Health and Pain Care Disparities: Addressing the Unequal Burden Through Knowledge and Policy

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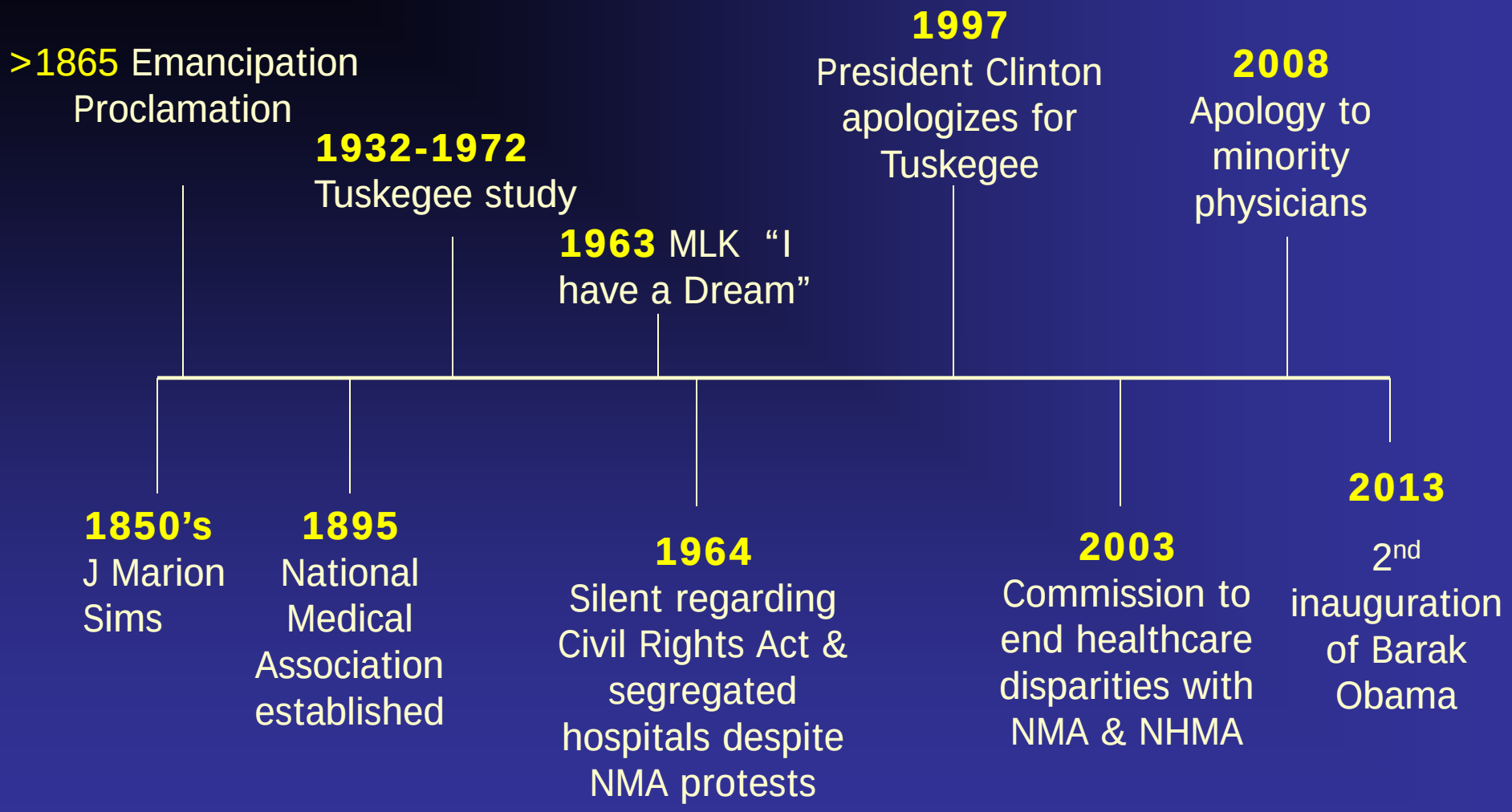
Disclosures

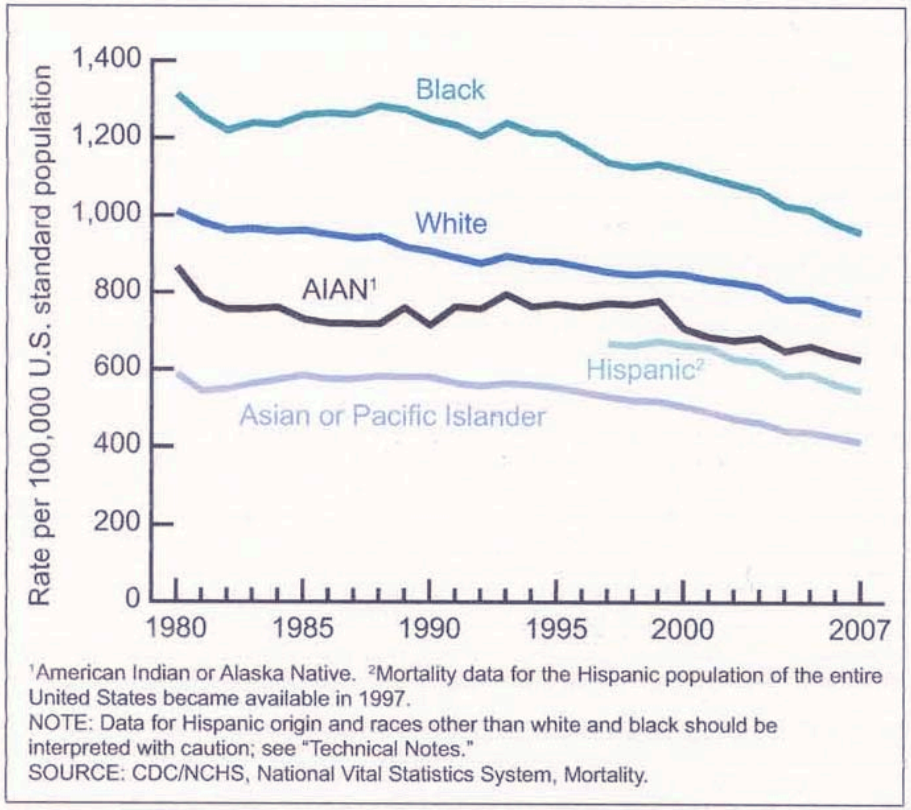
- **Speakers bureau - none**
- **Stocks - none**
- **Grant Support**
  - **Aetna Quality Care Fund**
  - **Blue Cross Blue Shield Foundation of Michigan**
  - **Hartford Foundation**
  - **Lance Armstrong Foundation**
  - **NIH**

    Clinical and Translational Science Awards

    Michigan Center for Urban African American Aging Research

    Investigator initiated awards
  - **Robert Wood Johnson Foundation**


>1865 Emancipation Proclamation
1850's J Marion Sims
1895 National Medical Association established
1932-1972 Tuskegee study
1963 MLK "I have a Dream"
1964 Silent regarding Civil Rights Act & segregated hospitals despite NMA protests
1997 President Clinton apologizes for Tuskegee
2003 Commission to end healthcare disparities with NMA & NHMA
2008 Apology to minority physicians
2013 2nd inauguration of Barak Obama



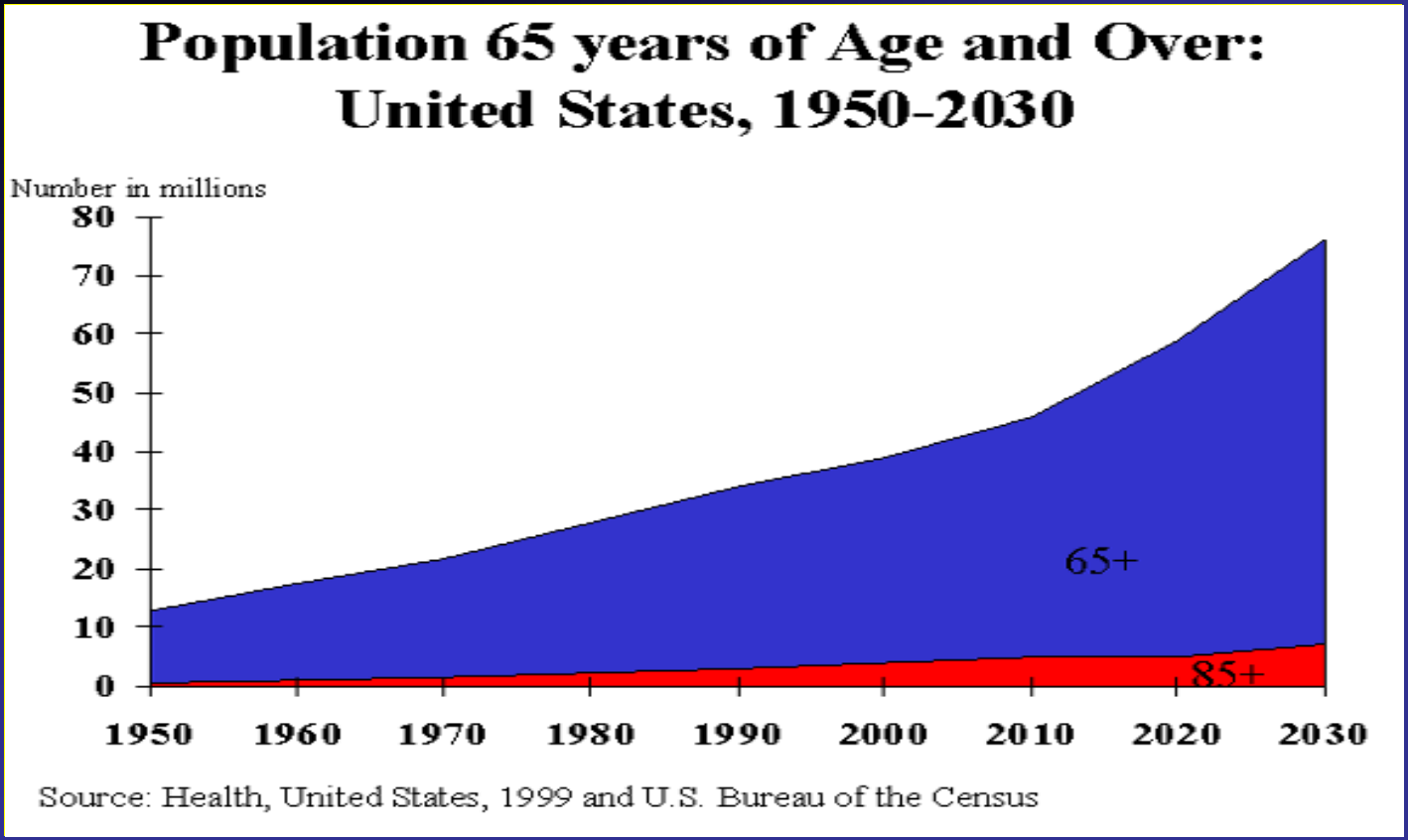
¹American Indian or Alaska Native. ²Mortality data for the Hispanic population of the entire United States became available in 1997.
NOTE: Data for Hispanic origin and races other than white and black should be interpreted with caution; see "Technical Notes."
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

Figure 2. Age-adjusted death rates, by race and Hispanic origin: United States, 1980–2007

