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SUMMIT

Dr. Pawluk: I'm Dr. William Pawluk, I'm the host of the Pain Summit and I welcome you and I appreciate you joining us to help us to deal with the question of pain in the elderly. Now we all know that older folks have a different way of looking at the world that older folks have a different way of reacting to the world. And it kind of depends on what you mean by old, right? I've always told my patients I'm a holistic physician myself and I've always told my patients that you ain't old until you earned it. All right? So old is an 80 year old can be climbing the wall in China, right? Or a 60 year old can't climb a wall in China. So all is relative. Some people are older physiologically and some people are older chronologically, but not physiologically. So it kind of is all over the place in terms of what people can experience. But there are specific needs in people who are older. And let's say the more elderly, this more specifically old, old, and again, you can't put a chronologic age on it. So we used to think that old is being 65. So what's old today? How would you define old today?

Barby: Oh goodness. I would define old today as a person who is not physically fully able to live life in the sense of bio-psycho-socialaspects as someone who is younger that they have limitations in all the areas of their life. Like you said, my grandmother who has now passed, but up until about a month before she passed, she was one of the healthiest people I knew; she was healthier than I was, in her eighties. So it really does depend on each individual personwhat old is and what that means for them and how it's affecting them psychologically as well as physically.

Dr. Pawluk: I agree with that. I'll add context to that definition. So ultimately it's not something you could say that applies to everybody who is old. Right? So we have to have to individualize this. Anything we do in healthcare has to be individualized,

Barby: Correct. But you can look at some generalities like as, as you get older, the current adult population is about one in three people are experiencing something having to do with pain. As you get older, you see patients, what we call our elderly now, over 65 per science, we see that about half of the people. So more often you'll find people that are elderly with a chronic pain condition or something that's causing them daily pain. And then once they're into a facility, a resident home, elderly facility, senior care center, then that number goes up to about 80% of the people. So eight out of 10 of them will be experiencing some type of pain on a regular basis.

Dr. Pawluk: And the pain can be obviously anywhere. [inaudible]

Barby: Correct. The pain can be anywhere, although we do see it more with the elderly: arthritis vascular disorders osteoporosis; there's thinning of the bones osteopenia or even osteoporosis start setting in. So you do typically see more common ailments in elderly. Once they've lived that long and they've put all the pressure and stress on their

organs in their bones, all the years that they've lived, especially if they were more physically active in their younger years, you will see that there might be even more injuries such as hips, knees, elbows, wrists, wear and tear. Right? Exactly.

Dr. Pawluk: Yeah. They were athletic, very athletic, a good part of their life, then that is going to show up. We have a misconception that being athletic is really keeps you healthier longer. So it may from a cardiovascular perspective, but from a musculoskeletal perspective, there's a lot of wear and tear.

Barby: And we do want our elderly, everybody, even if you're just younger and chronically ill, we want everybody to keep active. But when you go to the athletic level, it does put a lot more stress and wear and tear on our bodies. And so that is seen in elderly that they were athletic. You might have a stronger heart or better vascular system, but your joints, your ligaments and your bones have taken a beating over the years.

Dr. Pawluk: Your spine. Yeah. So that's why you ain't old until you earned it. So you said you got into the question of how common the problems are in the elderly. So these are, again, every individual is going to be different in terms of the conditions. And one of the misconceptions, and I want to deal with that because you mentioned it well, one of the misconceptions is that osteoporosis or osteopenia are painful. They're not typically, but there are more fractures.

Barby: There are more falls, they're more fractures. And you're right, the osteoporosis doesn't necessarily cause pain in these people, but what comes from it? The secondary challenges that they face because of these conditions are what causes the pain to set in; trouble with the nervous system, trouble with the muscles, bones, ligaments working correctly. And when you fall, that is an injury on top of, so it compounds. Anything else that's underlying that may not have ever caused you a problem. Like we see with patients with degenerative discs, they don't necessarily have pain with the degenerative disc disorder, but some patients do because there's other things compounding it.

Dr. Pawluk: And on top of that you could have, say for example, an MRI of somebody's back that looks horrible.

