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4/22/20

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Task Force Chairperson

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Task Force, DFO

CARA Act and Task Force Membership

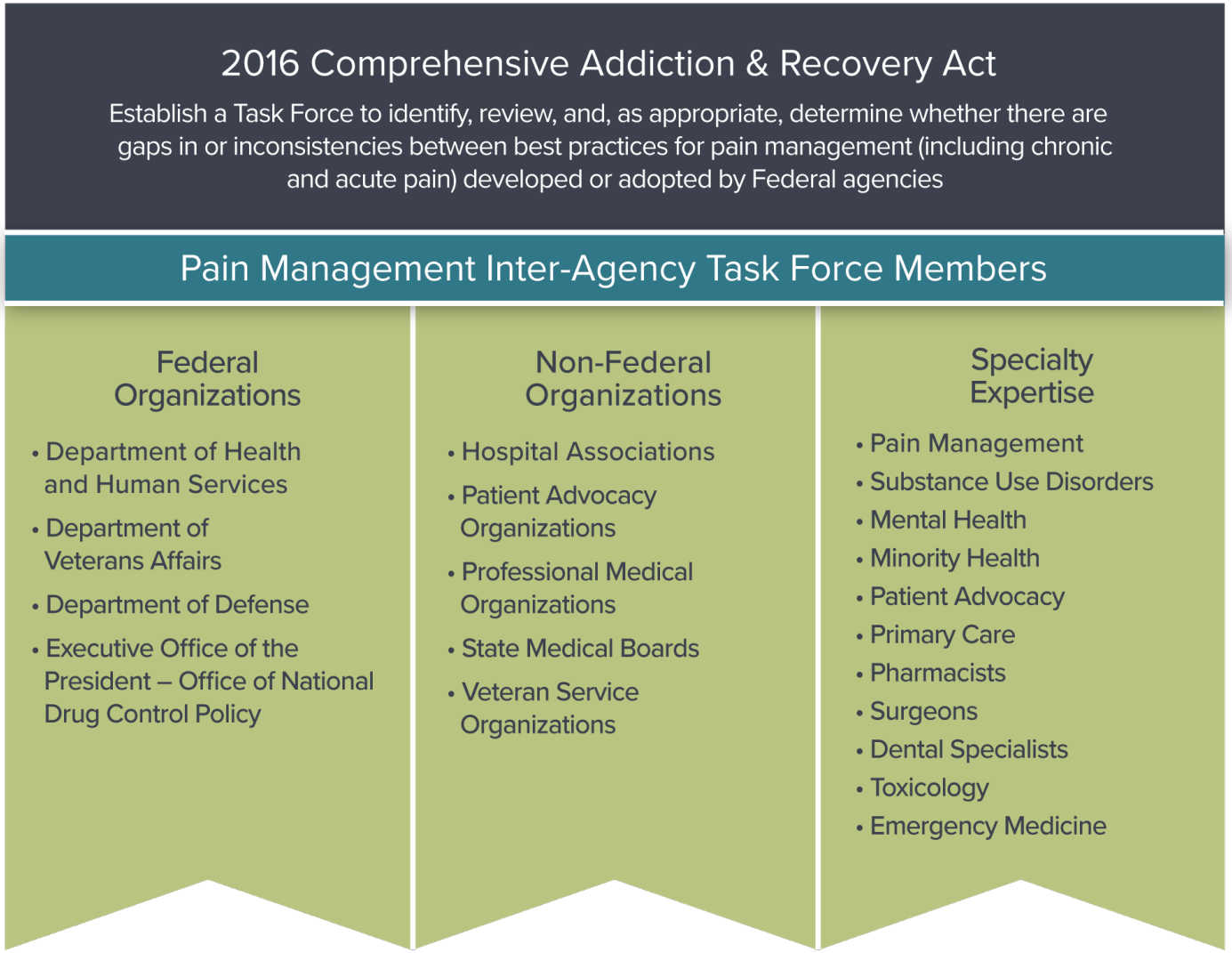
Task Force charge:

- To identify **gaps in best practices** for pain management
- Propose **recommendations to address these gaps**

Task Force members included:

- Representatives from Federal and non-Federal organizations
- Expertise across areas relevant to acute and chronic pain management

Task Force received **over 9,000 public comments**.



