



2025 Board of Directors Nomination

Nomination submission for:

Director-at-Large (two positions)

Nominee Identification Information

Name Joseph Hendrix

Please list your credentials, i.e., MD, MPH, PhD, etc. MD, MBA, MS, FASA

How Many Years Have You Been an AAPM Member? 6

How long have you held your current volunteer position? 6

What is your total experience in the field of pain medicine? 13

Employment & Practice Information

Type of Organization (select one) Private Practice

Organization WCT

1. In what areas of Pain Medicine do you practice?

Pain Medicine

Anesthesiology

Neurology/Neuropathic Pain

Acute Pain & Regional Anesthesiology

Chronic Pain

Pain Psychology

Research

Cancer Pain & Hospice

Spine and Pain Management

Inpatient Pain Management

2. Indicate your specialty of origin.

Anesthesiology

3. Indicate your percentage of time practicing Pain Medicine & specialty of origin.

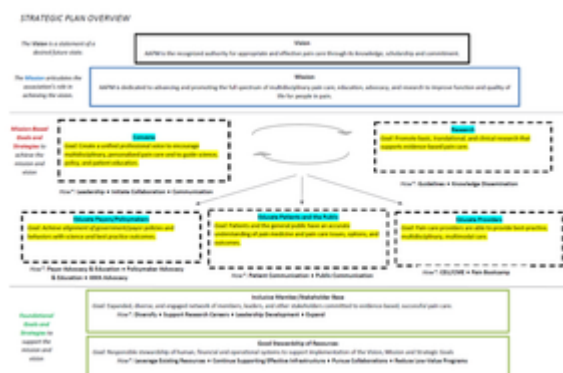
Pain Medicine: 50

Specialty of Origin: 50

4. Employment Experience: Please provide a 30- to 50-word summary of your work experience. (If you are retired, please describe the work that you did during the time you were employed.)

I have been continuously involved in education, research, clinical work, and advocacy regarding pain medicine and anesthesiology in the public, private, academic, governmental, and commercial spheres of practice since finishing fellowship in 2012.

AAPM Strategy



The above image is a diagram of AAPM's current strategic plan. The following three nomination questions will refer to the above image.

1. The Academy has focused on Convene, Educate Providers, Research, and Access Advocacy. The Board of Directors leads our strategic planning and formation of annual strategic objectives. Based on the above plan, your professional experiences, and experiences with the Academy, what suggestions would you make to move the Academy forward? Please keep comments to 300 - 500 words.

Given the Academy's strategic focus on Convene, Educate Providers, Research, and Access Advocacy, and drawing from professional experiences and insights from strategic planning models in healthcare, several suggestions can be made to move the Academy forward:

Enhanced Training and Resource Development:

Comprehensive Training Programs: Develop structured training programs for advocates that include webinars, role-playing exercises, and toolkits, similar to those used by organizations like the Research Advocacy Network and PCORI2. This will ensure that advocates are well-equipped to engage effectively with policymakers and healthcare professionals.

Digital Advocacy Tools: Leverage technology to create accessible digital advocacy tools and resources that can be easily disseminated to a wide audience, similar to the approach used by Trinity Health in their "Care for the Common Good" campaign.

Strategic Partnerships and Coalitions:

Building Coalitions: Foster partnerships with like-minded organizations to amplify the Academy's message and reach broader audiences. This strategy, as seen in AACOM's Virtual Advocacy Day, can help in achieving key policy objectives by engaging multiple stakeholders.

Interdisciplinary Collaborations: Encourage collaborations with various healthcare professionals and organizations to promote comprehensive healthcare solutions. This approach aligns with the strategic priorities outlined by AACP, emphasizing the importance of engagement with other healthcare organizations and professionals.

Strategic Planning and Evaluation:

SWOT Analysis: Conduct regular SWOT analyses to identify strengths, weaknesses, opportunities, and threats, ensuring that the Academy remains adaptable and resilient in an ever-changing healthcare landscape.

Balanced Scorecard: Implement a Balanced Scorecard approach to measure performance across multiple perspectives, aligning daily operations with long-term strategic goals. This model is widely adopted in healthcare for its effectiveness in evaluating organizational performance.

Advocacy and Communications:

Storytelling: Utilize individual stories with compassion to highlight the impact of healthcare policies on real people. This approach, as highlighted by VoterVoice, can be highly effective in engaging advocates and policymakers.

Clear Communication Channels: Establish transparent and effective communication channels to ensure that all stakeholders are informed and aligned with the Academy's strategic objectives. This can be facilitated through the use of strategic planning software like ClearPoint Strategy.

By incorporating these strategies, the Academy can enhance its advocacy efforts, strengthen its partnerships, and improve its overall strategic planning process, ultimately moving forward in achieving its vision and mission.