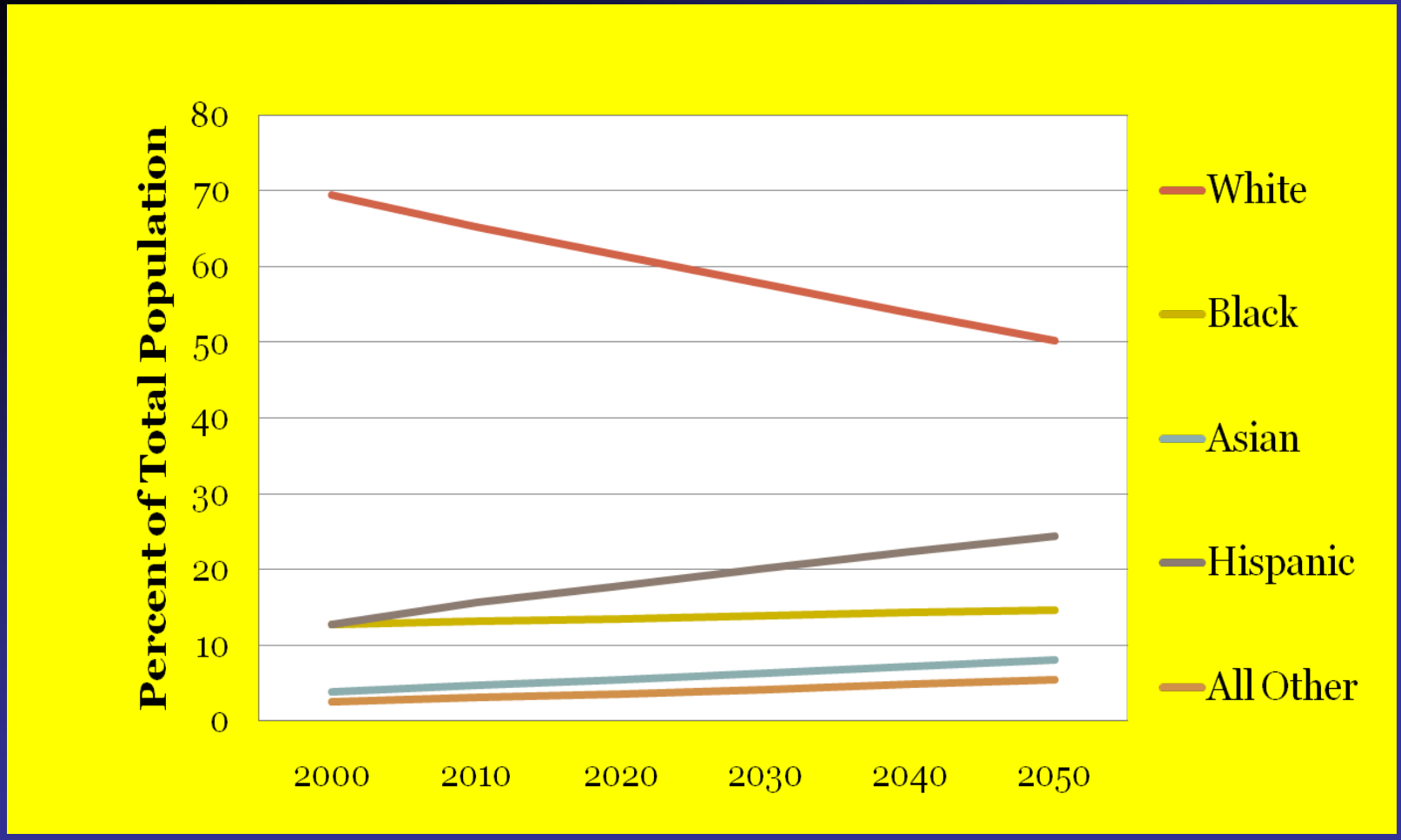
"I am sure that none of you would want to rest content with the superficial kind of social analysis that deals merely with effects and does not grapple with underlying causes. "

Martin Luther King, Jr.

1999 U.S. Census Projections (millions)

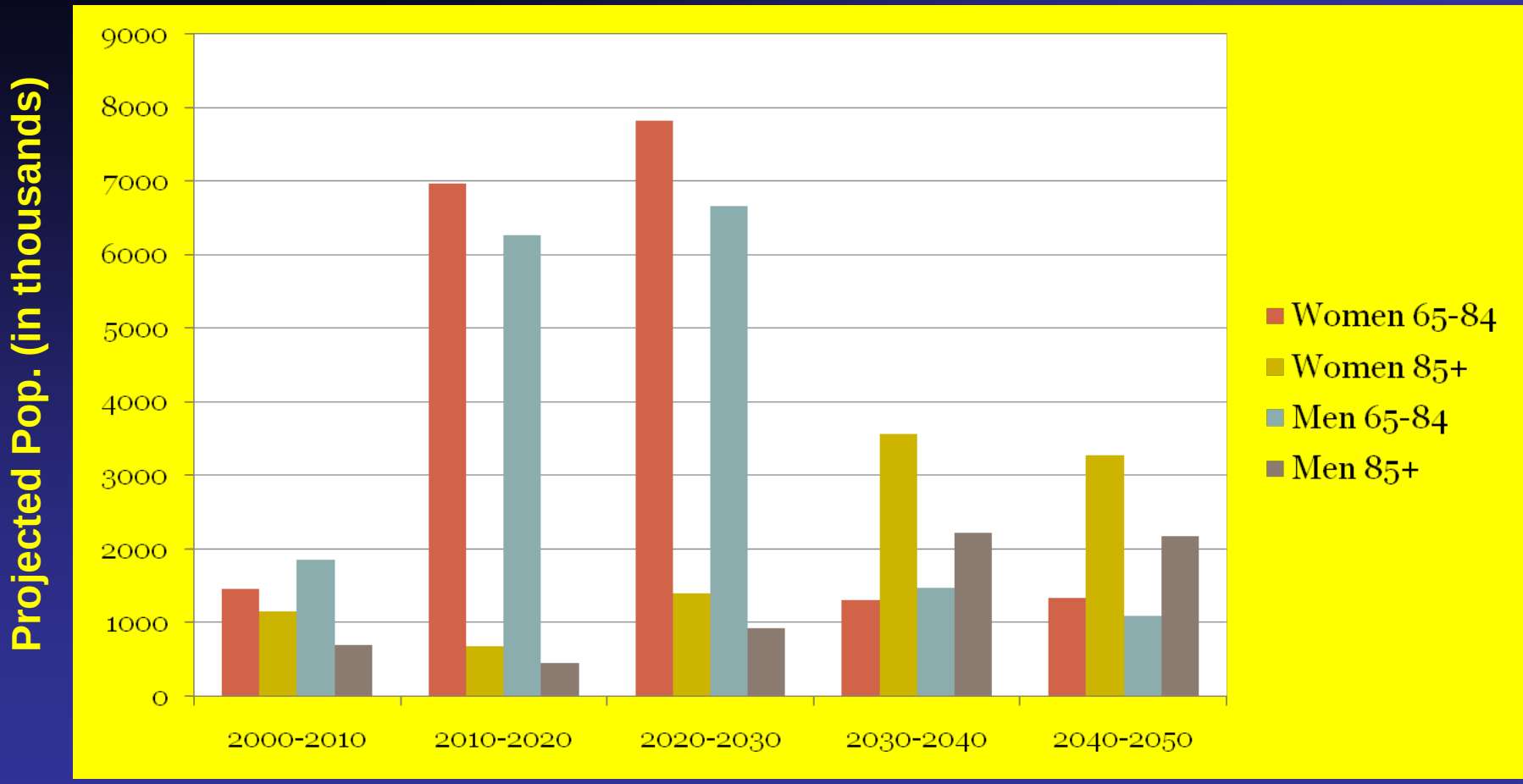


Projected Population Growth by Race



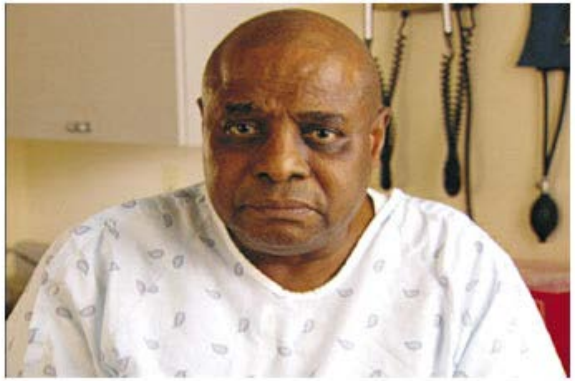
Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race and Hispanic Origin," <http://wwww.census.gov/ipc/www/usinterimproj/> Released March 18, 2004

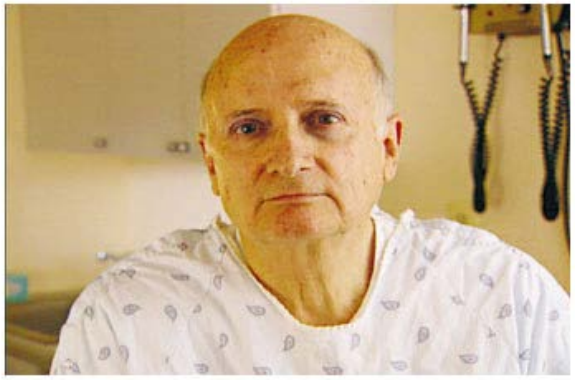
Gender and Aging



Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race and Hispanic Origin," <http://wwww.census.gov/ipc/www/usinterimproj/> Released March 18, 2004

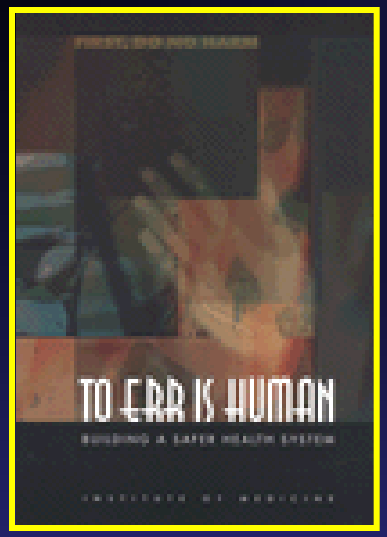
The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

