

Your voice matters

An insider's perspective on the new federal recommendations on pain, why they matter, and how to weigh in

Cindy Steinberg*

National Director of Policy and Advocacy

**Views expressed are my own and do not represent the views of the HHS PMTF.*



HHS Pain Management Best Practices Interagency Task Force (PMTF) Report

- Why was this report created?
- What was the charge to the PMTF?
- Who created the report?
- Was there public input?
- What is in the report?
- Why does this matter/what does it mean for me?
- How does it differ from the National Pain Strategy (NPS)?
- How do I get a copy? How do I comment?
- Q&A

Why was this report created?

- The Pain Management Best Practices Inter-Agency Task Force (PMTF) grew out of the Comprehensive Addiction and Recovery Act (CARA), the first major federal opioid legislation passed in 2016.
- It was the only section in CARA pertaining to pain management.
- Congress wanted to know what pain experts consider best practice in pain management now.
- Overseen by Department of Health and Human Services (HHS).

What was the charge to the PMTF?

The Secretary of HHS, in cooperation with the Secretary of Veterans Affairs and the Secretary of Defense, shall convene a Pain Management Best Practices Inter-Agency Task Force. The task force shall—

(1) identify, review, and, as appropriate, determine whether there are gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed or adopted by Federal agencies;

(2) [not later than 1 year after the date on which the task force is convened under subsection] (b) propose updates to best practices and recommendations on addressing gaps or inconsistencies identified, as appropriate, and submit to relevant Federal agencies and the general public such proposed updates and recommendations

In plain language

The task force's charge is to update best practices and recommendations on pain management for the nation, including relevant federal health agencies, such as the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).

Who created the report?

- CARA was very specific about the types of experts that should be chosen for the task force. A panel of 29 members were appointed by the U.S. Secretary of Health & Human Services, Alex Azar.
- The chair is Vanila Singh, MD, chief medical officer for the Office of the Assistant Secretary for Health and a pain physician
- I was the only patient and pain advocate appointed to the panel



Was there public input?

- Open public comment period in May of 2018 just prior to the first meeting
- PMTF received > 3000 comments; vast majority from patients; nearly 80% talked about difficulties accessing treatment
- Two public meetings: May 30 & 31 and Sept 25 & 26 w/ open public comment periods
- Task force reviewed comments over the summer
- The draft report was released on Dec. 28, 2018



Why does this report matter? What does it mean for me?

- Pain has never before been a focus at this high a level in the gov't - OASH
- HHS is above all the federal health agencies like FDA, CDC, AHRQ, SAMHSA, etc.
- The report was specifically mandated by Congress.
- This report will have high-visibility and the potential to impact the practice of pain management in this country.



What is in the report?

Broad range of topics – 91 pages

- Acute pain
- Medication (including risk assessment and overdose prevention)
- Restorative movement therapies like: PT, OT, yoga, tai chi
- Interventional procedures like: nerve blocks, epidural injections, spinal cord stimulators
- Psychological interventions
- Complementary & integrative therapies
- Considerations for special populations like: pediatrics, women, military
- Stigma
- Public, patient and provider education
- Access to care including: medication and workforce shortages
- A review of the CDC Prescribing Guidelines

Overall highlights

1. The problem of pain

Pain is an enormous public health problem with profound individual and societal consequences.



2. The importance of individualized care

Successful management of pain requires individualization of care in the selection of therapies tried, in the consideration of risks and benefits of therapies, in the duration of treatment, in the optimal dosing of medication and so on.



3. Multidisciplinary care is essential

Best practice in pain management is achieved through a multimodal, multidisciplinary, integrated model of care including a full range of pharmacological and non-pharmacological treatments.



4. Stigma must be addressed

Stigma is a major barrier to treatment so it is critical to provide education and awareness of the underlying disease process of pain and to provide empathy and a non-judgmental approach to treatment.



5. Not enough education

Public, patient, and provider education is critical to the delivery of effective, patient-centered pain management and is necessary for optimizing patient outcomes.



6. Individualized approach to opioids

Opioids have a role to play in pain management and the risk-benefit balance for opioid management must be considered on an individual basis as there is wide variation in factors that affect the optimal dose of opioids.



How is this different from the National Pain Strategy?

