ASPSP
American Society For Post Surgical Pain

02

Newsletter

AMERICAN SOCIETY FOR POST SURGICAL PAIN

MESSAGE FROM **THE CHAIRMAN**

Arun Kalava, M.D.

Happy New Year!

In 2022, a significant bipartisan bill was passed with the aim of reducing opioid use in managing post-surgical pain. The NOPAIN Act—**Non-Opioids Prevent Addiction in the Nation**—has a simple yet impactful goal: to prevent opioid addiction before it starts. This law seeks to achieve this by expanding access to non-opioid management options for patients undergoing surgery. Starting January 1, 2025, Medicare will provide separate reimbursement for non-opioid drugs, devices, and treatments in ambulatory surgery centers (ASCs) and hospitals.

The NOPAIN Act empowers patients with greater control over their post-surgical pain management while imposing no restrictions on treating physicians, including surgeons and anesthesiologists.

Currently, an estimated 90% of surgical patients in the United States are prescribed opioids for post-surgical pain management. Unfortunately, this practice is a leading factor in opioid addiction, abuse, and overdose deaths. With opioid-related deaths reaching 50,000 annually, it was imperative for Congress to pass legislation that encourages and reimburses the use of non-opioid alternatives. This provides both surgeons and anesthesiologists with a broader arsenal of options to manage post-surgical pain effectively.

The American Society for Post-Surgical Pain (ASPSP), as the only society in the world dedicated to improving post-surgical pain management, is excited about this development and believes it will transform pain management practices across the United States.

Under the NOPAIN Act, the following treatments will now be eligible for separate reimbursement:

1. **Exparel** (liposomal bupivacaine)
2. **Omidria** (phenylephrine and ketorolac ophthalmic solution)
3. **Dextenza** (dexamethasone lacrimal ophthalmic insert)
4. **Xaracoll** (bupivacaine collagen-matrix implant)
5. **Zynrelef** (bupivacaine and meloxicam)
6. **Ketorolac injection**
7. **AmbIT** (elastomeric infusion pump for non-opioid pain management)
8. **Iovera** (cryoneurolysis)

Of these options, surgeons can directly apply Omidria, Dextenza, Xaracoll, Zynrelef, and Ketorolac during procedures. Options like Exparel nerve blocks, AmbIT infusion pump placement, and Iovera cryoneurolysis require active involvement from anesthesiologists.

ASPSP is actively promoting and educating anesthesiologists and anesthetists on these advancements. In 2025, we are offering a series of workshops to help practitioners learn or enhance their skills in using nerve blocks, continuous nerve catheters, and cryoneurolysis to better manage post-surgical pain. This includes five workshops on ultrasound-guided regional anesthesia (nerve blocks) and two focused exclusively on cryoneurolysis.

We hope to see you at our Annual Conference, December 6–7, 2025, where you can further your knowledge and expertise in post-surgical pain management.

Wishing you a successful year ahead.

Cheers,

Arun Kalava MD, EDRA
Chairman, ASPSP

ARUN KALAVA, M.D.
Chairman of the Board

ASPSP
American Society For Post Surgical Pain

ANNUAL CONFERENCE

December 6-7, 2025
Tampa, Florida

Registration & Sponsorship:
postsurgicalpain.org

Event Venue:
AC Hotels by Marriott

ACUTE POST-SURGICAL PAIN

Current evidence and best practices for management of acute post-surgical pain in and out of hospital

PEDIATRIC POST-SURGICAL PAIN

Best practices in managing acute, sub-acute and chronic post-surgical pain in children

SUB-ACUTE (TRANSITIONAL) POST-SURGICAL PAIN

Emerging evidence in managing Transitional Pain and how to establish a Transitional pain practice

PERIPHERAL NERVE BLOCKS (AKA REGIONAL ANESTHESIA)

Latest guidelines and evidence in the use of nerve blocks to manage post-surgical pain

CHRONIC POST-SURGICAL PAIN

Prevention strategies and management options in managing chronic post-surgical pain

PERIPHERAL NERVE STIMULATION

Application of peripheral nerve stimulation in managing various stages of post-surgical paint