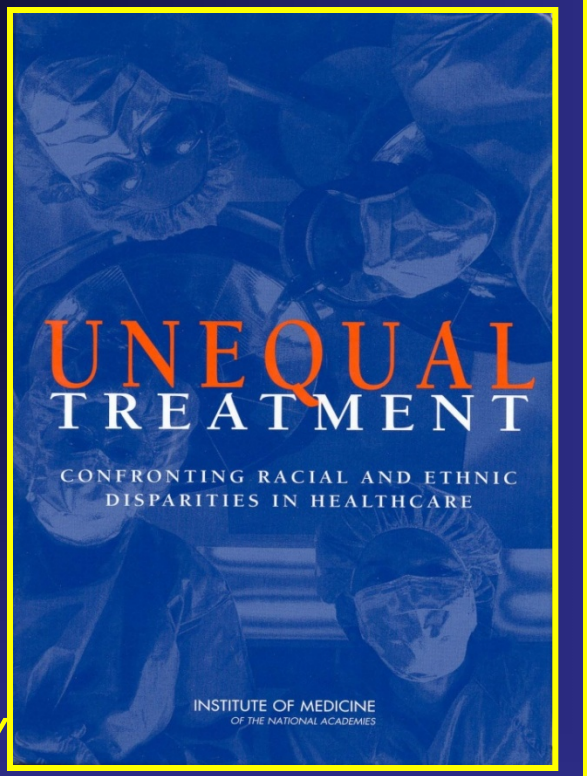


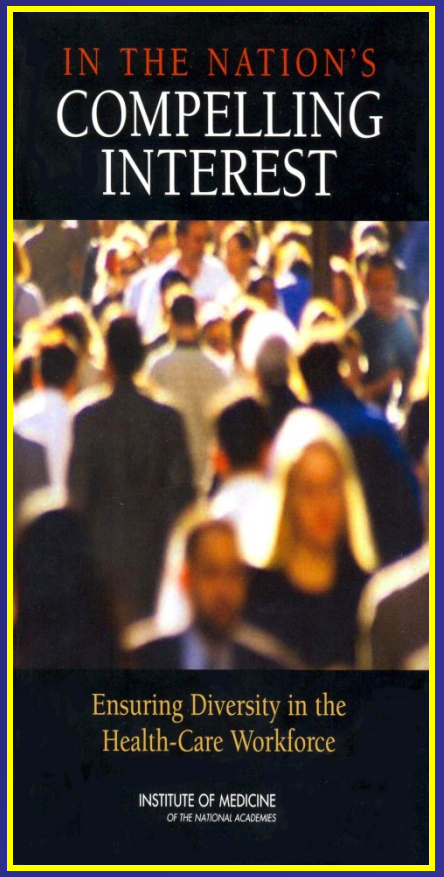


Schulman, et. al *New England Journal of Medicine* 1997

Institute of Medicine

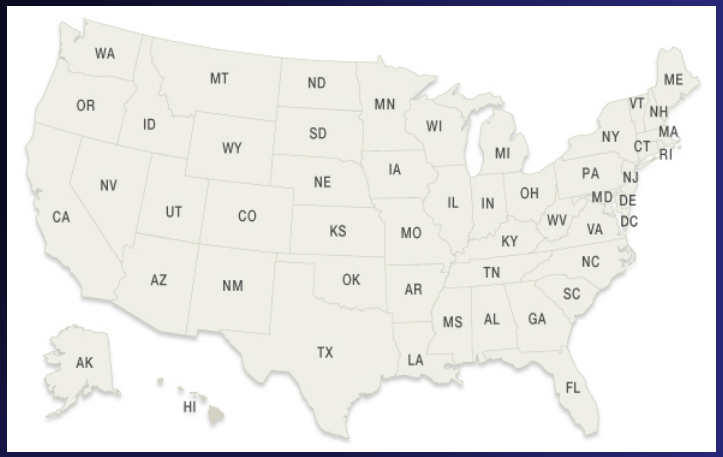






Among the committee's more disturbing findings is the frequency with which patients experience pain. Sadly, many patients fail to receive state –of-the art pain relief. Ingham and Foley, 1998

An American Problem



"Racial and ethnic disparities in health care are unacceptable in a country that values equality and equal opportunity for all. And that is why we must act now with a comprehensive initiative that focuses on health care and prevention for racial and ethnic minorities."

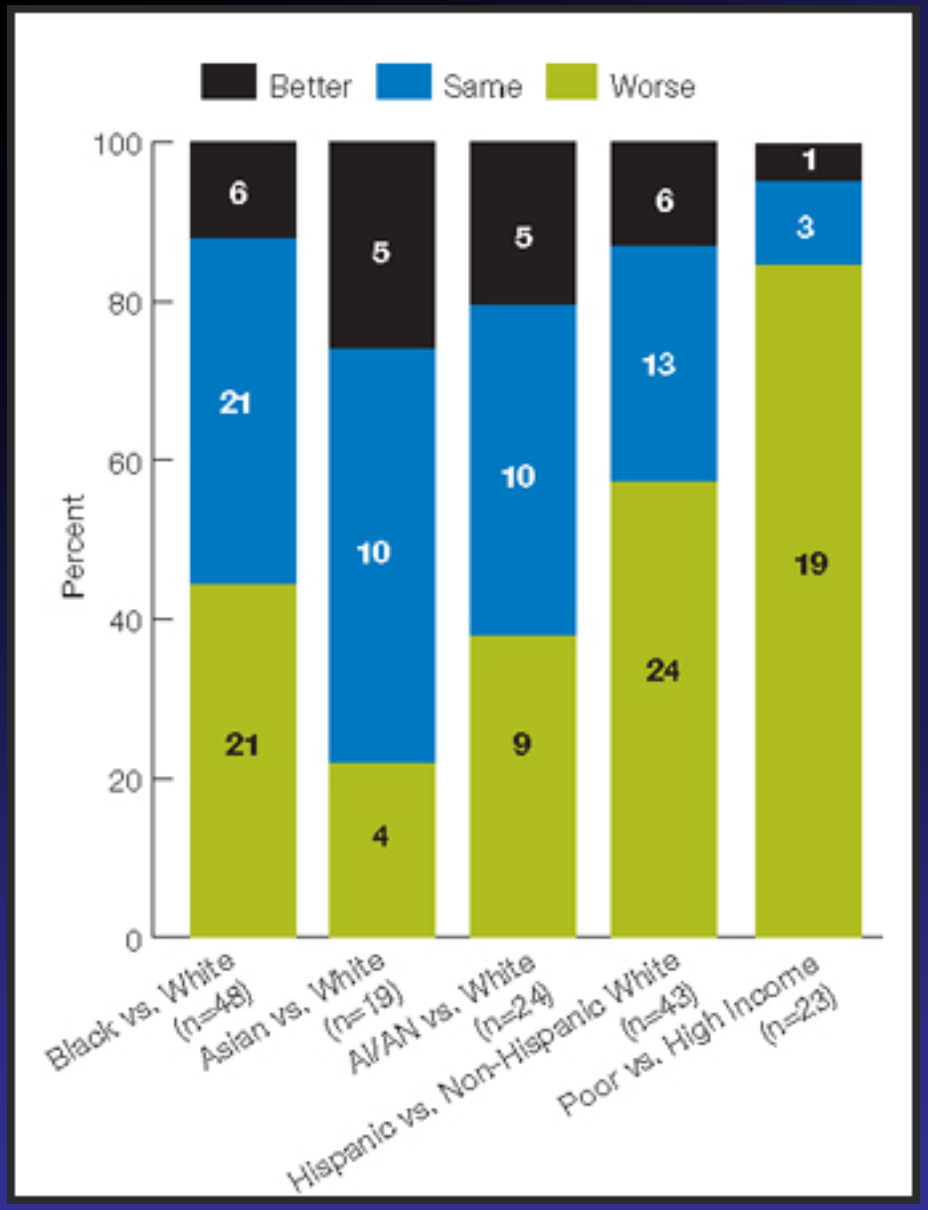
"These gaps are simply unacceptable in America. Turning our back on these health disparity problems would be a national failure."

Healthcare Disparities by Race/Ethnicity

Measure	African American*	Hispanic*	Asian-American
Missed work days in past year	↑	↔	↓
Physical limitations	↑	↔	↓
Fair or poor health status	↑	↑	↔
Obesity	↑	↑	↓

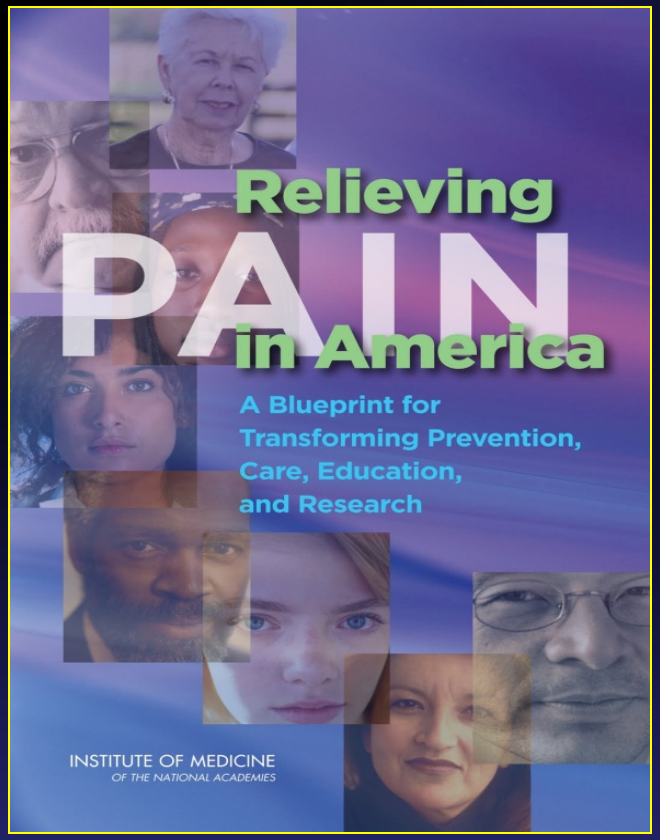
*VS NON-HISPANIC WHITE; source: 2009 National Health Interview Survey


$1.24 trillion
The combined costs of health inequities
$229.4 billion
Reduction in direct medical costs, achieved through disparity elimination
31%
Direct medical expenditures for ethnic groups defined as excess costs due to health inequities



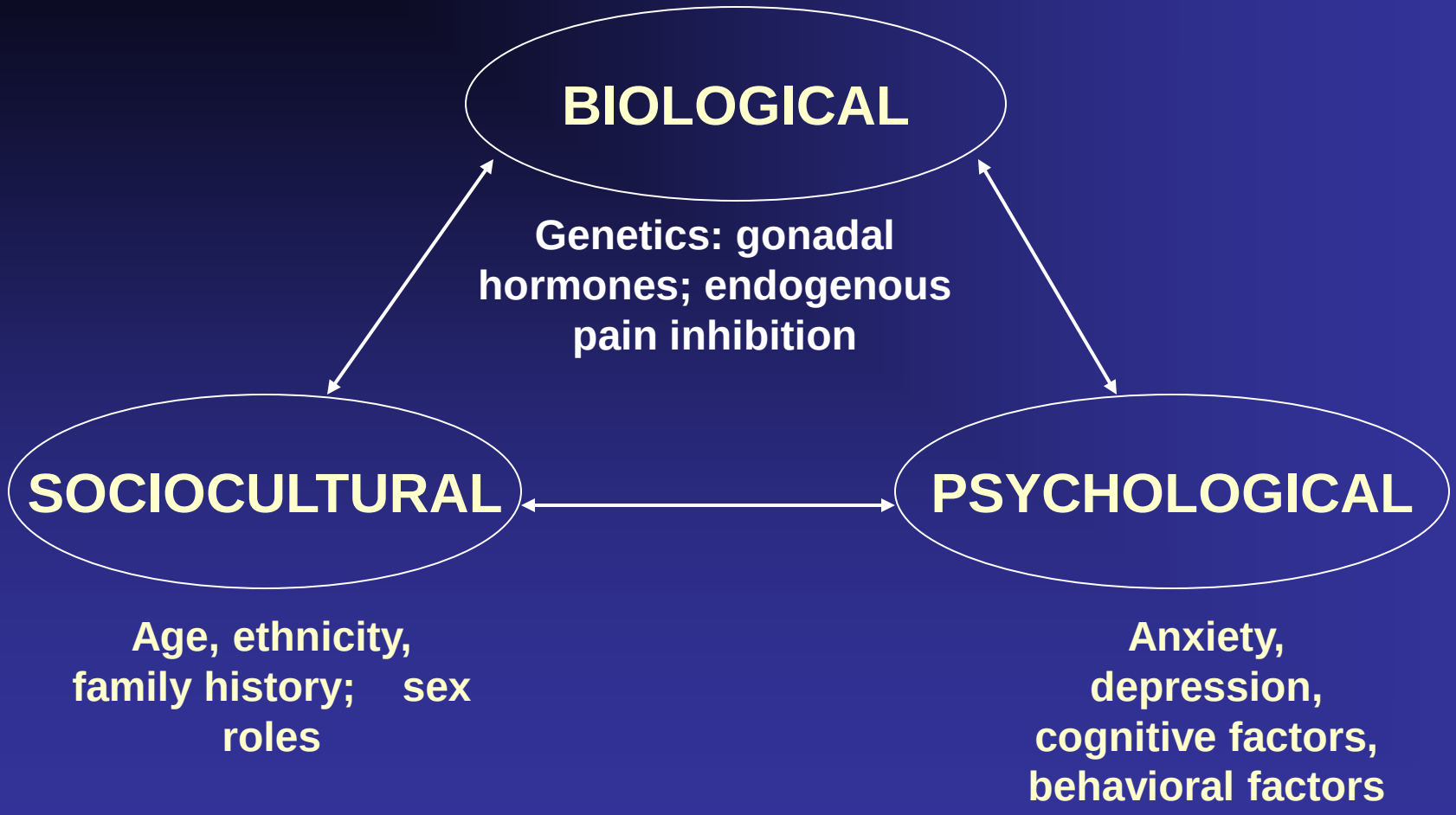
Disparities in Quality of Care are Common

