

# PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

MEETING NOTES FOR MAY 10, 2019, 9:00 A.M. – 12:00 P.M.

THE GREAT HALL, HUBERT H. HUMPHREY BUILDING,  
200 INDEPENDENCE AVENUE, S.W., WASHINGTON, D.C., 20201

## **Opening Remarks 9:00 A.M. – 10:00 A.M.**

- **Ms. Alicia Richmond Scott, M.S.W., DFO**, welcomed the Task Force and public attendees, and called the meeting to order
- **Dr. Vanila Singh, M.D., Task Force Chair**, welcome the Task Force and introduced U.S. Senator Dr. Bill Cassidy

## **U.S. Senator Bill Cassidy, M.D. (R-LA), provided opening remarks to the Task Force. In his remarks, Dr. Cassidy noted the following key points.**

- It is so well understood, but nonetheless deserves emphasis- the importance of what the Task Force is doing. If we are going to have safer communities, it has to begin with a better understanding of pain.
- 47,000 thousand people have died over the past 12 months of overdose, 62 percent involving fentanyl 32 percent involving heroin. Opioid prescriptions have fallen 32 percent. This impacts not just the individual or the family but also the future of the future generation.
- Credit to Dr. Singh, when talking about decreasing opioids, she informed Senator Cassidy of two types of behaviors: individuals that are in chronic pain, on stable doses of opioids, and are not seeking other doses; and there is the addict whose behavior becomes centralized on obtaining other drugs.
- We have a decreasing rate of prescription of licit drugs and an increasing rate of death – that delta is the problem.
- There will be a partnership between information you [Task Force] are amalgamating and Congress to write policy so things can be implemented by states and local communities. If we are going to have healthier families and safer communities, it is going to take the wisdom of folks such as you, to be transmitted to folks such as I, to transfer into public policy that will be implemented by states and local communities.

## **Reflection on Day 1:**

- **Dr. Vanila Singh, M.D., Task Force Chair described the scope of the Task Force's work and its potential patient impact.**

- 50 million Americans experience daily chronic pain; 19.6 million experience high-impact chronic pain. Mid-to-long term outcome of this report is detailing the best practices that have been absolutely needed for years; we have the opportunity to push the envelope in terms of advancing techniques and research, implementing treatment modalities that exist now and are underutilized, and bringing in all of society to improve pain management.
  - The Task Force voted to approve, and therefore, passed the Final Report, which comes from the Charge to the Task Force in the Comprehensive Addiction Recovery Act of 2016, passed by Congress to identify gaps and inconsistencies that exist in acute and chronic pain management.
  - We would like to involve the 160+ professional associations that supported the Task Force's Draft Report to aid in the implementation of these best practices and recommendations outlined in the Final Report.
- **Dr. John V. Prunskis, M.D.:** The Task Force Report is extremely important for patients who feel there is nothing new in diagnosis and treatment of chronic painful conditions, for those that are undertreated or over-treated, for doctors who have lost their license and ended-up in prison, there has been lots of improvements - even the last year or two. I applaud Dr. Singh and the Task Force for getting us to where we are now. I wish all of us do what we can to make sure our report doesn't collect dust, but rather, leads at the forefront in as many possible places where we can take it to solve a problem that is uniquely American in size and scope.
- **Dr. Molly Rutherford, M.D.:** I would like to thank everyone. I was more anti-opioid when I joined the Task Force. In my experience as an addiction specialist, I have seen many patients that have become addicted to opioids. This is detrimental to the care of people. We need to find a way to get back to the patient-physician relationship.
- **Dr. Howard Fields, M.D., Ph.D.:** This is really a surprise. First of all, A+ for the report and Task Force work. I feel like what I can do is put this in historical perspective. In 1968, I was in the Army at Walter Reed – working with a neurosurgeon who was seeing patients at Valley Forge Hospital with nerve injuries who had burning pain. At the time, there was no pain specialist or societies and very little research going on. What we have now is a huge industry of people who are taking care of pain. The big job is to figure out how to take this report and push for implementation. It is good to hear CMS will help.
- **Dr. Bruce Schoneboom, Ph.D.:** This is an interdisciplinary Task Force, those of us who come from different disciplines (e.g., pharmacy, basic sciences, nursing, psychology) being a part of the Task Force and contributing to the Final Report. For all those involved, we should feel deputized to be ambassadors for this report. We need to be promoting to our constituents how this report relates to our practice and to care of patients we provide care for.
- **Cindy Steinberg:** I participated in a Senate hearing on pain in February. Senators were listening. We need to get a Congressional hearing on this report within the next 2 months; otherwise this will be forgotten. This is the biggest thing we can do. When this report is out, we want an impact. The Government is spending 600 billion dollars a year on healthcare cost. I challenge everyone to take one recommendation and, if time permits, to doing everything you can and to tap everyone to try and get the