Barby: And they have no pain whatsoever.

Dr. Pawluk: And you could have an MRI that looks like that shouldn't be a problem, but they have horrible pain. And this is one of the problems with surgical procedures is very often the surgical procedures, you think that that's the cause of the problem, but you don't really know what the pain trigger really is.

Barby: Right. You have to explore more. Especially when it comes to the elderly, you might think it's one thing or I've heard patients being told, well, you're getting older too. This is something you should expect. No, pain is not something you should just expect and it's just because you're older doesn't mean you're going to have pain. So there's something underlying that's causing this. You just have to do a little research, figure out what it is. And with the elderly, like you said, surgery is typically a last option even in the adult population. But when you get to the elderly, we do see more medications being dispensed for their aches and pains versus surgical procedures. There are other options that are coming about now with magnetic therapy, stimulators, whether they're internal, external simulators. There's multiple different devices. There's calmare therapy, there's cryotherapy. Again, they can do that outside your body where you go into a cold tank or you can do a procedure where they insert a device into you to a specific area of nerves or wherever the issue is--

Dr. Pawluk: They're called pain modulators.

Barby: Correct.

Dr. Pawluk: Tell us more about your background, your personal background professionally, please.

Barby: Sure. I have a degree in social psychology from George Mason University. And I was a coach at a university for cheerleading and dance. I ran the entire spirit program at Washington State University. And never thought that I would be in the position I am now. But one day I had an automobile accident and that eight seconds changed my life and it changed the trajectory. And so going from coaching and using my social psychology degree in coaching physically and mentally, I now focus on the mental aspects of living life when you have disabilities or challenges that you have to get through. And how I teach people how to do that in a positive way so that, you know, the more positive you are and the more tools you have in your toolbox, the better you're able to face life on a daily basis.

Barby: I've published nine books on chronic pain and motivation and do public speaking and lectures on living life to the fullest in each moment and what that means. That's kind of my background. I have multiple chronic pain conditions as well as genetic conditions myself. And that's what got me into studying more about the psychosocial, biological aspects of these conditions. What's underlying with the conditions, why they're happening, what treatment options are better for different conditions. And now go out and not only teach patients and caregivers, but I also work with many providers as well.

Dr. Pawluk: Because very often, and this is a theme throughout the whole Pain Summit is you might not be able to get rid of your pain. We can control it. You can manage it, you can live with it.

Barby: And you know, it typically isn't one magic pill. A lot of people think that you can just take this one magic pill and you'll be fine. It doesn't work that way. You have to find a combination of treatment options that will work for you and it's going to be different for each person. And I've seen elderly that were fine most of their life and now they're up in their early, in their later years, they're falling more, their proprioception is off and they really are having these injuries because they're elderly and not because of wear and tear necessarily on their bodies all these years. And I'm teaching them, look, you might not have had to go through all of these challenges before, but there is an easier way through. It is really important to keep their morale up, to face the life challenges in a positive manner and to make sure that you're getting the most out of life in the moments that you have left.

Dr. Pawluk: What is role of, to go back in a sense your experience and your credentials if you will, and your history and the books you've written. What is the International Pain Organization?

Barby: I'm also the President of the International Pain Foundation; and the International Pain Foundation does education, awareness, social events and access to care for patients of all ages. One of the goals for 2019 that we had was to work more with the elderly population to get them to understand that there's tips, tools and resources out there for them that there is hope and help and that they don't have to suffer in pain just because they're elderly, that there is things that they can do to make a difference and make a change in their lives.

Dr. Pawluk: So your website is?

Barby: Internationalpain.Org.

Dr. Pawluk: That's it. It's not International Pain Foundation. It's internationalpain.org, Right?

Barby: Correct, yes.

Dr. Pawluk: Resources. What resources do you have on your website?