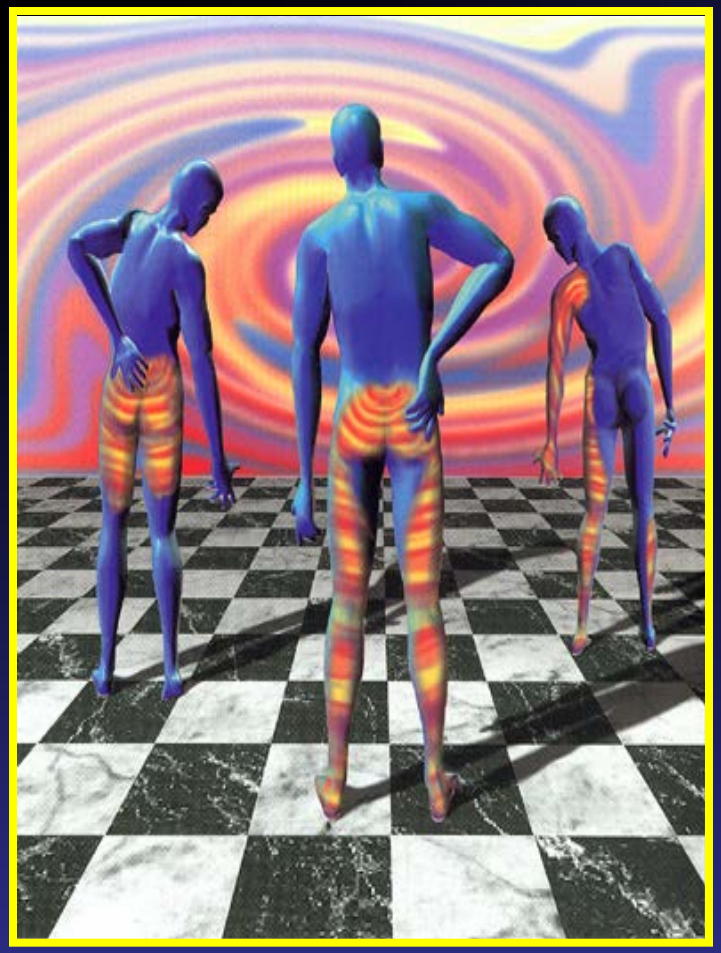
Distribution of Core Quality Measures for which members of selected group experienced better, same, or poorer quality of care compared with reference group



- Chronic pain (2010)
  - >100 million Americans
  - > $560-635 billion/yr
- Cardiovascular disease (2010)
  - 83 Million Americans
  - $444 billion/yr
- Diabetes (2007)
  - 17 million Americans
  - $176 billion/yr
- Cancer (2007)
  - 11 million Americans
  - $226 billion/yr

Mechanisms Underlying Differences



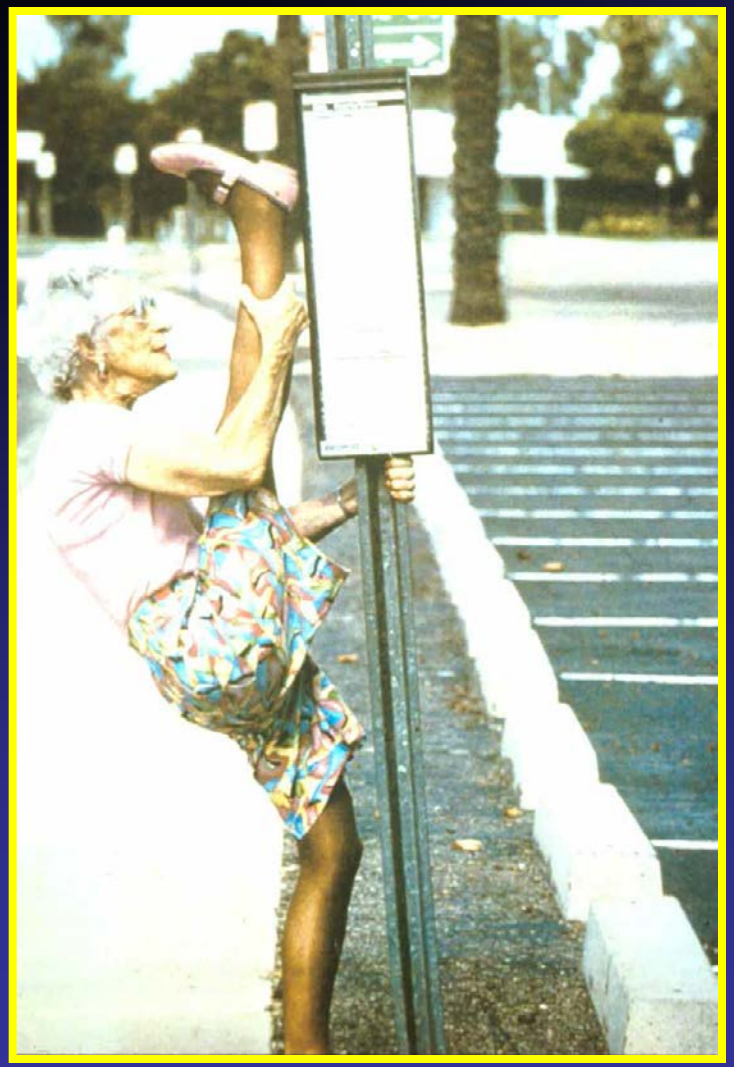


Consequences of Chronic Pain

- **Physical function** → Disability, Sleep
- **Family/Social role** → Caregiver, school, community
- **Economic** → Work productivity, healthcare costs
- **Psychological function** → Anxiety, depression, post-traumatic stress disorder

LIVING IN AGONY

Aging and Pain

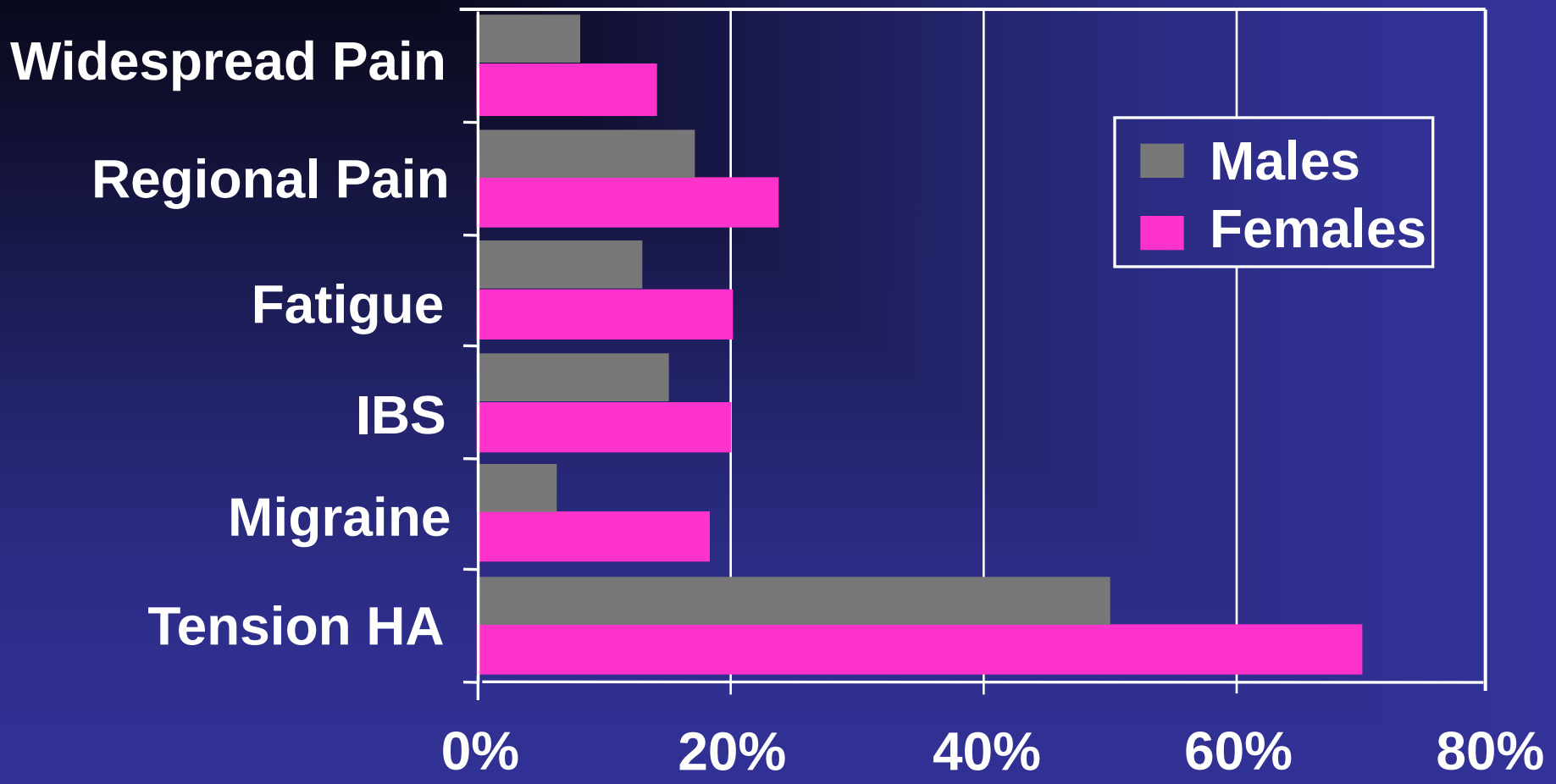


- Prevalence of pain will increase with aging
- Accelerated aging noted in racial and ethnic minorities
- Older patients are less likely to receive adequate analgesic treatment
- High correlation between depression and pain
- Pain diminishes the QOL in older adults

Gender and Pain

- Women have a higher prevalence of most chronic pain conditions which varies by stage in life cycle
- Despite common beliefs, women have a lower pain threshold and less tolerance to painful stimuli in several experimental studies
- The pain complaints of women are handled less adequately
- Gender differences in response to analgesics

