CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

New Opportunities for Advancing Chronic Pain Care

May 2, 2023

INTRODUCTIONS

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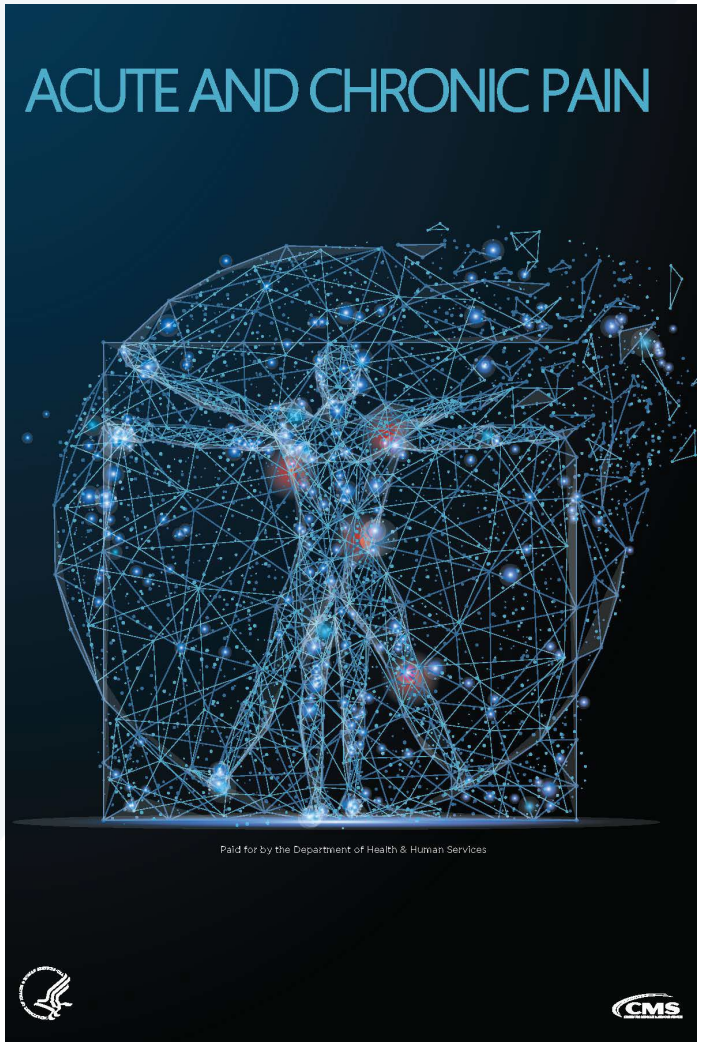
OBJECTIVES

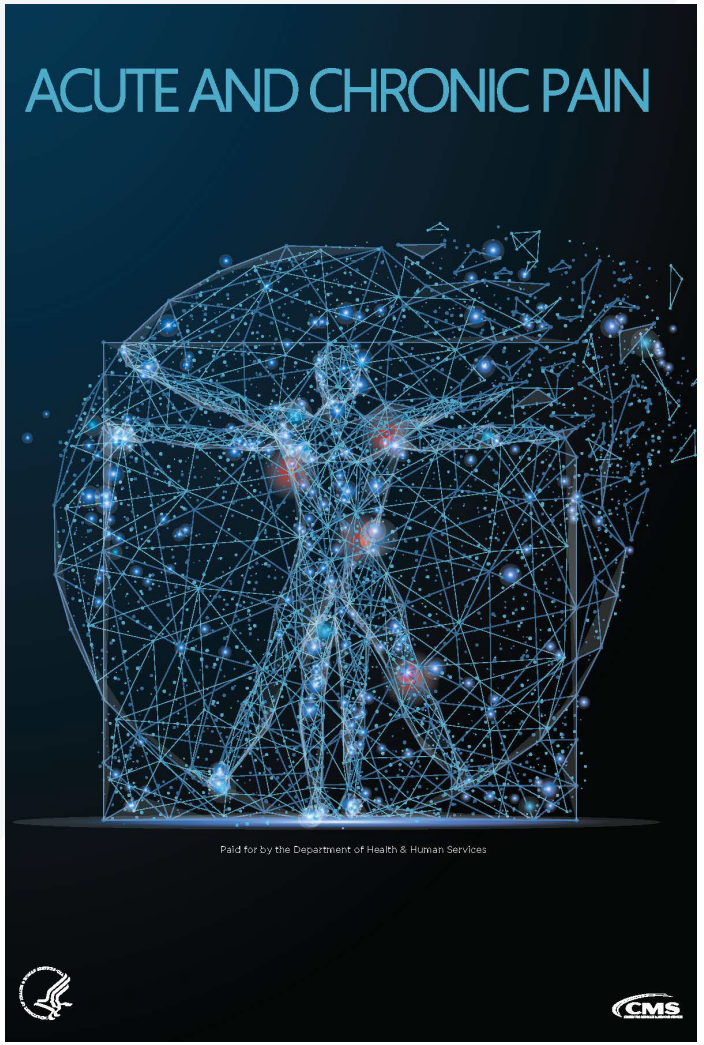
- Explain collaboration across HHS agencies and pain advocates regarding pain policy
- Incorporate lessons learned from past projects into future work

FROM CMS
Scott Lawrence, Division of Practitioner Services
Center for Medicare



THE LIVED EXPERIENCE/ADVOCACY PERSPECTIVE

Cindy Steinberg
Director of Policy and Advocacy, U.S. Pain Foundation



The Individual Lived Experience (1 of 2)

Chronic Pain (CP) is pervasive

- 79% Medicare beneficiaries; 89% < age 65 (disabled beneficiaries)[1]
- 50 million American adults [2]

Chronic Pain is devastating

- 57% Medicare beneficiaries say limits lives and ability to work [1]
- 19.6 million US adults have high-impact CP that interferes w/daily functioning [2]

[1] https://www.cms.gov/research-statistics-data-and-systems/research/mcbs
[2] https://www.cdc.gov/nchs/products/databriefs/db390.htm

The Individual Lived Experience (2 of 2)

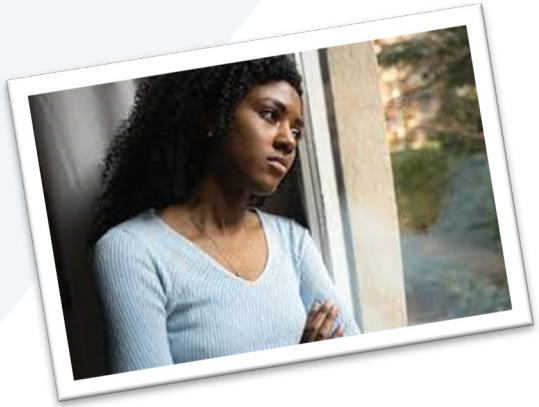
- Pain may be stabbing, gnawing, burning, knifing, crushing pressure
- For some people, a light breeze can feel like glass shattered against the skin - allodynia
- Sense of being imprisoned in your body with no means of escape
- But worse - because many people feel “imprisoned” & tortured 24/7
- Pain often ravages the lives of the person and family/caregivers, and can destroy the ability to work, sleep, socialize, care for others, pursue interests, find enjoyment in life
- The World Health Organization has identified CP as a key risk factor for suicide, and one study found the risk of death by suicide to be doubled in CP patients relative to controls.[3]