Barby: I'd say we have find a provider resources and we also have 150 different medical conditions listed. So if you have a specific diagnosis not just related to a fall or an acute injury, something that's chronic. We have 150 conditions that involve chronic pain as a

symptom listed on the site. And those go through the symptoms. Possible treatment options to consider, resources such as support groups, and other organizations that are specific to that condition as well as some videos that patients can look at. And then we also have our awareness projects, our International Pain magazine, our international RSD quilts, which is specific to the condition of RSD CRPS. I'm doing all this off the top of my head. There's a lot of resources and tools on the website --

Dr. Pawluk: [Inaudible] pain syndrome.

Barby: Correct. CRPS, yeah, it's been known that the condition that I have, it's been known by over 20 names since the Civil War and the current name is complex regional pain syndrome or if your full body like I am with organ involvement and everything, they call it central pain syndrome. But the name before that was [inaudible]---

Dr. Pawluk: Before that was called reflex sympathetic dystrophy syndrome.

Barby: Correct. And I like that name better for me. It's easier when someone says, what are you going through? Reflex is anything in your body that's automatic. There's haywire, sympathetic is the nervous system. It feels like someone put lighter fluid on me, caught me on fire, and I have burning pain. I have other pains as well, but those are intermittent. The fire pain's always there. And dystrophy is loss of muscle and bone, which I was in a wheelchair for seven years and until I got the proper treatments that worked for me and got me up and walking again. I definitely don't have a regular athletic life that I used to as an athlete and as a coach. But I am living more life because of the treatments that I found that worked for me.

Dr. Pawluk: Excellent. And I know it's a very complicated problem, complex regional pain syndrome, and it's very difficult to treat and most people don't have great solutions for it. I don't know how common it is in the elderly, but an elderly brain; talk about centralization, right? And the brain is going to perceive pain differently than a younger brain. Can you talk about that a bit?

Barby: Sure. Well, what our life experiences are throughout our life are what our perception of pain is. It's going to be different in each person. But as we get older, we do have cognitive decline and we do also have neuroinflammation that builds up in our spine and brain. So you're going to have trouble with your memory. Not necessarily dementia, but just your short term memory is affected when you have that neuroinflammation or a firing of the glia in a normal healthy body; our glia fire every two minute. Our glia, they look like little flowers opening and closing it at the beginning and end of the day with the sunlight.

Dr. Pawluk: They are basically like the connective tissue of the nervous system.

Barby: Correct. And it tells you if something is wrong in every two minutes in our body, our glia is something wrong. Nothing's wrong, something wrong, nothing's wrong. When you have inflammation in your spine and brain or any injuries cognitive impairment, those glia are on, they're firing all the time. And so you will see, it's hard to keep those short term memories. You know, what did I eat for breakfast? Did I take my medication? Am I doing the right things to stay healthy? Am I drinking enough water? You see a decline in being able to remember those types of things, especially as you age. So, for me, even though I don't consider myself elderly, basically my brain because I have glial receptors that are firing and saying something's wrong. Something's wrong. Due to the CRPS, I, feel mentally as if I'm older than I am physically or chronologically.

Dr. Pawluk: Do you have to have CRPS to have this problem--

Barby: You do not. It can be, it can be many different conditions that cause the glia to fire. And to say something's wrong, even if something isn't wrong and the older we are, the more chances that we have that those glia are going to misfire and say something's wrong when there might not be something wrong.

Dr. Pawluk: When does centralization happen? What does it take for that to happen?

Barby: Goodness. It can be genetic. It can be something that was in you when you were born, but it didn't kick in until later in life. It can be a trauma or perceived trauma so it doesn't actually have to be you. You got your arm cut off or you broke a bone or you fell. But that trauma can trigger the centralization pain to attack and to tell those glia something's wrong and putting out the chemicals in your body. And so it doesn't necessarily have to be a trauma. It could be something perceived as a trauma. I've known people that stepped on a rock and it hit their nerve in a specific way and now they have centralized pain that is causing them trouble. Although you know, a hundred people could step on a rock, you take a thousand people, maybe one of them will have trouble from stepping on the rock, but the other 999 wouldn't, you may be even some of the hundred if you looked at a population of a hundred.

Dr. Pawluk: I describe it as chronic pain brain.

Barby: Yes. Brain fog.