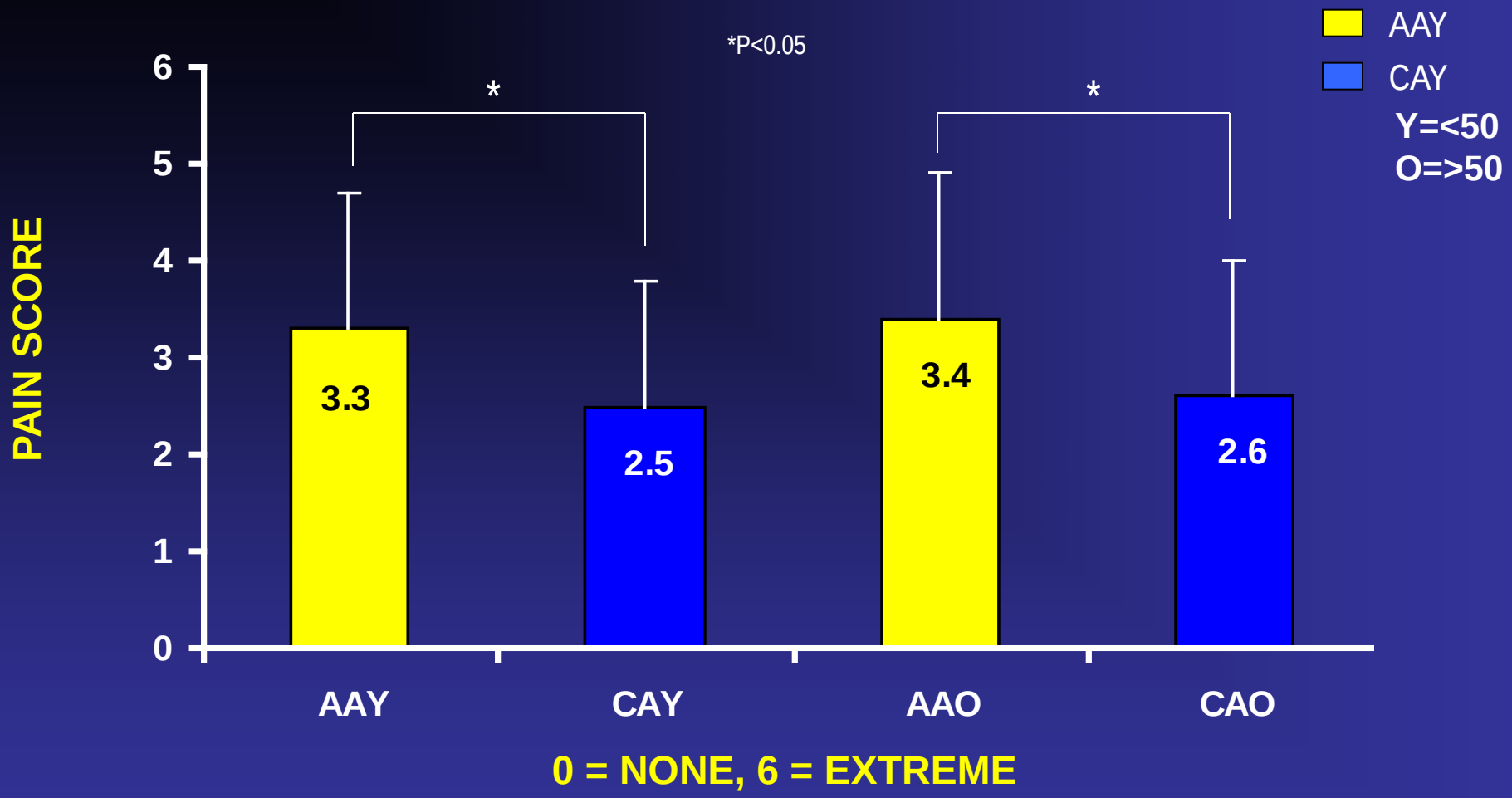
Gender difference in pain and its correlates



Race and Pain Care

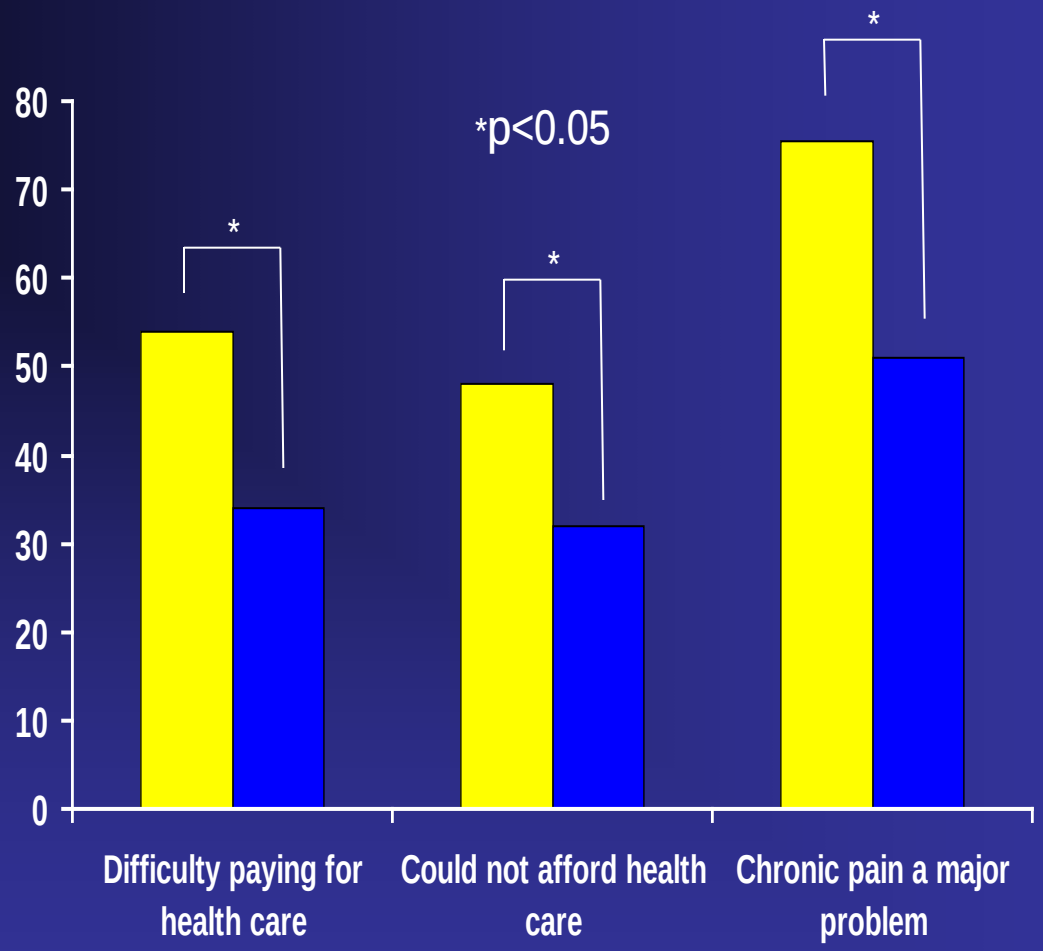
- Minority patients have less access to pain management
- Minority patients are less likely to have pain recorded
- Minority patients receive less pain medication
- Minority patients are at risk for under-treatment
- Minority patients with pain have decreased health

Pain Score at Present



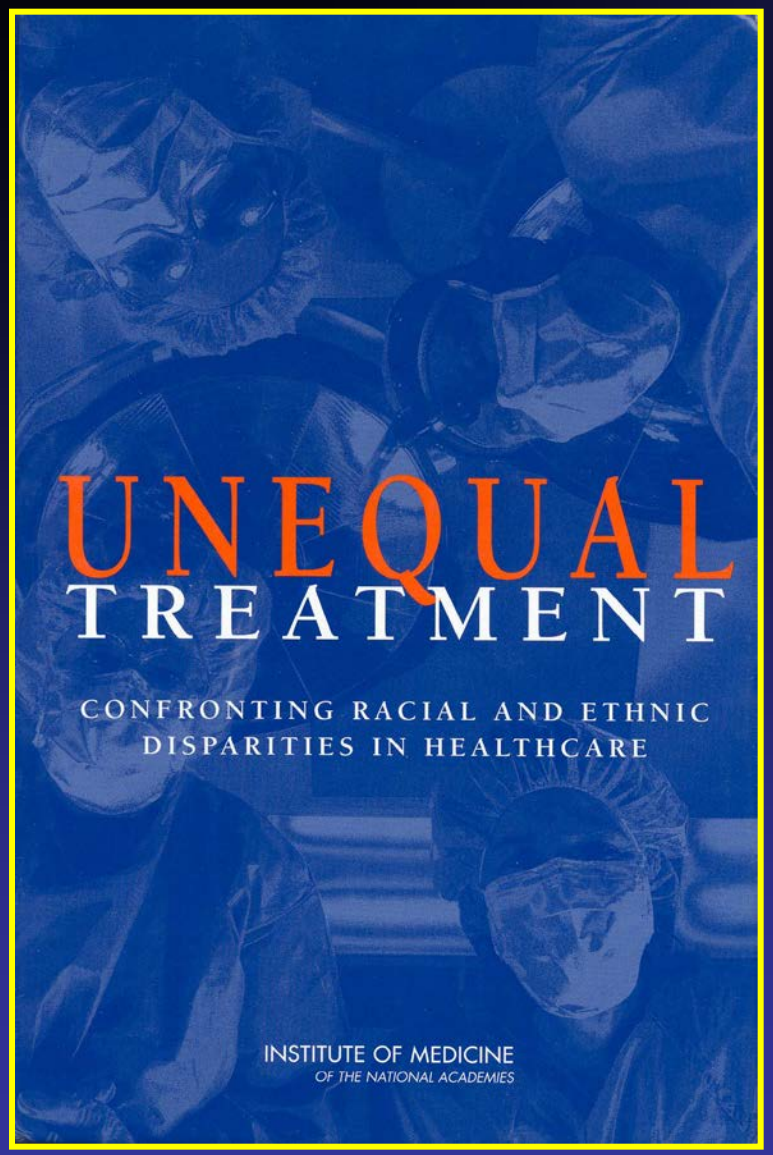
Health Care Utilization Among African and Caucasian Americans

- Survey study of 286 patients receiving treatment in a tertiary care pain center



Green 2004 JNMA

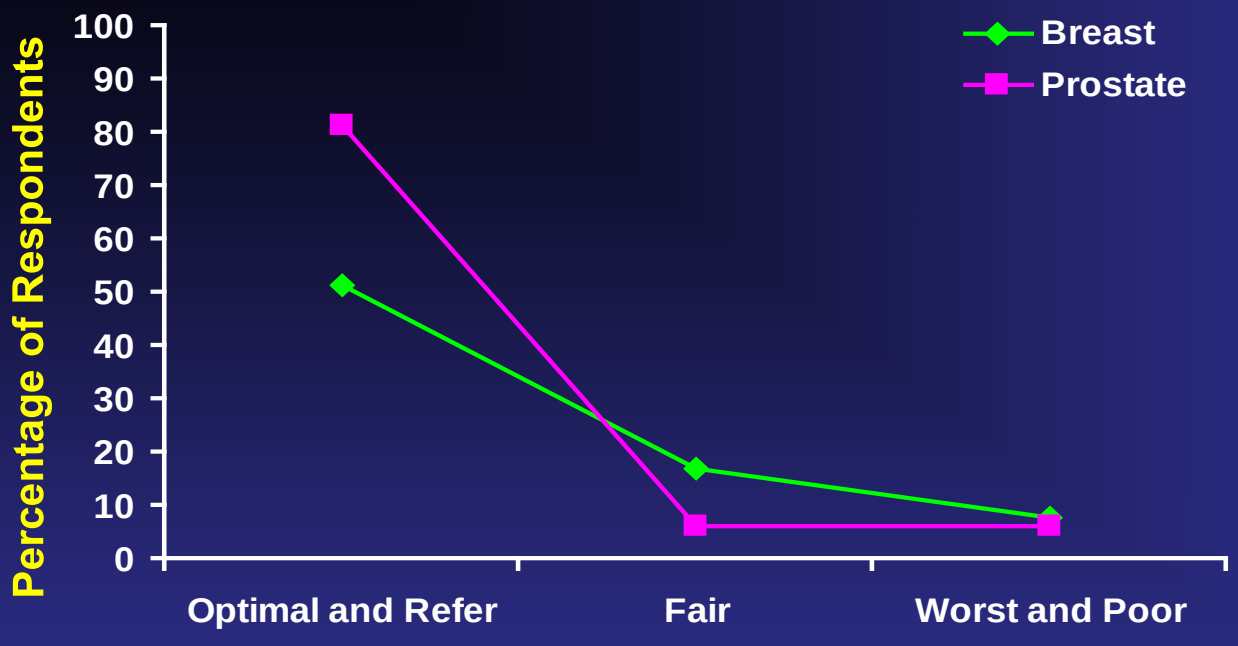
Unequal Burdens



The unequal burden of chronic and cancer pain

"I see my primary care physician every three months and each time I was there he'd ask me why I am walking with a cane, and I'd tell him it's because of the pain in my back, that the arthritis pain kept getting worse and acetaminophen and physical therapy didn't help me. I'd talk to other patients with arthritis who were taking opioids, but all I could get was Tylenol, and I knew there had to be something better."

