



Comments of the American College of Clinical Pharmacy

**To the Department of Health and Human Services
(HHS) on the Draft Report on Pain Management Best
Practices from the Pain Management Best Practices
Inter-Agency Task Force: Updates, Gaps,
Inconsistencies, and Recommendations**

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**Office of Government and Professional Affairs
1455 Pennsylvania Ave., NW
Suite 400
Washington, DC 20004
(202) 621-1820
www.accp.com**

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide comments to the Department of Health and Human Services (HHS) on the draft report from the Pain Management Best Practices Inter-Agency Task Force whose mission was to determine whether gaps in or inconsistencies between best practices for acute and chronic pain management exist and to propose updates and recommendations to those best practices.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of more than 17,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy. The College's 26 Practice and Research Networks comprise clinical pharmacists who practice and pursue research in specialized fields of interest, including Pain/Palliative Care, Psychiatry/Neurology, Pediatrics, Geriatrics, Emergency Medicine, Critical Care, Adult Medicine, Ambulatory Care, Perioperative Care, Clinical Administration, and Education and Training. ACCP members typically practice in team-based acute care and ambulatory care settings. They focus on optimizing medication regimens to achieve patient-centered therapeutic goals, including management of pain, mental health disorder, and substance use disorder.

ACCP believes that in order to achieve a health care system that delivers better care, smarter spending, and healthier people and communities, it is vital to establish a truly team-based, patient-centered approach to health care consistent with evolving delivery and payment models currently delivered under private and commercial health plans. An individualized, patient-centered approach is necessary for pain management due to patient variability in physiology, drug metabolism and other underlying medical conditions. Given the role that opioid medications play in care and treatment of pain management, mental health disorders, and opioid use disorder, clinical pharmacists have both an opportunity and an obligation to participate in the care of patients by promoting rational pharmacotherapy of opioids and multimodal analgesia to prevent adverse events. Misuse of pain medication can be prevented and mitigated by medication optimization, with optimal therapeutic outcomes in pain management and other chronic conditions achieved through comprehensive medication management (CMM).

CMM is a direct patient care service provided by clinical pharmacists working as formal members of the patient's health care team that has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients. The team-based service of CMM is supported by the Patient Centered Primary Care Collaborative (PCPCC),¹ in which ACCP as well as the major primary care medical organizations are actively involved. CMM helps ensure that patients' medication use is effectively coordinated, and in doing so enhances patients' health outcomes. CMM also contributes to enhanced productivity for the entire health care team, allowing all members to more fully focus on their own particular patient care

¹ <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf> (Patient-Centered Primary Care Collaborative, 2012)

responsibilities. CMM can be particularly beneficial to patients with dual diagnosis of pain and other chronic conditions such as mental health or substance use disorder.

Comments:

ACCP supports the vital model of individualized, patient-centered care for addressing the public health pain crisis.

Management of acute and chronic pain requires an individualized, patient-centered approach, as well as management of other chronic conditions that may prevent or contribute to causes or symptoms of pain. ACCP believes it is vital to establish a truly team-based, patient-centered approach to health care in order to achieve a health care system that delivers better care and healthier people and communities. Medication optimization is key to a comprehensive patient-centered approach to management of pain and other chronic or contributing medical co-morbidities.

ACCP supports the multidisciplinary approach to chronic pain and inclusion of other health care providers on the care team.

However, ACCP suggests additional opportunities to include other members of the health care team in the task force's recommendations. ACCP asserts that clinical pharmacists are essential team members in the multidisciplinary approach to chronic pain that focuses on the patient's medical condition, co-morbidities, and medication management services, including medication-assisted treatment (MAT) services for those with dual diagnosis of chronic pain and opioid use disorder.

Therefore, ACCP suggests the following for consideration in section "2.2 Medications" of the draft report:

*"**Recommendation 1a:** Develop condition-specific treatment algorithms that guide physicians to have a more individualized approach for common pain syndromes and conditions. A multidisciplinary approach that integrates the biopsychosocial model is recommended."*

- **Consider changing "physicians" to "authorized provider" or "other healthcare provider"** to be inclusive of other members of the health care team that can benefit from the development of condition-specific treatment algorithms.

*"**Recommendation 1c:** Develop a collaborative, multimodal treatment plan among the referring physician, the pain medicine team, and the patient."*

- **Consider adding "clinical pharmacist"** to those involved in developing the collaborative, multimodal treatment plan, as clinical pharmacists work in collaboration with other health care providers and the patient to achieve medication optimization.

