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# Collaboration & consolidation: 4 questions with Dr. Fred Davis on the changing field of pain medicine

**By Megan Wood**

The pain medicine field is beginning to test the waters with different types of partnerships and business models that aim to better position providers to succeed in a value-based healthcare industry.

As president and CMO of ProCare Pain Solutions, a NAPA Company, Fred Davis, MD, is helping pain management practices across the nation maintain their financial and operational health in a consolidating and highly regulated landscape.

Dr. Davis spoke with Becker's Hospital Review about where he sees pain medicine fitting into the evolving healthcare industry, how physicians can get ahead of government initiatives and why behavioral medicine is proving increasingly relevant in pain treatment.

**Question: How is pain medicine evolving as a specialty? What partnerships are pain management practices in today they were not in five years ago?**

**Dr. Fred Davis:** I think we're in the early stages of consolidation in pain medicine. There are a number of private equity funded companies out there that are forming regional and super regional pain practices, but nobody has a national practice of pain medicine yet. There is also the question of aggregation versus consolidation — semi-autonomous groups financially connected, versus a true national brand.

This trend is leaning toward what we are seeing in the specialty of anesthesiology, which is in a more mature state of consolidation. Clinically speaking, pain and anesthesiology go together — taking care of pain in the hospital, seamlessly transitioning to sub-acute and chronic pain management. This clinical synergy lends itself to integrating chronic pain management and anesthesia groups.

However, I think from a business perspective, the business models are very different, coupled with a supply and demand issue. Only 150 to 200 newly trained pain medicine doctors are coming into practice each year. In anesthesiology there is a greater supply of providers available. There is a key dependence on clinical leaders in pain medicine as they are the foundation of a practice, essential for referral development, recruiting new physicians and retaining patients; ensuring the practice thrives.

The other point is that anesthesiology is based on acute episodes of care, whereas pain medicine is more focused on disease management with multiple visits spread out over the year and over the course of time.

Lastly, we have yet to define what constitutes pain medicine and which interdisciplinary elements are going to be integrated into the

specialty, which includes behavioral health, physical therapy and beyond.

**Q: Expand on how the key changes proposed for the ACA and federal budget would impact the pain medicine field. How can pain management specialists prepare for these shifts?**

**FD:** It's exciting to be a part of this because we're talking about things that are really in flux. At the Becker's 15th Annual Spine, Orthopedic and Pain Management-Driven ASC Conference + The Future of Spine, we discussed how there are forces affecting healthcare that are driven by the government, but also by the marketplace, that are moving us in certain directions. The changes we have had so far in the ACA and the private sector have encouraged us to become more organized and disciplined in our practices. So no matter what happens in Washington, specialists are now working with larger organized systems of care. We need to collect and use data to demonstrate the value of what we do and drive the business and clinical decisions.

Patients, who are paying more out of pocket for care, are going to be much more interested in value, pushing us to be more transparent, providing cost and quality information. We're going to see more and more social media activity. On social media, you have to balance the public perception based on outside reviews with practice-generated information. Such information should include clinical outcomes of your care, patient satisfaction, costs of treatment and how you quantify the patient experience.

It all goes back to forming a relationship of advocacy with our patients, setting realistic goals for their care plans and actively engaging.

**Q: Are you starting to see behavioral medicine integrated into pain medicine?**

**FD:** This is going to increase as we move toward the era of value-based care and doing more with less. The important point is that we know from research that patients with behavioral or mood disorders don't respond as well to interventional treatments or surgery. It's important to understand the whole person you're dealing with, not just the MRI scan. If we have patients with depression and anxiety, addressing those conditions is going to be important as we treat pain because we need to optimize our results.

Additionally, because of opioid abuse there is a lot more attention to behavioral health components of care with more resources becoming available.

At ProCare, we've built clinical decision support tools into our EHR that can help physicians identify the presence of psychosocial impairment and make better decisions about referrals to behavioral health specialists. In our practices in West Michigan, we also have an intern program for behavioral health, where masters-level interns, under supervision from fully licensed staff, see patients who are under or uninsured. This is another way of reducing financial barriers to care.

**Q: What do you see coming down the pipeline in the pain management field?**

**FD:** It's important to understand there is going to be more emphasis on data-driven decision-making and increased consolidation in the market, as well as more integration with organized systems of care.

We're going to see an accelerated shift toward value-based care and shared risk. And there's going to be a trend of further integration between other medical disciplines and pain medicine to facilitate the ability to work collaboratively in a bundled payment environment.

The last thing is the ability to pivot toward the best treatment environment, and in pain medicine that pivot has to do with where we do our interventional treatments, whether a hospital, surgery center or office. Right now, it is a blend of all these things, but the industry is going to push us into the most cost-effective setting, and that may end up being the office.