[3] https://www.cambridge.org/core/journals/psychological-medicine/article/abs/suicidality-in-chronic-pain-a-review-of-the-prevalence-risk-factors-and-psychological-links/D3093AA52A611348B8F90CF0972380C5

The Lived Experience/Advocacy Perspective

Current State of Pain Care

- Fragmented, stigmatizing, hard to find, inadequate, costly
- U.S. Pain Survey of 2,275 people living with pain in 2022 found: [4]
  63% feel stigmatized by providers including doctors, nurses & pharmacists
  53% chose "no" or "sometimes" when asked if providers explained options for pain management
- U of Michigan study of PCP practices in 2019 found > 40% will not accept CP patients using opioid medications [5]



[4]https://uspainfoundation.org/surveyreports/a-chronic-pain-crisis/
[5] https://pubmed.ncbi.nlm.nih.gov/33230009/

The Lived Experience/Advocacy Perspective (1 of 2)

Current State of Pain Care

- As a patient advocacy organization, US Pain Foundation has received and continues to receive hundreds of e-mails - from distraught people living with pain who have had opioid medications in stable doses that they took successfully for years and depended upon removed

- Many people say they cannot find any doctors who will treat them and are seeking our help to find care

- The HHS Pain Management Best Practices Task Force received > 9,000 letters; >80% from people living with pain who could no longer get their opioid medications

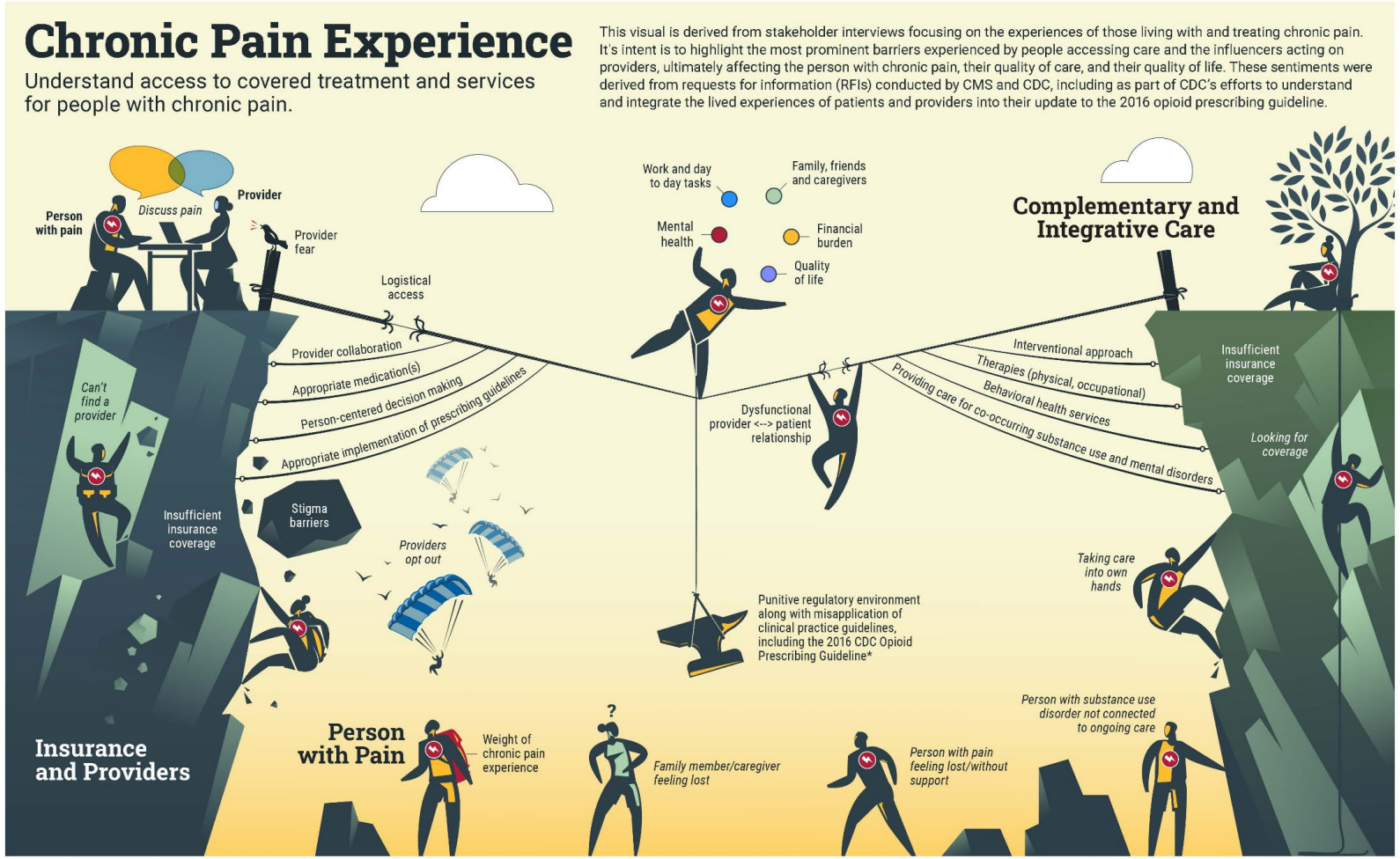
The Lived Experience/Advocacy Perspective (2 of 2)

One recent letter…

"I am a 45 year old woman w/ Juvenile Rheumatoid Arthritis diagnosed at age 3. I do not remember a day w/out pain. Now older and wheelchair-bound, I don't have a high quality of life any more. I was at a time blessed with relief from the only thing that seemed to help, which was opioid pain medication. But now it has been taken away from me and my life is now a NIGHTMARE of unending pain, agony and sleepless nights. As a patient and human being I thought I had some say in my treatment. After all, it is my body and my life. Not everyone is out to take drugs for the fun of it. There are people such as myself who truly NEED these medications in order to have some quality of life. Now mine is gone. Why? Why won't someone please help me?"

Huge Gulf Between Current Reality and Goal

CMS Journey Map of the Chronic Pain Experience



* CDC is in the process of updating the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. The goal of the revised clinical practice guideline is to help advance effective, individualized, patient-centered care. The revision was designed with a focus on ensuring appropriate use as a clinical tool and to avoid misapplication of the guideline itself.

HHS Pain Management Best Practices Task Force Report, 2019

- Comprehensive
- Patient-centered
- Combines multiple therapeutic modalities: medication, restorative, interventional, behavioral, complementary & integrative
- Individualized treatment plan w/ iterative revisions
- Patient in active role
- Care is coordinated amongst providers of therapeutic modalities

How to advance pain care to reach best practice goal?