PROFITS, PATIENTS, AND PHYSICIANS

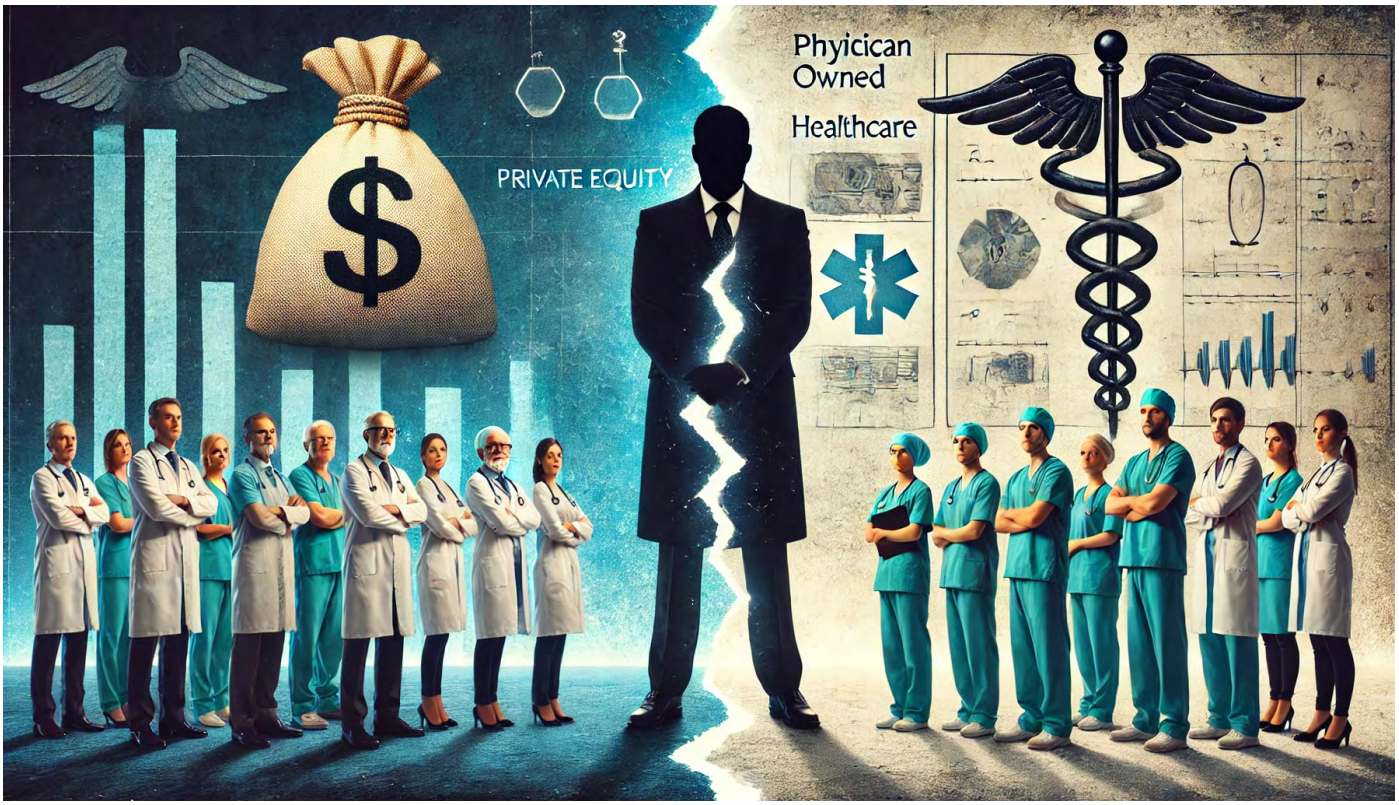
AYSHA HASAN, MD, JOSEPH ANSWINE, MD

Aysha Hasan, MD
Anesthesiology & Pediatric Anesthesiology
St. Christopher's Hospital for Children

Joseph F. Answine, MD
Professor, Department of Anesthesiology and Perioperative Medicine
Penn State Health