recommendation done. One person can make a difference. It really matters if we make it happen.

- **Dr. Andrea Trescot, M.D.:** I arranged a meeting with my Senator this afternoon to talk about this report. People say that we have more pain in the United States. That is not true. We are just more vocal now.
- **Dr. Sherif Zaafran, M.D.:** Speaking about implementation, we started this process at the State Medical Board in Texas. We used the CDC Guideline to implement penalties against physicians, I changed that. We are bringing back violation reports where it was said CDC Guideline was violated and we are re-adjudicated them. Partnering up with Texas Pain Society, I have involved them in expert panel reviews to ensure they understand how claims are going to be adjudicated, as well as talking to the Attorney General to understand how the Final Report's recommendations will be implemented.

### **Federal Dissemination Activities 9:40 a.m. – 10:30 a.m.**

#### **Federal representatives provided presentations on how their agencies will implement the Final Report.**

#### **Dr. Shari Ling, M.D., Deputy Chief Medical Officer, CMS, remarks are as follows:**

- Thank you for all work and contributions to this report. Very comprehensive and balanced, calling out what we know to build better policies/programs which will enable our healthcare system to deliver better health outcomes.
- Three main points:
  - Timing is good. Barriers and challenges our physicians face in delivery of healthcare across all care settings. CMS has a Patients over Paper Work Initiative - is about streamlining the administrative processes so that clinicians can really focus on patients and improve outcomes
  - Final Report's focus and intent aligns very well with CMS Roadmap. The main focal point is prevention of opioids overuse and misuse by way of better pain management. We have transitioned into a value-focused system that requires a balanced, integrative and interdisciplinary approach across care settings.
  - Implementation of support the act, specifically provision 6032- consultation with the best practices task force, will inform content of the RFI as well as an action plan and a report to congress. Look forward to working with you on that provision. Element include policy and clinical training with attention to special population.

#### **RADM Michael Toedt, M.D., Chief Medical Officer, HIS, remarks are as follows:**

- Congratulations on passing the Task Force Final Report. Indian Health Services (IHS) plans to to implement and disseminate the recommendations of the Task Force Final Report. IHS is a system of care that includes federal, tribal, and urban partners. IHS intends to disseminate approved recommendations via an IHS Broadcast, Newsletter, and IHS opioids website.
- Snapshot of how we intend to incorporate recommendations into the HIS Opioid Plan Workbook, which will increase capacity to integrate evidence-based opioid prescribing practice.

- Workforce development strategy: including expanding collaboration with partners (DoD and VHA) to expand access to integrative pain management treatments.
- Revisions to IHS Essential Training on Pain and Addiction: Revisions include modules surrounding non-pharmacologic opioid intervention, coordination of care, intensive skill web-training, and interventional pain training
- Work with external partners to tailor socially and culturally appropriate information of opioids to communities. IHS facilities will continue to expand storage and disposal of opioids.
- Expand Naloxone prescribing initiative: marketing & target education for people over 50 MME/day. Support increased community access to naloxone.
- IHS Behavioral Health Integration Initiative: Lessons learned will be incorporated into Primary Care Treatment plan for pain management.
- Develop Educational programs as they relate to prevention and treatment practices- will work with Federal Partner to do this.

