

Your voice matters

*The new federal recommendations on pain, why they matter,
and how you can help get them implemented*

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**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?
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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



What is in the report?

Broad range of topics – 112 pages

- Acute pain & chronic pain
- Medication (including risk assessment and overdose prevention)
- Restorative therapies (PT, OT, exercise, etc.)
- Interventional procedures (nerve blocks, epidural injections, neuromodulation, etc.)
- Psychological interventions (cognitive behavioral therapy, mindfulness, etc)
- Complementary & integrative therapies (acupuncture, massage, yoga, etc.)
- Considerations for special populations (pediatrics, women, military, etc.)
- Stigma
- Education (public, patient, provider & policymaker)
- Access to care (medication & workforce shortages, insurance coverage, etc)
- Review of the CDC Prescribing Guidelines

Overall highlights

1. Huge 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, provider & even policymaker 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.



Substance of the Report

- The meat of the report are the recommendations
- Focus on those as opposed to the narrative
- Familiarize yourself with the recommendations
- Choose the recommendations that are most important to you so you can discuss them with your representative or whomever you are educating about pain when you get the opportunity

What happened at the recent meeting of the PMTF?

- Final meeting May 9 & 10
- Purpose to summarize report, public input & vote on final draft
- Final vote was 27 yes; 1 no (ONDCP); 1 abstain (CDC)
- Agenda included:
 - Impactful patient testimonials
 - Open public comment period
 - Comments from 2 physician Congress members
 - Comments from prominent physician groups – AMA, Association of American Physicians & Surgeons, American Academy of Neurosurgeons



What are the successes of the effort?

- High visibility for pain
 - HHS leadership focused on it
 - Members of Congress speaking at meetings
 - Large public response – > 9,000 comments; 6000 on the report; many watched live stream
- Focus on patients at every meeting & in report
 - Impactful patient testimonials live & in the report
 - Open public comment periods with many patients & patient advocates speaking
- Main message: individualized care is essential in pain management
 - Treatment plan, therapy choices, risk-benefit analysis, medication choice & dosage
- Overwhelmingly positive response to report
 - From patients, h/c professionals, organizations, companies in this space
 - Strong endorsement from mainstream physician groups especially AMA
 - AMA President-Elect Patrice A. Harris, M.D. said *“These recommendations are a lifeline to pain patients who have been caught in the middle of policy efforts that have produced harmful unintended consequences,”*

What are my concerns about the effort?

- HHS was unwilling to call for revision of CDC Guidelines
 - Review of Guidelines pointed out problems, especially dosage limit
 - Consequently, unlikely CDC will actually change the Guidelines
- No one entity is charged with implementing the recommendations
 - Little accountability that HHS will follow through on implementation
- I did issue a call to action during the meeting saying the report was great but at the end of the day it is just a piece of paper or a computer file, unless it is implemented
- I asked Task Force members to do 2 things:
 1. Speak to their Congress members and ask for a hearing on the report
 2. Choose a recommendation or section of the report to move forward

What happens next?

- Final Report will be issued May 30th
- Task force met with CMS
- In the SUPPORT Act, Congress asked CMS to collaborate with the PMTF on an Action Plan to address the opioid crisis to include:
 - A review of payment & coverage policies to manage acute & chronic pain & minimize opioid misuse & abuse
 - Recommendations for new models of care to be tested by CMMI
 - A review of beneficiaries access to other therapies that manage acute & chronic pain including those in rural or underserved communities
 - A review of payment & coverage policies related to medical devices for managing acute & chronic pain

CMS Action Plan

- Good news that PMTF will have input into CMS Action plan
- Many recommendations in the report involve better coverage for coordinated care, complementary therapies & compensation for more time spent with pain patients
- CMS must hold a public meeting to solicit comments on the Action Plan
- CMS must also issue an RFI seeking public feedback on the Action Plan
- Stay tuned for the opportunity to provide your ideas & feedback on how CMS could help to improve pain care

What Can You Do to Help?

- Now is the time to **educate** & **advocate**!
- *Educate your federal lawmakers about the importance of this report to you*
- *Advocate for a Congressional hearing on the report*
- Congress mandated & paid for this report as part of CARA
- Better pain management is part of the Administration's 5-point strategy for combatting the opioid crisis
- The HELP Committee recently held a hearing on challenges of managing pain during the opioid crisis
- Congress should be interested in hearing about & implementing these recommendations

Committees of Jurisdiction

- In Senate, the Health, Education, Labor & Pensions (HELP) Committee
- In House, Energy & Commerce (E & C) Health Subcommittee
- Use our two action campaigns to find out if you have a legislator on one of the committees (details on next slide)
- Perfectly fine to work through aides; rare that you get to speak with your representative

Senate HELP Committee Members

- Lamar Alexander, Chairman (R-TN); Patty Murray, Ranking (D-WA)
- Mike Enzi (R-WY); Bernie Sanders (D-VT)
- Richard Burr (R-NC); Bob Casey (D-PA)
- Johnny Isaksen (R-GA); Tammy Baldwin (D-WI)
- Rand Paul (R-KY); Chris Murphy (D-CT)
- Susan Collins (R-ME); Elizabeth Warren (D-MA)
- Bill Cassidy (R-LA); Tim Kaine (D-VA)
- Pat Roberts (R-KS); Maggie Hassan (D-NH)
- Lisa Murkowski (R-AK); Tina Smith (D-MN)
- Tim Scott (R-SC); Doug Jones (D-AL)
- Mitt Romney (R-UT); Jack Rosen (D-NV)
- Mike Braun (R-IN)

House E & C, Health Sub-Committee Members

- Anna Eshoo, Chairwoman (D-CA); Michael Burgess, Ranking (R-TX)
- Elliot Engel(D-NY); Fred Upton(R-MI)
- G.K. Butterfield (D-NC); John Shimkus (R-IL)
- Doris Matsui(D-CA); Brett Guthrie (R-KY)
- Kathy Castor(D-FL); Morgan Griffith (R-VA)
- John Sarbanes (D-MD); Gus Bilirakus(R-FL)
- Ben Ray Lujan(D-NM); Billy Long (R-MS)
- Kurt Shraeder (D-KS); Gary Buschon (R-IN)
- Joe Kennedy (D-MA); Susan Brooks (R-IN)
- Tony Cardenas(D-CA); Markwayne Mulin(R-OK)
- Peter Welch(D-VT); Richard Hudson(R-Nc)
- Mike Braun (D-IN); Buddy Carter (R-GA)
- Debbie Dingell (D-MI); Greg Gianforte (R-MT)
- Ann Kuster (D-NH); Nanette Barragan (D-CA)
- Robin Kelly (D-IL); Lisa Blunt Rochester (D-DL); Bobby Rush (D-IL)

States represented across two committees

- Alabama
- Alaska
- California
- Connecticut
- Delaware
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- Oklahoma
- Oregon
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Wisconsin
- Wyoming

Two action campaigns available

<http://bit.ly/PMTFemailCongress>

a general email campaign for constituents in all
states

<http://bit.ly/PMTFcallcommittees>

steps and talking points for constituents with
representatives on one of the two key committees
(37 states!)

Your voice matters

- Now is the time to speak up!
- The more constituents who call in or write, the greater the chance they will act.
- Get your family & friends to do the same.
- We may not get this opportunity again
- Let's make the most of it to improve pain care for everyone living with pain!

Questions?