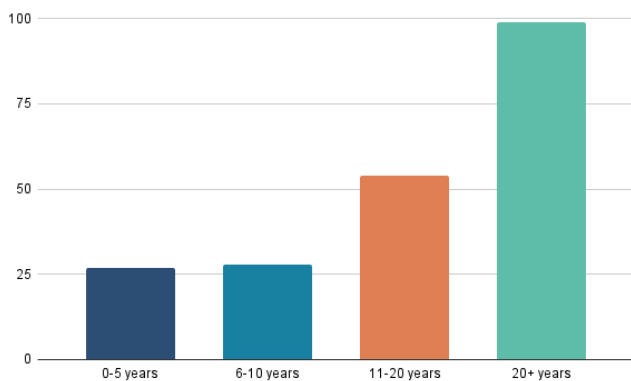
While this response rate might appear modest, it is within the expected range for specialized professional surveys conducted via email. In the context of this survey, the responses received are from a highly targeted group of professionals within the field of pain medicine, which can contribute to the depth and relevance of the insights gathered.

The statistical confidence in the survey results is bolstered by the specificity of the respondent group — pain medicine practitioners — whose perspectives and experiences provide valuable insights into the field. Although a higher number of responses would further increase the statistical confidence level, the responses collected offer meaningful and actionable information reflective of current trends, challenges, and sentiments within the pain medicine community.

It's important to note that the confidence in the survey findings also stems from the quality of the questions posed, the diversity of the respondent base within the field, and the consistency of the themes identified across the responses. As such, the findings presented in the “2024 Pain Pulse Survey” are considered to provide a credible snapshot of the current state and future directions of pain medicine, valuable for practitioners, policymakers, and stakeholders involved in this area of healthcare.

# HOW LONG HAVE YOU BEEN PRACTICING PAIN MEDICINE?

The survey participants reveal a wide spectrum of tenure in the field of pain medicine. From newcomers to seasoned veterans, the diversity in years of practice offers a rich backdrop for understanding the evolving challenges and advancements in pain management. The distribution of survey participants based on their experience in practicing pain medicine is as follows:



- **0-5 years: 13.0%**
- **6-10 years: 13.5%**
- **11-20 years: 26.0%**
- **20+ years: 47.6%**

This indicates that a significant portion of the respondents, nearly half (47.6%), have been practicing pain medicine for over 20 years, suggesting a highly experienced group. Those with 11-20 years of experience make up the next largest group at 26.0%, followed by relatively smaller groups of those with 6-10 years (13.5%) and those with 0-5

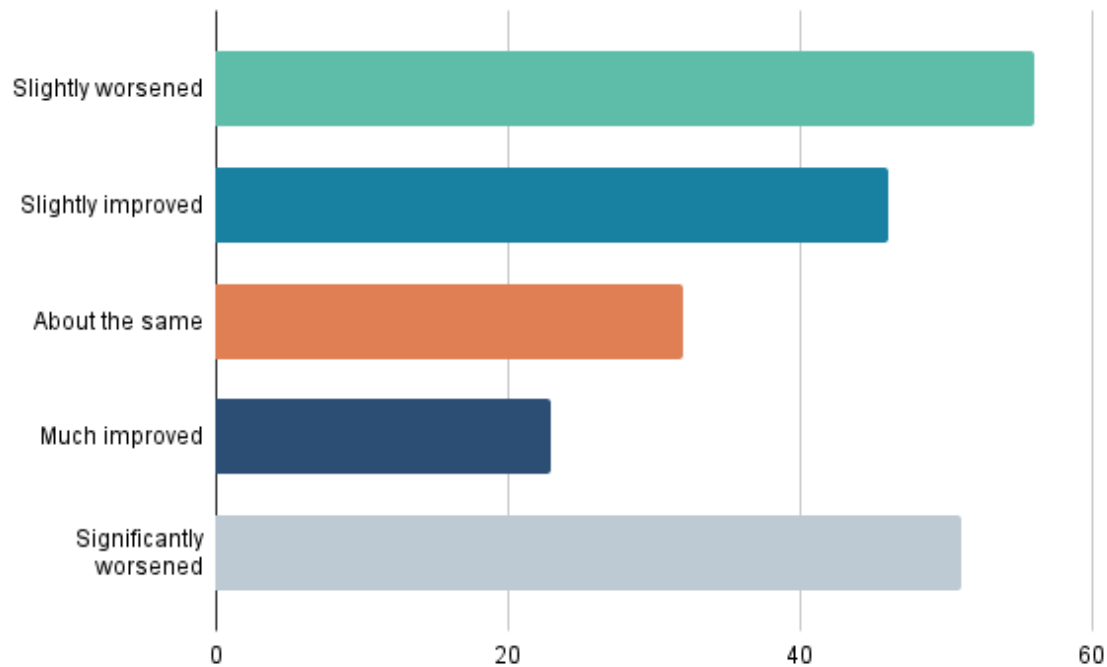
years (13.0%) of experience. This experience distribution highlights that the survey captured a broad range of perspectives, with a strong emphasis on insights from highly experienced professionals in the field of pain medicine.

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## KEY TAKEAWAYS:

- 1. Dominance of Veteran Practitioners:** The survey shows a heavy representation of highly experienced professionals, with nearly half of the respondents practicing pain medicine for over 20 years. This suggests that the insights gathered are deeply informed by long-term observation and participation in the field.
  - 2. Diverse Experience Levels:** The presence of professionals across different stages of their careers—from novices to veterans—ensures a wide-ranging understanding of the field’s evolution, challenges, and successes.
  - 3. Valuable Perspectives:** The varied tenure among survey participants underscores the value of collecting experiences and viewpoints across the spectrum of career stages in pain medicine, providing a nuanced view of the profession’s landscape.
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# HOW WOULD YOU DESCRIBE THE CURRENT STATE OF PAIN MEDICINE COMPARED TO 5 YEARS AGO?



In a revealing snapshot of professional perspectives, the survey sheds light on the evolving landscape of pain medicine over the past five years. With responses indicating a mix of improvement, deterioration, and stability, the data presents a nuanced view of the field’s current trajectory. Notably, over half of the survey participants express a perception of decline, pointing to critical challenges that merit attention. Here’s a closer look at the detailed sentiment breakdown:

- **Much improved: 11.1%**
- **Slightly improved: 22.1%**
- **About the same: 15.4%**
- **Slightly worsened: 26.9%**
- **Significantly worsened: 24.5%**

From these responses, it’s evident that there is a diverse range of opinions on the progress of pain medicine over the last five years. However, a noteworthy observation is that a higher percentage of respondents feel that the state of pain medicine has worsened to some degree (significantly worsened and slightly worsened combined account for over 50%) compared to those who believe it has improved (slightly improved and much improved combined).

# HOW WOULD YOU DESCRIBE THE CURRENT STATE OF PAIN MEDICINE COMPARED TO 5 YEARS AGO?

This indicates a general sentiment of concern or dissatisfaction among the professionals surveyed regarding the evolution of pain medicine. The fact that a significant portion of respondents feel that the field has worsened could reflect challenges such as regulatory issues, treatment efficacy, or other systemic problems affecting the discipline.

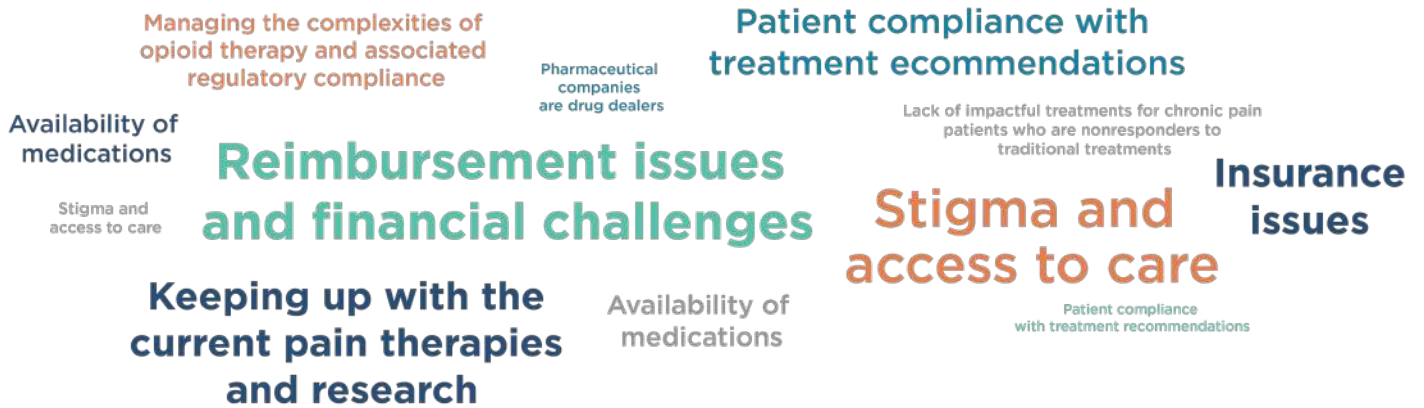
The presence of a substantial minority considering the state to have remained “About the same” or to have “Improved” in some capacity, however, suggests that there are also areas of progress or stability that some professionals have observed.

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## KEY TAKEAWAYS:

- 1. Perception of Deterioration:** The majority of respondents (over 50%) perceive a deterioration in the state of pain medicine compared to five years ago, highlighting significant concerns within the field. This includes both those who feel it has “Significantly worsened” (24.5%) and “Slightly worsened” (26.9%).
- 2. Improvement Noted by Some:** A notable portion of the survey participants (33.2% combined) believe that pain medicine has improved (“Slightly improved” at 22.1% and “Much improved” at 11.1%), indicating that there are areas within the field experiencing positive developments.
- 3. Stability for Some Practitioners:** A minority of respondents (15.4%) view the current state of pain medicine as “About the same” compared to five years ago, suggesting that for some, the field has remained stable despite external challenges.
- 4. Diverse Opinions Reflect Complex Reality:** The varied responses underscore the complexity of the pain medicine landscape, reflecting diverse experiences and perceptions among professionals. This diversity points to a field experiencing both progress and setbacks, shaped by multifaceted challenges and advancements.
- 5. Need for Addressing Concerns:** The general sentiment of concern among a significant portion of practitioners calls for a closer examination of the issues facing pain medicine, including regulatory, financial, and clinical challenges, to foster a more positive trajectory for the field.

# WHICH OF THE FOLLOWING BEST REPRESENTS THE TOP CHALLENGE YOU CURRENTLY FACE IN YOUR PRACTICE?



See full set of responses in Appendix A

In the quest to provide effective pain management, practitioners face a myriad of challenges, each reflecting broader issues within healthcare and society. This question aims to uncover the primary hurdles that stand in the way of delivering quality care, from financial pressures to keeping pace with medical advancements.

Due to the diverse range of responses and the detailed nature of some answers, the primary challenges as highlighted by the survey participants are:

- Reimbursement issues and financial challenges: 46.6%
- Managing the complexities of opioid therapy and associated regulatory compliance: 18.3%
- Keeping up with the current pain therapies (technologies/evidence-based treatments) and research: 16.3%
- Patient compliance with treatment recommendations: 4.8%

The remaining challenges each received a smaller percentage of the responses, indicating specific concerns that affect smaller groups of practitioners. These include issues such as long wait times for patients, over-reliance on interventions for pains of central origin, and various administrative and regulatory hurdles.



# WHICH OF THE FOLLOWING BEST REPRESENTS THE TOP CHALLENGE YOU CURRENTLY FACE IN YOUR PRACTICE?

These key takeaways underscore the multifaceted challenges within the field of pain medicine, with economic, regulatory, and clinical issues at the forefront of practitioners' concerns.