- Pain assessment tools (NIH)
- Updated medication guidance (CDC)
- **New Medicare Chronic Pain Management HCPCS Codes (CMS)**
  - Increases physician, NP or PA time (30 minutes +) & frequency (monthly) with CP patient
  - Specifies all the elements required for best practice care: *diagnosis, assessment, administration of a validated rating tool, development and revision of the care plan, overall treatment management, crisis care, etc.*
  - Includes payment for care coordination
  - Includes patient pain and health literacy counseling

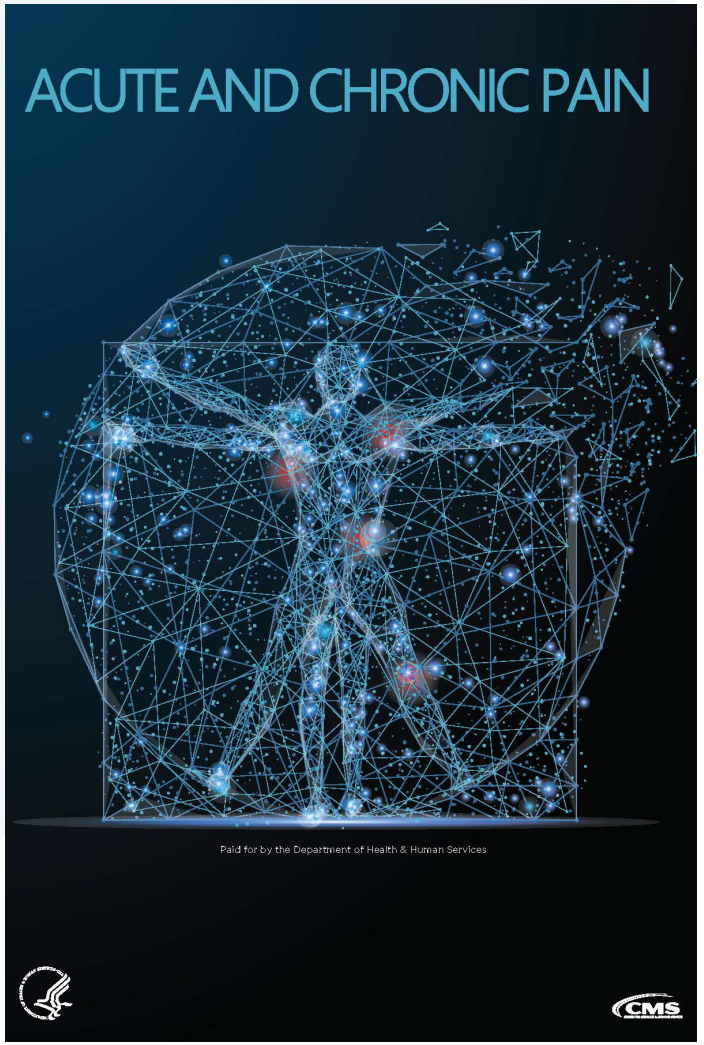
Future Policy Recommendations

New Chronic Pain Management Codes excellent first step!

But, new codes alone will not lead to meaningful practice change without:

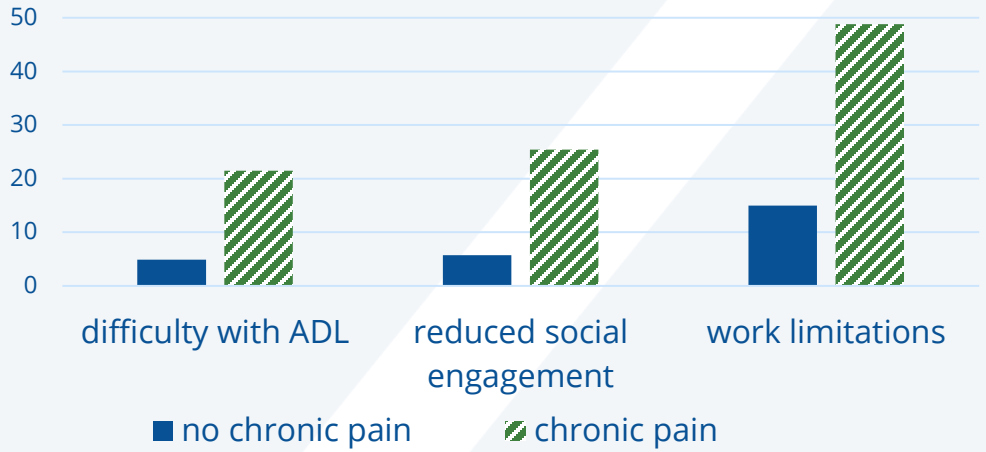
- Widespread communication with clinicians
- Education on how to deliver this type of comprehensive pain care
- Adequate payer coverage and reimbursement for a broader range of treatment modalities
- Research and measurement on the effectiveness of this approach in reducing pain, improving quality of life, function and reducing direct and indirect costs of pain

FROM THE NATIONAL INSTITUTES OF HEALTH
Linda Porter
Director, Office of Pain Policy and Planning

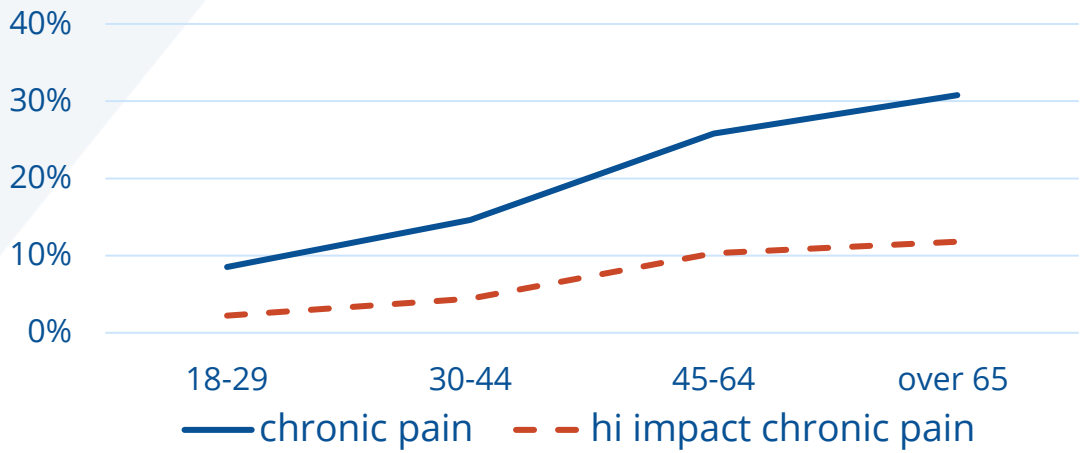


Pain is a Public Health Crisis

Chronic Pain Interferes with Life



Pain Prevalence Increases with Age



Nationwide Prevalence

50 million adults with chronic pain

25 million with severe pain every day

20 million with high impact chronic pain

More Women than Men Have Pain

22% of women & 19% of men with chronic pain

8.5% of women & 6.3% of men with high impact chronic pain

More Rural than Urban Dwellers Have Pain

28 % of rural & 16% of urban residents with chronic pain

11% of rural & 6 % of urban residents with hi impact chronic pain

Why is pain management so challenging?