- You can think of this report as an updated version of the NPS but more pragmatic and clinical.
- It has been nearly 3 years since the NPS was released, so this is more reflective of current thoughts, topics and trends in pain management.
- It is more in depth in certain areas and covers more topics of particular relevance today such as access to care, CDC Guidelines.

How do I get a copy?

1. Download a copy from the “Handouts” section of the control panel
2. Visit our toolkit: <http://bit.ly/PMTFtoolkit>

How to read the report

- The meat of the report is really in the Gaps and Recommendations
- Focus on those as opposed to the narrative
- For each topic, ask yourself if the gaps described get to the heart of the problem and if the recommendations proposed will solve the problem
- For example, let's look at topic of **Stigma** in Section 3 of the report
- Gap 1: *Chronic pain patients may face barriers in access to pain care due to being stigmatized as people seeking medications to misuse. Contributing to this stigmatization are the lack of objective biomarkers for pain, the invisible nature of the disease, and societal attitudes that equate acknowledging pain with weakness.*

Stigma recommendations

- **Recommendation 1a:** *Increase patient, physician, other health care provider, and societal education on the underlying disease processes of acute and chronic pain to reduce stigma.*
- **Recommendation 1b:** *Increase patient, physician, other health care provider, and societal education on the disease of addiction.*
- **Recommendation 1c:** *Counter societal attitudes that equate pain with weakness through an awareness campaign that urges early treatment for pain that persists beyond the expected duration for that condition or injury.*
- **Recommendation 1d:** *Encourage research aimed at discovering biomarkers for neurobiological mechanisms of chronic pain.*

Stigma continued

- **Gap 2:** *The national crisis of illicit drug use, with overdose deaths, is confused with appropriate therapy for patients who are being treated for pain. This confusion has created a stigma that contributes to raise barriers to proper access to care.*
- **Recommendation 2a:** *Identify strategies to reduce stigma in opioid use so that it is never a barrier to patients receiving appropriate treatment, with all cautions and considerations for the management of their chronic pain conditions.*

How do I comment?

- Comments are due by 5 pm EST on April 1, 2019.
- ***Ways to comment:***
 1. Submit online through the Federal Rulemaking Portal
 2. Email to paintaskforce@hhs.gov
 3. Mail written comments to:

*U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue, S.W., Room 736E,
Attn: Alicia Richmond Scott, Task Force Designated Federal Officer
Washington, DC 20201*

U.S. Pain toolkit

Has links to comment portal and the full report!

<http://bit.ly/PMTFtoolkit>

[Living with Pain](#) [Find a Support Group](#) [Find a Clinical Trial](#) [Resources](#)

 [ABOUT US](#) [PROGRAMS](#) [ADVOCACY](#) [NEWS & EVENTS](#) [GET INVOLVED](#) [DONATE](#) 

NOW IS THE TIME TO SPEAK UP.

COMMENTS ON NEW FEDERAL RECOMMENDATIONS ON PAIN ARE DUE APRIL 1.

A high-ranking federal task force has released its much-anticipated draft report with recommendations for improving the management of chronic and acute pain. The public is being asked to provide feedback on the report by April 1.

In this toolkit, you'll find information about:

- The task force
- The report
- How to submit comments
- Tips for submitting comments



ABOUT THE TASK FORCE

The **Pain Management Best Practices Inter-Agency Task Force** is an advisory group overseen by the U.S. Department of Health and Human Services and the departments of Veterans Affairs and Defense. Its 29 members include federal officials and pain experts from both academia and private practice, as well as one patient/patient advocate representative: [Cindy Steinberg, National Director of Policy and Advocacy for U.S. Pain Foundation](#).

The task force's charge is to update best practices and recommendations on pain management for the nation, including relevant federal health agencies, such as the Centers for Disease Control and Prevention and the Food and Drug Administration.

Tips for commenting

- Explain why you do or do not think specific recommendations will be helpful to you as a pain patient.
- Try to be as direct and concise as possible. The task force will be reviewing hundreds, if not thousands, of comments.
- If you would like to include statistics or figures, consider citing the study or data.
- If you would like to address a specific section of the report, cite the section upfront.
- Include your name and contact info in case the task force wants to follow up.

Your voice matters

- Now is the time to speak up!
- The task force IS listening.
- The more patients who write in, the greater the impact.
- If you want to write to Secretary Azar and/or your member of Congress to thank them for supporting the creation of the report, please do!

Questions?

<http://bit.ly/PMTFtoolkit>