Task Force Report Overview: 5 Broad Treatment Categories and 4 Cross Cutting Themes to Provide Framework for Best Practices

Task Force Report calls for:

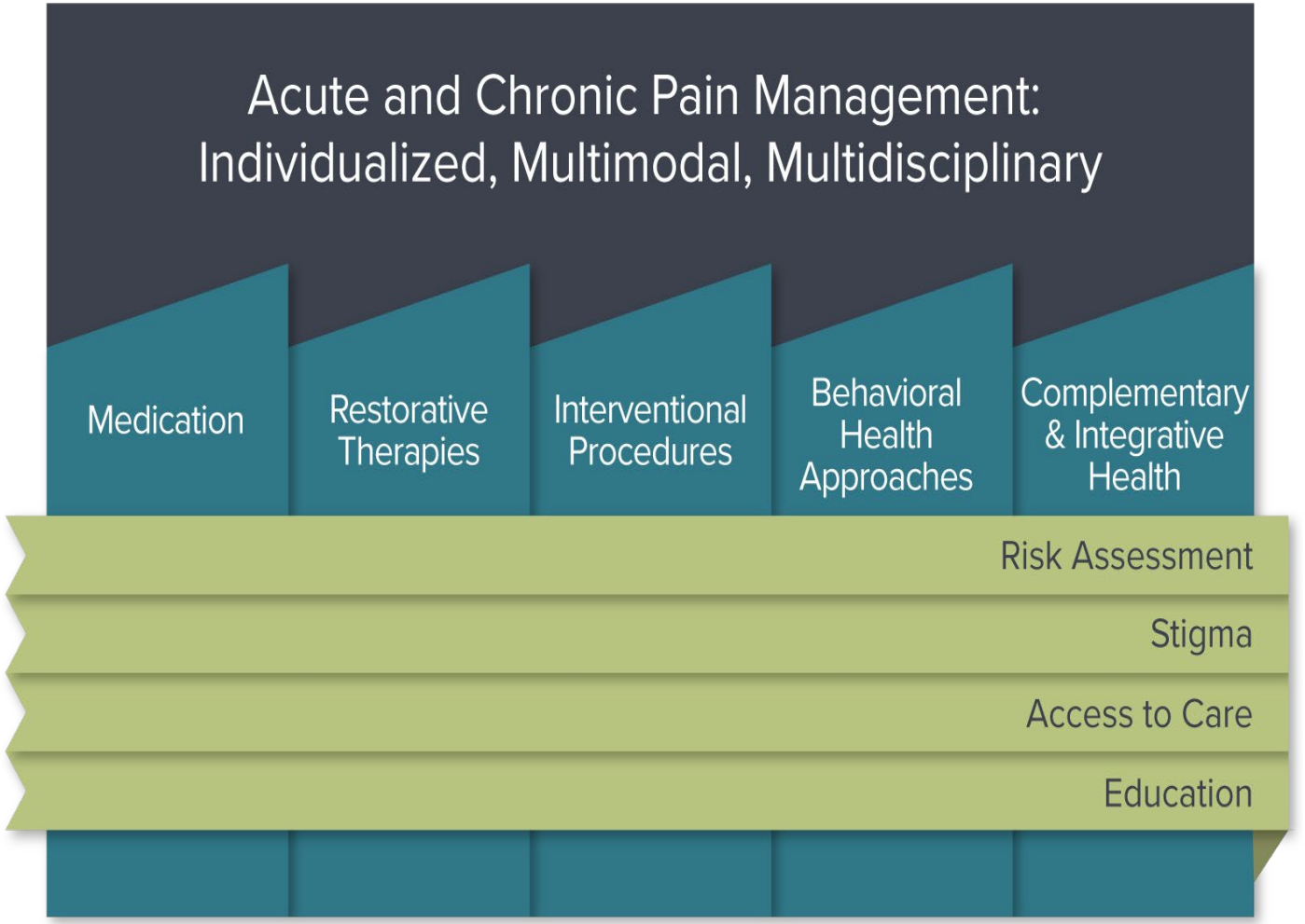
- **Individualized, multimodal, multidisciplinary approach to pain management**

Five major treatment approaches:

- Medication
- Restorative therapies
- Interventional procedures
- Behavioral health
- Complementary and integrative health

Four cross cutting topics need to be addressed to ensure best practices:

- Risk Assessment
- Stigma
- Access to Care
- Education



Medication Approaches to Pain Include Opioid and Non-opioid Options

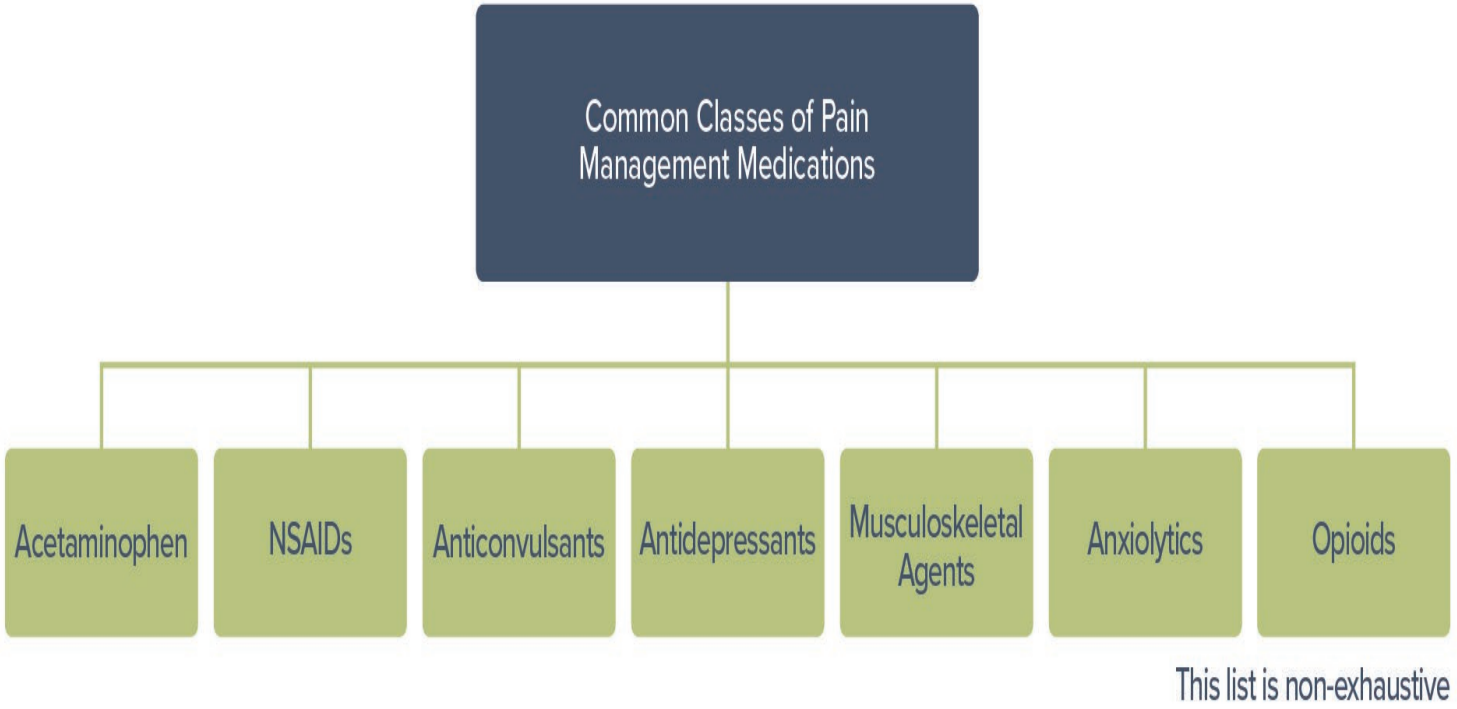
Risk-benefit analysis always recommended for any medication

2 Broad categories of medications used for pain management:

- Non-opioids
- Opioid classes of medications

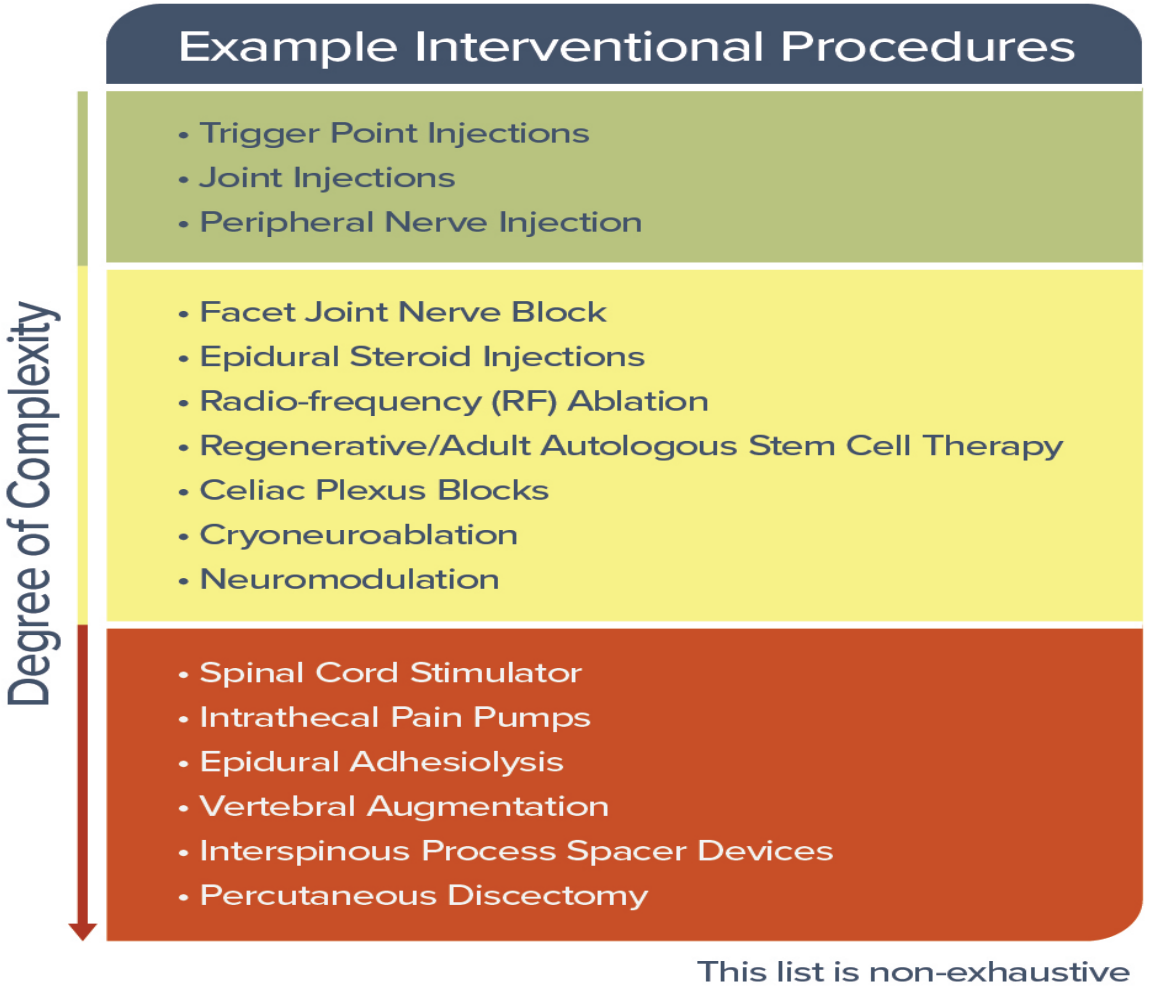
Common non-opioid medications:

- Acetaminophen,
- NSAIDs
- Antidepressants (e.g., SNRIs, TCAs)
- Anticonvulsants,
- Musculoskeletal agents,
- Biologics,
- Topical analgesics and
- Anxiolytics



Interventional Procedures Vary by Degree of Complexity and Invasiveness

- Need: **well-researched interventional pain guidelines**
- Need: **Clinical research** to establish how interventional procedures work with other approaches
- Establish **criteria-based guidelines** for properly credentialing clinicians
- Encourage CMS and private payers:
  - Provide consistent and timely insurance coverage for interventional procedures



Overcoming Barriers to Behavioral Health Approaches

Addressing barriers to **access to care** is essential to quality pain management:

- Clinical barriers (e.g. treatment access, provider attitudes)
- Health care system-related barriers (e.g. cost and reimbursement issues)
- Patient-related barriers (e.g. stigma, attitudinal variables).

When access and costs are limiting factors:

- Employ evidence-based, low-cost scalable approaches
  - E.g. **Telehealth and internet technologies**

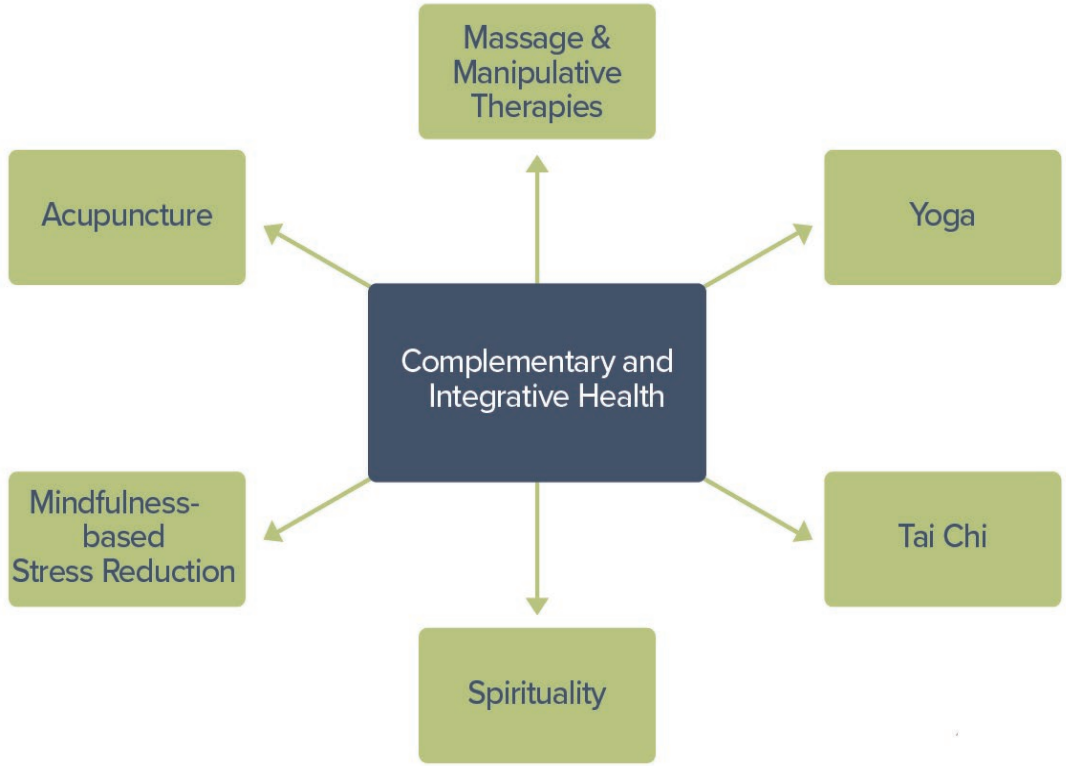
Complementary and Integrative Health Approaches

