The Importance of a State Pain Society

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Disclosures, Disclaimers, and Opinions

- Disclosures: none
- Disclaimers: I am not sure what gives me any expertise in this field such that I should give this talk
- Opinions: Anything I say is definitely my own opinion and nothing more

National and International Pain Societies

- IASP: International Association for the Study of Pain
- APS: American Pain Society
- WIP: World Institute of Pain
- AAPM: American Academy of Pain Medicine
- ANS: American Neuromodulation Society
- ASIPP: American Society of Interventional Pain Physicians
- ASRAPM: American Society of Regional Anesthesia and Pain Medicine
- IARS: International Anesthesia Research Society
- ISIS: International Spinal Injection Society
- WSPC: World Society of Pain Clinicians
- NASS: North American Spine Society
- ASA: American Society of Anesthesiologists
- EFIC: European Federation of IASP Chapters

Levels of Pain Societies

International

- International Association of the Study of Pain
- World Institute of Pain
- World Society of Pain Clinicians

Continental

- European Federation of IASP Chapters
- American Society of Regional Anesthesia and Pain Medicine
- American Academy of Pain Medicine
- American Pain Society

Levels of Pain Societies

- Component Societies
 - North American Neuromodulation Society (NANS)
 - American Society of Interventional Pain Physicians
 - International Spinal Injection Society (ISIS)
 - International Neuromodulation Society (INS)
- Privately owned Societies
 - PAINWeek
 - Eric Grigsby's NAPA conference

Levels of Pain Societies

- State Societies
 - Pain Society of the Carolinas
 - Texas Pain Society
 - New York State Pain Society
 - Tennessee Pain Society
 - New England Pain Society
 - Connecticut Pain Society
 - Future Pennsylvania Pain Society
 - ASIPP chapters
 - GSIPP
 - WVSIPP
 - FLSIPP

Why Have State/Regional Pain Society?

- "All Politics are Local"
 - Issues at state levels are often not handled well by continental organizations
 - Legislative
 - Political
 - State medical board issues
- Capacity exists for pharma companies to support state societies
 - No more pens, sticky note pads, etc.

Coordination of Effort



Methods of Regulating Physicians

- Licensing by the state
- Voluntary regulation by professional associations
- Recognition of the patterns of training through diplomas or degrees

The Role of Salerno in the History of Medical Education and Examination

 First time in recorded history that a faculty of medicine determined the qualifications for a license to practice, including administration of an examination (13th century)

Organizational Structure

- Board of Directors
 - Executive board: 1-2 year tenures
- Executive Director for the society
- Functioning committees
 - Membership committee
 - Legislation committee
 - Educational committee
 - Scientific program committee
 - Workshop programs
 - Communications committee

Board of Directors

- Broad based in specialties
 - Anesthesia, neurology, physical medicine and rehabilitation, neurosurgery, primary care, mid-level providers
 - Appropriate geographic representation
- Elected to set terms (2 year terms)
 - Election by membership or BOD
 - No single person has ownership of society
- Allow for growth of board as society grows
- Should meet regularly

Executive Director

- Very, very important person to the state society
- You have a very seasoned person who understands pain medicine very well in Robin Hoyle
- It is the job of the society to keep a system of checks and balances in all ways

Advocacy Committee

- Possibly the most important committee
- Most physicians do not seek legislation when it comes to dictating medical practice
- Medical boards look to component (societies) with expertise in a specialty for direction
- Legislators will often look to a state society for direction
 - Legislators realize the economic power of the constituents in a statewide society
 - Value of PACS within a state society

Federal and State Controlled Substance Laws



State and Federal Agencies with Control over prescribing Practices

- Food and Drug Administration (FDA)
 - Drug Enforcement Agency (DEA)
 - Often work in concert with state agencies
 - Very deep pockets
- State Bureau of Investigation
 - State drug enforcement arm
- State Medical Board
 - Control over license and practices
 - Responsible for guidelines (eg. opioid prescribing)
 - Fiscal constraints for litigation

In June 1760 the General Assembly of New York enacted the following legislation:

"No person whatsoever shall practise as Physician or surgeon in the...City of New York before he shall have been examined in Physick or Surgery...by one of His Majesty's Council, the Judges, of the Supreme Court, the King's Attorney General, and the Mayor of New York"

Colonial Laws of New York

Education Committee

- Immediate value to organization
- Importance of annual meeting
 - Dissemination of ideas
 - Networking among peers
 - Involvement of local talent
- Workshops
 - Cadaver: Spinal cord stimulation, radiofrequency
 - Ultrasound