**Dr. Friedhelm Sandbrink, M.D., National Program Director, Veterans Health Administration and Director of the Pain Management Program, U.S. Department of Veterans Affairs, remarks are as follows:**

- The Final Report - is well aligned with the Veterans Health Administration National Pain Plan. This is such a comprehensive report. Want to thank Task Force members for the collaborative effort at its best. Thank you to the subcommittees.
- VA will disseminate the Final Report via education and training of Primary Care Teams, Pain Management Teams, Pain Clinics, Mental Health, Surgical Specialties, Emergency Medicine, and others.
- Communicate and collaborate with Community Care Program Providers, which will go live on June 6<sup>th</sup>. It is important the care Veterans receive is holistic.
- VHA fully support the Final Report and will begin dissemination posting via the VHA Pain Management website, pain networks, and Pain Champions.
- Academic Detailing Program: highly skilled trained pharmacists who provide education materials to providers. Help put together first-class educational material
- Speak directly to pain point of contact at every VISN. On Monday, I will mention the Task Force Final Report and ensure this report gets disseminated in the field.
- Conferences, seminars, newsletter, and website will all be means of disseminating the Task Force's Final Report.

**Dr. Scott Griffith, M.D., Director, National Capital Region Pain Initiative Program Director, NCC Pain Medicine Fellowship, U.S. Department of Defense, remarks are as follows:**

- Dissemination to the Final Report from Department of Defense's Perspective:
  - "Readiness for ground combat is- and will remain- the U.S. Army's #1 priority"- General Mark Milley
  - Opioids are poorly compatible with military readiness.

- DoD Efforts that align with Task Force Final Report Recommendations:
  - Prolonged Field Care Capabilities in the deployed setting is needed, examples of these include: regional anesthesia, non-opioid pain medication, and allied health professional units
  - DHA taking over the business of delivering healthcare. The recommendations are important to ensure soldiers and families receive the best quality of care. “Garrison Pain Management Step Care Model to deliver comprehensive pain care”
  - Modular team: scalable and modular team is important to help take care of a patient
  - Integrative techniques in education and training:
    - Clinical pain fellowships
    - National Capital Regional Pain Initiative Trainings (Annual Pain Care Skills, Pain and Opioid Safety etc.)
    - Highlighted DCVIPM.org- specifically, the Patient Assessment Screening Tool and Outcome Registry (PASTOR). This came out of looking what needed to be done during the pain task force for the Army.
    - The Defense Veterans Pain Management Rating Scale- allows us to speak a common language- talks pain numbers and functional categories.

**Roundtable Discussion on Dissemination Activities with External Stakeholders  
10:45 a.m. – 11:30 a.m.**

**External stakeholders provided presentations on how their organizations will disseminate the Final Report.**

**Dr. Patrice Harris, M.D., M.A., President-Elect and Chair of AMA Opioid Task Force, American Medical Association, remarks are as follows:**

- You have provided a great national service to patients and physicians. AMA strongly agrees with you that our healthcare system needs to continue efforts to safely prescribe opioids and analgesics.
- Strongly supports PTMF Final Report- reversing harmful policies such as arbitrary limits on prescription drugs for pain management; providing individualized treatment that accounts for co-morbidity and severity, not one size fits all approach; and encouraging better healthcare coverage for alternative treatments for pain.
- Important to implement the Final Report. AMA is committed to accomplish this call for implementation and agrees with HHS Secretary’s call to develop proactive, systematic, and systemic solutions.
  - Will work with national associations and societies to help disseminate the Final Report through their journals, conferences and communication channels.
  - Engage policy making bodies and educate them regarding the recommendation of this report; for example, submitting comments to

Centers Medicare and Medicaid Services on development of quality measures related to opioid use.

- Committee educational initiatives focus too narrow on prescribing practice rather than individualized and effective pain management.
- AMA has been promoting the Final Report at conferences; highlighting the report in medical schools and residency programs.
- AMA would like to move the recommendations through a cycle of Action, Evaluation, and further Actions to improve patient outcomes.