Dr. Pawluk: Basically, the brain itself has very few pain receptors. The brain doesn't feel pain. That's why you could do neurosurgery and the brain doesn't feel pain. Right? But the brain is

the central station for all the traffic coming from the body. And because it's a central station, it has to process all this information--

Barby: It's like kinking a hose. If there's a kink in a water hose, you're not going to get the proper message. And so it's going to say something's wrong. If you can find a way to unkink that hose, the message flows through the spine and brain telling the rest of the body that it's okay.

Dr. Pawluk: But if the signal, if the flow is too hard, right, if there's too much flow too constant--

Barby: If there's too much flow there's a problem. If there's not enough flow, there's a problem.

Dr. Pawluk: When it's too much flow, the brain has to deal with that. And the brain deals with that primarily through the limbic system and then kind of goes from the limbic system into the rest of the brain.

Barby: Right. And when you turn that limbic system on, that's our fight flight system. That's like something's wrong. It gives you anxiety, it can give you depression, it can give you PTSD in situations that wouldn't normally do this for you. It can make you more agitated. It I would say depression doesn't necessarily cause pain, but pain can cause anxiety because of the limbic system involvement and the changes in the brain. Over time, as you have uncontrolled pain over a period of time, you will start seeing that your anxiety is increased. You don't want to be around people as much. You're not as nice to people necessarily unless you consciously make an effort to do so. It's harder to be positive. So again, practice makes better. You have to practice being positive. Practice saying, okay, what's the actual facts of the situation and not just what you feel emotionally in a situation. Because what you perceive to be happening might not necessarily be the actual reality. In fact, of what is going on. You might--

Dr. Pawluk: It's a learning process, right?

New Speaker: It is a learning process. You have to practice it and you have to be cognitively aware that these changes are going on. And the worst the pain is, like you said, the fire hose. If it's on full blast, that's the signal that something's wrong, something's wrong and you--

Dr. Pawluk: And the brain tries to quiet that down.

Barby: Right. And it's harder to think about the other things. That's why you lose those short term memories and you, you have to use a variety of tools and techniques so that you can help calm that down so that you can pay attention, remember better, get through

life better because that hose is firing. And until you find something to turn the hose back to a normal flow, there's going to be problems there. So it takes practice to get that to happen which is mindfulness, meditation virtual reality. There's so many different tools and tips that you can use psychologically in addition to working on lowering the chronic pain in other areas getting those glia to calm down, getting the receptors in your brain to calm down and know that it's okay and what are the facts, let's deal with those that will help with anxiety, depression. And also I myself use mindfulness every day. I love virtual reality and it's something that really has helped me stay in control and stay upright, mobile and more functional.

Dr. Pawluk: So one of the questions I, as a physician, as an MD, the problem is that most people get trapped in a paradigm. And I think that this is a bigger problem for the elderly than it is for younger people like yourself who are more open minded. As we, as we get older, we get stuck in patterns that we have to sort of get out of. And older folks have gotten into a pattern that said that medicine has the solutions.

Barby: Right. And I can tell you in even in my case, I thought that way in our society we are taught that that surgery is a solution and that whatever the doctor says goes, and I had to learn. I had to be my own best advocate and I had to take control of the care. I now have my doctors as part of my team and especially within, within a person who has been taught the way the system is all their life and hasn't really experienced anything chronic. When they start developing these chronic challenges, they need to change their focus and say, I'm the one that's responsible and I need to use my providers as a team to get the tools that I need to live better on a daily basis and go and research for yourself what it is that you're comfortable with, what it is that you're willing to do.

Barby: Please don't rush into surgery. I had a doctor tell me I was going to die if I did not have a surgery and that doctor ended up making a mistake. First off, he misdiagnosed me. It was a surgery that I didn't need. He ended up removing my first rib, which I didn't need removed. And he left two bone spurs. One was going into my lung and one was going around my brachial plexus nerve bundle in my shoulder area, spreading of my pain condition. But it also caused five lung collapses. Well, one full collapse and four partial collapses of my lung. And he kept trying to tell me that it was spontaneous pneumothoraxes. And finally, I went to a different provider and got a 3D scan of my body, of my chest cavity, and they said, you need another surgery to fix the first surgery that you didn't need in the first place.

