

The background features a dark blue gradient with several white circular gauges and arrows. One large gauge on the left has a scale from 140 to 260. Other smaller gauges and arrows are scattered across the page, creating a technical or scientific aesthetic.

NONPHARMACOLOGIC APPROACHES TO PAIN MANAGEMENT:

POLICIES TO PROMOTE EVIDENCE BASED  
NONPHARMACOLOGICAL APPROACHES

PATIENT, CLINICIAN, EDUCATOR AND HEALTHCARE SYSTEMS PERSPECTIVES

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# GREATEST BARRIERS TO IMPROVING CARE FOR CHRONIC PAIN?

- Access
  - Individualized, Multimodal/Multidisciplinary, Comprehensive, Integrated treatment programs
  - Reimbursement / Insurance Coverage – including adjunctive treatments (e.g. manual/movement therapies, mind body therapies)
- Education
  - Patients/Society – empowerment, self care foundations, biopsychosocial models, technology enhanced
  - Clinicians - Individual and diagnosis specific integrated/multidisciplinary treatment plan
- Integrated Health Care Delivery
  - Evidence based adjunctive treatments
  - Primary/Specialty Care

# WHAT CHANGES IN POLICY WOULD HAVE THE GREATEST EFFECT ON IMPROVING CARE FOR CHRONIC PAIN:

- Access
  - **Reimbursement policies**/Insurance coverage – payers requirements of inclusion options
  - Align payment incentives with evidence based treatment options, effectiveness/adverse effects ratios
    - e.g. manual therapies, movement therapies, mind body therapies
- Educational requirements
  - Patient/Society – **self care education resources** (e.g. governmental agencies); technology enhanced
  - Clinician – **educational requirements** (UME, GME, CME): primary/specialty/adjunctive clinicians; Evidence Based Diagnosis specific treatment guidelines; interdisciplinary collaboration