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## KEY TAKEAWAYS:

**1. Financial Strains Predominate:** The overwhelming concern among practitioners relates to reimbursement and financial challenges, highlighting the economic pressures that significantly impact the practice of pain medicine.

**2. Opioid Management and Regulation:** A significant portion of respondents are grappling with the complexities of opioid therapy, including navigating the regulatory environment, which underscores the ongoing opioid crisis and its effects on pain management practices.

**3. Evolving Pain Therapies:** Keeping abreast of the latest pain management therapies and research is a key challenge for a notable percentage of practitioners, reflecting the rapid pace of medical advancements and the need for continuous education.

**4. Patient Compliance Issues:** Ensuring patient compliance with treatment recommendations is a notable challenge, pointing to the importance of patient education, engagement, and trust in the therapeutic relationship.

**5. Diverse Array of Challenges:** The wide range of challenges beyond the top concerns, though each mentioned by a smaller percentage of respondents, suggests a complex and multifaceted landscape of obstacles facing pain medicine practitioners today.

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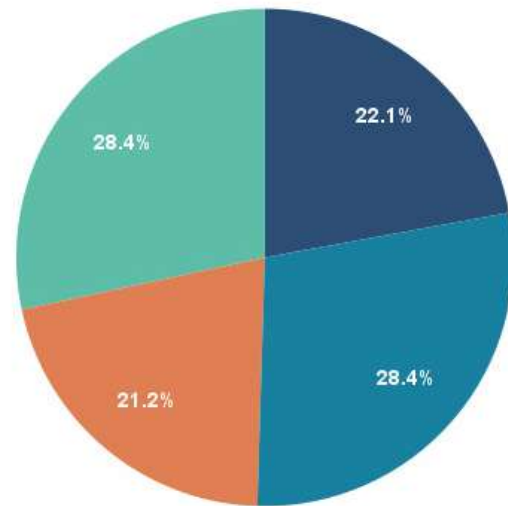
# WITH THE ADVANCEMENTS IN TECHNOLOGY, HOW OFTEN DO YOU INCORPORATE TELEMEDICINE INTO YOUR PRACTICE?

As healthcare continues to evolve, technology plays a pivotal role in shaping patient care. Telemedicine, a key innovation, offers a window into how practitioners adapt to and integrate new tools for remote patient engagement. This question delves into the adoption rate and usage patterns of telemedicine within the pain medicine community.

The distribution of responses regarding the incorporation of telemedicine into pain medicine practices is as follows:

- **Regularly (daily): 28.4%**
- **Occasionally (a few times a week): 28.4%**
- **Rarely (a few times a month): 22.1%**
- **Never: 21.2%**

This data indicates a fairly even split among practitioners in their adoption and usage of telemedicine. A significant portion of respondents use telemedicine either regularly or occasionally, each constituting 28.4% of the total. This highlights the growing importance and integration of telemedicine in patient care, especially in a field where ongoing management and consultation are crucial.



- Rarely (a few times a month)
- Regularly (daily)
- Never
- Occasionally (a few times a week)

Conversely, a comparable segment of practitioners rarely or never use telemedicine, with these categories making up 22.1% and 21.2% of responses, respectively. This suggests that while telemedicine has become a key tool for many, there remains a substantial portion of the pain medicine community that has not fully embraced this technology for various reasons, such as preference for in-person visits, limitations in technology access or adoption, or specific patient care needs that require direct interaction.

# WITH THE ADVANCEMENTS IN TECHNOLOGY, HOW OFTEN DO YOU INCORPORATE TELEMEDICINE INTO YOUR PRACTICE?

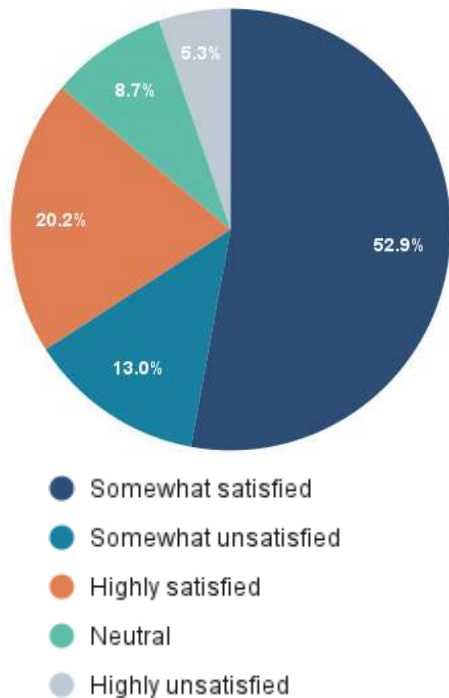
This analysis provides a snapshot of the current state of telemedicine in pain medicine, showcasing its role as a valuable component of modern healthcare delivery while also indicating room for growth and increased adoption.

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## KEY TAKEAWAYS:

- 1. Significant Adoption:** A notable percentage of pain medicine practitioners incorporate telemedicine into their practice, with over half using it at least occasionally. This reflects the growing trend towards digital healthcare solutions and the potential benefits of telemedicine in enhancing patient access to care.
  - 2. Diverse Usage Patterns:** The responses indicate diverse usage patterns, from daily to never, highlighting different levels of comfort, capability, and perceived efficacy of telemedicine among practitioners.
  - 3. Opportunity for Expansion:** The presence of practitioners who rarely or never use telemedicine points to potential barriers to adoption and opportunities for further expansion and integration of telehealth services in pain management.
  - 4. Impact of Technology on Healthcare:** The varied adoption of telemedicine underscores the broader impact of technological advancements on healthcare delivery, offering insights into how new tools are reshaping patient-practitioner interactions.
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# HOW WOULD YOU DESCRIBE PATIENT SATISFACTION IN RELATION TO PAIN MANAGEMENT OUTCOMES?



This question seeks to uncover practitioners’ perceptions of their patients’ satisfaction levels, offering insights into the successes and areas for improvement in pain management outcomes.

The distribution of responses regarding patient satisfaction with pain management outcomes is as follows:

- **Highly satisfied: 20.2%**
- **Somewhat satisfied: 52.9%**
- **Neutral: 8.7%**
- **Somewhat unsatisfied: 13.0%**
- **Highly unsatisfied: 5.3%**

These results indicate that the majority of practitioners perceive their patients as being satisfied with pain management outcomes to some degree, with a combined total of 73.1% falling into the “Somewhat satisfied” and “Highly satisfied” categories. This suggests that, overall, pain management practices are meeting patient expectations or needs adequately.

However, there remains a significant portion of the patient population that is not fully satisfied, with 18.3% being either “Somewhat unsatisfied” or “Highly unsatisfied”. This underscores the challenges inherent in pain management and highlights areas where there may be room for improvement in treatment strategies or patient communication.

# HOW WOULD YOU DESCRIBE PATIENT SATISFACTION IN RELATION TO PAIN MANAGEMENT OUTCOMES?

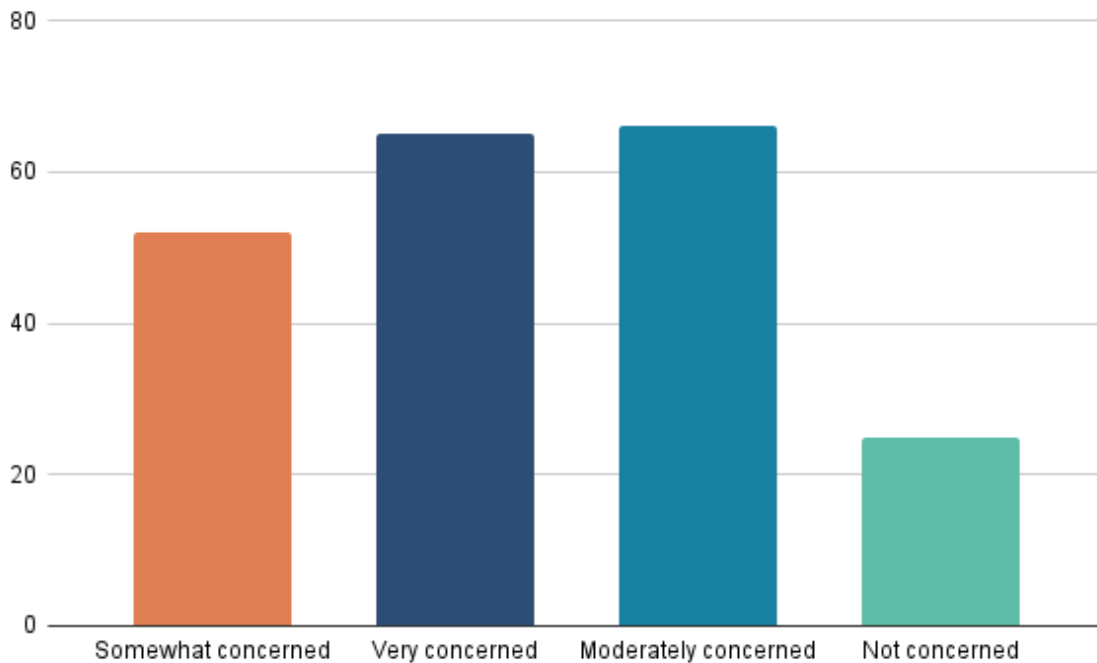
This analysis of patient satisfaction in relation to pain management outcomes emphasizes the importance of continued efforts to enhance pain management strategies and patient-practitioner communication.

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## KEY TAKEAWAYS:

- 1. Overall Positive Perception:** The majority of practitioners view their patients as satisfied with pain management outcomes, reflecting positively on the current approaches and strategies in the field.
  - 2. Room for Improvement:** The presence of a notable percentage of patients perceived as unsatisfied underscores the ongoing challenges in pain medicine, including individual variability in pain response and the complexity of managing chronic pain conditions.
  - 3. Importance of Patient-Centered Care:** The spread of satisfaction levels highlights the importance of personalized, patient-centered care approaches to address the diverse needs and expectations of patients.
  - 4. Opportunity for Enhanced Communication:** The data suggests an opportunity for improved patient education and communication, potentially aiding in setting realistic expectations and increasing satisfaction levels.
  - 5. Critical Feedback for Practice Enhancement:** The variation in patient satisfaction levels can serve as critical feedback for practitioners, guiding them in refining their pain management practices and exploring new treatment
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# HOW CONCERNED ARE YOU ABOUT THE OPIOID CRISIS AND ITS IMPACT ON YOUR PRACTICE?



The opioid crisis remains a pivotal issue within healthcare, affecting public health, policy, and clinical practices across the board. This question explores the concerns of pain medicine practitioners about the crisis and its direct impact on their ability to provide care, navigate regulations, and ensure patient safety.

The distribution of responses regarding concern about the opioid crisis and its impact on practitioners’ practices is as follows:

- **Very concerned: 31.3%**
- **Moderately concerned: 31.7%**
- **Somewhat concerned: 25.0%**
- **Not concerned: 12.0%**

This data illustrates a significant level of concern among pain medicine practitioners regarding the opioid crisis, with a combined total of over 62% of respondents indicating they are either “Moderately concerned” or “Very concerned.” This reflects the substantial impact the crisis has on the field of pain medicine, affecting aspects such as treatment options, regulatory compliance, and patient care strategies.

# HOW CONCERNED ARE YOU ABOUT THE OPIOID CRISIS AND ITS IMPACT ON YOUR PRACTICE?

The presence of 25% of practitioners who are “Somewhat concerned” suggests a recognition of the crisis’s relevance, although it may not directly impact all aspects of their practice to the same extent. Meanwhile, the 12% who are “Not concerned” could indicate either a minimal impact of the crisis on their specific practice area or differing

views on the crisis’s implications for pain management.

