



Dr. Cynthia Townsend of Mayo Clinic, and I, are the co-chairs of the American Pain Society Special Interest Group for Pain Rehabilitation. In the next day or two we will be sending you a brief summary of the state of affairs of comprehensive chronic pain rehabilitation programs (CPRP) in this country.

In brief, times are dismal. This is largely because insurance preferentially reimburses procedures and interventions that have been shown to be less efficacious, and ultimately more costly, than comprehensive pain rehabilitation. (Supporting data to follow.) The result has been that the number of comprehensive CPRP in this country have dramatically declined over the past several years. Therefore, even if insurance will pay for a patient to participate in treatment, (usually 3-4 weeks long, 6-8 hours a day), they must travel significant distances for treatment. Travel and housing are not covered by insurance and those costs quickly become prohibitive. The final result is that patients do not receive treatment for their debilitating chronic pain, and, in ~25% of patients, a co-morbid addiction to opioids. This lack of adequate treatment in turn leads to lost worker productivity, and all those economic ramifications, as well as a drain on the disability system, not to mention the significant deleterious effects on the individual and their family. Disabling chronic pain effects all of us, in one way or another.

The full summary will detail how CPRP's are not only effective but represents a significant cost savings over other forms of treatment or non treatment.

Judith Scheman, PhD
Program Director, Chronic Pain Rehabilitation Program
Neurological Institute
Cleveland Clinic
Cleveland, Ohio