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@TeamPainCare

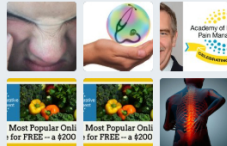
We are a diverse community of healthcare providers who are fighting chronic pain by advancing an integrative model as the standard of care. Join us!

Kansas, USA

integrativepainmanagement.org

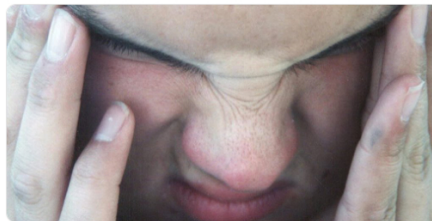
Joined July 2011

2,419 Photos and videos



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Integrative Pain Mgt @TeamPainCare · 21m
Migraine education is critical for all health care providers! Update your #migraine education in one easy place: bit.ly/2ySE195



Integrative Pain Mgt @TeamPainCare · 18h
Coverage for integrative pain therapies on the horizon: wb.md/2TsVdbn @medscape #TeamPainCare #paincarepolicy



Integrative Pain Mgt @TeamPainCare · Jan 29
Happy 30th anniversary to us! "As the Academy of Integrative Pain Management enters our fourth decade, we stand on the verge of a new revolution in pain care," said @BobTwilman. Read about our 30-year history promoting integrative pain management: bit.ly/2QhomaV



Integrative Pain Mgt @TeamPainCare · Jan 28
Evidence-Based Nutrition, Supplements, and Lifestyle Choices For Pain Patients is our most popular online CME course -- and it could be yours for FREE, a \$200 value! Learn more: bit.ly/2TB035q #painmanagement



Integrative Pain Mgt @TeamPainCare · Jan 28
Only a few days left before this offer expires: Evidence-Based Nutrition, Supplements, and Lifestyle Choices For Pain Patients is our most popular online CME course -- and it could be yours for FREE, a \$200 value! Learn more: bit.ly/2TB035q #painmanagement

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- Vertex @VertexPharma Follow Promoted
- ASPE @PainEducators Follow
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Trends for you Change

- #DiGiorno It's Not Delivery. It's DiGiorno for the biggest game of the year. Promoted by DiGiorno
- #BellLetsTalk Marie-Claude Grégoire, Andrea D. Furlan, and 1 more are Tweeting about this
- #PolarVortex Wave of deadly cold brought by polar vortex grips the Midwest
- #WednesdayWisdom 110K Tweets
- Foxconn 30.4K Tweets
- #AmazonAnswersNYC 1,058 Tweets
- #WednesdayMotivation 37.9K Tweets
- #ESEAConference
- #Secure2100 1,080 Tweets
- #NoAmazonNYC




Get Our Most Popular Online CME Course for FREE -- a \$200 Value!



Integrative Pain Mgt @TeamPainCare · Jan 28

Keeping up-to-date on all treatment options for back pain is critical for all clinicians. We've gathered all of our back pain educational opportunities in one easy-to-access place: bit.ly/2JrYHor #backpain #onlinecme #TeamPainCare






Integrative Pain Mgt @TeamPainCare · Jan 27

AIPM's statement included in video about Oregon - Pain Refugees, Policy and a Prescription for Harm. Watch: bit.ly/2UZQjnz @BobTwillman #opioids #paincarepolicy




OREGON | PAIN REFUGEES, POLICY, & A PRESCRI...
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Integrative Pain Mgt @TeamPainCare · Jan 27

Evidence shows structure + function of the brain is changed by reducing a negative mindset in chronic pain. Get evidence, current studies + future directions that hold promise for harnessing the mind-body connection for pain relief: bit.ly/2GACC5v #OnlineCME @BethDarnall





Integrative Pain Mgt @TeamPainCare · Jan 26

What are some of the biggest challenges that clinicians face in dealing with patients' pain management issues? @BobTwillman answers: bit.ly/2KDg61W





Integrative Pain Mgt @TeamPainCare · Jan 26

Get an overview of the Naval Medical Center San Diego Mind Body Medicine program and the integration of mind body therapies into the treatment of pain and #PTSD in the military setting: bit.ly/2rWUX7v #OnlineCME





Integrative Pain Mgt @TeamPainCare · Jan 25

Impact of #opioid dose reduction on individuals with chronic pain by @BobTwillman: bit.ly/2TeH9SE





1



Integrative Pain Mgt @TeamPainCare · Jan 25

Patients + payers alike increasingly demand accountability on the part of treatment providers, and use of the Pain Outcomes Profile should be one component of your outcomes measurement strategy. Find out how to get it for FREE to use in your practice: bit.ly/2Nkwq5z



1



Integrative Pain Mgt @TeamPainCare · Jan 24

Join @theNAMedicine on 2/13 at 4pm ET for a free webinar on the work of the Action Collaborative on Countering the U.S. Opioid Epidemic: bit.ly/2HIEZj7 #opioidcollaborative