Barby: Had I stopped and taken the time to research what was going on in all of my symptoms, even without a diagnosis, I could have been responsible, researched, and not have rushed into a surgery where I thought, Oh my gosh, if I don't get this, I'm going to die. And I've also heard from patients sharing my story that said, I've been lying in bed

waiting to die cause my doctor said that I had no options. And I'm like, no, you have options. Research them, get up, find out what's best for you. I'll give you a list of a hundred to start with to go through to start a conversation with your providers. But it's up to the patient to have that conversation, to bring it up to their providers and say, what about this? What would this treatment do for me? What does this medication do? Can I be on this medication long-term?

Dr. Pawluk: I think what you're saying though, what I'm hearing you say I would agree with, is you need a team.

Barby: You absolutely need a team. You cannot do it by yourself, but you need to be the leader of your team.

Dr. Pawluk: Oh. And the fact that this is the problem with the elderly often don't realize they need a team and they're often fighting their team members who are other family members.

Barby: Absolutely. Or they say insurance doesn't cover it so I'm not going to do it. Well, just because insurance doesn't cover it doesn't mean it isn't a viable option for you that would help. I had days where I would beg, I would do anything to get out of pain, I would try anything; and until I took responsibility for my daily care, I did not get the help that I needed. And I had to take into consideration all the options that were being presented to me. I had to learn how to communicate with my caregivers at home, within my family and friends as well as with all of my team of providers as well as the doctors, the nurses, the physical therapists, the occupational therapists, the mental counselors; everybody had to work on the same team and I got to a point where my medical team would meet once a month to talk about all of their patients they had in common. And what they wanted to do, ideas, they had things they had learned at recent conferences they had attended

Barby: And then I myself and my primary care doctors, the doctor that on my team that I chose to help coordinate that care. So if another provider, a specialist wants to give me a medication, it goes through my primary care doctor who can help me learn about the medication, what to watch for any contra-indications with anything else I'm taking as well as you know how this is supposed to be taken with food without food at night, during the day. And then it's up to me to be responsible; and my care team at home to be responsible for making sure that we are following that plan all of us have agreed to.

Dr. Pawluk: So what you need is probably one important advocate. If you have one person, especially if you're elderly because you don't necessarily have the memory, you don't have the energy, you don't have the right mood, you really need an advocate for yourself. That'd be a family member. It needs to be somebody else

Barby: And they need to attend the appointments with you and take notes and take notes so that when you get home you can say, this is what we discussed, this was the plan. How can we help you stay on it and setting the expectation is one of the hardest parts of care and it can be helped by making sure that everybody's on the same page, that your caregivers at home know what the plan is that you've come up with your team.

Dr. Pawluk: Not necessarily be caregivers. You may need to have caregivers, but it just, all you need is basically just an advocate, right?

Barby: And advocate's a husband, a wife, a spouse, a friend, neighbor,

Dr. Pawluk: A relative or neighbor, right.

Barby: Somebody that's there that can help be your voice and make what you're going through objective instead of subjective, meaning you can say, oh, I've fallen three times, but when you have the neighbor there that says Susie was in her driveway and her knees buckled in, or this is how it happened, this is how she fell. Or when she fell, she hit her head or braced herself with her wrist. Can we look at the pain in her wrist? Whatever that thing is, it becomes objective instead of subjective and just a report from a patient helps you get the better care that you need.

Dr. Pawluk: I want to go back to that point. I think the older person needs to bring somebody with them to the appointment.

Barby: Oh absolutely.

Dr. Pawluk: I've discovered this myself. Two heads are better than one, right? Every person is going to remember something different from the interview, from the advice from the consultation, right. If you have two different people, the person who's in a lot of pain is being often being very emotional about their problem and they don't think about the objective things or the things they should ask. So the other person in the room can hopefully be more objective and not as emotional about it. So they're going to remember different things about the interview and the consultation, than the person in pain.