This analysis provides insight into the concerns of pain medicine practitioners regarding the opioid crisis, highlighting its significant impact on the field and the ongoing need for informed, compassionate approaches to pain management in this context.

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## KEY TAKEAWAYS:

**1. High Level of Concern:** The majority of pain medicine practitioners express significant concern over the opioid crisis, underscoring its far-reaching implications on clinical practice, patient safety, and regulatory landscapes.

**2. Impact on Practice:** The concerns reflect the complexity of managing pain in the context of the opioid crisis, including challenges related to prescribing practices, patient education, and adherence to evolving guidelines.

**3. Diversity of Opinions:** While there’s a broad acknowledgment of the crisis, the spectrum of concern levels highlights diverse perspectives and impacts across the field, suggesting varied experiences

and approaches in addressing opioid-related challenges.

**4. Need for Adaptive Strategies:** The expressed concerns indicate a need for adaptive strategies in pain management, encompassing alternative therapies, continued education, and advocacy for balanced policies that address both the crisis and the needs of patients with pain.

**5. Opportunity for Leadership:** The pain medicine community is positioned to lead in developing and implementing solutions to mitigate the opioid crisis’s impact while advancing safe and effective pain management practices.

# ARE THERE ANY NEW TREATMENTS OR THERAPIES YOU BELIEVE WILL REVOLUTIONIZE PAIN MEDICINE IN THE NEXT DECADE?



Sample of Responses – See full set of responses in Appendix B

As the field of pain medicine continues to evolve, emerging treatments and therapies hold the promise of transforming patient care. This question probes into the forefront of innovation, seeking practitioners’ insights on the potential breakthroughs that could redefine pain management in the coming years.

This was an open response question so a random sample of responses was chosen to be represented above. The responses to the question about new treatments or therapies that practitioners believe will revolutionize pain medicine in the next decade include a diverse range of opinions and expectations. Here is a sample of the responses, indicating the variety of perspectives:

- Social and behavioral interventions
- Regenerative medicine
- Ketamine infusion therapy
- New drugs with targeted action and minimal adverse effects
- Innovative CNS neurochemical interventions
- Non-addictive pain medications

This diversity in responses highlights several key areas where practitioners anticipate significant advancements. Some focus on pharmacological innovations, such as non-addictive pain medications or drugs with targeted actions. Others see the potential for breakthroughs in regenerative medicine or the use of ketamine infusion therapy.



# ARE THERE ANY NEW TREATMENTS OR THERAPIES YOU BELIEVE WILL REVOLUTIONIZE PAIN MEDICINE IN THE NEXT DECADE?

Additionally, the mention of social and behavioral interventions suggests a holistic approach to pain management, recognizing the importance of addressing psychological as well as physical aspects of pain.

This analysis underscores the pain medicine community's forward-looking perspective, eagerly anticipating advancements that could transform patient care. The diversity of anticipated innovations reflects the field's complexity and the multi-dimensional approach required to address pain effectively.

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## KEY TAKEAWAYS:

**1. Broad Optimism for Innovation:** There is optimism among practitioners about the potential for new treatments and therapies to significantly impact pain medicine, indicating a dynamic field poised for future breakthroughs.

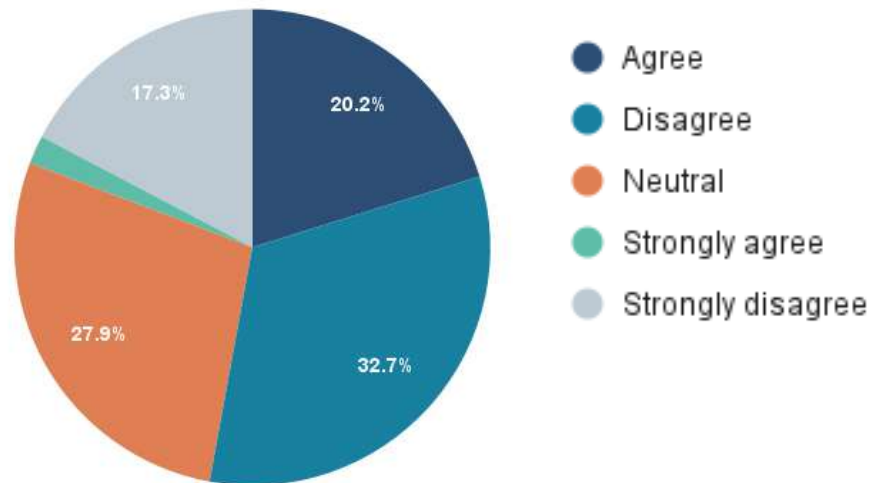
**2. Pharmacological Advancements:** The anticipation of new drugs, including non-addictive pain medications, points to a focus on overcoming current limitations in pain management pharmacotherapy.

**3. Regenerative Medicine Potential:** Interest in regenerative medicine reflects a growing trend towards therapies that restore function and alleviate pain by addressing underlying causes rather than merely treating symptoms.

**4. Holistic and Integrative Approaches:** The mention of social and behavioral interventions highlights a recognition of the multifaceted nature of pain and the need for comprehensive treatment strategies.

**5. Cautious Optimism:** While there is excitement about future innovations, some responses indicate a cautious optimism, recognizing the challenges and uncertainties that come with developing revolutionary treatments.

# DO YOU BELIEVE THAT THE CURRENT EDUCATIONAL AND TRAINING PROGRAMS SUFFICIENTLY PREPARE NEW PHYSICIANS FOR THE CHALLENGES IN PAIN MEDICINE?



In the rapidly evolving field of pain medicine, the adequacy of educational and training programs is crucial for equipping new physicians with the skills and knowledge necessary to meet contemporary challenges.

The distribution of responses regarding the adequacy of current educational and training programs in preparing new physicians for the challenges in pain medicine is as follows:

- **Disagree: 32.7%**
- **Neutral: 27.9%**
- **Agree: 20.2%**
- **Strongly disagree: 17.3%**
- **Strongly agree: 1.9%**

These results indicate a significant level of concern among practitioners

regarding the effectiveness of current educational and training programs in the field of pain medicine. A combined total of 50% of respondents either “Disagree” or “Strongly disagree” with the statement that these programs sufficiently prepare new physicians for the challenges they will face. This suggests that many practitioners see a gap in the current education and training offerings, pointing to potential areas for improvement.

Conversely, a smaller proportion of respondents, 22.1% combined, feel that the current programs are adequate (“Agree” and “Strongly agree”), suggesting that some practitioners believe new physicians are being adequately prepared for their future roles.

# DO YOU BELIEVE THAT THE CURRENT EDUCATIONAL AND TRAINING PROGRAMS SUFFICIENTLY PREPARE NEW PHYSICIANS FOR THE CHALLENGES IN PAIN MEDICINE?

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## KEY TAKEAWAYS:

### 1. Concerns About Educational Adequacy:

A significant number of practitioners express concerns about the adequacy of current educational and training programs, highlighting potential gaps in preparing new physicians for the complexities of pain medicine.

**2. Call for Curriculum Enhancement:** The distribution of responses suggests a need for enhancing educational and training programs to better address the specific challenges of pain medicine, including more comprehensive coverage of pain management strategies, pharmacology, and interdisciplinary approaches.

**3. Diverse Opinions Reflect Varied Experiences:** The range of opinions, from strong disagreement to agreement, reflects

the diverse experiences and expectations of practitioners regarding educational standards and outcomes.

### 4. Opportunity for Educational Reform:

The feedback points to an opportunity for educational institutions and professional bodies to reevaluate and reform pain medicine training, incorporating more practical, patient-centered, and multidisciplinary elements.

**5. Minority of Strong Support:** The small percentage of strong agreement highlights the critical view most practitioners have towards current educational offerings, reinforcing the call for substantive improvements to better equip future pain medicine specialists.

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This analysis underscores the perceived need for significant enhancements in the educational and training frameworks for new physicians in pain medicine, aiming to better prepare them for the evolving challenges of the field.

# WHAT ADDITIONAL RESOURCES OR SUPPORT WOULD MOST BENEFIT YOUR PRACTICE?

In an ever-changing healthcare landscape, identifying and accessing the right resources and support can be pivotal for the success and effectiveness of pain management practices. This question seeks to uncover what practitioners view as the most critical needs to enhance their ability to provide quality care to patients suffering from pain.

The responses to the question about what additional resources or support would most benefit practitioners' practices showcase a wide range of needs and preferences, indicating the diverse challenges faced in pain management. This was an open response question so a random sample of responses was chosen to be represented below. Here is a sample of the responses:

- More webinars and workshops: Highlighting a need for ongoing education and professional development opportunities.
- Patients getting better access to rehabilitation services: Pointing to the importance of comprehensive care that includes rehabilitative support.
- Advocacy for prior authorization reform: Reflecting concerns over administrative barriers to patient care.
- Incorporating more education on Substance Use Disorders (SUDs): Suggesting a need for better understanding and integration of care for patients with SUDs.
- More info on non-pharmacological treatments: Indicating an interest in expanding treatment modalities beyond medication.
- Scribe: Suggesting a need for administrative support to reduce the burden of documentation.
- More neurobiology on pain, more educational resources: Reflecting a desire for deeper scientific understanding and resources.



Sample of Responses - See full set of responses in Appendix C

# WHAT ADDITIONAL RESOURCES OR SUPPORT WOULD MOST BENEFIT YOUR PRACTICE?

These responses underscore a multifaceted view of the needs within the pain medicine community, ranging from educational and professional development to administrative support and advocacy for policy change.

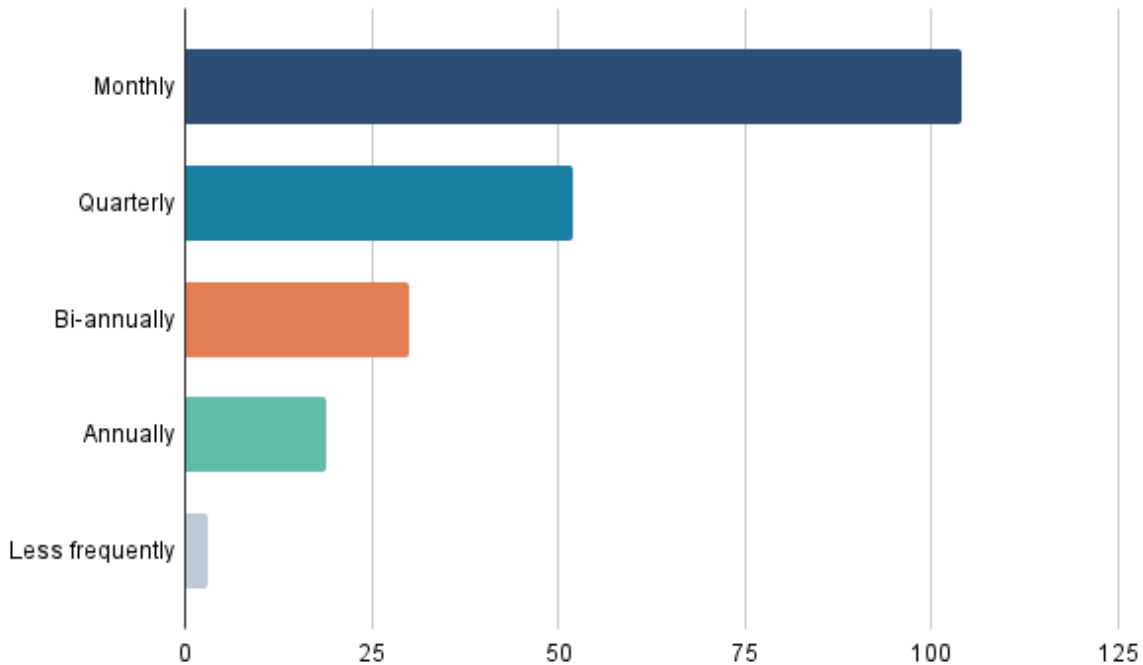
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## KEY TAKEAWAYS:

- 1. Educational and Professional Development Needs:** A significant number of practitioners express a desire for more educational opportunities, such as webinars and workshops, to stay abreast of the latest advancements and practices in pain management.
  - 2. Access to Comprehensive Care:** The need for better patient access to rehabilitation services and non-pharmacological treatments highlights the importance of a holistic approach to pain management.
  - 3. Administrative Support:** The mention of scribes and advocacy for prior authorization reform reflects the challenges posed by administrative tasks and insurance processes, which can impede efficient patient care.
  - 4. Expanded Knowledge Base:** The interest in more resources on the neurobiology of pain and education on SUDs indicates a desire for a deeper understanding of pain mechanisms and related conditions.
  - 5. Policy and Advocacy:** Some responses point to a need for advocacy efforts to address systemic issues affecting pain medicine, such as prior authorization processes and access to care.
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These key takeaways highlight the broad spectrum of resources and support that pain medicine practitioners believe would enhance their practice and ultimately benefit patient care.

