INTERVIEW

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Brigham and Women's Hospital three-time winner of the American Pain Society Clinical Centers of Excellence Award

Pain Management

Edgar Ross* speaks to Jade Parker, Commissioning Editor:

Dr Edgar Ross is a member of the Anesthesia Department at Brigham and Women's Hospital. His main office is in Chesnut Hill, an ambulatory care center for Brigham and Women's hospital. He received his medical degree from Wayne State University School of Medicine and has been in practice for more than 30 years, 20 years in his current position at Brigham and Women's Hospital. His two main clinical interests are; the phone app which is designed to become the main clinical tool for patients and second, the relationship between opioids and angiogenesis.

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Q Brigham & Women's Hospital's Pain Management Center has won the American Pain Society Clinical Centers of Excellence Award three-times to date, in your opinion what is it about the center that makes it stand out so distinctly?

At the Pain Management Center at Brigham and Women's Hospital (BWH), we have a great team as well as an academic center focused on research. Using the results of our research and our skills we seek to develop new programs and new methods for treating chronic pain.

We offer comprehensive clinical services, innovative technology and advanced research programs provided by our dedicated medical practitioners and pain scholars. The BWH's Center for Pain Therapy and Research, encompasses two programs: clinical care and education, which is provided through the Pain Management Center while basic science and clinical research is conducted through the Pain Research Center.

Q What is the Pain Management Center at BWH's approach to treating chronic pain & how much effort is placed on personalized treatment strategies?

The BWH pain center still has an interdisciplinary program requiring patients to travel to our center. In the future, this could change by using new ways to connect with patients through a phone app. We also want to develop new ways of managing that traditional approach. This is a three-legged stool; rehab, psychology involving management and health assessment.

An enormous amount of effort is being placed on personalized treatment strategies and this is what our center is all about. I believe that the reason why we were awarded the Clinical Center of Excellence Award a third time was partly due to us developing the phone app that customizes treatment for each patient using their individual needs which are assessed on the patients first visit. For example, a patient calls and much of the preliminary questionnaires and risk

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assessments are done online, prior to the patient being seen. We then have a triad system which matches the patient with the appropriate physician and healthcare providers including physical therapists and psychologists. The patient is then seen on his/her first appointment by all of these individuals. After this, the patient is tracked on certain metrics which we think are important between visits. These metrics are next uploaded onto their medical records and reviewed on their next visit. This means that the patient doesn't have to remember everything that they have done since the last visit.

Q In your opinion, what should clinicians be considering when treating chronic pain?

The most important goal for us is to move away from the face-to-face visits as being the only way to treat patients. We want to have contact with that patient in-between visits and measure their compliance with our treatment recommendations and medication use. We then want to collaborate with a primary care physician in such a manner so that if a person shows risk of developing significant pain, for example, from postoperative course, we can predict that preoperatively and provide them with the resources to either truncate the pain or even abort that risk.

Q At BWH, is there an effort being placed on minimizing pharmaceutical approaches in treatment plans & if so what alternatives are most effective?

I believe that the CDC was correct in stating that you do not need to resort to opioids to treat someone's pain, which has been supported by evidence-based medicine. The question is how to adapt to the reality of what we have to face in the day-to-day treatment of patients, as there are restrictions placed on the number of visits a patient may have in terms of services such as psychology or physical therapy. That is part of our phone app strategy as well as some of the virtual treatment options we provide to patients.

Q How have treatment plans at the Pain Management Center at BWH evolved over the past 10 years?

They are constantly evolving; I do not think we are there yet by any means. Treatment approaches to chronic pain are constantly evolving. Our practice is located in Massachusetts,

which embarked on healthcare reform several years before the Affordable Care Act was enacted. Interdisciplinary care for chronic pain is considered to be the most effective therapy. Yet because of the emphasis on cost, new ways to provide interdisciplinary care for chronic pain are required. We have had universal healthcare in place for a number of years prior to it being run out nationally. So the emphasis at this point is on population health management. There are not enough pain health physicians in the USA to take care of the chronic pain. So how do we provide the information and the knowledge to front line physicians? Be it primary carers, surgeons or occupational medicine physicians; to stop the development of chronic pain and intervene early with a higher level of expertise and confidence. That is where the center is heading and where our efforts are focused.

Q Do patients play a larger role in designing treatment plans than in the past? If yes, what strategies have allowed patients to become more involved?

It is clear that care must be individualized for patients to buy into the treatment plans. That is an extremely important part of a patient's assessment and compliance (part of the initial assessment mentioned earlier). We need to have the understanding of a patient's individual characteristics and what he/she is going to respond to. That is how it begins to take place. We then learn our patient's goals and what the barriers may be to reaching those goals as we move on through the treatment plan.

Q Where do you see the pain management field in 10 years from now?

I believe that it will progress continually into having the expertise located in a pain management center and then providing the patient-doctor relationship at the front line in order to have the necessary information to first risk assess the person. For example, to see if they have trauma or if they are going to have surgery and then seeing how likely it is that they will have difficulties with their postoperative course.

Identifying those people at high risk and having a different service for them so that they can be seen and managed intensively as time goes on. Rolling that out for all kinds of chronic pain is the goal. We have the expertise but the way pain is being treated at the front lines has not improved much at all.

Q BWH is renowned for its multidisciplinary team, why is it so important to have a multidisciplinary team structure in the clinic & what benefits stem from this?

The evidence on the use of a multidisciplinary team for chronic pain particularly in the more difficult to treat patients is unequivocal. It is extremely effective, much more so than using unimodality approaches. Using this evidence, we have designed a way of sustaining and providing it (using a multidisciplinary team) for our patients in a cost-effective manner.

Q BWH is very active in its clinical research. Can you tell us about any advancements being made in the clinical trials currently taking place?

There are a number of different studies which we have ongoing encompassing all of our team. There are new drug developments, new healthcare system delivery (as described earlier), understanding the role of patients' genotypes and phenotypes and potential addiction problems as well as using alternative medicine approaches, for example, functional MRI to see how the brain changes. Thereby enhancing some of the approaches we use in that area.

Q Do you have any closing comments or messages for our readers?

I feel very honored to work with a high-performing team resulting in it being awarded the American Pain Society Clinical Centers of Excellence Award three-times. I believe the future holds great promise for the treatment of chronic pain as new alternative delivery systems develop and we move away from the traditional face-to-face doctor visits.

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