Ongoing discussions—whether anonymous or public—about private equity (PE) versus physician-owned or led care have become a significant point of contention. This debate has caused widespread ambivalence in the physician community, creating a tough balance between political professionalism and the realities of medical practice. Physicians are increasingly compelled to speak out—not just for the sake of their careers, mental health, and wellness, but also for the safety and security of their patients. One anonymous post on social media captures this frustration:

"I am sick and tired of companies taking advantage of me. I'm sick and tired of pouring my heart and soul into my work, only to receive no appreciation and threats in return. I'm sick and tired of being the only one holding up my end of the bargain. And when they breach the agreement, I'm the one who pays the price. I can't take it anymore."



The president of the American Society of Anesthesiologists (ASA) has echoed a similar sentiment, stressing that the ASA is committed to addressing these concerns for its members. "Virtually, without exception, the reality is that ASA is actively engaged in trying to address whatever issue that member is highlighting."1 This sense of unity is critical for driving change.

The increasing encroachment of PE on physician practices is undeniable. Physicians need to unite, but this is easier said than done. For many physicians nearing retirement, the financial benefits of private equity's takeover model may seem appealing. However, this often comes at the expense of patient care and professional ethics. The Hippocratic Oath2, once a sacred pledge to uphold ethical standards, is increasingly at odds with the demands placed on physicians, who are burnt out, underappreciated, and facing unrealistic expectations. PE firms promise reprieve, offering an attractive payor model to physicians while managing all aspects of the practice—but at what cost to the community's health and safety? By the time physicians recognize the shortcomings of PE management, it is often too late.

The rapid growth of PE acquisitions is not limited to anesthesiologists but spans all physician specialties. Studies have revealed significant negative impacts on healthcare outcomes. Research from the British Journal of Medicine and the Journal of the American Medical Association indicates that PE ownership increases costs to patients and payers, significantly reduces healthcare staffing (to the point of patient harm), and lowers overall healthcare morale.3

Over the past decade, global buyouts in the healthcare sector have exceeded $200 billion. Initially, PE firms targeted struggling practices, consolidating the market under a business model that prioritizes financial gain over patient care. This trend has drawn significant attention from academic, medical, and regulatory bodies, including the Medical Payment Advisory Commission and the American College of Physicians, which have issued reports on the implications for healthcare policy.4

Data from PE-owned institutions reveals concerning trends. For example, nursing homes acquired by PE firms showed higher mortality rates and increased emergency department visits before the COVID-19 pandemic.4 Similarly, healthcare costs have risen, while staffing and quality of care have deteriorated. PE facilities tend to select younger patients, reduce staffing levels, and prioritize cost-saving measures that ultimately harm patient safety. Physician turnover rates are also higher in PE-owned practices, as burnout and unsustainable workloads drive physicians to leave. These practices result in a dangerous cycle: decreased staffing, increased reliance on mid-level providers, and diminished quality of care—all leading to higher costs, increased morbidity and mortality, and declining patient satisfaction.4,5

Dr. Joseph Answine, an anesthesiologist, describes his experience with the work environment at a PE-owned facility: "One day, all of the ORs are staffed, and the next day only one-fourth of them are. Cases are delayed, moved to the next day, or canceled depending on urgency. Add-on lists, even on nights and weekends, look like elective schedules. Patients with urgent surgical needs are put off for days.

Financial hemorrhaging begins, and to cope, cases are overbooked on days with reasonable anesthesia staffing, exacerbating delays and overflow. There is simply too much work, too many patients, and too many comorbidities to provide safe, effective anesthesia care."6

After acquisitions, PE hospitals performed 8% fewer procedures. Dr. Answine's own practice was "barely able to honor its contractual agreements, and cases were being moved to facilities outside our hospital system."

Notably, Senator Chuck Grassley (R) of Iowa has introduced new legislation targeting issues with PE and the need for more government regulation, highlighting a common theme of profits over patients. In light of this new legislation and growing government oversight, perhaps the future of balancing healthcare needs and profits will become more equitable.