**Dr. Kris Held, M.D., President-Elect, Association of American Physicians and Surgeons, remarks are as follows:**

- Patients/Physicians have been unfairly targeted in the war on opioids. AAPS would like to show appreciation to the Task Force for comprehensive, compassionate and commendable work, and most importantly, AAPS thanks the Task Force for continued emphasis on putting the patient first. Emphasis on individualized patient care is paramount.
- AAPS dissemination of PMTF Report:
  - Memberships free to patients, non-physician medical professionals and medical students
  - Website, weekly media releases, monthly newsletter, quarterly peer reviewed Journal. Will write about report today through twitter, Facebook, and email. Disseminate pockets and one-pagers to physicians, medical students, patients, GPOs, PPMs, and formularies
  - AAPS brings connections with grass roots advocates- email communication is read and distributed by top leaders in physicians' patient pools.
  - Dr. Held noted she will be speaking with her Congressman later today about the Final Report.

**Dr. Jason Schwalb, M.D., FAANS, FACS, Chairman of AANS/CNS Section on Pain, American Association of Neurological Surgeons, are as follows:**

- Nerve surgery and treatment of pain was all done by neurosurgeons. 70% of procedures are done for pain and not spinal. Patients not taking opioids who undergo lumbar fusion spinal surgery, 13% become chronic opioid user.
- There is a lot of promotion of biopsychosocial programs. In Michigan National and State registry, collect data on depression and try to treat that before operating. See a lot of patients abandoned by PCP and is very appreciative that this Reports calls out to take care of patients and not abandon them.
- Neurosurgeons to propagate document: For a neurosurgeon to take time to read this document cover to cover is quite difficult because this reads like it was developed by pain management physician specialists and not a surgeon. This is much more focused on techniques and nothing on straight forward procedures. Therefore, we see this report being more specialty focused and not patient focused, and we see this as a problem. There are also a few surgical inaccuracies in this document as well.

**Closing Remarks 11:30 p.m. – 12:00 p.m.**

**Dr. Vanila Singh, M.D., Task Force Chair**, closed the meeting by providing a summary of Day 1 and 2 of the Third Public Meeting of the Pain Management Best Practices Inter-Agency Task Force, thanking the Task Force and its Subcommittees for all their work developing the Final Report, and allowed Task Force Members to provide their own closing remarks:

**Dr. Mark Rosenberg, D.O.**

- 2014 started acute pain fellowship and develop ALTO guidelines.
- Every mayor specialty now is coming up with an alternative method for how they manage pain and decided to expand now to have a pain in addiction service (started May 1<sup>st</sup>). We have this integrative program throughout our hospital. Hopes to take Final Report recommendations and guidelines and come up with an implementation strategy to implement this across hospitals as a model of care.

**Dr. Mary Meagher, Ph.D.**

- APA is starting to move forward with an implementation plan. The CEO is allocating a budget to increase continuing education in the workforce of psychologists to focus on pain.

**Dr. Linda Porter, Ph.D.**

- Timing is very important. Resources to put into pain research, Oversee IPRCC initiatives to get the word out. NIH role in implementation: doubling pain research through building infrastructure for acceleration of new analgesics, looking at comparative effectiveness, pain care in large systems through pragmatic clinical trials. Developing a partnership with CMS to look at specific interventions/modalities where NIH can do the studies to help CMS change their reimbursement policies.

**Dr. Sharon Hertz, M.D.**

- One idea would be to send out a link to the Final Report at the time of DEA registration and/or at the time of license renewal; sometimes its hard to find these things online; one federal landing page for pain/opioids/and addiction and on the page, something that could be searchable by topic/agency.

**Commander Rene Campos, M.B.A.**

- PMTF Report included in 2019 goals of her organization and looks forward to working with the Task Force, organizations, and law makers to ensure implementation of the Final Report.

**Dr. Amanda Brandow, D.O., M.S.**

- American Society of Hematology: provide care and advocacy of care for sickle-cell disease (SCD) that causes a significant amount of pain.
- Recommendation 1a in the SCD Section of the report has already been completed – the ASH's Draft Recommendations are out for public comment right now.
- Some pediatric pain comes from adult pain – new training pathways are needed that appropriately and uniquely address pediatric vs. adult pain management

- Dr. Brandow thanked Dr. Singh and the Task Force the opportunity to give children a voice in pain management.