# HOW FREQUENTLY DO YOU ENGAGE IN CONTINUED EDUCATION OR TRAINING RELATED TO PAIN MEDICINE?



Continuous education and training are foundational to maintaining and enhancing clinical skills, especially in a field as dynamic as pain medicine. This question explores how actively practitioners pursue ongoing learning opportunities to keep abreast of the latest developments, treatments, and research findings.

The distribution of responses regarding the frequency of engagement in continued education or training related to pain medicine is as follows:

- **Monthly: 50.0%**
- **Quarterly: 25.0%**
- **Bi-annually: 14.4%**
- **Annually: 9.1%**
- **Less frequently: 1.4%**

These results indicate a strong commitment among pain medicine practitioners to ongoing professional development, with a significant majority (75%) engaging in continued education or training on at least a quarterly basis. This high level of engagement reflects the recognition of the importance of staying updated with the latest advancements, research, and best practices in the field of pain medicine.

# HOW FREQUENTLY DO YOU ENGAGE IN CONTINUED EDUCATION OR TRAINING RELATED TO PAIN MEDICINE?

The distribution also shows that a smaller proportion of practitioners opt for bi-annual or annual participation in educational activities, with a very small percentage engaging less frequently than annually.

This analysis underscores the importance of continuous education in the field of pain medicine, with practitioners demonstrating a proactive approach to learning and professional development.

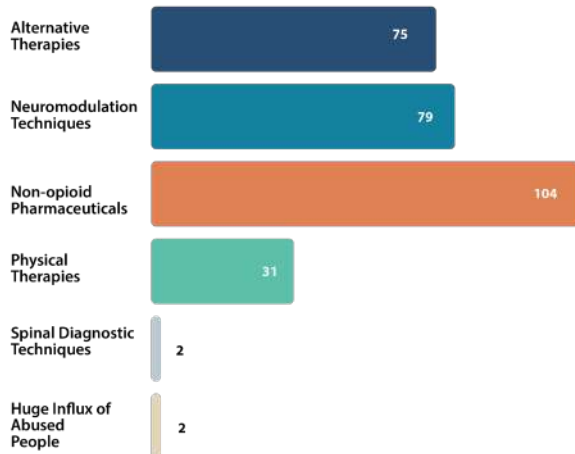
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## KEY TAKEAWAYS:

- 1. High Engagement in Continuous Learning:** The majority of practitioners actively participate in continued education and training, underscoring the value placed on lifelong learning in the pain medicine community.
  - 2. Monthly Updates Predominate:** The preference for monthly engagement highlights an eagerness among practitioners to regularly update their knowledge and skills, possibly reflecting the fast-paced evolution of pain management strategies and treatments.
  - 3. Variety in Learning Frequencies:** The range of frequencies at which practitioners engage in continued education reflects diverse personal and professional commitments, as well as varying access to educational resources.
  - 4. Commitment to Professional Excellence:** The strong emphasis on continuous education demonstrates a collective commitment to maintaining high standards of care and professional excellence within the field.
  - 5. Opportunity for Tailored Educational Programs:** The varied preferences for education frequency signal an opportunity for professional organizations and educational providers to tailor programs that meet the diverse needs and schedules of pain medicine professionals.
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# WHICH OF THE FOLLOWING AREAS OF PAIN MEDICINE DO YOU BELIEVE REQUIRES MORE RESEARCH?

Research drives innovation and improvement in healthcare, and identifying areas in need of further investigation is crucial for advancing the field of pain medicine. This question aims to pinpoint where practitioners see the greatest need for research, providing insights into the future directions and priorities for the scientific community.



Common responses for this question include:

- Non-opioid Pharmaceuticals
- Neuromodulation Techniques
- Alternative Therapies (e.g., acupuncture, chiropractic)
- Physical Therapies

Other areas mentioned include regenerative medicine, psychological treatments, and the use of medical cannabis, although with fewer mentions.

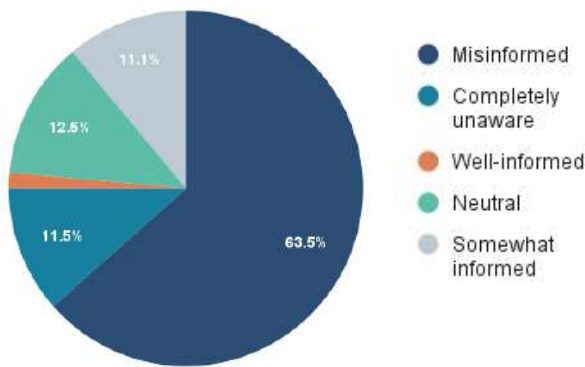
## KEY TAKEAWAYS:

- 1. Priority for Non-opioid Solutions:** There's a clear emphasis on researching non-opioid pharmaceuticals, reflecting the ongoing effort to find effective pain relief methods without the risks associated with opioids.
- 2. Innovative Techniques:** Neuromodulation techniques are also a top priority, highlighting interest in exploring how new technologies can be harnessed to treat pain.
- 3. Interest in Alternative Therapies:** The significant mention of alternative therapies, such as acupuncture and chiropractic care, suggests a growing interest in and recognition of the value of integrative approaches to pain management.
- 4. Physical Therapies Research:** The need for more research into physical therapies indicates an acknowledgment of the role of physical rehabilitation and exercise in managing pain.
- 5. Diverse Research Interests:** While the focus is on non-opioid treatments, neuromodulation, and alternative therapies, there's also interest in a wide range of other areas, including regenerative medicine, psychological treatments, and medical cannabis. This diversity underscores the complexity of pain and the multifaceted approach needed to address it effectively.



# HOW DO YOU PERCEIVE THE PUBLIC'S UNDERSTANDING OF PAIN MEDICINE AND ITS CHALLENGES?

Understanding the gap between professional knowledge and public perception is crucial in pain medicine, as it can influence patient expectations, treatment compliance, and broader societal attitudes towards pain management. This question seeks to gauge practitioners' views on how well the public understands the complexities and challenges of pain medicine.



These results indicate that a significant majority of practitioners (63.5%) perceive the public as being misinformed about pain medicine and its associated challenges. This perception suggests a notable gap in public knowledge and understanding, which could have implications for patient care, treatment expectations, and broader societal support for individuals suffering from pain.

A smaller segment of the survey population views the public's understanding as either neutral (12.5%) or completely unaware (11.5%), further underscoring the perceived need for enhanced public education and awareness initiatives. Only a very small proportion of respondents (1.4%) consider the public well-informed, highlighting

an opportunity for the pain medicine community to engage in more robust outreach and educational efforts.

## KEY TAKEAWAYS:

- 1. Predominant Perception of Misinformation:** The overwhelming view among practitioners that the public is misinformed about pain medicine underscores the need for targeted educational campaigns to bridge this knowledge gap.
- 2. Opportunity for Public Education:** The data highlights a significant opportunity for the pain medicine community to increase public awareness about the complexities of pain management and the challenges faced by those with chronic pain.
- 3. Impact on Patient Care:** The perceived lack of public understanding could impact patient care, influencing individuals' willingness to seek treatment, adhere to prescribed therapies, and advocate for themselves or others suffering from pain.
- 4. Need for Comprehensive Communication Strategies:** Addressing the public's misinformation and lack of awareness will require comprehensive communication strategies, including leveraging social media, public health campaigns, and patient education programs.
- 5. Role of Healthcare Providers:** Healthcare providers in pain medicine can play a crucial role in educating the public, not only through direct patient interactions but also by contributing to broader educational initiatives and public discourse.

# WHAT KEEPS YOU UP AT NIGHT IN REGARD TO YOUR PROFESSION?



See full set of responses in Appendix D.

In the challenging and complex field of pain medicine, practitioners face a multitude of pressures and concerns that can impact their professional satisfaction and personal wellbeing. This question seeks to uncover the primary concerns that loom large for practitioners, potentially affecting their sleep and peace of mind.

The sample responses reveal a range of concerns that pain medicine practitioners have, including:

- **Liability:** Concerns about legal implications and the potential for lawsuits.
- **Patient Care and Outcomes:** Worrying about providing optimal care and the outcomes for their patients.
- **Government and Regulation:** Concerns over government policies, regulations, and potential missteps that could impact their practice.
- **Public and Professional Misunderstanding:** Anxiety over the ignorance or misunderstanding of pain management by the public, other healthcare professionals, and government entities.
- **Capitalism and Healthcare:** The impact of commercial and financial interests on the practice of medicine.
- **Personal Impact:** Some practitioners mention personal circumstances, such as retirement decisions influenced by the state of the profession.

# WHAT KEEPS YOU UP AT NIGHT IN REGARD TO YOUR PROFESSION?

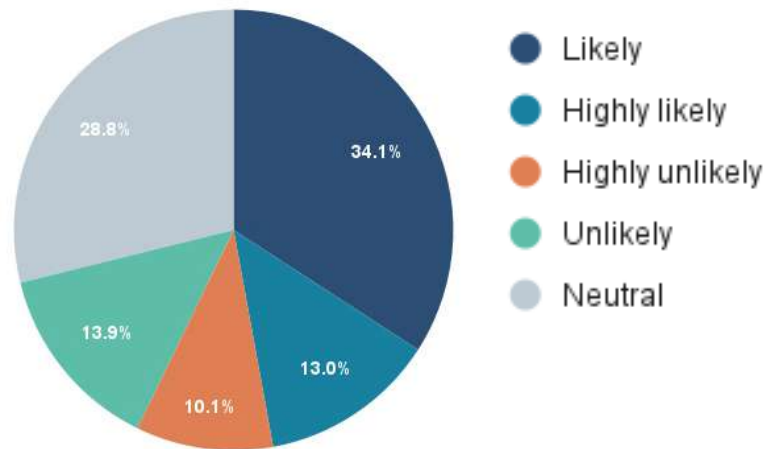
These key takeaways illustrate the complex landscape of concerns that affect pain medicine practitioners, spanning from the deeply personal to the broadly systemic. Addressing these concerns requires not only individual resilience and adaptability but also systemic changes to improve the practice environment for pain medicine professionals.