Annual Meeting

- Decision of the board to be either broad-based or narrow in focus
 - For example: only interventional minded or only opioid focused
 - Broad based focus can attract physicians and mid-level practitioners from many types of practices
 - Pain specialists
 - Rheumatologists
 - Neurologists
 - Physiatrists
 - Oncologists
 - Primary care specialists (internal medicine, family medicine)
 - Neurosurgeons
 - Orthopedic surgeons

Membership Committee

- Vitally important to strength of organization
- Dues are important part of revenue for organization
- Membership allows communication between organization and practitioners
- Dues can be modest and included with attendance to annual meeting

Communication Committee

- Importance of internet sources
 - Web site
 - Facebook, twitter
- Newsletter
- Email updates to members

Annual Meeting

- It is a very important part of any state society and reflective of its overall health
- Showcase the state's attractions
- Good idea to move the meeting around
- Scientific committee
 - Often members of the board
 - Good to rotate the chair and members
- Incorporate private practice and academic speakers
- Utilize outside speakers

Ethics of Physicians and Pharmaceutical (and Device) Company Relationships

ANDERSEN

The Arthur Andersen partner was on his cell phone when he said,

"Ship the Enron documents to the feds,"

but his Secretary heard,

"Rip the Enron documents to shreds."

It turns out that it was all just a case of bad cellular.



Sprint PCS The clear alternative to cellular ™

Wall Street Journal: June 9, 2008

- Joseph Biederman MD is a child psychiatrist who allegedly received over \$1.6M from drug companies much of which he did not disclose
 - At issue, antipsychotic drugs in children diagnosed with mood swings, bipolar disorders
 - Biederman wrote guidelines for pediatric psych drugs
- Harvard Medical School and Massachusetts General Hospital dinged for not watching over their physicians
- Reported in New York Times, Boston Globe and Wall Street Journal

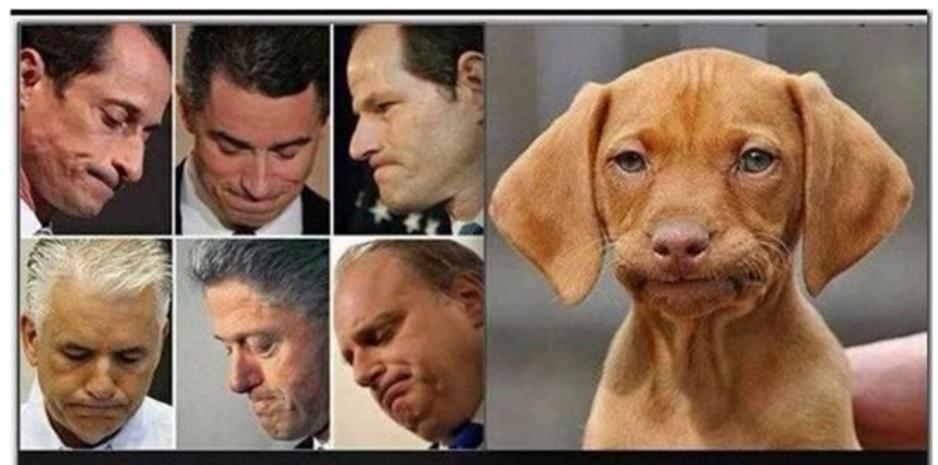
We as a profession have not always been able to subordinate our own interests to those of society, as our ethical tradition requires us to do.

Arnold Relman, editor of New England Journal of Medicine

Where Pain Physicians Run Afoul of Professional Conduct

- Professional misconduct definition:
 - "Infamous conduct in a professional respect"
- Sexual misconduct (patients, staff, residents)
- Gross incompetence
- Fraudulent advertising
- Financial conflicts of interest
 - Medicare upcoding
 - Performance of unnecessary care
- Fraudulent conduct of research activities
 - Stock ownership in companies
 - Fabricating data

How to Know if Your Dog is Involved in a Sex Scandal?



Only one rule in medical ethics need concern you - that action on your part which best conserves the interests of your patient.

Martin H. Fischer MD

Physician (Society) Interactions with Industry

- Relationship can be mutually beneficial for the physician and industry
- Relationship can be skewed with industry taking advantage of a physician
- Relationship can be skewed with physician taking advantage of industry

Physicians and Industry Interactions

- Speaker's bureau
 - Pharma guidelines
- Consulting arrangements
 - Advisory board functions
 - Drug or device development and platforms
- Research funding
 - Unrestricted grants
 - Clinical trials
 - Investigator sponsored trials
- Company ownership
 - Stock options

Conflicts of Interest

- Speaking about a topic for which you to are paid by a company involved in that topic
 - Disclosure of conflict prior to talk
- Publishing/writing on topics when one is paid by a company
 - Peer-reviewed articles (author disclosure)
 - Chapters in books
 - Published guidelines
- Performing clinical trials on drugs/devices for companies with whom you have a relationship
 - Issue: stock ownership in the company
 - Pivotal trials for approval
 - Disclosure of relationship

How to Develop Ethical Relationships

- Always provide full disclosure
- Don't fabricate data or plagiarize
- Do not take any money for which you have not provided appropriate services
- Patients deserve the best clinical care from us that is free of commercial bias
- Recognize that stock ownership represents the ultimate conflict and bias toward providing unbiased clinical research (and care?)