Reimbursement	Access	Disparities	Training	Mentoring	Complexity	Lifespan
						
• Uninsured • Not covered	• Geographic • Demographic	• Bias • Stigma • Population differences	• Limited education • Poor integration across disciplines	• Protected time needed to mentor • Mentors retiring	• Overlapping pain conditions • Other chronic conditions • Different pain mechanisms	• Age related risk factors • Age related changes

Cultural Shift in How We Consider and Manage Chronic Pain

PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

Game Changer: coverage for pain care

Coverage and Utilization Management in 15 Medicaid Plans

Health Condition	# plans Covered	Unclear or Not Found	Not Covered		Prior Authorization	Visit Limits	Referral Requirements
Physical therapy	14	1	0		4	14	10
Occupational therapy	14	1	0		3	14	10
Chiropractic care	12	2	1		1	11	1
Acupuncture	2	5	8		1	1	0

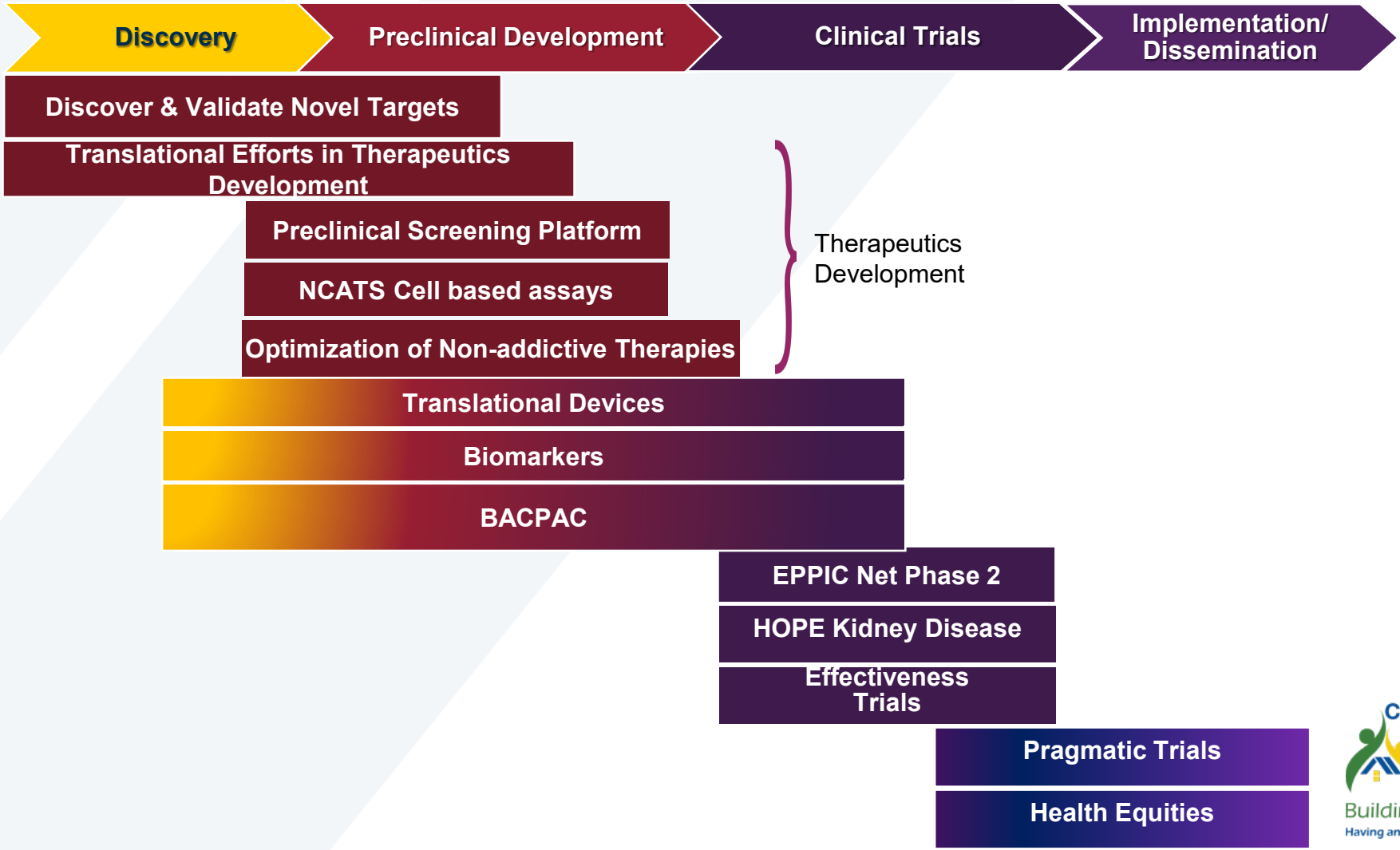
Heward et al JAMA open 2018

Dr. Todd Graham Pain Management Study

Section 6086 of 2018's SUPPORT Act, which outlines national strategies to help address America's overdose crisis, and advances policies to improve the treatment of pain, and substance use disorders. The Study will provide HHS, CMS, and the Congress with information about services delivered to Medicare beneficiaries with acute or chronic pain, help in understanding the current landscape of pain relief options for people with Medicare, and inform decisions around payment and coverage for potential pain management interventions

Game Changer: Research Advances

Enhancing Pain Management



Early Phase Pain Investigation Clinical Network for new non-opioid drugs

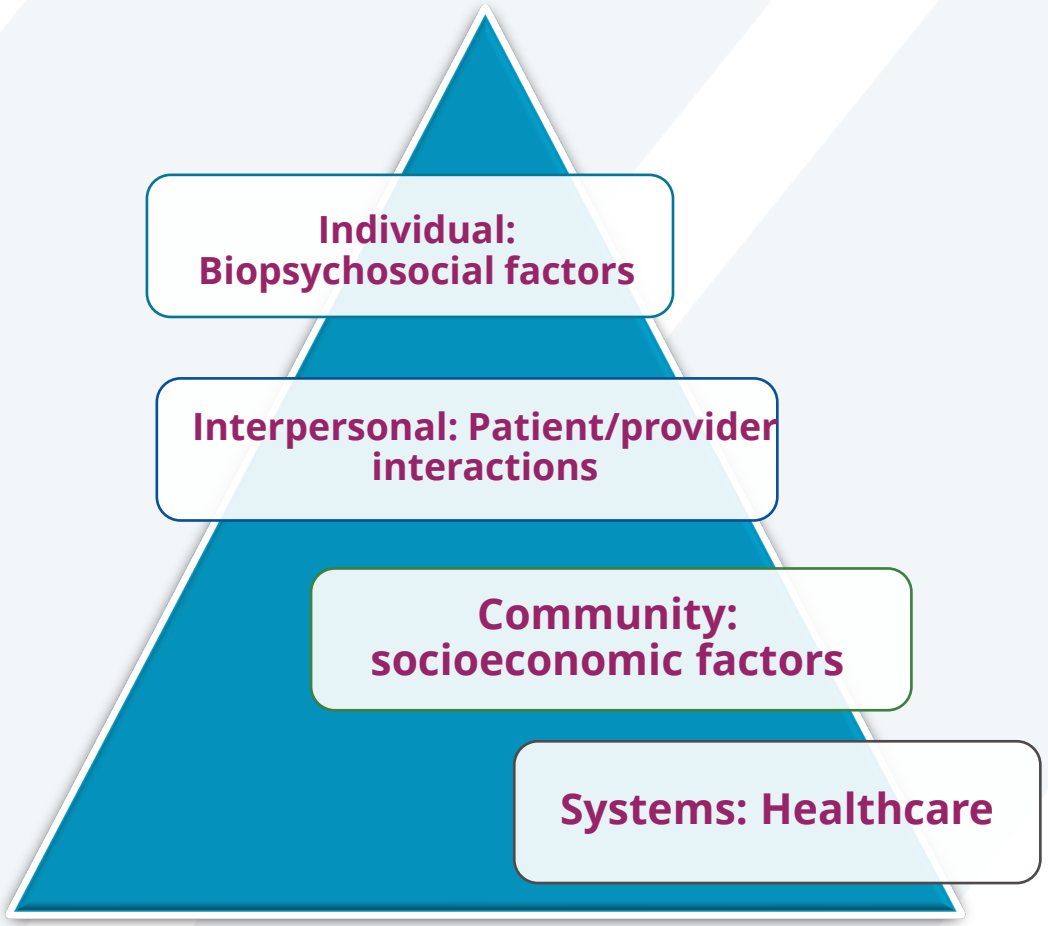
- **Knee Osteoarthritis**
  - Safety and efficacy of new drug for treatment of pain related to OA of the knee
  - Enrolling adults with moderate to severe knee osteoarthritis pain
  - Centrexion: highly selective CCR2 and CCR5 antagonist