Complementary and Integrative Health (CIH) Approaches:

- Mind-body behavioral interventions
- Acupuncture
- Massage
- Meditative movement therapies (e.g., yoga, tai chi)
- Natural products

Need to address **barriers to acceptance** of CIH for pain:

- Improve reimbursement policies
- Improve education for medical professionals
- Greater workforce of pain management specialists



Innovative Delivery Systems, Research, and Special Populations

- **Innovative** solutions: e.g. telemedicine, tele-mentoring, mobile apps
- **Research** needed: mechanisms of pain, preventive measures, innovative medical devices and medications
- **Special populations:** pediatric, women, older adults, American Indians/Alaskan Natives, active duty soldiers/veterans, sickle cell disease (as an example of a chronic relapsing condition)

Overdose Prevention & Naloxone, Medication Safe Storage and Disposal, Acute Pain Guidelines, and Review of CDC Guideline

- **Naloxone** use and preventing overdose
- **Safe Storage and Disposal** of medication, medication **shortages**
- **Guidelines** needed for acute pain and common surgeries
- **CDC Guideline** review: Recognize utility and contribution to mitigating opioid exposure. Also recognize misapplication and misinterpretation of guideline, including forced tapers and patient abandonment

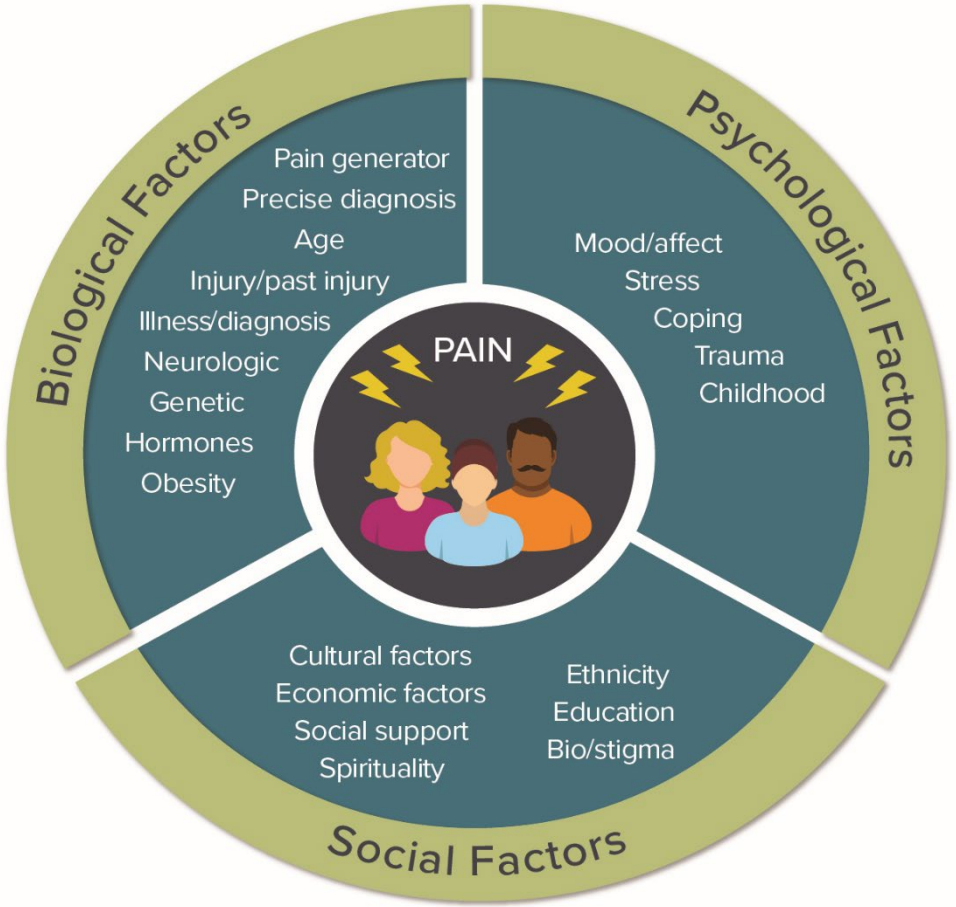
Approach to Pain Management:
The Biopsychosocial Model of Pain Management

Key components of the **biopsychosocial model**:

- Biological Factors (e.g. diagnosis, age)
- Psychological factors (e.g. mood, stress)
- Social factors (e.g. social support, spirituality)

Aim to improve:

- Overall pain experience
- Physical functioning,
- Activities of daily living
- Quality of life (QOL)



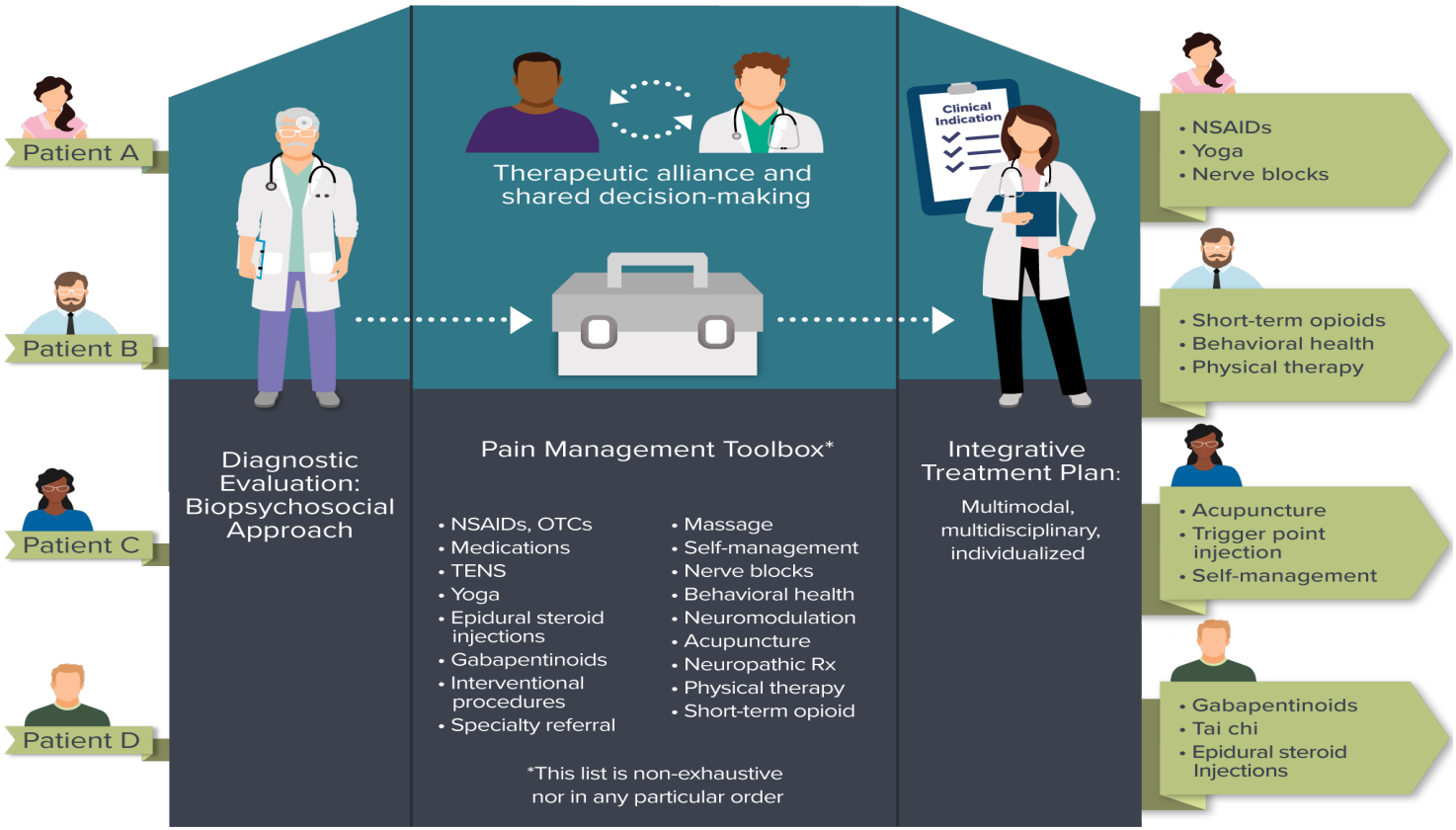
Individualized Patient Care for All Treatment Options

Individualized, patient-centered care best achieved:

- Diagnostic evaluation
- Biopsychosocial approach
- Access to needed treatment approaches

Resulting treatment plan, tailored to the specific needs of individuals requires a strong **patient-clinician relationship**:

- Mutual trust and respect
- Empathy
- Compassion
- Resulting in therapeutic alliance



Public Comments to the Task Force Affirm the Barriers Stigma Creates

I have gone through, and exhausted all of the other drug and non-drug treatment options over the past 13 years. Still, I have pain. I hate that I am being treated like a drug abuser when I am just trying to make my life more manageable on a daily level. I try to participate in being part of our family, making a contribution to society, but it's hard. Not everyone who needs pain relief is an abuser.