The voices of physicians, patients, and research are resoundingly united in concern. Patient safety, staffing shortages, burnout, adverse events, and rising costs are key issues driving the dialogue. Physicians may not always align on every issue, but when it comes to these critical matters, they are speaking out collectively. It's clear that PE firms need increased regulation and stronger physician leadership to balance the economic needs of the industry with the preservation of healthcare standards and quality of care.

References

1. American Society of Anesthesiologists. (2024). ASA: An 'US', not a 'Them' [Quote from Dr. Ronald L. Harter, MD, FASA, ASA President].
2. Answine, J. (n.d.). War games.
3. British Journal of Medicine. (n.d.). Evaluating trends in private equity ownership and impacts on health outcomes, costs, and quality: A systemic review.
4. Grassley, C. (2023). Profits over patients: A staff report on the growing role of private equity in healthcare and its effects on patient care. U.S. Senate Committee on Finance. Retrieved from https://www.grassley.senate.gov/imo/media/doc/profits_over_patients_budget_staff_report.pdf
5. Journal of the American Medical Association. (n.d.). Changes in hospital adverse events and patient outcomes associated with private equity acquisition.
6. National Institutes of Health. (n.d.). Hippocratic oath. Greek Medicine. Retrieved from https://www.nih.gov/hippocratic-oath

INTRODUCTION TO TRANSITIONAL PAIN MANAGEMENT: BRIDGING THE GAP BETWEEN ACUTE AND CHRONIC PAIN

SAM NIA, MD

Sam Nia, MD
Director of Pain Management and Palliative Care
Nassau University Medical Center

The experience of pain is an expected aspect of undergoing surgery. The body sends pain signals as a result of tissue insult such as cutting and suturing. This is acute pain and normally will subside when tissue healing has taken place. A timeframe of 3 months is the standard to define the acute pain period. During this period, however, there is a transition for many patients, reported to be anywhere from 5% up to 85% to a state of chronic post-surgical pain (CPSP). This state is associated with countless comorbidities and is a driver of opiate use and other complications. This is where transitional pain management (TPM) comes into play.

Transitional pain management is a specialized approach designed to provide continuity of care when a patient is moving from one phase of pain to another, typically from acute pain (such as post-surgical or injury-related pain) to the management of chronic pain or rehabilitation. It is an important yet often under-recognized area of pain care that ensures the right treatments are administered at the right time to support healing, reduce suffering, and prevent the development of persistent pain and CPSP.

The aim of TPM is to balance effective pain relief while avoiding overuse or dependency on medications, such as opioids, that are often prescribed for acute pain. This process includes assessing the patient's

specific needs, determining the most appropriate treatments, and providing support to mitigate the risk of long-term pain or drug misuse. Techniques include but are not limited intervention, pharmacologic approaches, holistic approaches as well as physical therapy and rehabilitation.

Transitional pain management is best achieved through a collaborative approach between patients, healthcare providers, and support networks. The role of pain management specialists, surgeons, physical therapists, psychologists, and pharmacists is crucial to a successful transition. By working together, we can create a comprehensive plan that minimizes pain, promotes recovery, and reduces the risk of long-term disability.

Transitional pain management is an emerging and essential concept in the world of pain treatment. As the medical community continues to refine approaches to acute and chronic pain, TPM stands as a vital tool in bridging the gap between these two stages. By offering a tailored, multi-disciplinary approach to care, transitional pain management not only helps alleviate discomfort but also prevents the long-term complications associated with poorly managed pain. It underscores the importance of continuity of care and offers a more balanced, sustainable approach to pain relief. As a physician with formal training in both acute pain management as well as chronic pain management, it is my firm belief that TPM is essential if our pain goals as medical specialists are to be realized.