- **Painful Diabetic Peripheral Neuropathy**
  - Safety, tolerability, and effect of new drug to treat older adults with painful diabetic neuropathy
  - Novaremed: novel small molecule from a plant bacterium, MOA kinase regulation of P2X4 purinergic receptors

15% of adults over age 65 have DNP

NIH HEAL INITIATIVE

Health Disparities in Pain and Co-occurring Health Conditions

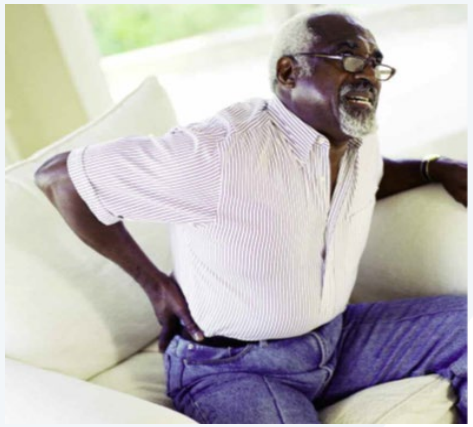


Population	intervention	setting	level
Asian American	Pain self-management, coach	Telehealth	
Latino - rural	Integrated care, CDS	EHR	
Disadvantaged adults over 65	CBT, mindfulness, exercise	FQHC	
Low SES	Mindfulness, acupuncture, social support	Outpatient clinic	
Black, low SES	Education, self-management	Outpatient clinic	
Black, Asian American	Self-management, coaching, education	Primary care	
Veterans	Non-intervention	VA	

NIH & CMS Acupuncture for Management of Chronic Low Back Pain in Older Adults

Acupuncture

- Effective in treating chronic lower back pain in adults
- Trials needed in older adults with comorbidities
- 800+ adults over 65 years with cLBP to evaluate acupuncture versus usual care
- Outcomes for functional status, pain intensity and pain interference



NIH & CMS collaboration

Pain Assessment Resource for Professionals

- enhance chronic pain assessment
- biopsychosocial framework encourages shared decision-making
- screening measures/validated questionnaires by domains
- number of items/measure, available translations, and copyright information

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NIH & CMS Collaboration Pain Assessment Resource for Professionals

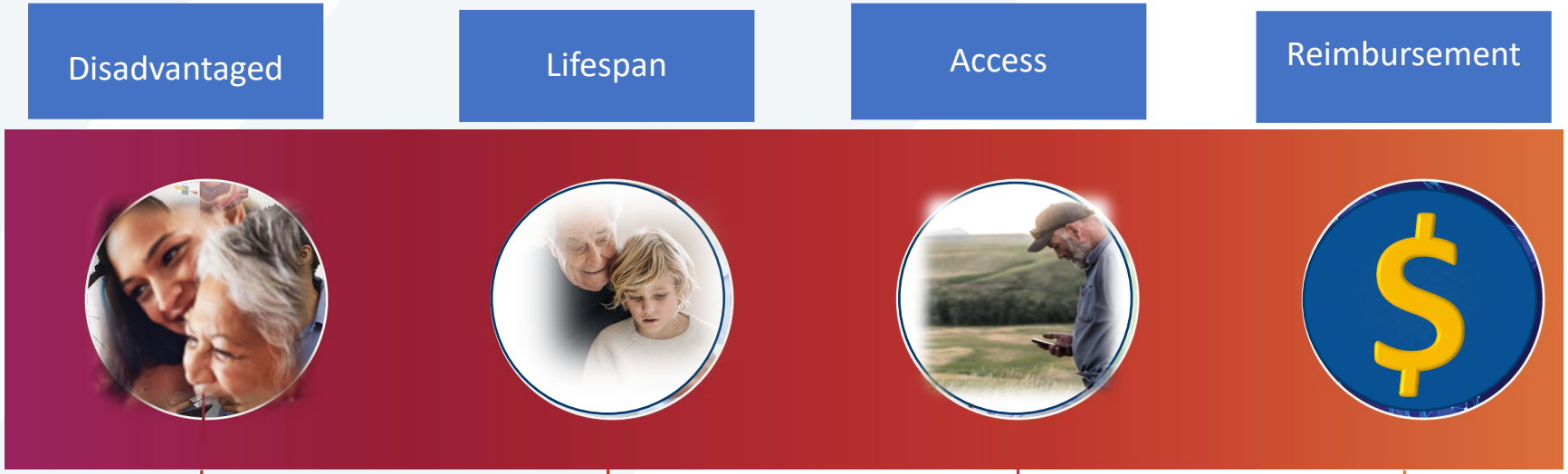
Administering measures across biopsychosocial domains can facilitate discussions between the clinician and person living with pain for shared decision-making approaches to determining the best treatment.

https://www.painconsortium.nih.gov/

Domain	Measure	Description
Pain Intensity/Pain Interference	PEG* PEG Spanish	A 3-item instrument that asks people to rate their pain level (P) as well as how much pain has interfered with their enjoyment of life (E) and general activity (G)
Anxiety	GAD-2 * GAD-2 Spanish	Asks about the frequency of anxiety or uncontrollable worry over the past two weeks; available in Spanish