2. What is your professional vision for the future of Pain Medicine?

My professional vision for the future of pain medicine is one where it is:

1. Patient-Centered and Holistic:

Personalized treatment plans: Moving away from a one-size-fits-all approach to pain management, prioritizing individualized strategies based on the patient's unique needs, preferences, and circumstances.

Biopsychosocial model: Fully embracing the biopsychosocial model of pain, recognizing the complex interplay of biological, psychological, and social factors in the experience and management of pain.

Integrated care: Fostering seamless collaboration among various healthcare professionals, including physicians, psychologists, physical therapists, and other specialists, to provide comprehensive and coordinated care.

2. Multimodal and Innovative:

Expanding treatment options: Continuing to develop and refine a wide range of evidence-based treatment modalities, including pharmacological, interventional, behavioral, and complementary therapies.

Technological advancements: Harnessing the power of technology, such as artificial intelligence, virtual reality, and wearable sensors, to improve diagnosis, treatment, and self-management of pain.

Precision medicine: Utilizing genetic and other biomarkers to personalize treatment strategies and predict individual responses to different interventions.

3. Accessible and Equitable:

Reducing disparities: Addressing barriers to accessing quality pain care, including geographical limitations, socioeconomic factors, and stigma, to ensure equitable pain management for all.

Telemedicine and remote monitoring: Leveraging telemedicine technologies to expand access to care, particularly for patients in rural or underserved areas.

Affordable and sustainable care: Advocating for policies and practices that promote the affordability and sustainability of pain management services.

4. Prevention-Focused:

Early intervention: Emphasizing early identification and intervention for acute pain to prevent the transition to chronic pain.

Public health initiatives: Promoting public awareness of pain management strategies and healthy lifestyle choices to reduce the incidence of pain conditions.

Research on pain mechanisms: Investing in research to better understand the underlying mechanisms of pain and develop novel preventive interventions.

5. Ethical and Responsible:

Opioid stewardship: Continuing to address the opioid crisis through responsible prescribing practices, patient education, and access to evidence-based non-opioid alternatives.

Data-driven decision making: Utilizing data and analytics to inform clinical practice, track outcomes, and

ensure the safety and effectiveness of pain management interventions.

Patient empowerment: Empowering patients to actively participate in their care and make informed decisions about their treatment options.

By striving towards this vision, pain medicine can play a vital role in improving the quality of life for individuals living with pain and contribute to a healthier and more equitable society.

3. Why would you like to serve on the AAPM Board of Directors? (30-50 word limit)

I am passionate about advancing the field of pain medicine and believe my unique perspective as a regulatory advocacy expert, coupled with my ability to analyze real time data and identify trends, would be invaluable in guiding the AAPM's strategic direction and contributing to its mission of improving patient care.

Qualifications to Serve on the AAPM Board of Directors

1. How has AAPM Membership brought value to your career?

As a pain medicine physician and AAPM member, I can confidently say that membership has been invaluable to my career. Here's how:

Staying Current: The field of pain medicine is constantly evolving. AAPM provides me with cutting-edge updates on the latest research, treatment modalities, and clinical guidelines, ensuring my knowledge remains current and my patients receive the best possible care.

Education and Resources: AAPM's educational offerings, like the Annual Meeting and online learning center, are exceptional. They provide in-depth training on a wide range of topics, from interventional techniques to the latest pharmacological advancements. Access to these resources keeps me at the forefront of my field.

Networking and Collaboration: AAPM fosters a strong sense of community among pain medicine specialists. Through conferences and online forums, I connect with colleagues nationwide, share best practices, and collaborate on challenging cases. This professional network is essential for professional growth and providing optimal patient care.

Advocacy: AAPM is a powerful advocate for pain medicine specialists and our patients. They work tirelessly to address legislative and regulatory challenges, ensuring that we can continue to provide high-quality, evidence-based care. Knowing that AAPM has my back allows me to focus on my patients.

Enhanced Credibility: AAPM membership is a mark of professional distinction. It demonstrates my commitment to the specialty and adherence to the highest standards of practice. This enhances my credibility with patients, colleagues, and referring physicians.

In short, AAPM membership has been crucial for my professional development, allowing me to stay informed, expand my skills, connect with colleagues, and advocate for my patients. It's an investment that has paid dividends throughout my career.

2. List significant leadership commitment and involvement within the field of Pain Medicine.

Organization	Type	Leadership Position	Duration
CV			

3. After reviewing the AAPM Strategic Plan, what abilities and attributes will you bring to the Board of Directors' strategic deliberations?