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## KEY TAKEAWAYS:

- 1. Wide Range of Concerns:** Practitioners in the field of pain medicine have a broad spectrum of concerns, from direct patient care issues to systemic problems within healthcare and society.
  - 2. Patient-Centric Worries:** A significant portion of the worries relate directly to patient care and outcomes, highlighting the practitioners' commitment to their patients' well-being.
  - 3. Systemic and Regulatory Issues:** Concerns about governmental policies, regulations, and the broader impact of capitalism on healthcare demonstrate the perceived challenges of practicing pain medicine within the current healthcare system.
  - 4. Professional Liability:** Legal concerns and the potential for liability are significant stressors for some practitioners, reflecting the litigious environment in which many operate.
  - 5. Impact of Misunderstanding:** The misunderstanding of pain medicine by the public and within the healthcare community itself is a source of frustration and concern, pointing to the need for better education and awareness.
-

# HOW LIKELY ARE YOU TO RECOMMEND A CAREER IN PAIN MEDICINE TO ASPIRING MEDICAL STUDENTS?



The decision to pursue a career in a specific medical specialty is profoundly influenced by the insights and recommendations of practicing professionals. This question seeks to understand how practitioners in pain medicine view their field as a career choice for the next generation, offering a glimpse into the profession’s perceived rewards and challenges.

The distribution of responses regarding the likelihood of recommending a career in pain medicine to aspiring medical students is as follows:

- **Likely: 34.1%**
- **Highly likely: 13.0%**
- **Highly unlikely: 10.1%**
- **Unlikely: 13.9%**
- **Neutral: 28.8%**

These results indicate a mixed sentiment among current practitioners

about recommending pain medicine as a career path. The largest group of respondents (34.1%) finds it likely to recommend pain medicine, suggesting a positive view of the field despite its challenges. However, a significant portion of respondents (28.8%) remains neutral, indicating ambivalence or uncertainty about the field’s appeal to new entrants.

The combined total of those who are unlikely or highly unlikely to recommend pain medicine (24.0%) reflects concerns or reservations about the field, possibly due to the challenges and stressors identified in previous questions. Conversely, a noteworthy portion (13.0%) is highly likely to recommend pain medicine, highlighting the existence of strong advocates for the profession who see its value and potential rewards.

# HOW LIKELY ARE YOU TO RECOMMEND A CAREER IN PAIN MEDICINE TO ASPIRING MEDICAL STUDENTS?

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## KEY TAKEAWAYS:

**1. Mixed Sentiments:** There's a broad range of opinions on recommending pain medicine as a career, from strong endorsement to significant hesitation, reflecting the complex nature of the field.

**2. Positive Advocates:** A substantial group of practitioners sees enough value and fulfillment in pain medicine to recommend it as a career, highlighting the profession's potential rewards and impact.

**3. Concerns and Reservations:** The reluctance of a notable percentage of practitioners to recommend the field suggests concerns about the challenges within pain medicine, such as regulatory pressures, the opioid crisis, and the stress of managing chronic pain patients.

**4. Need for Balanced Perspectives:** The neutral stance of many practitioners underscores the need for aspiring medical students to receive balanced and comprehensive information about the field to make informed career decisions.

**5. Opportunity for Reflection and Improvement:** The varied likelihood of recommending pain medicine as a career path invites reflection within the profession about how to address its challenges, improve the practice environment, and better communicate its rewards to attract future talent.

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These insights into practitioners' willingness to recommend pain medicine as a career path offer valuable perspectives for aspiring medical students and the broader medical community, emphasizing the importance of understanding both the rewards and challenges of the field.

# ANY OTHER THOUGHTS, CONCERNS, OR INSIGHTS YOU'D LIKE TO SHARE ABOUT THE FUTURE OF PAIN MEDICINE?



See full set of responses in Appendix E

The future of pain medicine, with its evolving challenges and opportunities, is a topic of significant interest and concern for those in the field. This final, open-ended question allows practitioners to express their unique perspectives, concerns, and hopes for the future, offering a rich tapestry of insights into where pain medicine might be headed.

This was an open response question so a random sample of responses was chosen to be represented above.

The sample responses to the open-ended question about the future of pain medicine reveal a variety of perspectives:

- **Interdisciplinary Approaches:** Highlighting the importance of interdisciplinary efforts in addressing pain management effectively.
- **Research Focus:** An emphasis on the need for more research into the prevention of chronic pain, suggesting a proactive approach to pain management.
- **Innovation and Non-Opioid Medications:** Calls for more innovation and the development of effective non-opioid medications, reflecting ongoing concerns about opioid use and dependence.
- **Patient Management Challenges:** Concerns about where to direct patients who have exhausted conventional treatment options, pointing to the need for more advanced or alternative therapies.

# ANY OTHER THOUGHTS, CONCERNS, OR INSIGHTS YOU'D LIKE TO SHARE ABOUT THE FUTURE OF PAIN MEDICINE?

- **Understanding and Recognition:** Observations that pain medicine is still poorly understood and recognized, both within the medical community and by the public, indicating a need for greater awareness and education.
  - **Impact of Regulatory Changes:** Concerns about how future regulatory changes may affect pain management practices, reflecting anxiety over potential restrictions and their impact on patient care.
- 

## KEY TAKEAWAYS:

- 1. Need for Comprehensive Approaches:** There's a clear call for a more interdisciplinary approach to pain medicine, integrating various specialties to address the multifaceted nature of pain.
  - 2. Emphasis on Research and Innovation:** Practitioners highlight the critical need for ongoing research and innovation, especially in developing effective treatments that are not reliant on opioids.
  - 3. Challenges in Patient Management:** The responses underscore the complexities of managing patients with chronic pain, especially those who have not found relief through standard treatments.
  - 4. Educational Gaps:** The lack of understanding and recognition of pain medicine as a distinct and important field suggests significant gaps in education among both healthcare professionals and the public.
  - 5. Concerns Over Future Regulations:** Anxiety about how future regulations might impact the practice of pain medicine points to the need for advocacy and engagement with policy-making processes to ensure patient needs are met.
  - 6. Optimism and Concern for the Future:** While there are concerns about the challenges facing pain medicine, there's also a sense of optimism about the potential for progress and improvement in patient care.
- 

These insights into practitioners' thoughts on the future of pain medicine reveal both the challenges and opportunities that lie ahead for the field. Addressing these issues will require concerted efforts from practitioners, researchers, policymakers, and the wider medical community.

# APPENDIX

## APPENDIX A

### Which Of The Following Best Represents The Top Challenge You Currently Face In Your Practice?

- Reimbursement issues and financial challenges **(97 Responses Chose This Option)**
- Managing the complexities of opioid therapy and associated regulatory compliance **(38 Responses Chose This Option)**
- Keeping up with the current pain therapies (technologies / evidence-based treatments) and research **(34 Responses Chose This Option)**
- Patient compliance with treatment recommendations **(10 Responses Chose This Option)**
- Authorizations for medicare RFA
- availability of medications
- Both B and C
- Chronic pain patients with chronic opioid use
- Constantly getting treatment request denied by work comp insurance
- dealing with the difficulty in prescribing pain meds from institutions, other docs and pharmacies
- Ethics of physicians
- frequent denials for treatments, requiring P2P, appeals, etc leading to treatment delays
- funding for research to inform practice
- Government restrictions, which do not allow you to prescribe the necessary medication's for patients.
- High demand causing long wait times for patients
- Implementation of evidenced based therapies as common practice or options for patients.
- insurance issues, availability of opioid analgesic for cancer patient
- Integrating alternative and complementary into paincare
- Lack of impactful treatments for chronic pain patients who are nonresponders to traditional treatments
- offering functional medicine treatments that may be more appropriate, pts not able to afford, not covered by insurance
- Our emphasis on "sick care" rather than well care. (eg. obesity now glamorized and diabetes accepted as unavoidable).
- over-reliance of interventions for pains of central origin
- patients only wanting opioid therapy or interventions
- Pharmaceutical companies are drug dealers.
- Pre cert for every procedure including medicare plans!!
- Prior authorizations and insurance barriers to care
- regulatory, corporate and media misdirection and self interest to the detriment of patients and physician needs is unbelievable, the above choices to not address this
- So many patients, so little time
- some insurance companies want FORCED TAPERING
- stigma
- Stigma and access to care
- The involvement of law offices and chiropractors to "milk" the system
- The lack of rigour in studies of pain treatment



# APPENDIX

## APPENDIX B

### Are There Any New Treatments Or Therapies You Believe Will Revolutionize Pain Medicine In The Next Decade?

- ?
- .
- 8% Capsaicin cream
- Additional uses of radiofrequency
- advancement in pain psychology
- Advancements in the world of SCS and PNS have already improved analgesic treatment, but many patients have significant social barriers
- advances in neurostimulation
- AI
- AI or robotic
- AI, augmented and virtual reality
- availability of opioid and interventional pain management
- B
- Basivertebral nerve ablation
- Better AI comparing dx, procedures, and outcomes
- blocks
- Bundled services
- buprenorphine for pain
- Butrans. Regenerative medicine.
- BVN ablation
- Cannabinoid Therapies
- Cartilage regeneration
- CBT and other behavioral therapies
- Closed loop scs
- Closed loop SCS
- Closed loop SCS
- Coaching for chronic pain
- Cognitive Behavioral Therapy
- Cryoablation
- DBS, SCS for spinal injuries,
- targeted pain meds
- Disc treatments. Non-narcotic medications.
- DRG stimulation. Underused. SCS-bye-bye
- DRG stimulation. Underused. SCS-bye-bye
- Exercise therapies designed to upregulate certain antistress and antinociceptive neurohormones which also prevent tolerance to and withdrawal from prescribed opioids.
- Expansion of Minimally invasive spine therapies
- focused ultrasound
- Gene therapy
- Genetic testing
- genetic therapies to alter pain signaling
- High quality data that will help tailor therapies for each patient.
- Hopefully finding other opioid/pain receptors
- Hopefully new non-opioid medications
- I am not sure, with so many new comers being solely focused on interventions it is difficult to predict what technologies that could bring
- I believe they are working on non-addictive pain medications
- I tried to get a code for pulse RF. The people that got this for free were better for a decade
- compared to the usual 30 days.
- I tried to get a code for pulse RF. The people that got this for free were better for a decade compared to the usual 30 days.
- immune cell therapy
- Immunotherapy
- Immunotherapy
- Implantable devices
- Implantable devices helpful for acute pain but less so in chronic pain
- Improvements in management the etiology of pain
- Improving the quality of life for the paralyzed
- incorporating/getting it covered-psychological therapy treatments
- Innovative CNS neurochemical interventions based on imaging
- intercept procedure may offer something new
- Interesting ideas & studies in progress, but none among the published literature rise to that level imo
- interventional therapies for spine pain, provided that they are rigorously tested
- Intrasept procedure
- Ketamine infusion therapy
- Lasers
- less invasive modalities such as SI fusion
- Less invasive procedures
- local and regional blocks.