Pain Assessment Resource for Professionals

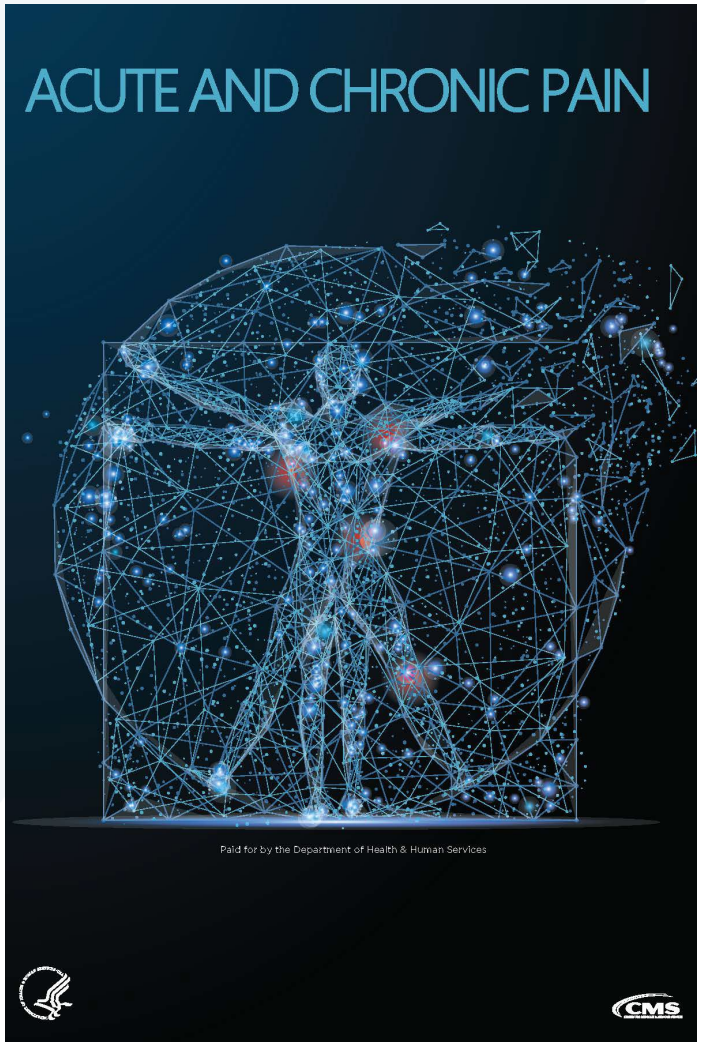
NIH & CMS: Clinical Pain Management Research and Pain Care



FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Jan Losby

Branch Chief, Division of Overdose Prevention



2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain – Topics Covered

- Reason for releasing the *2022 Clinical Practice Guideline for Prescribing Opioids for Pain*
- Clarifying what the guideline is and is not
- Overview of recommendations
- Guiding principles to inform implementation
- Resources

[Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the CDC]

Why release the *2022 Clinical Practice Guideline for Prescribing Opioids for Pain*?

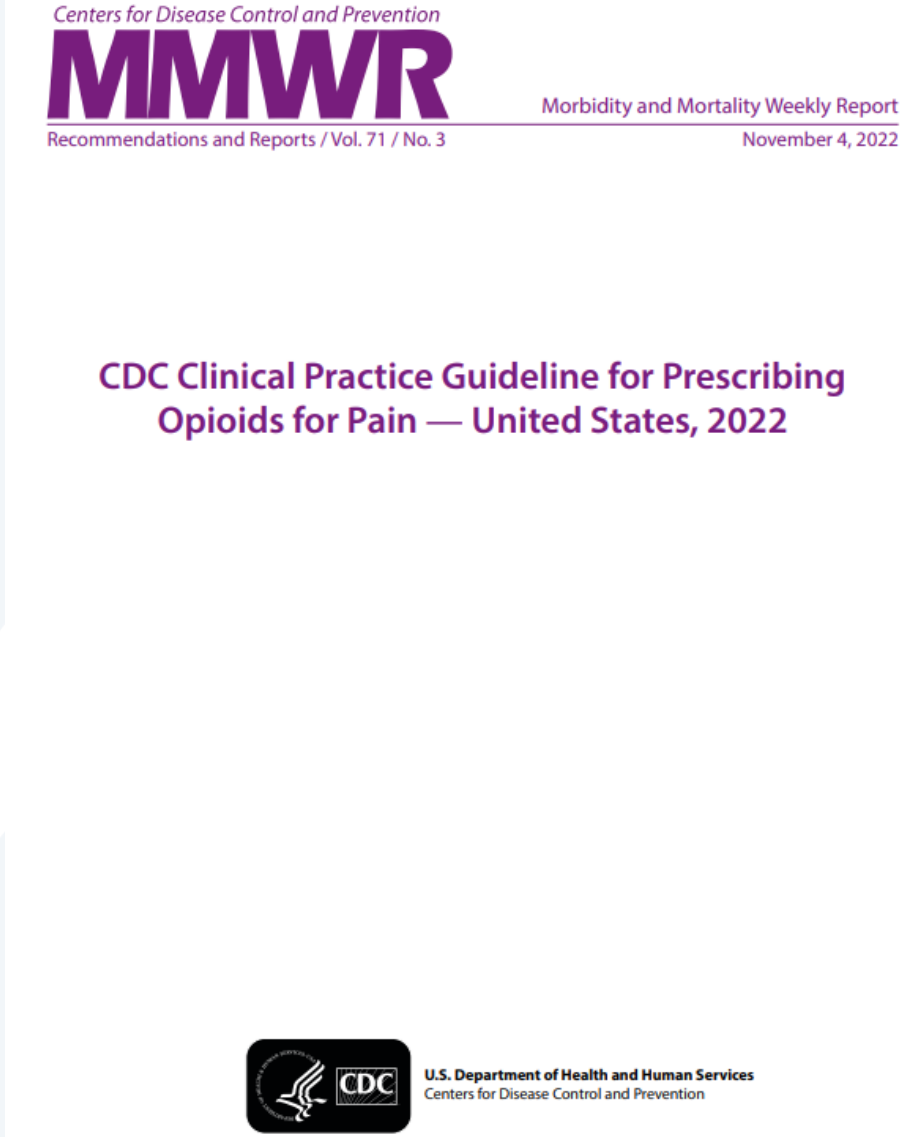
+ **Pain continues to affect the lives of millions of Americans**
+ **Many people cannot access the full range of potentially helpful therapies**
  - limited access to treatment modalities
  - lack of clarity around evidence supporting pain treatments
+ **Pain-management disparities persist**
+ **Opioids continue to be commonly used to treat pain**
+ **New scientific evidence supports expanded guidance and specificity**
  - acute and subacute pain treatment
  - opioid tapering
  - treatment modalities for different types of pain

The *2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain* is:

- **A clinical tool to improve communication between clinicians and patients and empower them to make informed, person-centered decisions related to pain care together**
- **Intended for primary care clinicians and other clinicians providing pain care for outpatients aged ≥18 years old with**
  - acute pain (duration <1 month);
  - subacute pain (duration of 1-3 months); or
  - chronic pain (duration of >3 months)
- **Intended to be flexible to enable person-centered decision-making, taking into account an individual's expected health outcomes and well-being**

The *2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain* is *NOT*

- A replacement for clinical judgment or individualized, person-centered care
- Intended to be applied as inflexible standards of care across patients and/or patient populations by healthcare professionals, health systems, pharmacies, third-party payers, or governmental jurisdictions or to lead to the rapid tapering or abrupt discontinuation of opioids for patients
- A law, regulation, or policy that dictates clinical practice or a substitute for FDA-approved labeling
- Applicable to:
  - management of pain related to sickle cell disease
  - management of cancer-related pain
  - palliative care or end-of-life care
- Focused on opioids prescribed for opioid use disorder



What's in the new in the Guideline?