As a pain medicine expert, I would bring the following abilities and attributes to the Board of Directors' strategic deliberations:

Comprehensive Knowledge of Pain Management:

Medical Expertise: I possess extensive knowledge of pain mechanisms, anatomy, and physiology, which is foundational for effective pain management. This expertise allows me to contribute to strategic discussions on clinical best practices and emerging treatments.

Procedural Skills: I am proficient in various interventional pain management procedures, such as epidural steroid injections, nerve blocks, and radiofrequency ablations, which is crucial for developing comprehensive pain management strategies.

Strategic Planning and Leadership:

Strategic Planning Models: I am familiar with strategic planning models such as the Balanced Scorecard and PEST Analysis, which are essential for guiding healthcare organizations towards areas of growth and

improvement.

Collaborative Leadership: I understand the importance of collaborative leadership in healthcare, which involves fostering partnerships, sharing responsibilities, and promoting continuous learning and growth among team members.

Advocacy and Communication:

Effective Communication: I have strong communication skills, which are critical for explaining complex medical information to patients and stakeholders, and for building trust and understanding in the patient-provider relationship.

Advocacy: I am committed to advocating for better pain management practices and policies, including access to pain education for healthcare professionals and the general population, and ensuring timely access to appropriate care.

Interdisciplinary Collaboration:

Multidisciplinary Approach: I believe in the importance of a multidisciplinary approach to pain management, which involves working with various healthcare professionals to provide comprehensive care tailored to individual patient needs.

Stakeholder Engagement: I am skilled in engaging with various stakeholders, including healthcare professionals, patients, and policymakers, to promote better pain management practices and policies.

Continuous Learning and Innovation:

Lifelong Learning: I am committed to lifelong learning, staying updated on new treatments, drugs, and technologies in pain management to ensure that patients receive the most current and effective care.

Research and Innovation: I am dedicated to contributing to clinical trials and developing new pain management techniques, which is essential for advancing the field of pain medicine.

By bringing these abilities and attributes to the Board of Directors' strategic deliberations, I aim to contribute to the development of comprehensive and effective pain management strategies that prioritize patient well-being and quality of life.

4. Describe one transformational/defining experience in your professional life you have been involved with and what you learned from the experience.

One of the most transformational experiences in my career involved a hospice patient, Mr. Davis, suffering from intractable cancer pain. He was referred to me with severe, unrelenting pain despite multiple medication trials and interventions. Mr. Davis was understandably demoralized, withdrawn, and losing hope.

Beyond the physical pain, he was grappling with existential distress and the emotional toll of his terminal illness. This case was particularly challenging because it pushed me beyond the boundaries of traditional pain management. It wasn't just about finding the right medication or procedure; it was about addressing the whole person.

I took a multidisciplinary approach, collaborating with his oncologist, a palliative care specialist, and a psychologist. We focused not only on optimizing his pain medications but also on addressing his emotional and spiritual needs. We incorporated mindfulness techniques, music therapy, and regular counseling sessions into his care plan.

Slowly but surely, I witnessed a remarkable transformation. Mr. Davis's physical pain became more manageable, but more importantly, his spirits lifted. He began to re-engage with his family, sharing stories and laughter. He found solace in rediscovering his faith and expressing his gratitude for the life he had lived.

In his final weeks, Mr. Davis taught me the true meaning of compassionate care. It wasn't about curing his disease but about restoring his dignity and helping him find peace amidst suffering. This experience profoundly impacted my approach to pain management, reminding me that it's not just about treating physical symptoms but about caring for the whole person – body, mind, and spirit.

It reinforced the importance of:

Empathetic listening: Truly hearing and understanding the patient's experience, beyond just their physical symptoms.

Interdisciplinary collaboration: Recognizing the value of a team approach in addressing the complex needs of patients with serious illness.

Holistic care: Integrating physical, psychological, and spiritual aspects into the treatment plan.
Focusing on quality of life: Prioritizing interventions that enhance well-being and bring comfort, even when a cure is not possible.
This experience remains etched in my memory, serving as a constant reminder of the profound impact that compassionate, patient-centered care can have on those facing life-limiting illnesses.

5. Is there anything else you would like the AAPM Nominating Committee to know about you that has not been stated previously?

I am exceptionally humbled to be considered for such a prestigious and significant position.

I hereby give permission to the AAPM Nominating Committee to contact me, print my Candidate Nomination Profile and Statement, and consider me for nomination to the AAPM Board of Directors on the official AAPM 2025-2026 Election Ballot.

By signing below, I confirm that I have read the AAPM Board of Directors expectations and duties on the 2025 Call for Board Nominations page on painmed.org.

Signature

A handwritten signature in black ink, consisting of a series of connected loops and a long horizontal stroke.