# APPENDIX

## APPENDIX B

### Are There Any New Treatments Or Therapies You Believe Will Revolutionize Pain Medicine In The Next Decade?

- Nonopiate pill
- noromodulation techniques, new receptor -directed medicines which would target exactly the painful area and not the other pain-free organs
- not really
- Not really.
- not sure
- not sure
- Not sure
- not sure
- Not sure about therapies but I believe that pharmacogenomics should be implemented
- Not sure but targeted ultrasound therapies seem promising
- Not sure if the new non-opiate pain medication will work out
- Nothing
- Nothing revolutionary
- Nothing revolutionary
- Oral PCA usage in the in-patient hospital setting
- Osteopathic manipulation
- Pain psychology treatments becoming more accessible and supported by medical providers
- Pain reprocessing
- Peripheral and neuraxial nerve blocks
- Peripheral nerve stim, HIFU, health coaching for pain
- Peripheral pain management techniques
- Plasticity drugs; mechanical stimulation; movement treatments; autoimmune Xist blockers; oxytocin and neurotransmitter based treatments; fascia modalities
- PNS, telehealth, RPM
- Possibly peptide therapy
- Proper ketamine dosing, intracept, reactiv8
- PRP and Prolotherapy
- PRP and stem cells treatment
- Prp, tnf alpha
- PRT
- PRT I hope, but doubt anything will revolutionize practice
- Psychological approaches to pain treatment
- red light laser
- Regen med, trans cranial mag stim
- Regenerative medicine
- Regenerative medicine
- Regenerative Medicine
- regenerative medicine and continued improvement in implantable technology
- Regenerative medicine, stim (brain, spine, and peripheral), RFA, peptides, functional medicine, cognitive/behavioral therapy and PT/OT, acupuncture
- safer opiates mu receptor specific for pain, not bowel, sedation, etc
- safer opioids
- SCS/PNS/regen medicine
- Social and behavioral interventions
- somatosensory rehabilitation
- some new medications
- Spinal cord stimulation
- Spinal cord stimulation
- stem cell
- Stem cell and prp
- Stem cell therapy , new equipment
- Suboxone
- TBD
- TENEX and neuromodulation
- The established modalities along with advances in delivery are the current best we have, but have been shockingly and simplistically condemed, rather than refined and the maximum number of physicanas educated in this. Instead, regulatory agencies, with literally fascist and totalitarian power and abject failure at thier assignend tasks, have turned on the medial profession to shield themselves from thier failure. This has caused not surprising widespread fear and misinformation. the medical profession has not fought back, not semingly does is seem to care about the shocking degradation in delivery of care we once knew about and have forgotten due to that fear.
- through Functional medicine
- TLR4 antagonists, TRPV1 antagonists, interdisciplinary team care, fMRI biofeedback

# APPENDIX

## APPENDIX B

### Are There Any New Treatments Or Therapies You Believe Will Revolutionize Pain Medicine In The Next Decade?

- Too early to tell
- Ultrasound guidance will surpass fluoroscopy
- understanding the association of sleep disorder and chronic pain
- unfortunately no
- unknown
- Unsure
- US
- Value based care
- VR
- VR
- Well-controlled RCT to convince insurance to cover such therapy
- yes
- yes
- Yes advancing options for peripheral stim, regenerative therapies
- yes new minimally invasive techniques,

# APPENDIX

## APPENDIX C

### What Additional Resources Or Support Would Most Benefit Your Practice?

- 1) reimbursement assist 2) hands on training for new techniques
- 3D
- A case manager
- A clone.
- A congress that would support appropriate reimbursement for care given in conjunction with reduction of inflationary pressures
- Ability to easily collaborate with other specialties such as psychiatry and neurology who would understand the impact of pain on their physical and mental condition
- Abolition of the DEA. Legions of caring intelligent people from nobel laureates to lay advocates have expressed this to no avail. The fascist ( literally, not pejoratively) regulatory agencies have misapplied data egregiously and the medical profession has scurried in fear rather than fight back with facts and ethics.
- Addiction medicine specialist
- Addressing the emotional components of chronic pain
- Adequate reimbursement
- Adequate reimbursement
- Advocacy for prior authorization reform
- Advocacy for reimbursement rates
- AI
- Allowing acknowledgement of general medical doctors' expertise
- An app developed to the pharmaceutical therapy options developed by and for pain physicians
- Any information on pain and buprenorphine
- Any support in the state/federal regulation or reimbursement
- appropriate payment for intensive pain rehab programs
- Authorization and coverage advocacy
- awareness regarding pain physicians area of expertise as opposed to current perception of opioid prescribers only
- B
- Back to biopsychosocial and payor change
- Better access to functional restoration programs
- better emr
- Better guidelines
- Better insurance coverage.
- Better reimbursement
- Better reimbursement
- better reimbursement
- Better reimbursement for Office visits. And all of medicare are
- Better reimbursement.
- Better reimbursement rates for service
- Biofeedback, RMT to teach self-release techniques, patient educator to coordinate and upload learning materials
- broader education to include more ORTHOPEDIC AND iM LITERATURE ACCESS
- Bulletins
- Business education
- campaign to reduce stigma & misinformation re chronic pain sufferers (with & wo opioid tx)- incl among colleagues; sufficient reimbursement to support longer visits needed to properly manage pain issues
- Cancer pain
- cant think of anything
- Chart reviews to ensure adequate documentation for reimbursement
- Clinical trials, research grants
- CME
- CME and hands on courses
- CME reading materials
- collaboration between insurances, pharmacy, practitioner
- Complimentary treatment practices, pain communication
- Computer technology advances and AI
- Conferences
- Coordinated care rather than "cherry picking" of patients
- Decrease micro management by Insurance Companies and their agents
- Decrease EMR/regulation
- Decrease regulatory burden
- dedicated PT, OT, psychologist
- Development of management, control, and healing the cause of pain,
- Dont know
- Educational conferenes
- Educational materials

# APPENDIX

## APPENDIX C

### What Additional Resources Or Support Would Most Benefit Your Practice?

- Effective advocacy
- eliminate authorizations
- Ensuring other practitioners stop overusing useless procedures to enrich themselves
- Establishing a Pain Center of Excellence at the VA I work at.
- fellows need more operative experience and business education
- Fight insurance companies for appropriate increases in reimbursement. Appropriately restricting access to treatment by inappropriate “providers” (i.e. CRNAs).
- financial support of multidisciplinary and integrative resources
- Financial/insurance literacy
- Fountain of youth
- Get rid of RVUs
- Get rid of RVUs
- Get the pharmaceutical and government out of the practice of medicine.
- Getting better reimbursement rates
- Getting PCP’s to “buy into” a “Coaching” modeltheHainf
- getting rid of preauth requirements
- guidelines
- guidelines to use combat payor denial claiming non efficacy to nt standard of care or labeling almost anything new as “experimental”
- Help dealing with insurance precert
- help keeping up with changes in insurance requirements for authorization and coverage.
- hodling local educational seminars where can have face to face communication with peers to exchange first hand clinical experience.
- Hospital investment in chronic pain services
- I am constantly hastled by insurance companies, and even government accusing me of prescribing too much opiates and dose MMEs that surpas 90
- Improved reimbursement and elimination of prior authorizations
- improved reimbursement for multidisciplinary care services
- Incorporating an educated patient voice
- Incorporating more education on SUDs and how to treat pain patients who have a history of SUD
- Increased education related to chronic pain treatment across subspecialties and primary care teams. More PTs trained in chronic pain
- Industry partnership
- Insurance companies going away and having direct payment from patients or government
- Insurance companies not directing care and the government to also stop dictating care.
- Insurance/PA modification
- International Webinars and workshops
- Interprofessional team collaboration
- Legislative influence for better reimbursement
- Less BS/denials from clerical pencil pushers. Improved doctor friendly legislation! WHERE is the AMA???
- Less control by non-medical entities
- Less restrictive laws insurance coverage
- Lobbying to relieve the daily hassles that contribute to burnout such as prior author, denials , peer reviews and the continued decline of reimbursement that does not keep up with the cost of running a practice and inflation
- lower overhead
- make insurance companies pay for opioids analgesics for cancer patients without prior authorization or saying that 5 alternative therapies (not available in pharmacies) have to be tried first.
- Managing insurance issues and regulatory issues regarding opioids
- Mental health professionals for multi disciplinary treatment planning
- Minions.

# APPENDIX

## APPENDIX C

### What Additional Resources Or Support Would Most Benefit Your Practice?

- More access to and better training in psychological treatments.
- Large scale public health effort to increase patient awareness of poor efficacy of LTOT for chronic pain. Providers are not ONLY concerned with addiction!!!
- more admin, mid levels
- more appropriate reimbursement
- More availability of noninterventional treatment
- More behavioral and alternative medicine resources
- More continuing education, options, virtually
- More direct dissemination of practice guidelines to assist with keeping up with standards of care
- More education
- More educational opportunities online
- more in depth training of complex cases where pain and addiction co-exist
- More info on non-pharmacological treatments and how to access/pay for them
- More info on psychological factors affecting the neurobiology of pain
- More interdisciplinary reimbursement
- More interdisciplinary reimbursement
- more neurobiology on pain. more educational regarding addiction and tolerance and pain and the difference.
- More one on one with patients
- More outpatient mental health resources.
- More Practitioners, greater awareness of the vast benefits of Osteopathic manipulation for treatment of pain
- More providers trained in pain management as part of their primary care training
- more scientific meetings
- more support from administration in Functional Medicine approaches
- More support staff to help with prior authorizations
- More webinars and workshops
- more zoom types of meeting to exchange educate teach share experiences
- Multidisciplinary collaboration
- N
- n/a
- N/a
- n/a
- n/a
- N/A
- N/A
- N/A
- Na
- NA
- NA
- NA
- Need more access to complementary therapies
- Need to get the criminal law enforcement and district attorneys out of office
- Networking
- No
- no more payment cuts for services rendered
- Non-drug information
- Non-industry sponsored lectures on new therapies
- None
- None
- none
- None
- none
- Not sure
- online guides for best practices/ summaries especially regarding new treatments
- OPIOID SHORTAGE - options
- Outcome information
- overhead has killed private practice
- pain evaluation, substance use disorder training, real training in pharmacology
- Pain medicine should be a residency program
- Pain psychology
- Patient access facilitator
- patient education materials, resource lists for high-yield and endorsed resources/programs, reimbursement tips
- Patient education nurse, nutrition consultant /weight management
- patient education videos
- Patient liaison to complete mass paperwork
- patients getting better access to rehabilitation and multidisciplinary care pathways

# APPENDIX

## APPENDIX C

### What Additional Resources Or Support Would Most Benefit Your Practice?

- Peer knowledge
- Pharmaceutical teaching and learning sessions
- Physical rehabilitation, cognitive behavioral therapy
- Physician extenders
- Physiotherapy
- Practice management
- Presentations by neuromodulation companies
- prior auth/reimbursement improvements
- prior authorization
- Psych and PT support
- psychotherapy
- randomized trials so that insurance will pay for treatment
- Ready to use pocket ultrasound and a portable imaging devices
- regular updates on new approaches
- reimbursement for responding to insurance requests/pre-certifications
- Reimbursement issues and financial challenges
- reimbursement/contracting
- Representation in government
- Research support
- Rotation in pain management
- Scribe
- skilled fellowship program with tiered training
- Some liaisons with government and the DEA to make it less adversarial
- Spend time in a methadone maintenance or addiction clinic
- Studies to implement new evidence
- Support from CMS for reimbursement for pain management
- Take away prior authorizations!!
- Telemedicine guidance, opioid best practices, alternative therapies
- There must be a stronger presence in our federal and state governments for patients and practitioners. Right now medication options are being limited by zealots on side or another instead of the people who actually either need the medicines or need to prescribe appropriate medicines.
- Third party recognition of and reimbursement for non-drug treatments ( esp Medicare)
- Too many to list
- Training in addiction medicine
- Training programs for new interventional technologies
- Trainings
- unclear
- Understanding the business part
- Unlike other disciplines in medicine, pain medicine lacks the numbers of disciplined clinical research units to undertake the studies necessary. Private practices are a questionable source of evidence.
- Unsure
- Updates on new research in Pain Management alternatives
- Updates on new therapy and treatment
- value based care
- Work with pain doc outside the hospital