**Ms. Alicia Richmond Scott, M.S.W., DFO**, moved to adjourn the meeting

- The motion was seconded, concluding the meeting

## **Participants<sup>1</sup>**

### **PMTF Members**

Sondra M. Adkinson, PharmD  
 Amanda Brandow, DO, MS  
 Commander René Campos, MBA  
 Jianguo Cheng, MD, PhD (*phone*)  
 Daniel Clauw, MD (*phone*)  
 Jonathan C. Fellers, MD  
 Howard L. Fields, MD, PhD  
 Rollin M. Gallagher, MD  
 Halena M. Gazelka, MD  
 Scott Griffith, MD  
 Nicholas Hagemeyer, PharmD, Ph.D.  
 (*phone*)  
 Sharon Hertz, MD  
 Jan Losby, Ph.D.  
 Michael J. Lynch, MD

John McGraw, MD  
 Mary W. Meagher, PhD  
 Linda Porter, PhD  
 John V. Prunskis, MD  
 Mark Rosenberg, DO  
 Molly Rutherford, MD  
 Friedhelm Sandbrink, MD (*phone Day 1*)  
 Bruce A. Schoneboom, PhD  
 Vanila M. Singh, MD  
 Cecelia Spitznas, PhD  
 Cindy Steinberg  
 Andrea Trescot, MD  
 Harold K. Tu, MD  
 Sherif Zaafran, MD

### **Guest Speakers**

LT. Morgan Luttrell (Ret.) (*Day 1*)  
 Sarah Whitlock (*Day 1*)  
 Amy Partridge (*Day 1*)  
 Mark Zobrosky (*Day 1*)  
 Katie Golden (*Day 1*)  
 Patrice Harris, M.D., M.A. (President-Elect  
 and Chair of AMA Opioid Task Force,  
 American Medical Association) (*Day 2*)

Kris Held, M.D., President-Elect,  
 Association of American Physicians and  
 Surgeons (*Day 2*)  
 Jason M. Schwalb, M.D., FAANS, FACS,  
 Chairman of AANS/CNS Section on Pain,  
 American Association of Neurological  
 Surgeons (*Day 2*) (*phone*)

### **Government Attendees**

Vanila M. Singh, MD, HHS, PMTF Chair  
 Alicia Richmond Scott, MSW, HHS, DFO  
 ADM Brett P. Giroir, MD, Assistant  
 Secretary for Health, U.S. Department of  
 Health and Human Services (*Day 1*) (*Video*)  
 The Honorable Phil Roe, MD, Congressman  
 (R-TN) (*Day 1*)

The Honorable Bill Cassidy, MD, Senator  
 (R-LA) (*Day 2*)  
 RADM Michael Toedt, MD, Chief Medical  
 Officer, Indian Health Services (*Day 2*)  
 Shari M. Ling, M.D., Deputy Chief Medical  
 Officer, CMS, HHS (*Day 2*)

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<sup>1</sup> *Day 1 = Spoke Day 1 only; Day 2 = Spoke Day 2 Only;*  
*Video = Remarks provided via video; Phone = Joined via phone*



**Registered Public Comment**  
**Attendees**

Richard Lawhern *(Day 1)*  
Megan Wilson *(Day 1)*  
Benita Talati *(Day 1)*  
Benjamin Goodwin *(Day 1)*  
Trina Vaughn *(Day 1)*  
Kara Gainer *(Day 1)*  
Kristen Wheeden *(Day 1)*

Inga Dawson *(Day 1)*  
Gabriel Miller *(Day 1)*  
Caylee Cresta *(Day 1)*  
Scott Faulkner *(Day 1)*  
Laura Williams, MD *(Day 1)*  
Judy Birchfield *(Day 1)*

**Support Staff**

Vanila M. Singh, MD, HHS, PMTF Chair  
Alicia Richmond Scott, HHS, DFO  
Morgan Courbois, HHS  
Karen Foster, HHS  
Rachel Katonak, HHS  
Chanya Liv, HHS  
Rachel McCoy, HHS

Monica Stevenson, HHS  
Ashley Watkins, HHS  
Diane Epperson, Booz Allen Hamilton  
Matt Aldag, Booz Allen Hamilton  
Jeffery Saeling, Booz Allen Hamilton  
Brendan Dolan, Booz Allen Hamilton  
Diana Castiblanco, Booz Allen Hamilton

**Certification**

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Dr. Vanila Singh, MD

Pain Management Best Practices Inter-Agency Task Force, Chair