Distribution of Physician Responses to Cancer Vignettes



Answer Choices for Acute Pain Vignettes

Worst – Discharge him home on his previous home regimen

Poor – Add oxycodone and acetaminophen to his home regimen

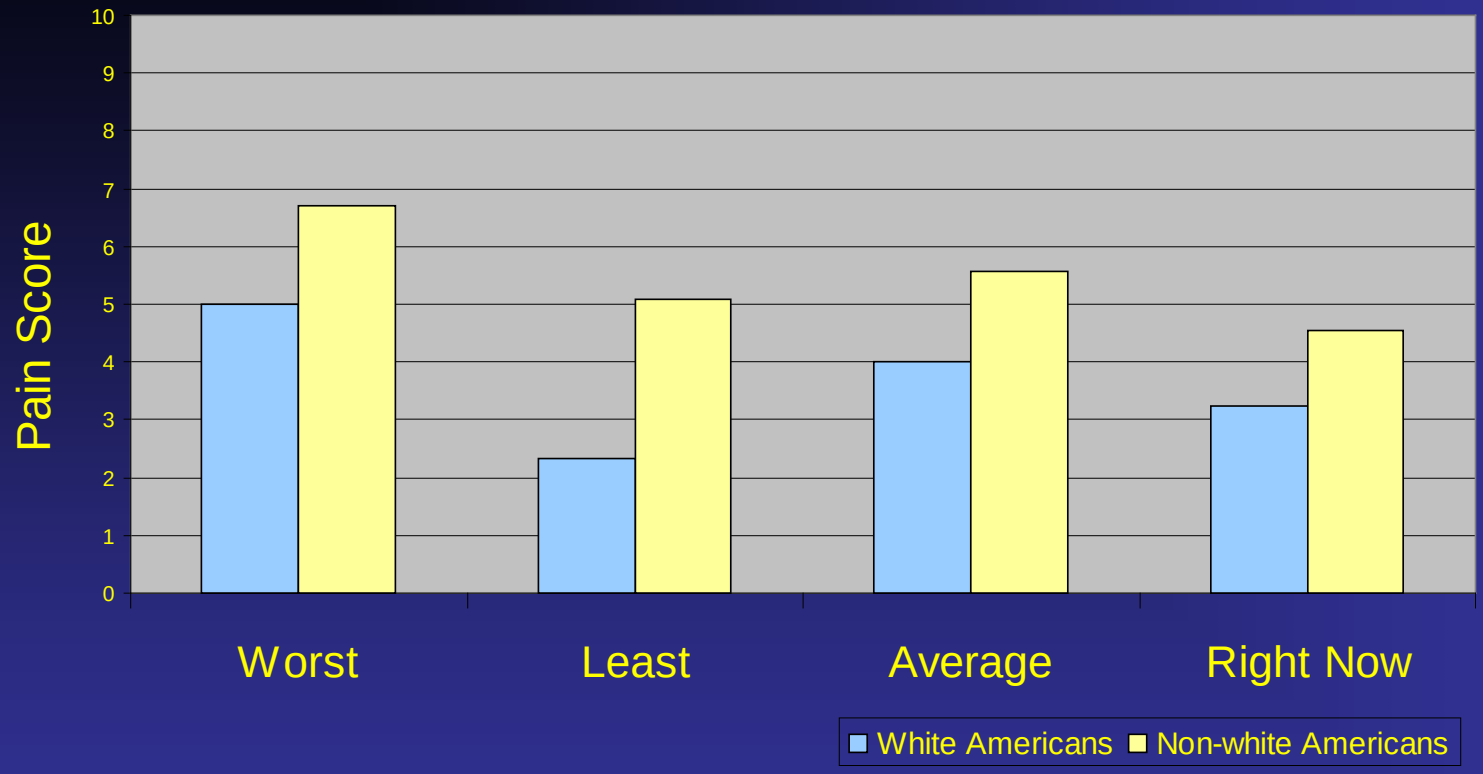
Fair – Consider an IV home PCA

Optimal – Consider a trial of intrathecal opioids

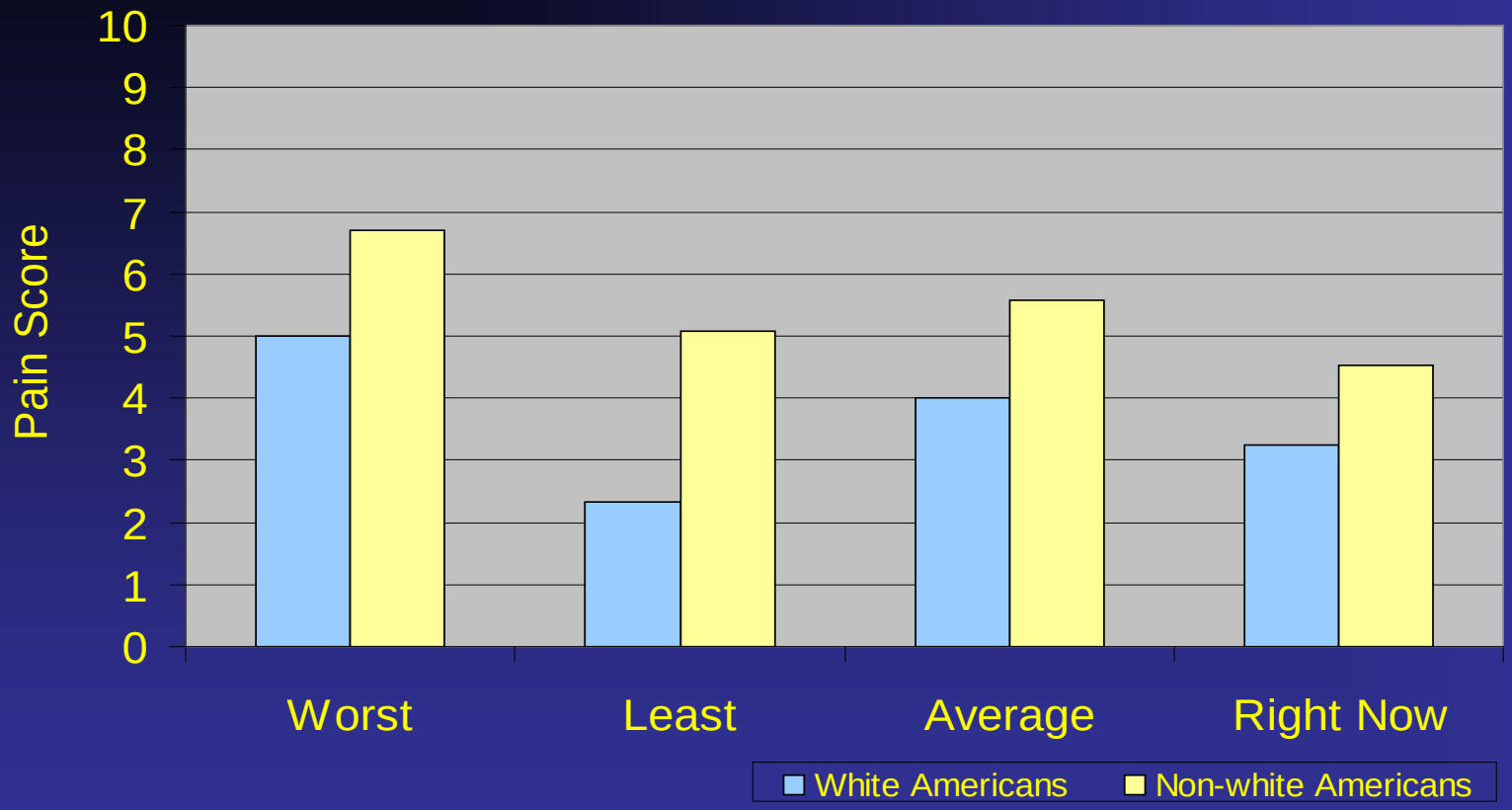
Alternate – Refer to pain specialist

*Statistically significant ($p<0.05$) were observed between the portions of optimal and referrals and worst than poor in metastatic breast and prostate cancer.