- April 2019

How can a person be in pain for many years, unable to do the things he or she used to do without becoming depressed? Why does everyone assume the person was depressed or anxious first? Try having a serious heart condition knowing if you go to an ER for chest pain with or without extremely high blood pressure they probably will think you are seeking drugs

- June 2018

I was sent to a doctor after the last pain clinic in my county closed. He yelled at me, shamed me, and dehumanized me right in of front two other people.

- September 2018

My wife has Cervical Spinal Stenosis with Myelopathy. She was forced to taper in January of 2018. Within one month she was bed ridden and had talked to her employer explaining why she may have to quit her accounting job. I can't tell you how demoralizing this experience has been. We were immediately treated like second class citizens, accused of seeking drugs and the reason for the crippling, illicit, drug epidemic taking place on our streets.

- January 2019

I understand the abuse of pain meds, but not all of those who deal with chronic pain abuse them. I have always abided by pain contracts, been willing to submit UAS and yet still have had some pain doctors treat me as an addict because of the number of years I have been on pain meds. Trust is vital between a pain patient and their physician.

- May 2018

Value of Poison Control Centers

- Important for **patient safety**
- Available **24/7**
- Answer questions about:
  - Medication interactions,
  - Adverse effects,
  - Assess the need for emergency health care resources

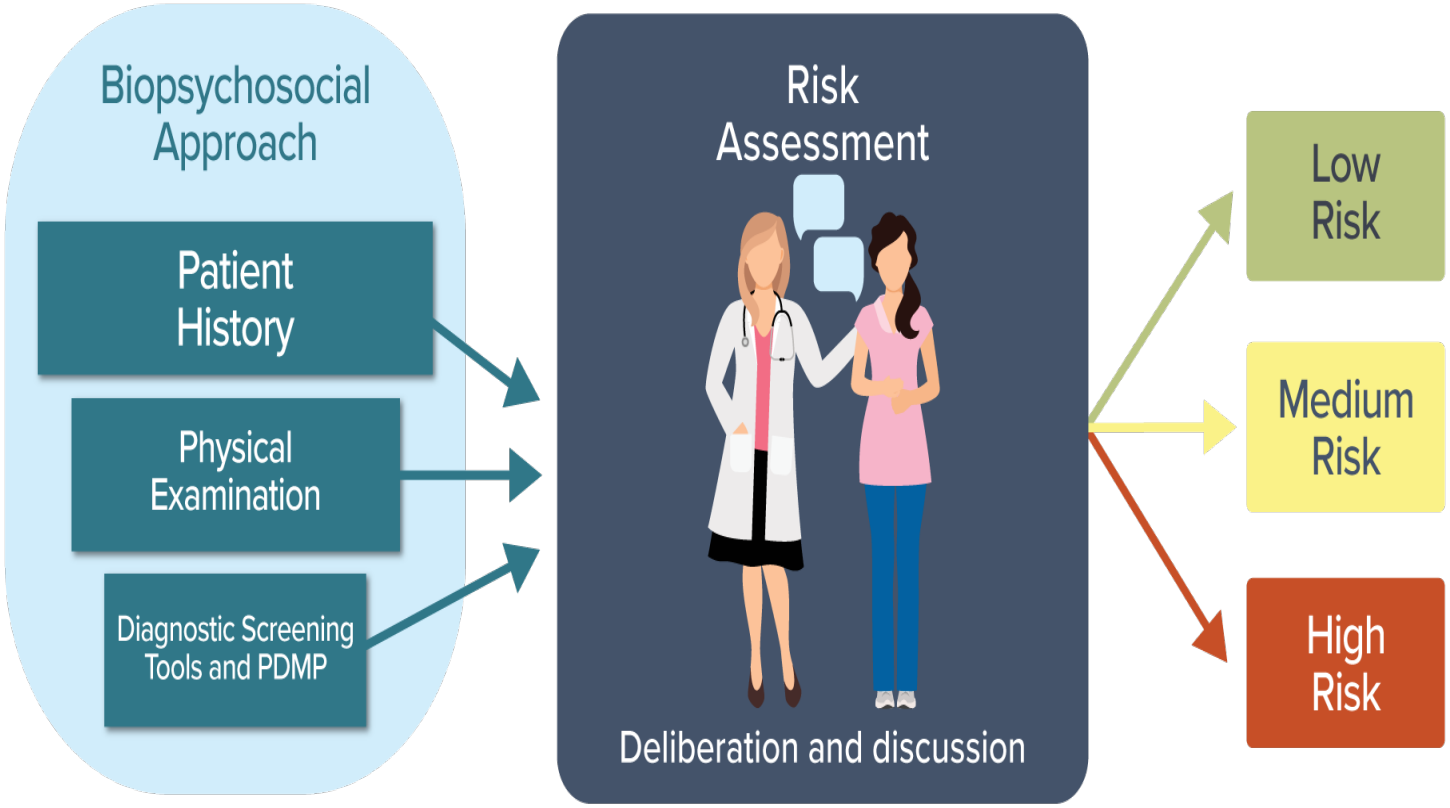
Risk Assessment for Risk-Benefit Analysis