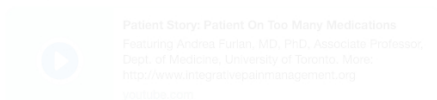


2



Integrative Pain Mgt @TeamPainCare · Jan 24

Hear a patient story from Andrea Furlan, MD, PhD about a patient who was on too many medications: bit.ly/2LJTL46 @adfurlan



2



Integrative Pain Mgt @TeamPainCare · Jan 24

"Many painful conditions may be associated with small fiber changes that can have tremendous implications with respect to diagnosis, understanding why that person experiences #pain, and how we can treat that person better." Watch:



4



Integrative Pain Mgt @TeamPainCare · Jan 24

Evidence-Based Nutrition, Supplements, and Lifestyle Choices For Pain Patients is our most popular online CME course -- and it could be yours for FREE, a \$200 value! Learn more: bit.ly/2TB035q #painmanagement



1



Integrative Pain Mgt @TeamPainCare · Jan 24

The deadline for Mayday Fellowship applications has been extended to January 31, 2019. If you're a pain expert who is interested in the leading the conversation about chronic pain apply today: bit.ly/2zkMvUA



2



Integrative Pain Mgt @TeamPainCare · Jan 24

#APTACSM attendees: Stop by our booth to see how we support #physicaltherapists and enter to win a free 1-year membership! bit.ly/2RWJDav @APTATweets





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Integrative Pain Mgt @TeamPainCare · Jan 23

"If we think our undertreat't of pain, overprescription of opioids, + undertreat't of mental illness are health care challenges that'll be quickly addressed or easily solved, we've seriously underestimated the scope of the problem." More by @mydocjackson: bit.ly/2ZMCqsB6

The Conversation

By W Clay Jackson, MD, DPH, Editor-in-Chief



"I DON'T CARE. I HAVE A LICENSE TO practice. I'm not filling the prescription, your patient can go somewhere else!"

The voice on the other end of the phone was stern. The pharmacist, prompted by a larger supermarket chain, was refusing to fill a prescription for oxycodone acetaminophen, ostensibly because it had been fewer than 30 days since the last prescription was filled.

I sighed, collected my better thoughts, repeated my request, and tried again.

"Ma'am, this is a patient with metastatic prostate cancer." He saw me three weeks ago and his pain was fairly well controlled. Since then, he's had a gradual change in his condition, and I told him to take the pills every five hours instead of three times a day. That's why he's out, and why he needs the medication that badly."

We went back and forth for 10 minutes. We debated the relative responsibilities of a pharmacist and a prescribing clinician in complying with current regulations. She made her case for not filling the prescription. I advocated

as we were taking—the patient's pain, grief, hatred with itself, home causing increasing pain every time he would attempt to stand or walk.

When the pharmacist rang off, I dropped the phone, full of righteous indignation. My pulse and respiratory rate took a long time to return to normal. I felt like I had been in a fight—because I had. Later, when the automatic charge left me, my emotions flooded in a different direction—that of depression or even despair. Was this the new landscape of contemporary care for patients with

pain? Where clinicians and dispensers are so reluctant to contribute to the usual overprescription problem that patients who are clearly suffering don't have access to relief?

I remembered what lightened the pharmacist's mood. Was it increasing regulatory pressure? News reports? The opinion of peers? My mind went blank. I didn't want it to go. Was my patient profited? Did the pharmacist suspect his of inappropriate behavior because he was in his 40s? Because he had tattoos?

Just ten decades, we've told ourselves we can draw a clear line between the "good patients" and the "bad patients," between the "right" and "wrong" decisions, and the "long patients." I'm not convinced that those managers are clear-cut, or even realistic. Even with training, prescribers can make bad decisions. And patients with substance use disorders remain patients, after all, who deserve adequate treatment for their disease, rather than being shunned and shamed into further destructive behaviors. In that context, every moment we spend going up and down on the fence or too scared to see each other, without adding appropriate evaluation and treatment, while denying insurance coverage for proven non-pharmaceutical therapies, is a moment that we fail patients.

Changes in the standard of care may be incremental, but they aren't isolated—they are cumulative. They affect the movement of care for all patients. If we think our

management of pain, overprescription of opioids, and undertreatment of mental illness are health care challenges that will be quickly addressed or easily solved, we have seriously underestimated the scope of the problem.

The pharmacist relented; we managed to find common ground. The patient received his prescription. He will beat the cancer, or the cancer will beat him. Either way, as all of this writing, he gets to fight with dignity and comfort, rather than being watched with pain.

But what happens tomorrow when the next patient calls?

Some diagnostic and demographic trends have been changed to protect patient confidentiality.

 @mydocjackson
W Clay Jackson, MD, DPH is a board member, a clinical professor, and a faculty member at the University of Tennessee College of Medicine in Memphis, Tennessee. Prior to returning to

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Integrative Pain Mgt @TeamPainCare · Jan 23

The Relaxing Breath technique is useful for patients with #pain:

1 4



Integrative Pain Mgt @TeamPainCare · Jan 22

How Does Humor Assist With Caring for Pain Patients? bit.ly/2zwCXG9

#TeamPainCare