Consistent Pain

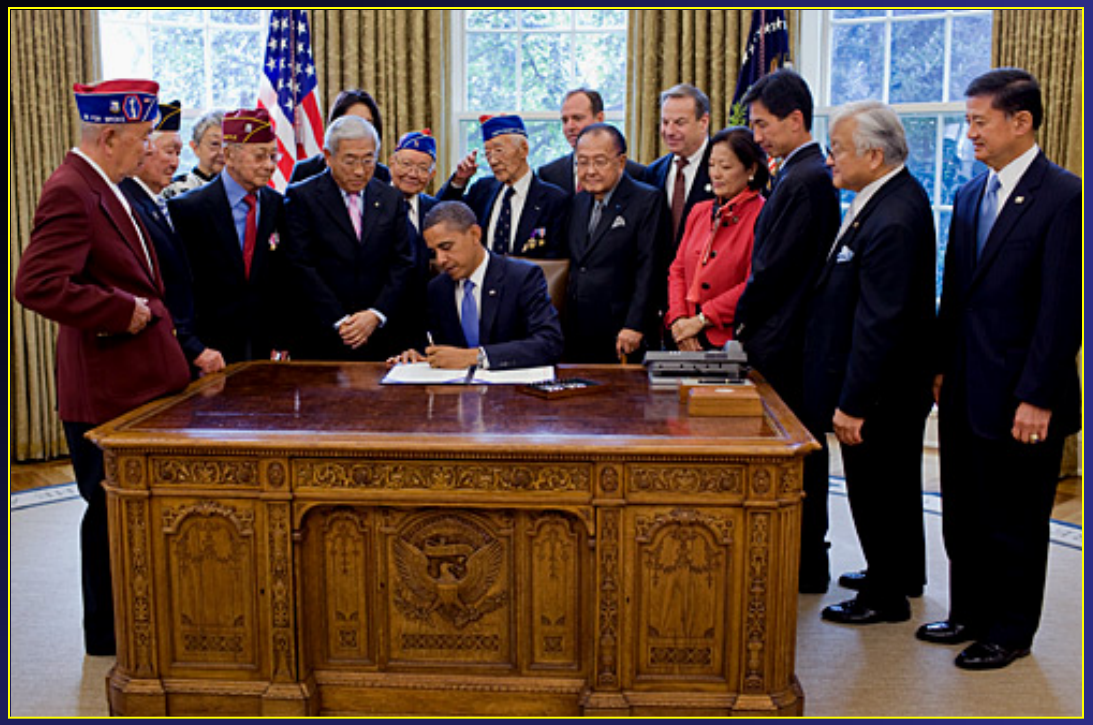


Breakthrough Pain



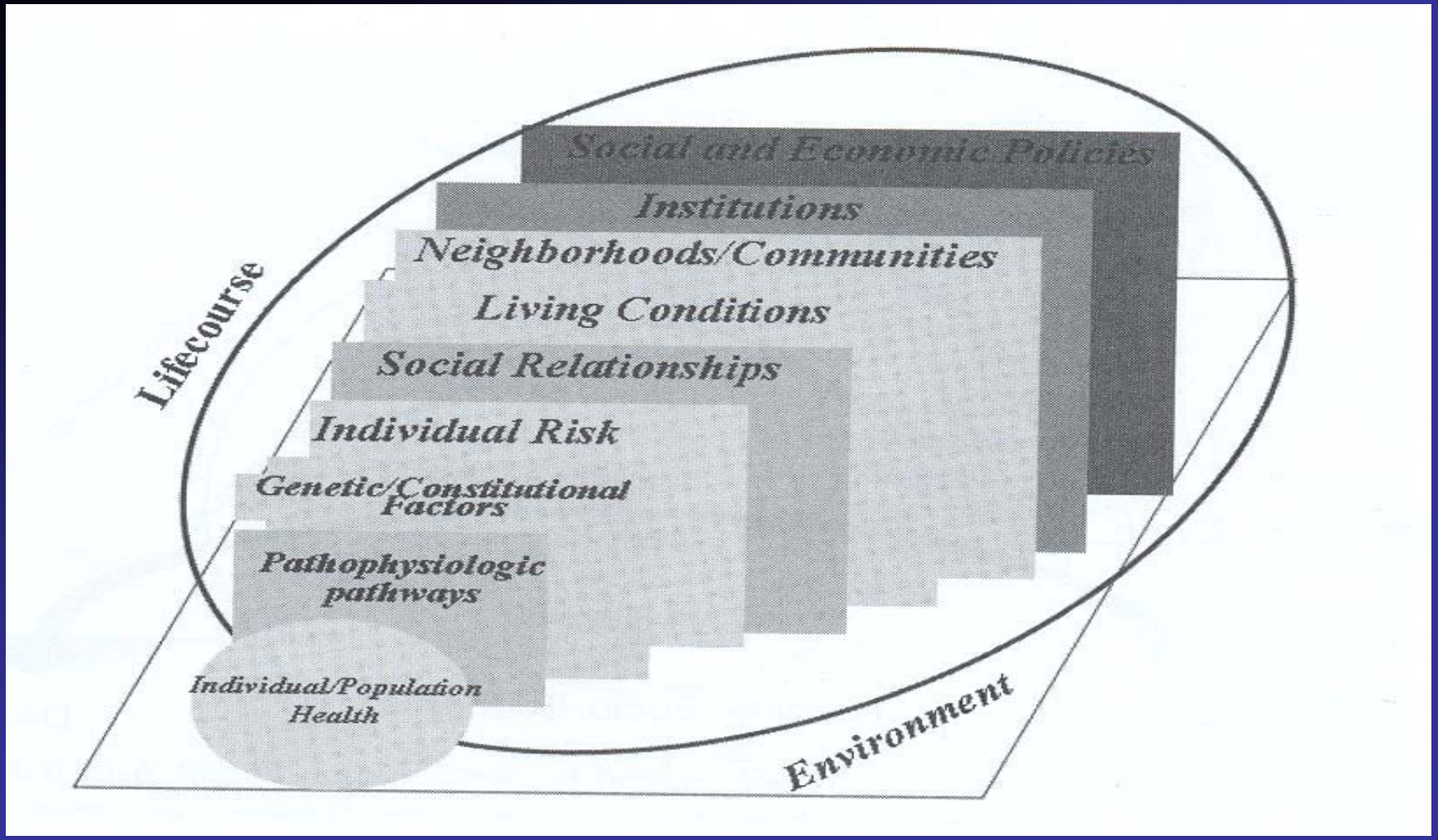
Green CR, 2008 & 2009 – funded by BCBS foundation of Michigan

Did the pain scare you?



"I don't fear dying or anything like that because I know that when it happens, I won't know anything about it anyway. You're gone . . . . . I can't worry about it. I can't fear something like that. What I fear would be anticipating that kind of pain, knowing that it was coming, and you couldn't do anything about it. I don't know if that would be fear. That would be very uncomfortable if you knew that this kind of pain was coming and you couldn't do anything about it. You look up at the clock. Now get ready, son. It is 10 minutes to 2:00 PM. At 2:00 PM Thor is going to come out and is going to try to chop his way out of your chest. That would be scary. But as long as you know there's a way to relieve the pain, it's okay."

Place matters!

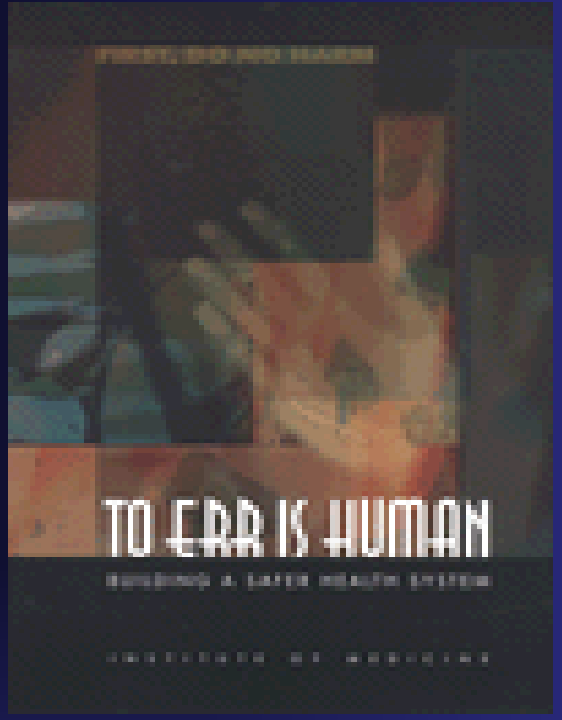


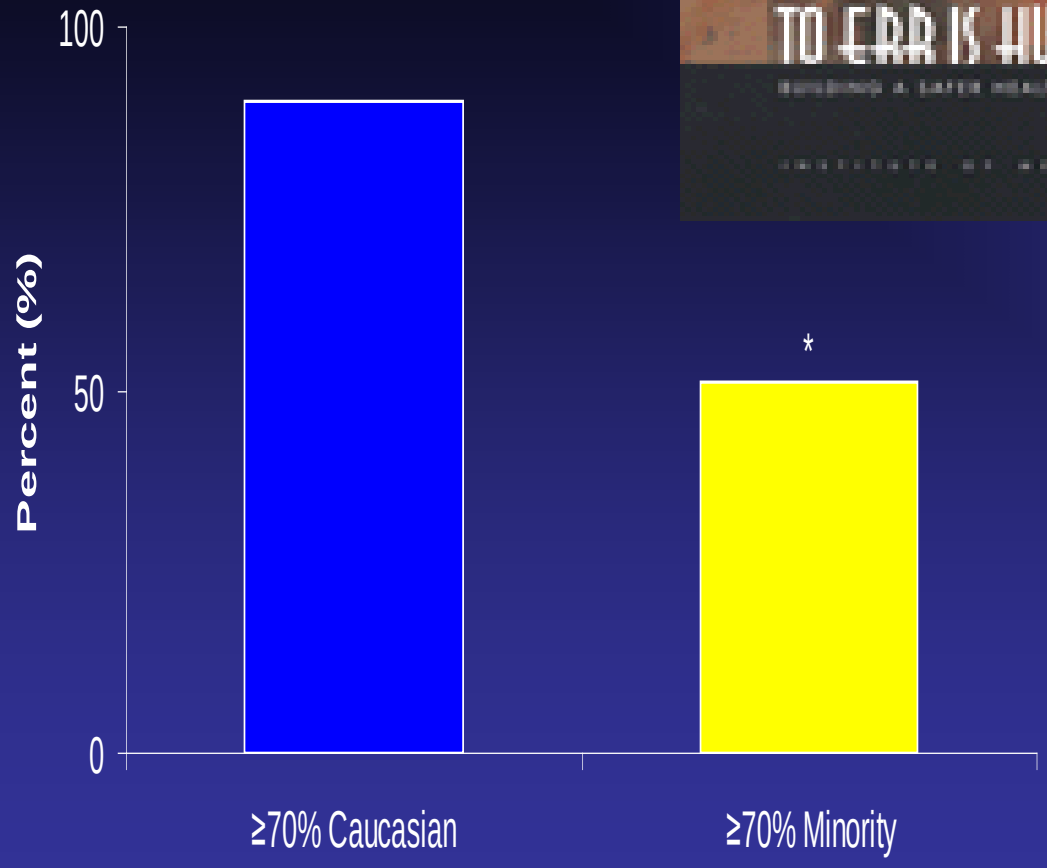
“Dr. Green… I can’t get this medicine filled anywhere!”

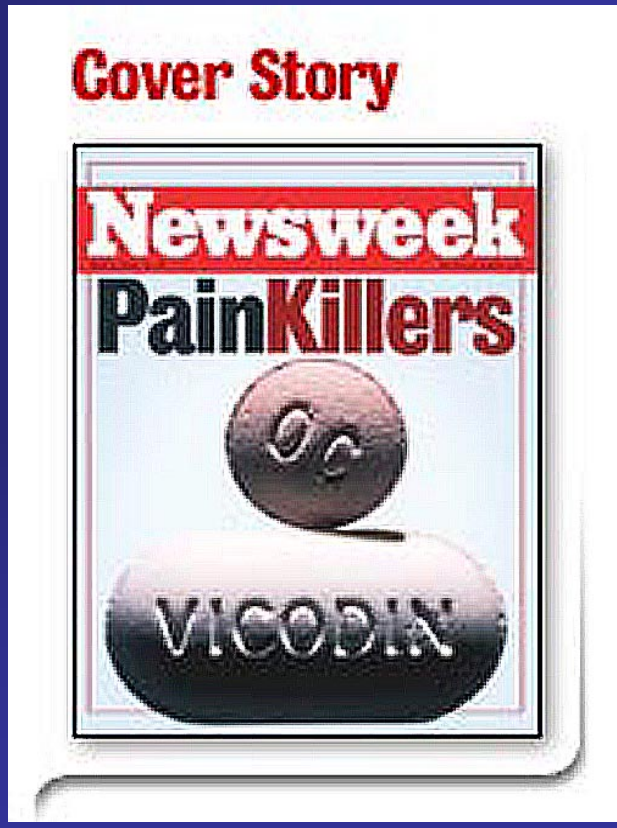
The Washington Post

Many pharmacists in the District are reluctant to carry controlled drugs because of concerns that they will be robbed. Some druggists no longer carry prescription narcotics and have signs in their front windows indicating that.

