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VIA ELECTRONIC SUBMISSION

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

RE: Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

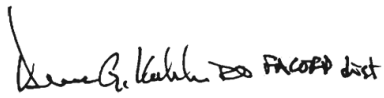
On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to provide the comments below to the Pain Management Best Practices Inter-Agency Task Force (Task Force) Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations (Draft Report).

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 physicians practice in variety of settings, including in solo, small, group, rural, Native American Indian healthcare, and alternative payment models. Every day, our members provide primary care services to patients all across the country in these different settings. Our members also 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 understand the critical importance of addressing the ongoing opioid crisis that faces the nation and believe that osteopathic medicine must be leveraged to build on ongoing efforts to improve pain management 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 ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*
ACOFP President

ACOFP supports the overall goals of the Task Force and the comprehensive Draft Report developed. We sincerely believe that primary care physicians have a critical role to play in these efforts and we thank the Task Force for its consideration of our past comments submitted in advance of the Inaugural Meeting. ACOFP also recognizes that the opioid crisis is multifaceted and a corresponding comprehensive effort is needed. Specifically, we support the Task Force's initial key concepts related to: access to care, especially with regards to appropriately trained clinicians; stigma and how this impacts access to care; and the identification of special populations with chronic conditions who should be considered unique among those experiencing pain.

As a general comment, we are concerned that several recommendations, while laudable in theory are unfeasible in practice. Specifically, there are significant provider shortages across the country and recommendations related to the use of certain specialty types (e.g., pain specialists) as a best practice leaves behind many Americans who struggle with pain. In addition, primary care physicians can fill a significant gap in pain care, but are also the only line of defense in many rural and underserved areas. Further, reimbursement and how insurers approach pain management must be revised to reflect best clinical practices. It is critical that the Task Force recognize the realities that providers face, including these significant barriers to care. As requested, we have identified the relevant sections, gaps, and/or recommendations to which our comments relate.

Section 2.2, Gap 1; Section 2.4, Recommendation 1a; Section 2.5.1, Gap 1
ACOFP agrees that there must be guidelines for specific populations to account for chronic pain, specialty groups, and care settings. Treating pain can be unique for each patient and it is critical that primary care physicians are not constrained in terms of how to treat each patient. While we recognize the value of a multidisciplinary approach, we are concerned that in many areas pain specialists, psychological/behavioral health providers, and other physicians may not be available in all parts of the country. Primary care physicians often provide the full range of pain management services in rural and underserved areas, and it is critical that these physicians are supported in terms of administrative and financial needs in these types of situations. Providing comprehensive pain management care is complex and requires significant face-to-face time with patients. As clinical best practices move toward non-pharmacologic treatments, the related services must be reimbursed appropriately.

Section 2.2, Gap 2; Section 3.2.3, Recommendation 2a
ACOFP supports expanding and increasing education for all physicians, not just primary care physicians. Many of our Members specialize in pain management and can provide insight into best practices that have been deployed in a variety of settings and across a variety of specialties. We have heard from our Members that collaborating partners across the care continuum – physicians and non-physician practitioners – from other specialties are typically the ones to prescribe opioids. It is critical the Task Force recognize education deficiencies across the gamut of physician specialties and among mid-level providers. ACOFP also supports Recommendation 2e.

We also support the Task Force's recommendation to recognize chronic pain as a category of disease when the pain persists beyond the expected recovery time. While we would prefer there not be constraints on when a physician can diagnose chronic pain, we believe that the longest amount of time a patient should go with undiagnosed chronic pain is three months (as opposed to the Task Force's identified 3-6 months).

Section 2.6
ACOFP appreciates the Task Force including osteopathic manipulation as an example of a complementary and integrative health approach. It is well-established that osteopathic manipulative treatment (OMT) can provide improved pain relief. We note that unlike several of the other

complementary and integrative health approaches, OMT is provided by licensed physicians who receive special training. Because of this, osteopathic physicians are in a unique position to not only provide broader healthcare interventions, but also provide OMT as an effective pain management therapy as part of these interventions. ACOFP also agrees with the Task Force that improved reimbursement policies are needed to ensure Doctors of Osteopathy continue to train in and certify as OMT providers. This is a critical, untapped resource for pain management and should be incentivized in alignment with its clinical benefits.

Section 3.1
One of the major challenges our Members have identified is the stigma associated with chronic pain and opioid use. Many of our patients suffer from debilitating chronic conditions and have been functional members of the community with the assistance of a well-managed care plan that may include opioids. It is unconscionable that patients be stigmatized for seeking the most effective treatment for their pain and that physicians be ostracized or blamed for appropriately prescribing a pain medication. We agree with the Task Force's position that reducing barriers to care that result from stigmatization is an essential component of how we treat patients with pain. We also appreciate the Task Force recognizing that primary care physicians are actively dissuaded from using any opioids to treat pain and are burned out from the increasing administrative burdens and time constraints associated with treating pain with opioids. All of these issues lead to poorer patient outcomes and access to health care and must be addressed.

Section 3.3.2
ACOFP strongly supports the Task Force's findings and recommendations associated with insurance coverage and reimbursement. As previously noted, many of our Members have the capacity and capability to provide OMT as part of their pain management services. Further, we and other primary care physicians are typically the only service provider for pain management services. Subsequently, primary care physicians spend significant time with patients to develop a care plan that most effectively addresses their complex needs. Reimbursement for non-pharmacologic pain therapies has been insufficient. Even when reimbursement is aligned with the clinical benefit, many insurers incentivize (or prefer) that physicians prescribe medications instead of providing other pain management services.

In addition to the Task Force's focus on integrative, multidisciplinary pain care, we again urge the Task Force to consider the limitations and physician shortages that exist. Much of what would be included in a multidisciplinary care plan can be effectively provided by a primary care physician, but with significant time and effort. Subsequently, we urge the Task Force to recognize and note that any reimbursement for comprehensive care, whether provided by an effective primary care physician or a team of providers, should be based on its clinical effectiveness and not on which team members are involved.

Conclusion
ACOFP strongly supports the Task Force's efforts in developing this Draft Report. Overall, we support the direction and many of the identified recommendations and gaps, especially regarding OMT and the need for reimbursement that aligns with clinical benefit. We continue to urge the Task Force to consider the on-the-ground experience of family physicians in effectively diagnosing, treating, and managing pain. We also urge the Task Force to recognize the unique challenges that exist across the country and realize that a one-size-fits-all approach will be ineffective. Thank you again for the opportunity to submit these comments. ACOFP offers its support and to work together on these important issues.