Developing Ethical Relationships

- No shortcuts
- Should not be driven by money
 - OK to be paid market rates for services
- Find a niche
 - Network with others in the field
 - Look for mentors
 - Work hard and be involved
- Remember that everything is a two-way street

The Two-way Street of Industry and Physician (Society) Relationships

- Industry needs physicians
 - Perform clinical research and trials
 - Advise on clinical needs and markets
 - Marketing products (drugs and devices)
 - Societies are becoming an increasingly popular way to market products
- Physicians need industry
 - Bring new products for clinical care
 - Innovation and new molecule discovery/development
 - Support education
 - Meetings, fellowships, specialty societies/organizations

Developing Ethical Relationships

- Always remember that industry is a for-profit enterprise
 - This does not imply unethical behavior
- If you (or your society) can't walk away from a relationship with a particular industry then you may want to restructure things

Why Develop Relationships with Industry?

- Pharmaceutical and device companies offer one of the major pathways to scientific discovery and development of new treatments for our patients
 - They have deep pockets beyond NIH, etc.
- Industry supports educational meetings, foundations, and organizations that provide dissemination of information among colleagues
 - Educational meetings and organizations rely on this money for support and sustenance

Erosion of trust that society has placed in the medical profession is being eroded as self-interest replaces altruism as the profession's primary goal

- The failure of the medical profession to protect society adequately from incompetent, negligent, and unscrupulous physicians; and
- The failure of the medical profession to exercise greater stewardship over the collective resources available for the provision of medical care
 - Lee PR, 1988

Industry and Physicians and Societies

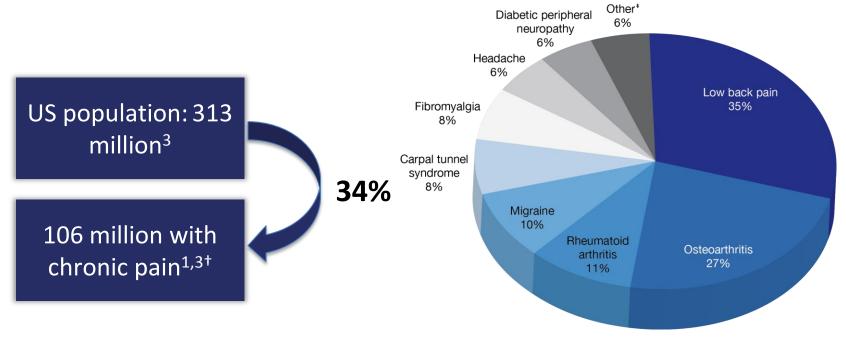
- My experience with industry has been positive
 - Educational and societal support
- Scientific collaboration has been rewarding
 - Spinal cord stimulation for war-wounded soldiers
 - Intrathecal gabapentin
- I have spent much time trying to keep a balance in my relationship with industry
- Relationships have been made over 25 years in the field...and companies change over time
- Be proactive developing your area of interest
- Conflicts of interest are inevitable. How you handle those conflicts determine how your colleagues/peers view your work and code of ethics

Why State Pain Societies Should be Successful

- Unmet need remains very large
- Reaches across many specialties and primary care
- Industry is willing to help support the society
 - What is good for us is also good for them
- Society, in general, will welcome physicians in this area to come together and present a common voice

Prevalence of Chronic Non-cancer Pain Conditions*

- Approximately one-third of adults in the United States are thought to be affected by chronic non-cancer pain^{1,†}
- Incidence of chronic non-cancer pain likely for several reasons, including an increase due to aging of US population and improvements in modern medicine²



^{*}Patients may have had >1 pain condition. †Defined as chronic, recurrent, or long-lasting pain lasting ≥6 months. ‡Includes ankylosing spondylitis, psoriatic arthritis, postherpetic neuralgia, and trigeminal neuralgia.

1. Johannes et al. *J Pain*. 2010;11:1230-1239. **2.** Institute of Medicine of the National Academies. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. 2011. **3.** US Census Bureau. http://www.census.gov/main/www/popclock.html. Accessed February 29, 2012.

The OxyContin story



Final Thoughts

- It is a lot of effort to organizing and running a state pain society...so why do it?
 - There is a great unmet need to educate in this space
 - It is a great way to develop comraderie and friendship with colleagues
 - Cross-pollination of ideas about medical care
- Maintain the highest standards of ethics

If you don't know where you are going, all roads will get you there

--The Talmud