Sufficient opioid supply by zip code







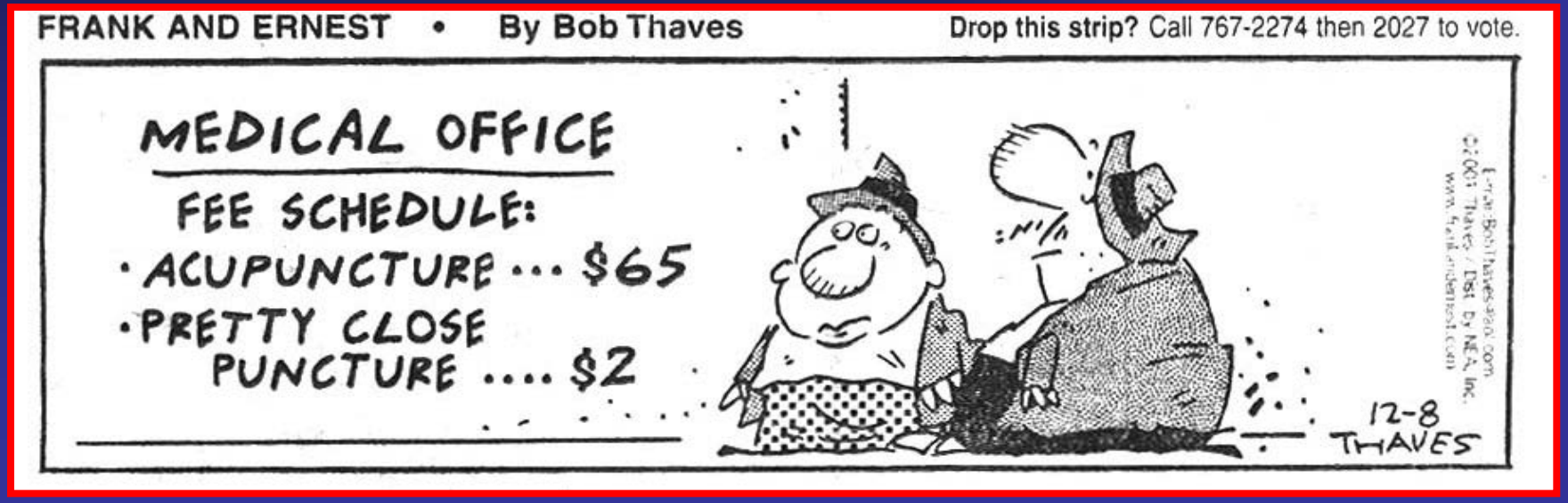
The Vicious Cycle of Undertreating Pain

- Concerns about addiction often leads to inadequate analgesia
- Inadequate analgesia leads to communication barriers, diminshed trust, and decreased health

“So however long it takes, I know one thing – it ain’t fast enough. When you put your nurse button on to tell her you are having some pain and she shows up an hour or so later and offers you Vicodin, you say, “that hydrocodone was for the 12:00 pain (when I first asked for the pain medicine) and it’s now 1:00. Morphine is for the 1:00 pain. I don’t know how long hydrocodone takes, but it’s too long. Now when you have that kind of pain, it wears you out. You’re tired. “

Safe Prescribing Is Not Easy

- Who takes care of the patient?
- Many modalities are available to treat pain
- Balancing fear of misuse, diversion, loss of licensure versus needs of the patient
- Willingness to withhold opioids while continuing to care for patient



What remains a problem?

- There is poor collaboration between disciplines.
- The ability to access, assess (including psychosocial aspects), and treat pain across the lifespan and in all care settings.
- Healthcare planning and delivery to improve health and well-being.
- Variability in pain management decision-making based upon social determinants persists.
- Funding and research to advance knowledge and translate findings into optimal care.
- Policy designed to support health and palliative care.

Health equity and diversity are more than a good idea … it's the law!

The Law

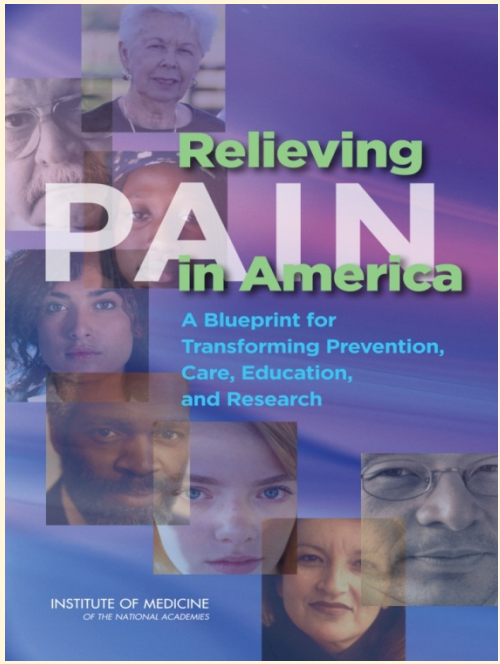
- **1986: NIH Consensus Statement**
- **1990: Public law 101-613**
- **1992: HHS Report on Acute Pain Management**
- **1997: Congress defined pain as a medical emergency**
- **2000: Congress creates the Decade for Pain Control and Research**
- **2001: Pain Standards developed by JCAHO**
- **2008: Military Pain Care Act**
- **2010: Provisions from the National Pain Care Policy Act within Affordable Care Act**

2012-14

- Health, Education, Labor and Pensions Committee Hearing
  - Pain in America
- Secretary's Interagency Pain Research and Coordinating Committee
  - National Pain Strategy working group
- Centers of Excellence in Pain Education
- National Pain Strategy

Underlying Principles

- Pain management is a moral imperative
- Chronic pain can be a disease in itself
- The value of comprehensive treatment
- The need for interdisciplinary approaches
- The importance of prevention
- Wider use of existing knowledge
- Recognition of the conundrum of opioids
- Collaborative roles for patients and clinicians
- The value of a public health and community-based approach



Need to Foster a Cultural Transformation

- Pain is a national challenge
  - All people are at risk for pain
  - Pain is a uniquely individual, subjective experience
- Comprehensive and interdisciplinary (e.g., biopsychosocial) approaches are the most important and effective ways to treat pain
- Such care is difficult to obtain because of structural barriers – including financial and payment disparities
- A cultural transformation is needed to better prevent, assess, treat, and understand pain
- The committee's report offers a blueprint for achieving this transformation

Pain as a Public Health Challenge - Findings

- **Pain is a public health problem**
  - Affects approximately 100 million American adults
  - Reduces quality of life
  - Costs society $560–$635 billion annually
- **More consistent data on pain are needed to:**
  - Monitor changes in incidence and prevalence
  - Document rates of treatment and undertreatment
  - Assess health and societal consequences
  - Evaluate impact of changes in policy, payment, and care
- **A population-based strategy is needed to reduce pain and its consequences. It should:**
  - Heighten national concern about pain
  - Use public health strategies to foster patient self-management
  - Inform public about nature of pain

Care of People with Pain - Findings

- **Pain care must be tailored to each person's experience**
  - Financing, referrals, records management need support this flexibility

- **Significant barriers to adequate pain care exist**
  - Gaps in knowledge and competencies for providers
  - Magnitude of problem
  - Systems and organizational barriers

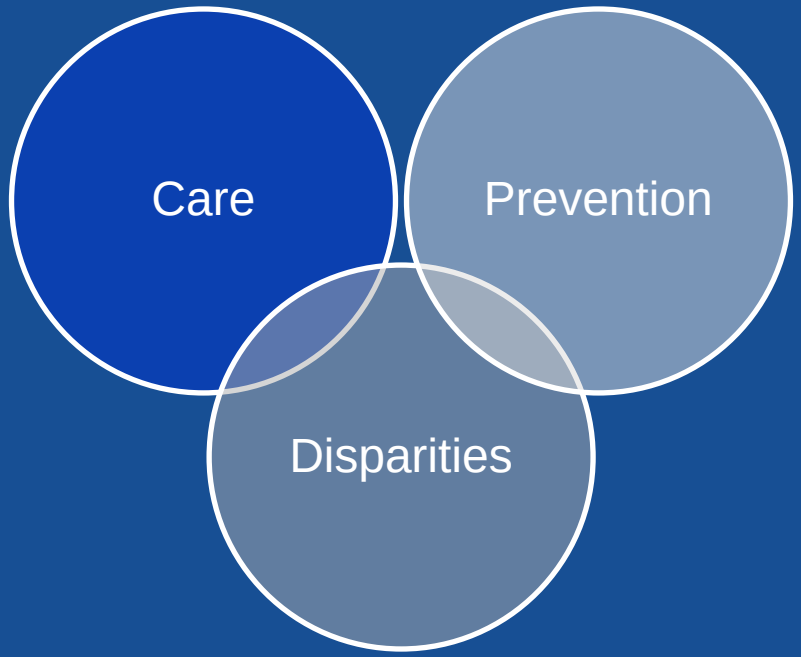
Education Challenges - Finding

- **Education is a central part of the necessary cultural transformation of the approach to pain**
  - The federal, state and local government and professional organizations are in a position to contribute to substantial improvements in patient and professional education

Research Challenges - Finding

- **Research to translate advances into effective therapies is a continuing need**
  - Significant advances have been made in understanding basic mechanisms of pain but much remains to be learned
  - Data and knowledge gaps remain and have prevented advances from being translated into safe and effective therapies
  - Addressing these gaps will require a cultural transformation in the view of and approach to pain research

National Pain Strategy



Public Health: Care, Prevention, and Disparities Working Group

J. Nadine Gracia, MD & Carmen R. Green, MD (Co-Chairs)

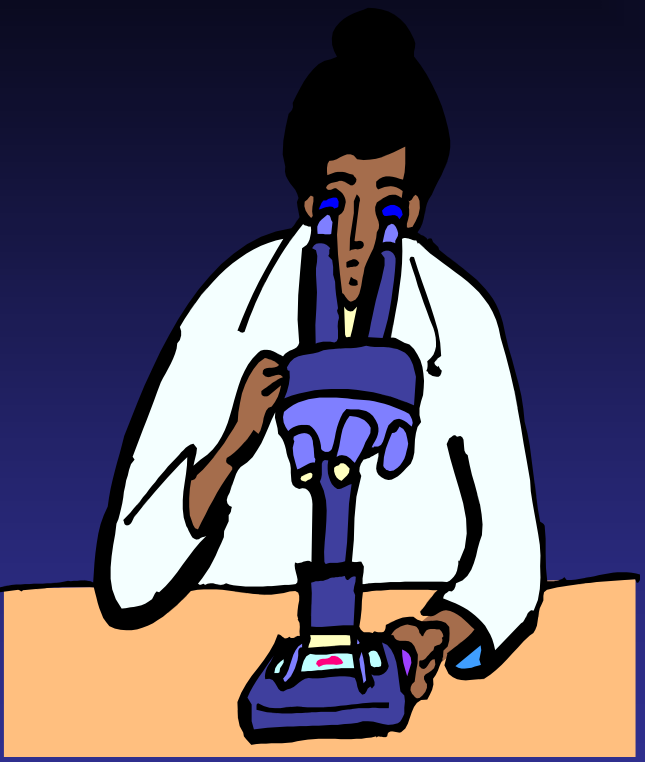
IPRCC Meeting

February 4, 2014

“The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadows of life, the sick, the needy and the handicapped.”

Hubert H. Humphrey

What is Needed? Where are the gaps?



Our head, heart, and hands

www.healthyconversation.org

Let's Connect About HEALTH CARE EQUITY

We want to hear from you. We seek to better understand how patients, visitors, students, staff, faculty and health care providers think about important health topics.

Share your experiences, hopes, frustrations or thoughts. We invite you to join the conversation.

Participating is seen as consent for responses to be used for quality improvement and research.

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In eight (8) words or less, what does **health care equity** mean to you?

Please tell us more about yourself. (This is optional, but helpful!)

RACE/ETHNICITY (check all that apply)

❑ Arabic ❑ Asian ❑ Black / African American ❑ Caucasian / White
❑ Hispanic / Latina ❑ American Indian / Native American
❑ Alaskan Native / Pacific Islander ❑ Other _____

WHICH BEST FITS YOUR ROLE? (check all that apply)

❑ Visitor ❑ Patient ❑ Family/Friend

Which location: _____

❑ Nurse ❑ Doctor ❑ Other health care provider ❑ Non-clinical staff
❑ Student ❑ Other _____

GENDER IDENTITY

❑ Female ❑ Male
❑ Transgender

AGE GROUP

❑ Under 18 years
❑ 18–30 years
❑ 31–50 years
❑ 51–70 years
❑ 71–90 years
❑ 91 + years

ZIP CODE WHERE YOU LIVE: _____

If we can share your eight (8) words on-line or, if you'd like to connect with us, please **PROVIDE YOUR EMAIL:**

_____

FOLLOW US:

#talkhealthequity

/OfficeforHealthEquityandInclusion

@UM_OHEI

VICTORS FOR MICHIGAN

MEDICINE NEEDS VICTORS

I am a victor

for equity in health care!