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VIA ELECTRONIC SUBMISSION

Pain Management Best Practices Inter-Agency Task Force
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Inaugural Meeting of the Pain Management Best Practices Inter-Agency Task Force (Task Force)

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to provide the comments below to the Pain Management Best Practices Inter-Agency Task Force (Task Force).

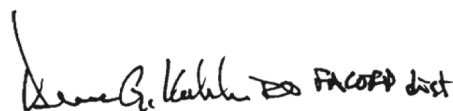
The ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care.

Overall, as an organization our osteopathic family medicine physicians practice in a variety of settings, including solo, small, rural, Native American/Indian healthcare, group, and alternative payment model practices. Our members treat many of the individuals suffering from chronic and acute pain and those who suffer from mental health conditions and substance use disorders (SUDs). We recognize the importance of addressing the ongoing opioid crisis that faces the nation.

Primary care physicians (PCPs) are at the frontlines of care and often are the first to uncover the presentation of behavioral health symptoms, including addiction, as well as diagnosing, managing, and appropriately treating pain. For these reasons, we believe PCPs are in a vital position to provide input on improving pain management best practices.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact Debbie Sarason, Manager, Practice Enhancement and Quality Reporting at (847) 952-5523 or debbies@acofp.org.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*
ACOFP President 2018-2019

ACOFPP applauds the establishment of the Pain Management Best Practices Inter-Agency Task Force (Task Force). Not only does ACOFPP support efforts to improve pain management for patients, we also support an inter-agency approach. We sincerely believe that identifying gaps and inconsistencies to improve best practices requires a collaborative effort across the healthcare spectrum and for diverse patient populations. Our comments are framed around the ongoing opioid crisis and are focused on improving access to clinically appropriate pain management therapies and ensuring access to non-opioid pain management therapies.

Preserving Patient Access to Clinically Appropriate Items and Services

As family physicians, our primary concern is to ensure that clinically appropriate items and services are efficiently delivered to patients. In order to effectively diagnose, manage, treat, and manage pain, it is paramount that the patient-provider relationship be protected and enhanced. PCPs have the benefit of long-term relationships with their patients, resulting in a better understanding of how patients will respond to certain pain management therapies. This relationship is critical not only in determining whether the use of opioids is appropriate, but also in terms of monitoring patients for adverse outcomes.

ACOFPP supports efforts to encourage responsible prescribing behavior following pain management best practices. However, we believe it is critical that providers are not prohibited from and patients continue to have access to pain management medications that are consistent with best medical practices and clinical guidelines. Clinically appropriate services, including non-opioid pain management, should be incentivized and reimbursed at an appropriate rate to ensure they are provided when needed.

We also recognize that prescribing practices should be assessed and evaluated. We therefore strongly support requiring the Department of Health and Human Services to issue a report examining the impact of laws that regulate length, quantity, and dosage of opioid prescriptions.

Ensuring Access to Non-Opioid Pain Management Therapies

ACOFPP believes that reimbursement for non-opioid pain management therapies needs to be revisited and updated. There are opportunities to change routine practices so that we are no longer a “prescribe-first” health care system and instead work towards addressing and treating root causes of pain through non-pharmacological interventions.

While there are several proven pain management therapies available, certain therapies (e.g., the use of opioids) are incentivized over others. This is a product of insurance coverage and reimbursement amounts, which disincentivize the use of certain pain management therapies. For example, some insurers will only cover the less expensive (and highly addictive) short-acting opioids, but will not cover long-acting hydrocodone with abuse deterrent or alternatives like a Butrans patch. These insurance issues are compounded by prior authorization and “fail-first” requirements that impede the efficient delivery of clinically appropriate therapies. In some cases, the use of an opioid may successfully treat a patient’s pain, but providers should not be disincentivized from using what could be a more appropriate therapy based on that therapy’s reimbursement or insurance coverage.

ACOFPP also strongly supports and urges the Task Force to consider the value of osteopathic manipulative treatment (OMT). OMT is hands-on care that can help to alleviate and prevent pain, thereby reducing the need for addictive medications. Osteopathic family physicians receive special

training in the musculoskeletal system, including the interconnected system of nerves, muscles, and bones. Our members effectively use OMT to relieve a variety of pain, including associated pain for patients with asthma, sinus disorders, carpal tunnel syndrome, and migraines. In many cases, OMT has been used as a complement to or even a replacement for drugs or surgery. We believe that OMT can and should be incentivized as an alternative to addictive medications.

Conclusion

ACOFPP strongly supports the agency's efforts to revisit pain management best practices. Our members work with our patients to provide clinically appropriate medications and services to ensure patients are not unnecessarily suffering from acute or chronic pain. We urge the Task Force to consider the on-the-ground experience of family physicians in effectively diagnosing, treating, and managing pain. Therefore, we ask that the Task Force ensure steps are taken to protect the patient-provider relationship, to ensure patients continue to have access to clinically appropriate pain management therapies, and to ensure pain management therapies are not disincentivized due to inappropriate insurance coverage requirements.

We appreciate the opportunity to submit these comments and offer our support to work together these issues.