New Guideline Recommendations

Determining Whether or Not to Initiate Opioids for Pain

Recommendations 1-2

Selecting Opioids and Determining Opioid Dosages

Recommendations 3-5

Deciding Duration of Initial Opioid Prescription and Conducting Follow-Up

Recommendations 6-7

Assessing Risk and Addressing Potential Harms of Opioid Use

Recommendations 8-12

Expanded recommendations on acute pain

+ **Nonopioid therapies are at least as effective as opioids for many common types of acute pain, including**
  - low back pain
  - neck pain
  - other common musculoskeletal conditions
  - minor surgeries or dental procedures
  - kidney stone pain
  - headaches
+ **Taper when discontinuing opioids following continuous use for more than a few days**

New guidance on subacute pain

+ Ensure potentially reversible causes of chronic pain are addressed
+ Carefully reassess treatment goals, benefits, and risks
+ Continue opioid therapy only as an intentional decision that benefits are likely to outweigh risks
  - after informed discussion with the patient
  - as part of a comprehensive pain management approach
+ Avoid initiating long-term therapy unintentionally

Updated content on benefits and risks of nonopioid treatments for specific chronic pain conditions

- **Back pain or osteoarthritis**
- **Neck pain**
- **Fibromyalgia**
- **Neuropathic pain**

Expanded recommendations on tapering

+ **Emerging data highlight benefits and risks of tapering opioids**

+ **A new recommendation outlines in greater detail how clinicians can work with patients already receiving opioids in determining if and how to taper opioids and emphasizes**
  - patient-centered treatment changes, using empathy and shared decision-making
  - tapers of 10% per month or slower for better tolerability when patients have been taking opioids for longer durations (e.g., ≥1 year)
  - avoiding abrupt discontinuation of opioid therapy or rapid reduction of opioid dosages

5 Guiding Principles for Implementation

1. Acute, subacute, and chronic pain needs to be **appropriately assessed and treated** independent of whether opioids are part of a treatment regimen
2. Recommendations are **voluntary** and are intended to support, not supplant, individualized, person-centered care. **Flexibility** to meet the care needs and the clinical circumstances of a specific patient is paramount
3. A **multimodal and multidisciplinary approach to pain care** attending to the physical health, behavioral health, long-term services and supports, and expected health outcomes and well-being of each person is critical

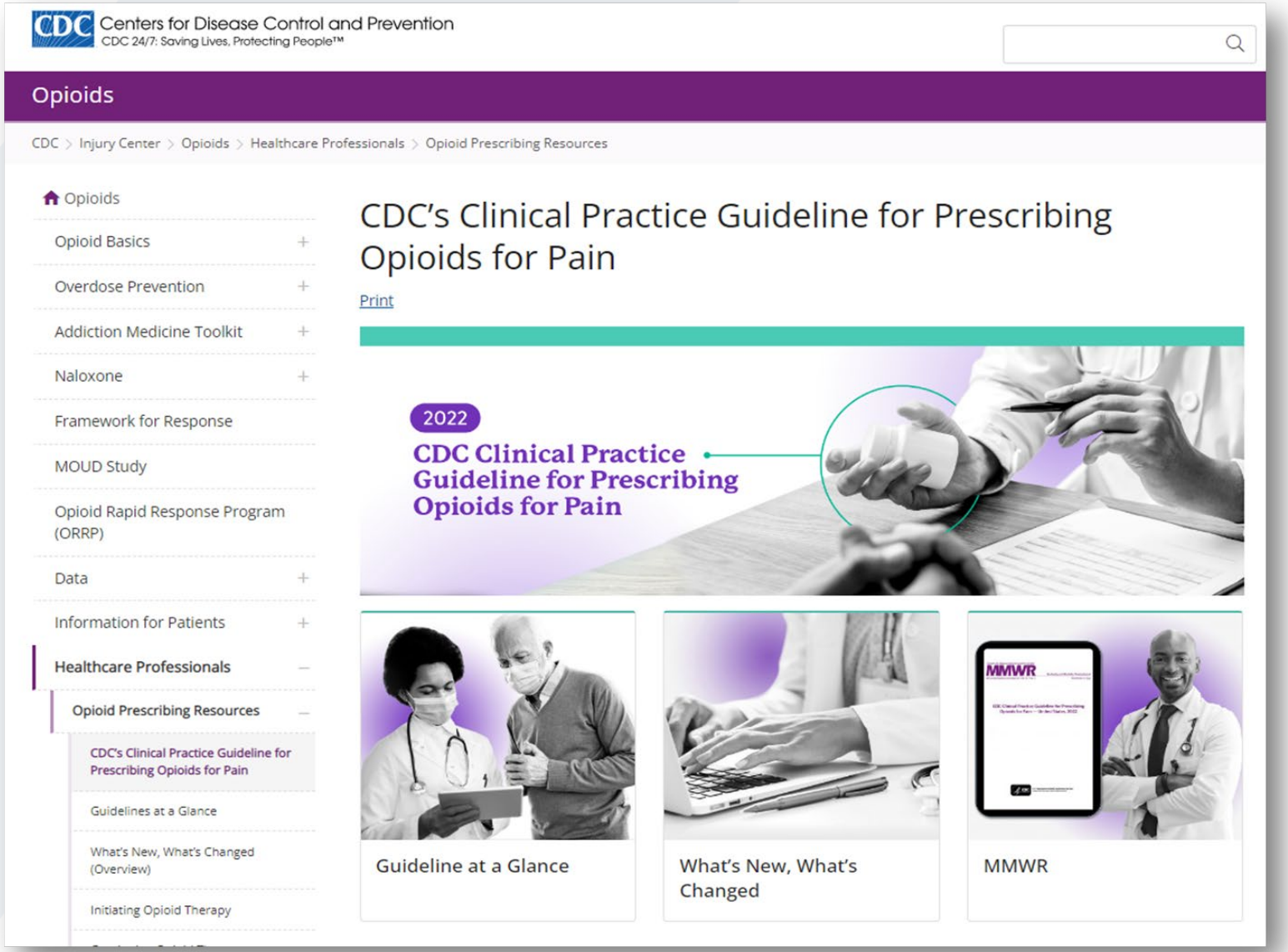
5 Guiding Principles for Implementation (continued)

4. Special attention should be given to **avoid misapplying** this clinical practice guideline beyond its intended use or implementing policies purportedly derived from it that might lead to unintended and potentially harmful consequences for patients