Barby: Absolutely. And you really want to have that, especially if you're having trouble with your short term memory or if your water hose is on and all of this is hitting your brain at once. You want to have that support that can back you up. They can say, hey, you know, you're experiencing these symptoms. The doctors said that these were the types of things that you could do to help in that, in this situation that you're in right now. Sometimes we do need as the patient, we do need somebody there to remind us, hey,

you have options. What, what? What do you want to do? Or do you want to sit here in pain or do you want to turn on \your quell or OSCA device or whatever it is. Do you think you need more physical therapy? Have you gotten up and walked around your house or walked around the block or done that physical activity today to have that reminder is very important and not only because you're elderly but also because when that pain is set in because of whatever you're going through, it's harder to remember and it's nothing against you.

Barby: It's just harder to remember. And we know this is scientifically proven.

Dr. Pawluk: You have experience with using pain medications in the elderly. What reservations do you have about that because I think pain medication can cause problems as well as help you with your pain.

Barby: Pain medications can cause problems, be it an opiate type medication can cause constipation, can cause your receptors in your digestive tract to shut down. So it's harder to push food through. You're not getting the right nutrients. It can affect your liver and kidneys and other organs. It can suppress breathing. So you want to look at other options as well.

Dr. Pawluk: It also can suppress your thinking.

Barby: Absolutely. And also with NSAIDs you also have the challenge with if you're on NSAIDs too long it can cause internal bleeding. And that's happened to me personally--

Dr. Pawluk: It's especially a problem in the elderly. It's especially a problem in the elderly.

Barby: So you really have to make sure that you're following the directions from your medical provider if you have questions or if you're starting to see blood in your stool or urine. Talk to your pharmacist, talk to your doctor, find a way to use other modalities. Don't just rely on medication, use other modalities to help lower the pain levels. And pain medication, a lot of people, especially elderly people who have a different sense of what the health system is, will think that this medication is the end all be all and they basically get stuck going strictly to medication. It really is something that needs to be monitored, controlled. If you haven't had a problem with abuse, your whole life of medications, alcohol, drugs it's less likely that you're going to as someone who is elderly, but it is still possible.

Barby: But if you're at the point of end of life, really do you want to have a comfortable death or do you want to suffer in your last days or hours. So that's a choice that I've seen a lot of elderly have to make is do you go with the medication, do you not go with the

medication? It really comes down to as we started this conversation, an individual choice, but it's also something that you have to be aware that there is side effects to anything that you are going to take and that doctors don't always have the time to teach you about what you might experience with this medication cognitively or physically.

Dr. Pawluk: For the doctor that you choose, you should have a doctor who is open minded about having you build a team for yourself. If the doctor thinks that they are the be all and the end all and they have all the solutions for your problem, then I think that's going to be a problem.

Barby: Right. Or if you think that your one doctor's enough.

Dr. Pawluk: That's right. Exactly. I remember in the past we had dealt with I had worked with a doctor who developed a comprehensive pain clinic and he had psychologists and social workers get physical therapists. He had pharmacists, right. And the medical doctors; and he had surgeons if he needed them. That concept of comprehensive pain management has gone by the wayside largely because of lobbying by the anesthesia community and the anesthesiologist basically co-opted pain management. And what does an anesthesiologist do?

Barby: They do surgery. They put you to sleep while you're [inaudible].

Dr. Pawluk: Well that's right, that's why they would prefer that you're asleep. But what they do is they do pain management. They think of pain as only the brain, only the central nervous system. And so as a result, the whole idea of comprehensive pain management largely was put aside. And insurance companies hate comprehensive pain management because everything that insurance companies do are siloed. The psychologists, the pharmacy, the surgery, the medical doctor, the physical therapy, they're all siloed. And each one of them is a different compartment within the insurance companies. So they don't think in terms of [inaudible]

Barby: If they want their costs down, they want their costs down, they want their costs down. But we need a comprehensive approach. And one of the benefits, I live in Arizona and we have a high elderly population here in Arizona. And one of the benefits of Arizona versus other states is that we have a lot of pain management clinics that are comprehensive. Everybody's in under one roof. So if you need blood draws, if you need x-rays, physical therapy, occupational therapy cognitive therapy surgeries, everything's in these buildings and you all of the people can be on a team a lot easier because they are all working together and know, okay, Susie is going from X to Y to to A to say C and they have a plan and everybody's in the same electronic record system now and they can all see what each other are doing and that's when you get the best care.