HARNESSING AI TO TRANSFORM PATIENT ACQUISITION AND RETENTION IN INTERVENTIONAL PAIN MANAGEMENT

NICK T. RYAN, DBA 2026

Nick T. Ryan, MBA
Doctoral Candidate in Business Administration (DBA, Class of 2026)
CEO, MORUSMED
Board Member, American Society for Post-Surgical Pain

As a Board Member of the American Society for Post-Surgical Pain and the CEO of MORUSMED, I've had the unique opportunity to be on the front lines of healthcare innovation, particularly where digital marketing intersects with artificial intelligence (AI). I am currently pursuing a Doctorate in Business Administration (DBA), where my dissertation focuses on Integrating Digital Marketing through AI Insights and Operational Optimization: A Framework for Enhancing Patient Acquisition and Retention in Interventional Pain Management Clinics. This research is dedicated to exploring how clinics can adopt cutting-edge tools to overcome persistent challenges in patient engagement and operational efficiency.

The Growing Need for Innovation in Pain Management

Interventional pain management clinics play a critical role in combating the opioid crisis by offering minimally invasive alternatives to prescription medications. However, many of these clinics face significant hurdles in attracting new patients, retaining them, and managing day-to-day operations efficiently. In an era where patients increasingly rely on online research to make healthcare decisions, the importance of effective digital marketing and AI-driven tools cannot be overstated.

Clinics that embrace digital transformation are not just enhancing their marketing efforts; they are streamlining operations and improving patient outcomes. The societal benefit is substantial: by connecting more patients with interventional pain solutions, we reduce reliance on opioids and contribute to healthier communities.

What My Research Aims to Achieve

The core aim of my research is to develop and evaluate a comprehensive framework that integrates digital marketing strategies, AI-driven insights, and operational optimizations to improve patient acquisition, conversion, and retention. This framework is built on several key objectives:

1. **Optimize Digital Marketing Channels and Strategies:** Identifying which digital channels and marketing strategies most effectively attract and convert new patients.
2. **Leverage AI for Enhanced Patient Engagement:** Exploring how AI can predict patient behavior, personalize communication, and improve conversion rates.
3. **Enhance Operational Efficiency:** Assessing how streamlined appointment scheduling and follow-up processes can boost patient satisfaction and retention.
4. **Map and Optimize the Patient Journey:** Identifying critical touchpoints that influence patient decisions and experiences, and developing strategies for continuous improvement.
5. **Improve Content Effectiveness:** Determining which types of content and messaging resonate most with prospective patients to maximize engagement.

Theoretical Foundations

To ensure a robust analytical approach, my research draws on well-established theories from marketing and healthcare management. I'm applying E. Jerome McCarthy's 7 Ps of Marketing, focusing on how AI and digital tools can enhance 'promotion' and 'process' within clinical settings. Additionally, customer journey mapping helps identify and optimize the key interactions patients have with clinics.

From a healthcare perspective, the Health Belief Model (HBM) offers insights into how patients perceive the benefits and barriers of seeking interventional pain management. By understanding these perceptions, clinics can craft more compelling digital content and patient engagement strategies.

Why This Matters for Clinic Owners

For clinic owners, the implications of this research are both practical and profound. Smaller interventional pain management practices often struggle to compete with larger institutions that have the resources to invest heavily in marketing and technology. My research aims to level the playing field by providing actionable insights that are both scalable and cost-effective.

Imagine AI tools that can automatically respond to patient inquiries, personalize follow-ups based on patient behavior, and even optimize your clinic's online content for better search engine performance—all without adding to your staff's workload. Beyond technology, this research will highlight simple operational tweaks that can lead to significant improvements in patient retention and satisfaction.

Looking Ahead

As my research progresses, I am eager to share findings with the ASPSP community. The goal is not just academic insight but practical tools and strategies that clinic owners can implement immediately. By harnessing the power of AI and digital marketing, we can transform how interventional pain management clinics operate, ultimately improving patient care and outcomes.

Invitation to Collaborate

As part of my doctoral research, I am seeking interventional pain management clinics interested in participating in this study. Your involvement can contribute valuable insights to help improve patient acquisition, retention, and operational efficiency across the field. **If you are open to collaborating, please feel free to reach out to me directly at nicktryan@gmail.com**.

I welcome feedback, collaboration, and questions from ASPSP members as we navigate this exciting frontier together. Let's work toward a future where technology and healthcare merge seamlessly to serve our patients better.