Risk assessment:

- Comprehensive review of patient history
- Physical examination
- Diagnostic screening tools
- PDMPs

Patients and their Clinicians:

- Discuss potential **risks and benefits**
- Need **therapeutic alliance** to achieve best outcomes

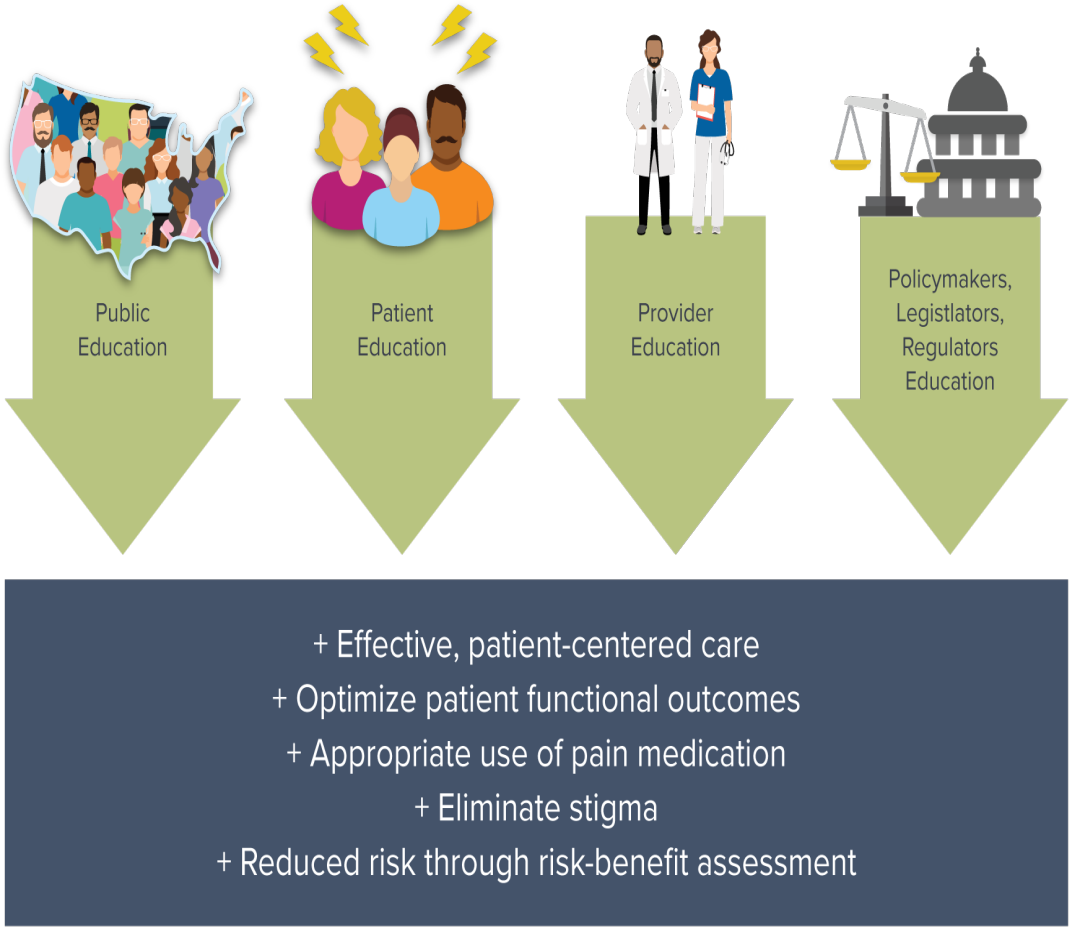


Education Is Critical to the Delivery of Effective Patient-Centered Pain Care

- Effective **education and training at all levels of clinician training**, including:
  - Undergraduate educational curricula
  - Graduate professional training
  - Continuing professional education

- **Public and patient education** helps reduce barriers to treatment, including stigma

- **Education for policymakers** ensures future legislation properly addressing issues related to pain management, including:
  - Payment mechanisms
  - Controlled medications



Get Involved & Stay Connected!

- The Task Force Report emphasizes the importance of **individualized patient-centered care** that is relevant to a wide range of stakeholders invested in helping patients with acute and chronic pain achieve their best quality of life.
- **It's Time to Implement.** The report is comprehensive and informative, yet approachable. There are items of interest for all stakeholders.
- Please update us of all efforts and activities related to dissemination and implementation. Pain Task Force email Paintaskforce@hhs.gov.