Barby: Other states don't have this, but as you mentioned I'm thinking, because I know a lot of the owners of these clinics here in Arizona and most of the owners are anesthesiologists. And when you said that it made me go, yeah, they're there. They're in the picture. They are actually trying to put themselves at the top. They are the owner. But I do like the fact that we have all of these resources under one building but even myself, I go to one pain center for this treatment. They don't offer this other treatment that I do. So I go to another specialist for this other treatment and they're in different buildings because I want the best of the best. And it doesn't mean that they're all in one building. Even with all of those resources, unfortunately in one building I still don't get the treatments that I need. I had to make my team and go, where are you, where I got the best treatment that was right for me. And that one facility doesn't offer every single treatment that's available. So I have to leave to go do other things. But it's my responsibility to make sure that they're all talking as a team, as my team, and getting the care that the people that are only in that one facility get. Although those people in that one facility still have limitations.

Dr. Pawluk: Well, and that's unfortunate. So the point I guess basically still is it's going to take a fair bit of work if you have a problem where your pain medication is working for you, great. If your pain medication is not working for you or it doesn't cause you problems, then you'd have to look for other solutions to your problem. And that's the purpose behind this summit is to give people ideas on all the different approaches that you need to be able to get comprehensive pain management. So I know we're coming to the end of our interview and I would like to have you again, tell people what they're going to get by visiting your website and reading your books.

Barby: Yes. So, reading my books, you get tips, tools, resources from the patient perspective. When you go to internationalpain.org, you will receive education for patients, caregivers and providers. You will receive access to care, tips and resources, tools such as how to appeal your insurance company, how to request your medical records from your providers so that you can make sure that all the people on your team have all the information that they need; making sure those medical records get passed around. We have information on that. We have information on legislative policies overcoming step therapy, prior authorizations, especially tier practices that insurance companies like to put on patients. We have our magazine, I Pain Living magazine. We have a list of 150 different conditions with symptoms, treatment options that are available or more recommended for that specific treatment option.

Barby: And then for those who are looking for additional care or provider resources, whether it be for a psychologist or a surgeon or a general practitioner, we have two different find a provider resources that you can type in your personal information and it's not saved but we don't do it for you because there is it HIPAA privacy, private information that we

don't want to be maintaining that data. So you put your information in and it does the search for you. One of the apps can even tell you price transparency based on what the providers have been charging, what insurance has been paying what your expected out of pocket costs will be based on if you have insurance, if you don't have insurance, if you have Medicare or private insurance, it can give you really good support and transparency and information that you would not receive in other places or necessarily from your medical providers. We also help patients eight out of 10 medical bills has a mistake according to Jayco. And if even if your name is spelling correctly or there's a digit off on, on your ID number, your insurance will process your bills slightly differently. So you even have to look for all of those little tools and mistakes that are on your EOBs and on your medical billing. And we even have a section on lowering your medical costs for that as well.

Dr. Pawluk: I really love your energy despite your pain.

Barby: Thank you. I'm a cheerleader and I use my energy to help keep me positive and I do crash. I do have good moments and bad moments, but I try to face them all with positivity.

Dr. Pawluk: I do encourage all the viewers of these videos to go to your website, because it sounds like you have a tremendously comprehensive set of tools. It's rare to find and the resources that I've seen on pain management and solving your pain issues. I applaud you for that Thank you very much for your work.

Barby: Thank you. And I think coming from a patient aspect myself I know what was missing for me. And so I said, these are the tools that we need to create first. And when I run into a problem or I hear a variety of patients that are running into a particular problem, we tried to come up with a tool or solution or a resource to provide so that they can get through it easier. Thank you very much.

Dr. Pawluk: Enjoy the rest of your day. I wish you all the best and live long and prosper and be healthy.

Barby: Thank you so much. You as well. Thank you. Have a great day.