# APPENDIX

## APPENDIX D

### What Keeps You Up At Night In Regard To Your Profession?

- 12-13% cuts in Medicare reimbursement over the past 2 years in conjunction with 25% overall increase in overhead/expenses
- a constant awareness that a little misstep on my part can harm the patient
- A job not done to the best of my ability.
- a number of things
- Adequate patient access to a personalized pain care approach, not the one-size-fits all imposed by insurers
- Administrators
- Advocacy for pain medicines is challenging in my country
- Angry patients, no responders, conflict with patients when trying to deprescribe
- anti-opioid mania
- Audits
- B
- balancing clinical and research demands
- billing and complication from procedure
- boredom
- Burnout
- Burnout due to exhaustion of treatment options.
- Burnout, medicolegal concerns, opioid-seeking patients, managed care, prior authorization burden
- CMS refusal to pay appropriately for anything but pharma
- Concern regarding the young doctors and their lack of perception of the importance of pain medicine
- Concern that insurance companies will gradually stop covering pain interventions and make them inaccessible to many people who cannot pay out of pocket
- Considering what new osteopathic techniques to try
- Continued push for more volume due to economic losses in medicine while the patients are becoming more complex and less likely to respond to interventions and meds
- Declining reimbursement
- Declining reimbursements, denial rates increasing
- Decreased reimbursement, more litigation, loss of autonomy
- decreasing reimbursements
- difficulty with authorizations and re-imbursemnt
- Dismay at the decline in knowledge, and patient focus over the past 10-15 years. All related to sophisticated regulatory agencies' propaganda and a willing media, including medical media.
- dissatisfied patients
- Documentation and EMR
- Drug seekers
- Drug seeking patients
- economics, unfair reimbursement practices by insurance carriers
- etics over scheduling
- expenses
- Family medicine's abdication responsibility to attempt to treat any pain
- Fear of overprescribing
- finances, running a business
- FORCED TAPERING
- Funding limitations to advance the science further
- future of interventional coverage
- Getting individuals, employers and healthcare professionals to be more aware of the benefit Pain coaching can have professional to use Pain CoachingHow acceptable Pain Coaching
- Getting people better with how they function day to day
- Government miscues
- Government restrictions on pain dosages. especially with regatd to patients who have been functioning well and have had good pain control. Patients have actually told me that they are not able to function at work or in their life since their doses have been reduced, due to their level of pain.
- How to help patients who still suffer with moderate to severe pain despite medication
- I am going to retire and their will not be professionals that will treat me at the end of my life or if I need pain medications.
- I sleep well
- I worry about the elderly being able to afford medication and food

# APPENDIX

## APPENDIX D

### What Keeps You Up At Night In Regard To Your Profession?

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• I'm retiring so nothing</li> <li>• I'm retired last year. I would still be working without the wrong uplines and their self serving agendas.</li> <li>• I'm retired last year. I would still be working without the wrong uplines and their self serving agendas.</li> <li>• if someone is not being treated properly and suffers</li> <li>• Inability for patients to get the medicine they need due to governmental restrictions and insurance problems</li> <li>• Increased demand from patients who do not want to pay for your expertise</li> <li>• Insurance payment</li> <li>• Issues with payors, reimbursement, peer reviews and the micromanagement that is done routinely by non physicians</li> <li>• Job security</li> <li>• Keeping patients safe</li> <li>• Knowing how long the wait list is for patients to get into appointments for quality pain care.</li> <li>• Knowing that people are not getting adequate drugs to handle their pain and pain itself</li> <li>• Lack of access to pain therapies and good information regarding lifestyle changes that can help pain problems</li> <li>• Lack of level 1 evidence for therapies that are routinely</li> </ul> | <p>effective in practice, which will be used by payers to increase denying access to therapy</p> <ul style="list-style-type: none"> <li>• Lack of primary care providers interested in pain care</li> <li>• Lack of strength of evidence for ESI</li> <li>• Lack of training of medical and paramedical staff in the management of acute pain</li> <li>• lawsuits from dissatisfied patients.</li> <li>• Lawyers</li> <li>• Leave it at the office</li> <li>• Less pain</li> <li>• less than optimal patient care</li> <li>• Liability</li> <li>• Limited access to new therapy options for some patients</li> <li>• Limited options to help patients</li> <li>• Litigation</li> <li>• Losing the ability to make choices about patient care</li> <li>• Loss of control to private equity where I take all the risk</li> <li>• Loss of coverage for many of our current devices, the lack of inter-society collaboration, and injustice of fellowship training (believing that we can teach today's Pain medicine in 1 year)</li> <li>• Loss of reimbursement for therapies</li> <li>• Making the right diagnosis as to the cause of patient's pain.</li> <li>• many things, not to be able to list here, i am a foreign medical graduate and have major concerns</li> </ul> | <p>how pain medicine is practiced in the state I am practicing in and about the public and professional understanding of pain and its management</p> <ul style="list-style-type: none"> <li>• Medical Board regulation</li> <li>• Medication misuse and addiction</li> <li>• Medicine as a money making business as opposed to helping patients and society</li> <li>• Micromanagement by outside forces without assuming responsibility</li> <li>• Misuse of opioids</li> <li>• More infirmation and knowledge</li> <li>• My boss!</li> <li>• N</li> <li>• n/a</li> <li>• N/A</li> <li>• NA</li> <li>• new residents who come out, trained to look and treat ne problem at a time only</li> <li>• non</li> <li>• none</li> <li>• Not being able to get necessary treatments authorized</li> <li>• not being able to keep up with new interventional techniques</li> <li>• Not enough good results in research</li> <li>• not enough of me</li> <li>• Nothin</li> <li>• Nothing</li> <li>• nothing</li> <li>• nothing</li> <li>• nothing</li> <li>• Nothing</li> </ul> |
|--|--|--|

# APPENDIX

## APPENDIX D

### What Keeps You Up At Night In Regard To Your Profession?

- Nothing
- Nothing
- Nothing
- Nothing
- Nothing
- Nothing usually
- nothing, but I am old
- Opiate abuse
- opiates
- Opioid crisis
- Opioid prescribers. SCS implanters
- Opioid prescribers. SCS implanters
- opioid shortage - pharmacies have no norco
- opioids crisis and witch hunt
- Other specialists been so unaware of how Pain Medicine may help patients
- Over regulation
- Over regulation
- Overuse of neuromodulation
- Pain crisis
- Pain management
- Pain that we are unable to treat
- Patient compliance with medication instructions
- Patient noncompliance
- Patient outcomes
- Patient risks
- patient safety
- Patient satisfaction
- Patients continue to being in pain
- Patients lack of access to Physical therapy; pain specialists aren't receiving adequate training in multimodal pharmacological treatment
- Patients who just want opioids
- patients' outcome
- Payer issues
- Paying overhead and expenses
- pediatric disparities and disparities related to social determinants of health
- people being treated poorly because either they need pain meds or addiction meds and stigma interferes
- Physician greed
- physician ignorance
- Prior auths!!
- private practices that offer and that popularise unproved and disproven treatments, to make a living rather than provide genuinely effective care
- Progressive difficulty getting access for patients to the treatment that they may need
- public, professional and governmental ignorance and misunderstanding
- Reading
- Readings
- Red tape/regulations and insurance barriers to patient care
- Regulation
- Regulation
- Regulations
- Regulatory
- Regulatory and reimbursement become restrictive for financial/profit reasons
- Regulatory Investigation
- regulatory issues
- Regulatory issues around opiates
- Regulatory sanctions
- reimbursement
- Reimbursement
- Reimbursement
- Reimbursement
- Reimbursement and DEA limiting access to care /meds
- Reimbursement changes
- Reimbursement decline
- Reimbursement declines
- reimbursement issues
- reimbursement trends
- Reimbursement, opioid crisis, healthcare care in general with decreasing quality
- RVU demands
- Stigma and patients suicidal due to under-treated pain and medical trauma
- Sued for malpractice
- Sufficient educational resources
- That though we provide some relief, many patients still suffer greatly
- The continued over prescribing of opioids
- The DEA and out of control state med boards (eg. Tx!)
- The DEA's attitude of approaching pain management specs as needing to prove they're not criminals rather than as the caring, knowledgeable, experts almost all are

# APPENDIX

## APPENDIX D

### What Keeps You Up At Night In Regard To Your Profession?

- the deomnization of pain medicine
- The government control of the doctors
- the high cost to low income ratio of the practice setting
- The impact of regulations and large corporations on the practice of pain treatment
- The inability to use a full rounded pain management strategy
- The intrusion of rampant capitalism
- The lack of knowledge regarding, and unwillingness to use, opioid therapy
- The Medical Boards
- The mismatch between reimbursement rates and research on efficacy
- the number of patients we see that walking pharmacies unto themselves with no relief -- how long can we practice pain medicine while 'cleaning up' and with the focus on procedures only it changes the dynamic of hte profession
- The paperwork problem
- The pharmaceutical and government thieves.
- The possible side effects of the interventional pain procedures.
- The push for high cost with low evidence pain care
- The thought that I could be contributing to the opioid crisis
- Threats of malpractice and the DEA
- Too many issues to even begin to discuss. But high prices are ridiculous and we NEED some form of free national coverage
- Too many opioids
- Tue use of opioids, the use of marihuana
- Unlimited power of insurance companies to dictate what I can/cannot do, insurance reimbursements, ability for non-physicians (CRNAs) to treat patients with their suboptimal training.
- volume, need more training programs
- we will be overtaken just like primary care by the mid-levels
- what insurance co will stop covering this week
- when I'm retired no one to carry on my practice approach, despite working in Pain System with many doctors, NPs
- When to Implement new technologies as the data is developing
- will it be around in a few yew years w/o next great thing
- Worsening reimbursement and insurance coverage for proven interventions.

# APPENDIX

## APPENDIX E

### Any Other Thoughts, Concerns, Or Insights You'd Like To Share About The Future Of Pain Medicine?

- additional governmental dollars and support for pain management issues
- AI
- although I put a nightmare in one of the last questions I do believe pain specialists are required and more will be needed as the population ages ( and it seems the youth are becoming intolerant to having any discomfort at any time as well as wanting immediate gratification
- An extremely abbreviated commentary. Each item could fill pages to be adequately informed. 1. "For every complex problem, there is and answer that is clear, simple,...and wrong." Complex problems demand complex answers. And we have failed miserably in grasping this. 2. Fear of fascist-level (I do not exaggerate) agencies, demonizing medicine to divert attention from their abject failure at thier assigned tasks, 3. corporate profit-first medical dominance of practitioners, 4. Big-Pharma, 5. big insurance, 6. government agencies and representatives bought and paid for by these powerful agencies ("Money fights dirty, hard and smart.") 7. physicians increasingly losing knowledge ("The illusion of evidence based medicine") 8. media, including mainstream and medical, seeking attention, simplifying and misdirecting problems we understood better 15-20 years ago. The last CSA meeting in Hawaii exemplified this pathetic state of affairs. Attendance sank and no wonder. each item herein is a bit clumsily and quickly stated and would demand pages to adequately document. But I could and others have. Patients are desperate. Doctors seem to have lost the "patient first" principle. They can't afford the personal risk. who can blame them? But we will never get back to rational use of well understood medications until we address these systemic barriers to sharing the knowledge we gleaned and that is now obscured by hype and oversimplification, fear and greed. Use and learn to use the tools we have while searching for improved technology and technique. (we've slid so far backward in this, it is shameful. Again, pages would be required to detail this. Again, the problems are complex, the tools well-used are complex. Simplistic soutions sell all-round. Power corrupts. Absolute power corrupts absolutely. And the medical profession, especially pain medicine, is a favorite target. Until this changes (it won't until the medial profession literally rebels), we cannot get back to rational use of the tools we have and patiently and honestly explore potential advances.
- As a mental health professional specializing in treatment of pain management and trauma, and a patient myself, the future of pain management must include advocacy and changing controlled substance state laws which essentially allow the state to practice medicine without a license. It's hurting people not saving people from addiction.
- As long as people want pills, there will be some doctor providing them
- as the field becomes more interventional, does it make sense to require a surgical internship or some additional training?
- B
- Blanket laws do not treat individual patients appropriately
- CE should be more accessible
- Coming at this survey from a patient perspective as I am not a physician but well educated in pain management as I have dealt with chronic pain for 48 years. I speak openly and publicly about the topic and how pharmacogenomics impacted my own care and treatment

