April 1, 2019

Alicia Richmond Scott
Designated Federal Officer
Pain Management Best Practices Inter-Agency Task Force
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue, SW, Room 736E
Washington, DC 20201

RE: Docket ID: HHS-OS-2018-0027: Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Dear Ms. Scott:

Voices for Non-Opioid Choices ("Voices") appreciates the opportunity to comment on the Pain Management Best Practices Inter-Agency Task Force draft report on "Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations" as released on December 28, 2018. Voices believes that the draft report includes many recommendations that will improve care for acute pain patients by increasing access to a variety of non-opioid pain management approaches, which also will minimize unnecessary exposure to opioids.

Voices is a nonpartisan coalition dedicated to addressing opioid addiction in the United States by increasing patient access to the broad array of proven, effective, and medically relevant non-opioid approaches to managing acute pain. Voices believes that patients and providers deserve choices in how they manage postsurgical pain and an important way to promote such choice is by increasing access to and utilization of non-opioid pain management approaches.

Voices, and our partners, believe that one way to address opioid addiction is to prevent addiction before it starts. This is particularly important for postsurgical acute pain patients who are often exposed to opioids for the first time following an otherwise routine surgical procedure.[1]

The vast majority of patients in the United States receive opioids to manage their postsurgical pain. In many cases and for many common surgical procedures, these patients receive over 80 opioid pills to manage their pain.[2] So it is perhaps unsurprising that, every year, approximately 3 million Americans become newly persistent opioid users following a surgical procedure, meaning they are still taking opioids three to six months following their procedure.[3]

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[1] Brummett C, Wale J, Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. 2017;152(6):e170504. Doi:10.1001/jamasurg.2017.0504.
[2] Choices Matter: Exposing a Silent Gateway to Persistent Opioid Use. October 2018; Available at: https://www.planagainstpain.com/wp-content/uploads/2018/10/ChoicesMatter_Report_2018.pdf.
[3] Ibid.

The draft report includes recommendations to increase access to multimodal approaches to pain management, which utilize a variety of approaches to help patients manage their pain after surgery, including by prioritizing the use of non-opioid therapies. There are tremendous benefits associated with such approaches, including: reducing overall opioid consumption by as much as 91 percent within 24 hours following a surgery,[4] improving postsurgical patient outcomes,[5] and reducing overall system costs by thousands of dollars for each patient treated with such approaches.[6]

Voices supports many of the draft report's recommendations, specifically those that will improve pain management and minimize unnecessary exposure to opioids by increasing access to and utilization of multimodal approaches to treat pain. Voices encourages the Task Force to include these recommendations in the final iteration of the report:

Acute Pain [Section 2.1.1]:

The draft report acknowledges that "multimodal, non-opioid therapies are underutilized in the perioperative setting" (Gap 1; Section 2.1.1). Accordingly, Voices applauds the report's recommendations to support the use of such therapies (Recommendations 1a and 1b).

Voices has stated the value of utilizing multimodal approaches, including those that prioritize the use of non-opioid therapies. These recommendations reinforce the value and the necessity of utilizing such approaches more regularly so that more patients can reap their benefits.

Voices also supports the recommendation to facilitate preoperative consultations between to develop individualized pain management plans (Recommendation 1c), which have been demonstrated to minimize exposure to opioids and improve patient outcomes after surgery.[7,8]

Medication [Section 2.2]:

Gap 2 acknowledges that the default method for pain care is to prescribe opioids. The *status quo* for treating pain in this country can and should change and that, given the broader opioid epidemic in this country and the benefits of utilizing multimodal approaches to pain management, we should do what we can to increase utilization of non-opioid treatment regimens.

Voices applauds recommendations in this section that urge increased utilization of nonopioid medications along with nonpharmacologic approaches as a "first line" therapy (Recommendation 2a) and ensuring appropriate reimbursement for such approaches (Recommendation 2e).

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[4] Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local Infiltration Analgesia With Liposomal Bupivacaine Improves Pain Scores and Reduces Opioid Use After Total Knee Arthroplasty: Results of a Randomized Controlled Trial. The Journal of Arthroplasty. 2017.

[5] As evidenced by patients being discharged more quickly following surgery and lower reported pain scores.

[6] Wang MY, Chang HK, Grossman J. Reduced Acute Care Costs with the ERAS Minimally Invasive Transforaminal Lumber Interbody Fusion Compared with Conventional Minimally Invasive Transforaminal Lumber Interbody Fusion. *Neurosurgery.* 2017.

[7] Alter, Todd and A. Illyas. A Prospective Randomized Study Analyzing Preoperative Opioid Counseling in Pain Management After Carpal Tunnel Release Surgery. Journal of Hand Surgery. October 2017. Available at: https://www.jhandsurg.org/article/S0363-5023(17)30660-3/abstract.

[8] Sugai DY, Deptula PL, Parsa AA, Don Parsa F. The importance of communication in the management of postoperative pain. Hawaii J Med Public Health. 2013 Jun;72(6):180-4. Abstract available at: https://www.ncbi.nlm.nih.gov/pubmed/23795326.

It is important to note that, as it relates to Recommendation 2e, there are some important steps being made to improve reimbursement guidelines for the use of multimodal pain management approaches. Specifically, CMS, in their final 2019 Outpatient Prospective Payment System rule determined that reimbursement policies hindered patient and provider access to non-opioid therapies in the ambulatory surgery center (ASC). To address this challenge, CMS, in its final 2019 rule, allowed for separate reimbursement for pain management services provided to patients treated in an ASC. Similarly, some commercial payors have recognized the benefits of providing multimodal pain management to patients and have made similar reimbursement policy changes that increase patient access to these approaches.

Access to Psychological Interventions [Section 2.5.1]:

Voices believes that patients and providers should have access to **all** medically appropriate and effective pain management services. This includes access to psychological interventions which have been proven to be effective in helping patients manage their acute pain.

We hope that, in the final iteration of this report, the Task Force will incorporate recommendations that facilitate access to these services to help acute pain management and specifically includes recommendations to improve reimbursement for approaches that include psychological and other behavioral health interventions (Recommendation 1c).

Workforce [Section 3.3.3]:

Voices supports policies that ensure patients and providers can access the wide array of effective, pharmacologic, and nonpharmacologic approaches to acute pain management. In addition to specific approaches, this means that patients can be treated by an array of pain management professionals, including physician and non-physician providers. This group includes providers such as nurses, non-physician specialists, mental health experts, and others.

Accordingly, Voices was pleased to see recommendation 1c in this section included, which urged "expanding the availability of nonphysician specialists" to help manage patient pain.

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Voices appreciates and shares the Task Force draft report's commitment to increasing the availability of non-opioid multimodal approaches to pain management. Accordingly, Voices is committed to working with the Task Force to remove policy barriers that exist that leave "clinicians with few options to treat often challenging and complex" (Introduction) pain cases.

Voices appreciates the opportunity to provide comments on the draft report and looks forward to having these recommendations finalized. Please do not hesitate to contact me at chris@nonopioidchoices.org if you have any questions.

Sincerely,

Chris Fox
Executive Director