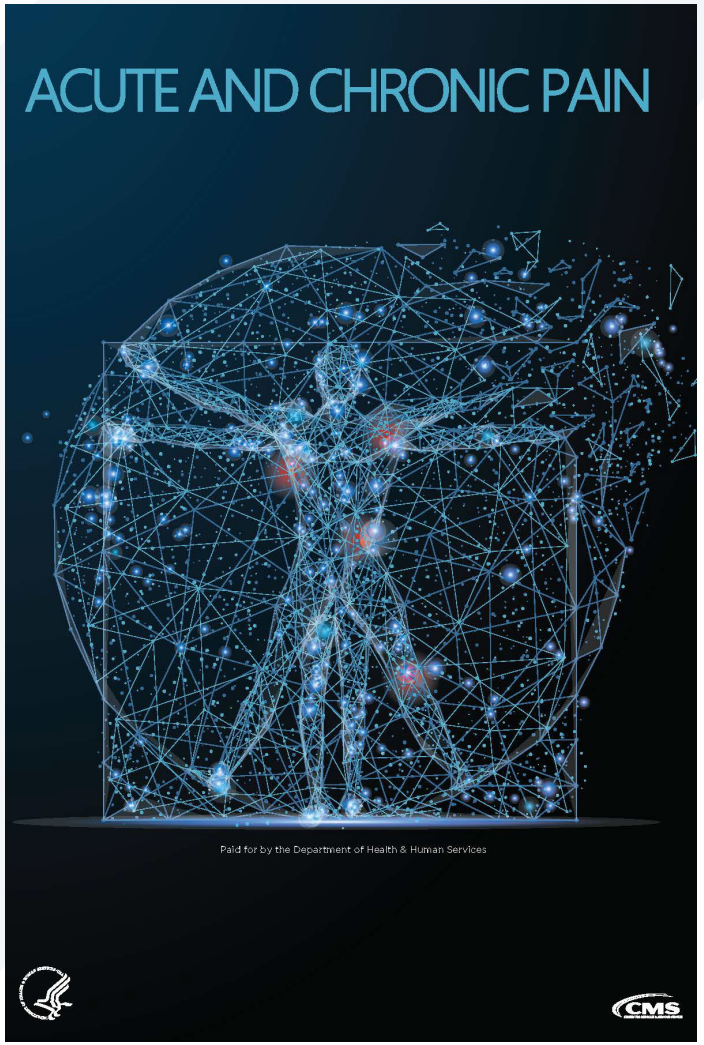
5. Clinicians, practices, health systems, and payers should vigilantly **attend to health inequities**, provide culturally and linguistically appropriate communication, including communication that is accessible to persons with disabilities; and ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons

Resources

Available at: www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/at-a-glance.html



Discussion

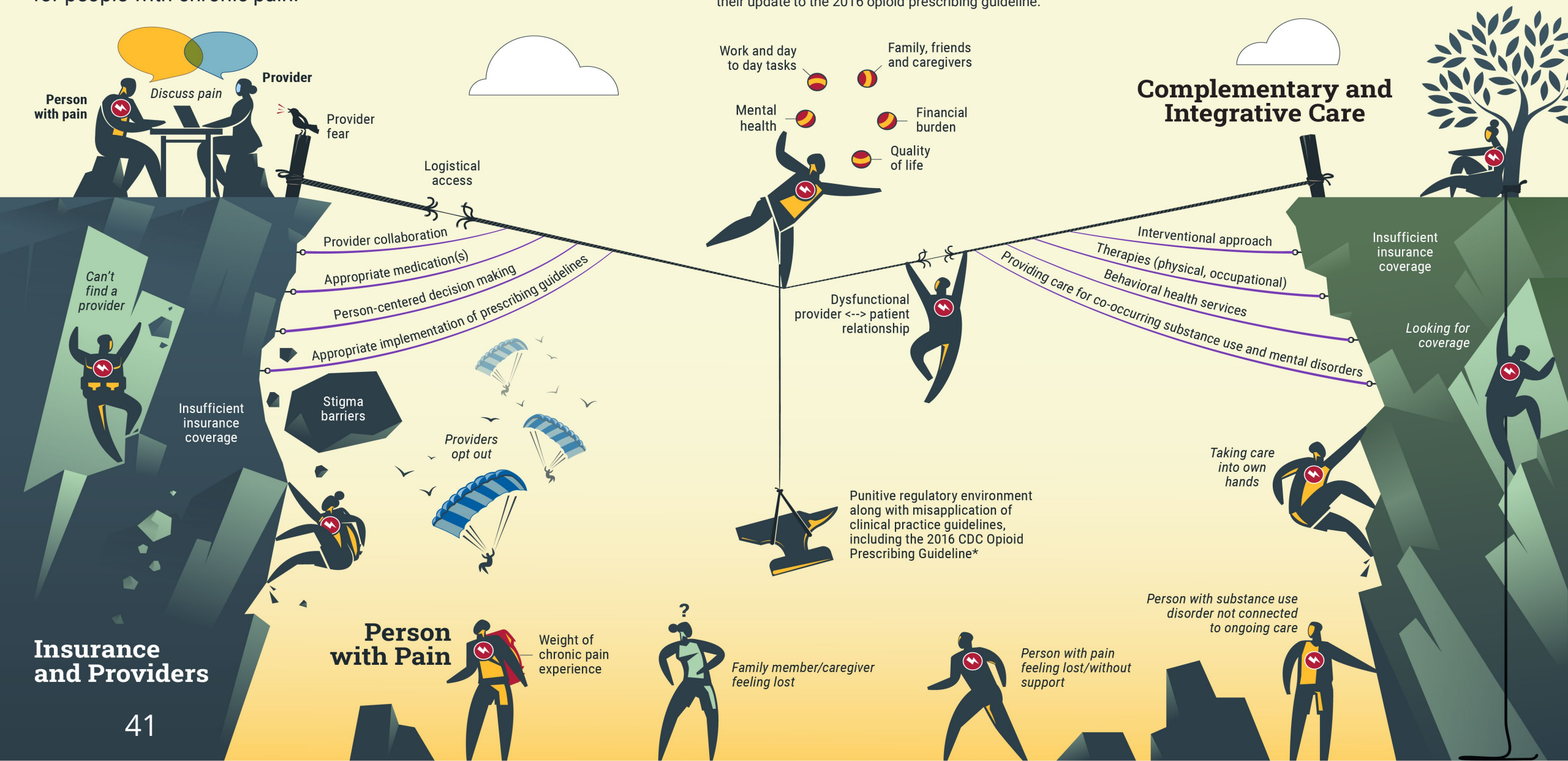

ACUTE AND CHRONIC PAIN
Paid for by the Department of Health & Human Services
CMS

Chronic Pain Experience

Released May 2022 https://www.cms.gov/files/document/cms-chronic-pain-journey-map.pdf

Understand access to covered treatment and services for people with chronic pain.

This visual is derived from stakeholder interviews focusing on the experiences of those living with and treating chronic pain. Its intent is to highlight the most prominent barriers experienced by people accessing care and the influencers acting on providers, ultimately affecting the person with chronic pain, their quality of care, and their quality of life. These sentiments were derived from requests for information (RFIs) conducted by CMS and CDC, including as part of CDC's efforts to understand and integrate the lived experiences of patients and providers into their update to the 2016 opioid prescribing guideline.



Thank you!

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