*"**Recommendation 1d:** Pharmacies should collaborate with area physicians and other health care providers to develop more effective and patient-friendly delivery systems to meet the needs of their patients."*

- **Consider adding “pharmacists”** or changing “pharmacies” to “pharmacists”, as pharmacists are the health care professional working in collaboration with the care team, while pharmacies are the site or business entity which employs the collaborating pharmacist.

ACCP supports consultation with the perioperative team to form a treatment plan for those chronic patients undergoing a surgical procedure.

Additionally, ACCP supports evolving multidisciplinary practice models that optimize pharmacotherapy in perioperative care with individualized pre-surgical evaluations and the development of an optimal perioperative treatment plan.²

ACCP supports improved access to care through an enlarged workforce of pain specialists and behavioral health clinicians to help guide and support appropriately trained primary care clinicians, with clinical pharmacists providing CMM services to support primary care practices. ACCP also supports education through provider education and training and promoting therapeutic alliances between patients and providers and recommends expansion of pharmacy residencies for inclusion in workforce considerations.

ACCP applauds the inclusion of pharmacists in workforce considerations under section 3.3.3 (Workforce), but suggests revisions to this section’s recommendations to be consistent with the gap finding:

*“There is a lack of multidisciplinary physicians and other health care providers who specialize in pain. These physicians and other health care providers include pain specialists, addiction psychiatrists, psychologists, **pharmacists**, and others who are trained to be part of the pain management team...”*

Recommendation 1b: *Expand graduate medical residency positions to train in pain specialties, including adult pain specialists, pediatric pain specialists, behavioral health providers, pain psychologists, and addiction psychiatrists.”*

- **Consider including pharmacy postgraduate programs** in addition to graduate medical residency positions in pain specialties. Currently, there are only 25 accredited residency programs in pain management and palliative care pharmacy practice.

Recommendation 1c: *Expand the availability of nonphysician specialists, including physical therapists, psychologists, and behavioral health specialists.”*

- **Consider adding “pharmacists”** to the list of nonphysician specialists for which availability to these specialists should be expanded. Of ACCP’s more than 17,000 clinical pharmacist members, our Pain and Palliative Care Practice and Research Network consists of 310 members, while the Perioperative Care Practice and Research Network consists of only 111 members. This gap in clinical pharmacy specialists is consistent with the workforce needs identified by the task force.

² Lovely JK et al. Clinical pharmacist perspectives for optimizing pharmacotherapy within Enhanced Recovery After Surgery (ERAS®) programs. *Int J Surg.* 2019 Mar;63:58-62

ACCP supports innovative solutions to pain management such as telemedicine as part of the overall approach to pain management.

Accordingly, clinical pharmacists can engage in and provide CMM through telehealth services, including remote monitoring and/or real-time encounters in conjunction with in-person visits when necessary.³ ACCP encourages further incorporation of pharmacists into innovative practices such as [Project ECHO](#), and [Hub and Spoke](#) that can increase workforce capacity to provide best-practice comprehensive and specialty care.

ACCP supports payment models that deliver patient-centered multidisciplinary care for complex, chronic conditions as mentioned in section 3.3.2 (Insurance Coverage for Complex Management Situations).

*“**Recommendation 4a:** Payors should reimburse pain management using a chronic disease management model. CMS and private payors should reimburse integrative, multidisciplinary pain care by using a chronic disease management model in the manner they currently reimburse cardiac rehabilitation and diabetes chronic care management programs. In addition, reimburse care team leaders for time spent coordinating patient care.”*

- ACCP supports the task force recommendation for payors to reimburse pain management using a chronic disease management model.
- ACCP recommends a comprehensive, team-based approach to managing chronic pain along with other medical co-morbidities and a chronic disease management model that includes CMM services and aligns with value-based payment models.

ACCP supports research of methods to improve outcomes of chronic pain conditions.

ACCP appreciates the recommendation to increase the levels of research into innovative modes of delivery and treatment in section 3.3.4 (Research). ACCP recommends the inclusion of research in practice advancement models across the disciplines in health care to improve patient outcomes in the management of pain.

In summary, we thank you for the opportunity to provide comments on the draft report of Pain Management Best Practices. We applaud the work of the HHS Pain Management Inter-Agency Task Force, and encourage the task force to review the draft report for additional opportunities to support a comprehensive, patient-centered, team-based approach to pain management.

³ Badowski ME et al. Providing Comprehensive Medication Management in Telehealth. *Pharmacotherapy*. 2018;38(2):e7-e16.