# APPENDIX

## APPENDIX E

### Any Other Thoughts, Concerns, Or Insights You'd Like To Share About The Future Of Pain Medicine?

- Comprehensive interdisciplinary approach must be emphasized with special focus on mental health
- Continue integrative approach
- Continued expansion of minimally invasive spine interventions.
- Corruption of medical journals by sponsoring entities
- Delet PBMs out of Tx process
- Dismal. I'm retiring in 2 years
- Dismal. I'm retiring in 2 years
- Don't work for hospital organizations
- educational biases from field leaders frequently demonstrate economic biases
- Educational programs should de-emphasize unproven new technologies.
- Empower independent practitioners
- evaluate mind body and emotion of pain patient learn newer techniques
- expenses/reimbursement issues
- fee for service is going way, insurers are less likely to want to cover procedures, how do we need to prepare to be able to best support our patients and advocate for our field? how do we make pain medicine treatment integral to LCME competencies?
- Future looks bright!
- Future will involve more advanced interventional techniques
- Happy with research on new non opioids medications
- Have seen too much change, mostly for the worse, in Pain Management over 35 years
- hope politics will stop meddling in not of their business territory
- I believe current health climate wants to totally ignore that chronic non cancer pain even exists
- I believe it is bright however I think policy at the government level driving change is slow
- I believe there should be more strict regulatory laws regarding how and when to choose Interventional approaches to chronic pain conditions. Otherwise, negative outcomes of the procedures for inappropriately selected cases would have a negative impact on the social belief in pain medicine.
- I believe we are at an inflection point. If responded to correctly through collaboration and advocacy, we can ensure continued growth and strength as a field.
- I believe we as a group, our prone to jump to new billable procedures before they've been proven. I am concerned about the plethora of partially trained mid-level providers prescribing opioids at high rates.
- I hope we can incorporate multi disciplinary approach to pain medicine
- I like the development of non opioid pain medications.
- I love what I do. I am very fortunate in that I have completed both internal medicine and Physical Medicine and Rehabilitation residencies and have been practicing pain medicine for 27 years. I am a medical director of an in-patient rehabilitation unit and chairman of the spine and pain center for our multispecialty clinic. This diversity allows me to see patients from the beginning of their injury and follow them through and develop a relationship with them. I am fortunate to be in constant contact with physicians of all specialties. I think this has allowed me to keep current with the changes in medicine in general and remain in communication with hospital medicine. As well as seeing the patient with pain at various stages of their disease. I think it is important when we finished our formal training we continue with hospital work so have the initial perspective of the injury the patients go through fresh in our minds. I believe our formal training programs in pain medicine should include rotation through an in-patient rehabilitation unit that is part of a trauma hospital.

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### Any Other Thoughts, Concerns, Or Insights You'd Like To Share About The Future Of Pain Medicine?

- I pray alot
- I really love our field, but am concerned about how quickly it can turn into something I don't like at all.
- I think the field is in need of self policing. We have a very high concentration of 'bad actors' that will destroy the field
- I think we need strong advocacy, a united front not splintered societies to represent us. In addition, we need better lobbying for reimbursement and true investment in comprehensive pain clinics
- i worry to many new practitioners are more worried about \$\$\$ than patient care but dealing with mayors has made this a far worse issue in last few yeats and getting worse
- I would recommend they go into interventions and stay away from controlled meds so they do not get arrested.
- I'm sorry I'm too rundown to be creative right now
- If Payors continue to decrease reimbursement to physicians and hospitals, there will be a crisis soon
- If physician reimbursement does not improve, private practice providers will all be forced to work for bloated, inefficient and expensive hospital systems
- inadequate education in opioid induced hyperalgesia and opioid addiction management.
- increasing the diversity of pain medicine fellows and providers
- innovating effective non opioid medications with less side effects
- insurance company ,, ,medicare like UHC , CIGNA , HUMANA IS KILLING PAIN MANAGEMENT
- Insurance industry should not be a deciding force in what medication a patient receives. It is and has always been the responsibility of the prescribing practioner who knows the patients' needs. However, insurance companies block people from getting treatment by denying payment for the meds by giving archaic reasons.
- Insurance is becoming more of a barrier to treatment.
- Insurance is controlling treatment VERY BAD FOR PATIENTS
- Insurance reimbursement and technology advancement
- Integrated bio-psycho-social-spiritual approach is best.
- interventional pain is only thing that gets reimbursed. taking a pain history I complicated and takes a while, better resident education and mentoring
- It is fundamentally interdisciplinary
- It will implode
- It's not enough to quietly ammend the CDC GLs, they need to undo the damage of the original thru a strong educational campaign; also need to remove this falsehood that most of the OUD problem today is from clinicians; finally, AUD affects the pain pathway & treatment yet it's the dancing gorilla no one seems to talk about
- Its better it becomes a superspeciality rather than an add-on expertise though, I too belong to the latter !
- Keep the research coming.
- likely throttled by insurance and gov't oversight
- lots of industry bias, would love a good resource that is neutral/not industry sponsored to guide interventional therapies/the use of new technologies
- Many pain doctors aren't even ACGME fellowship trained. There are CRNAs doing pain procedures in Texas. Pain doctors sell neuromodulation, do not take ownership. Pain physicians abuse ketamine drip therapy.
- Medicare will soon phase it out completely
- medicine as a whole is suffering in this country due to big pharma, insurance, and regulatory issues
- medicine in general, get an MBA instead
- Money and lobbying has convinced MDs that poor solutions are good.





# APPENDIX

## APPENDIX E

### Any Other Thoughts, Concerns, Or Insights You'd Like To Share About The Future Of Pain Medicine?

- no "shots only" docs
- No one should be surprised at Medicare cutting procedure payments. The way they are grossly overused in the name of profit preicts this.
- no one will do this if reimbursement continues to decline
- Nobe
- non
- None
- None
- none
- None
- none
- none
- None
- None
- None
- None
- None
- None
- None
- none
- None
- none
- None. Get an MBA
- Not right now
- Nothing comes to mind
- Nothing to share at this time
- Overprescribing
- Pain management is challenging and rewarding but seeing patients is the easy part. Documenting , and fighting for everything we do is challenging and frustrating and is causing many physicians to retire and many young students to enter non clinical roles. This needs to change. Physicians need to take back medicine. Easier said than done. I don't have the answe. Maybe unions and a cohesive stance against insurance companies running the show. Their whole goal is to deny care , meds, services and make money. It takes a lot of time and effort to fight for our patients.
- Pain medicine has a bright future
- pain medicine in general is going to procedures - that is where the money is- however th money should be in other places also. Also, widely available local and regional blocking techniques should be AVAILABLE to patients.
- pain medicine is being killed by regulators and penny pinchers
- Pain medicine is fragmented, and not collaborative. Too much focus on interventions or medications
- Pain medicine should be a residency not a one year fellowship
- pain medicine too siloed, interventions, meds
- Pain patients can be needy and understanding of my time and compensation is critical for my full engagement in their Pain Management
- Patients and providers need better access to stepped care models/collaborative care models to address the whole person
- Physician shortage is an ever growing problem. Lack of access to specialist is only going to get worse.
- Physicians need more control and independence in the process
- PM is still in infancy as a specialty inspiring new innovations to assist an aging population with greater life expectancy.
- Poor outlook
- Public education
- RCT, reimbursement
- Regulation and authorization barriers have increased even as the number of effectivee interventions has increased

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### Any Other Thoughts, Concerns, Or Insights You'd Like To Share About The Future Of Pain Medicine?

- Standards for who can claim they are pain medicine physicians must be more clear.
- Still need to expand education to providers about pain management
- still poorly understood and poorly recognised by our colleagues so often inadequately supported
- taking a true biopsychosocial approach to pain medicine
- The ABIM, CDC. WHO are all crap.
- The absence of strong academic centres means that no-one polices - or calls out - feral practices, such as not following practice guidelines, or marketing short-term 50% relief of pain as the standard of care. We do not accept Endocrinologists who lower the blood sugar by, say, only 10%, but we celebrate VAS 8 goes to 6 as a success in pain medicine.
- The ball was dropped when subspecialization barriers were put in place compared to an alternative strategy
- The chronic pain crisis needs to be subdued before we can make progress
- the multidisciplinary aspect of chronic pain should be part of all medical education
- The number of approved narcotics should be reduced to a minimum
- The opioid crisis has caused a regulatory environment in which most non pain practitioners refuse to treat pain
- There are some great new technologies and new research coming forward in the near future that can definitely help patients in the near future. Even now with the current technologies used to help patients, there is some significant relief and decreased usage of opioids. The challenges will be reimbursement, especially for newer technologies, and dealing with the opioid crisis overall. I believe that cognitive and behavioral therapy should be implemented from the start to avoid crisis in the future and prevent from a patient being addicted. It still needs to be implemented to the current situation.
- THERE ARE TIMES WHEN SPECIALISTS IN PAIN MEDICINE MUST USE OPIATES AND BE FREE TO DO SO WITHOUT UNETHICAL INTERFEERENCE IN MEDICINE MUST PRESCRIBE OPIATES
- There are, I believe, distinct groups of pain patients, all of which would benefit from a team approach which would incorporate social workers, substance abuse professionals and liaisons with regulatory bodies. I feel that pain medicine is viewed with skepticism by the medical community, but they are glad we're around when needed.
- There is concern but as with everything else it may improve over time.
- This is the most fun any doctor could have in medicine and the biggest heartbreak. It's so compelling to be worthy to serve the suffering.
- This is the most fun any doctor could have in medicine and the biggest heartbreak. It's so compelling to be worthy to serve the suffering.
- This work needs to be done in a collaborative Interprofessional Team
- Trying to shift the public perception away from thinking pain management equals pain medicine
- TY
- Understanding the pathophysiology of pain allows us to better treat it in a multidisciplinary model which allows us to better treat it
- Upcoming field with lots of potential for the comfort of the patients
- Using opioids
- very concerned about future pain management if opioid shortage continues - seems government is closing opioids in pain management

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### Any Other Thoughts, Concerns, Or Insights You'd Like To Share About The Future Of Pain Medicine?

- We collectively need to provide more compelling evidence for some of the procedures we offer so as to maintain insurance coverage for them
- We have help patients understand that a zero pain goal is not always possible.
- We have to continue ot encourage the young doctors on the importance of pain management.
- We must do better
- We need improved communication with patients and other providers about advanced therapies and importance of lifestyle modifications for managing chronic pain.
- we need to be more evidence based and not buy into device company claims most are completely inaccurate
- We need to seperate illicit opioid deaths from chronic pain management.
- We need to take a holistic look at treating patients; too many narrowly focused specialists with too many poor answers treated like perfect answers.
- What I do, Osteopathic manipulation needs better reimbursement. It is not an affordable profession through the hospital system. I need to be independent in my profession. I help most of the pain clinic patients more than their injections and RFA because I release the pressure on their nerves by restoring neutral anatomy and tone in a manner Chiropractic does not. We need more of what I have been taught to do, but we still need pain clinics to help patients that have no other options left for pain control.
- Where do you send patients that have exhausted your options
- WHERE is the AMA????
- Would benefit the population if ABPM were ABMS recognized
- Would encourage AAPM to move towards recognizing ACGME Fellowships as the ideal training platform and not keep their separate pain board certification system

A stylized graphic of a pulse or heartbeat, consisting of four vertical bars of increasing height from left to right, with a small circle at the top of each bar. The bars are dark blue, and the circles are a lighter shade of blue.

# Pain Pulse Survey 2024



[PainMed.org](http://PainMed.org)