

April 1, 2019

ADM Brett P. Giroir, M.D.
Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 736E
Washington, DC 20201.

Attn: Alicia Richmond Scott, Designated Federal Officer
Pain Management Best Practices Inter-Agency Task Force

Re: Draft Report on Pain Management Best Practices: Updates, Gaps,
Inconsistencies, and Recommendations (Draft Report)
Docket Number: HHS-OS-2018-0027

Dear Assistant Secretary Giroir and Ms. Scott:

On behalf of the Arthritis Foundation, representing over 54 million US adults and children living with arthritis, we appreciate the opportunity to comment on the Draft Report issued by the Department of Health and Human Services' (HHS) Pain Management Best Practices Inter-Agency Task Force (the Task Force).

Pain is a common, pervasive symptom for people with arthritis, and in many surveys conducted by the Arthritis Foundation, pain often comes up as their number one arthritis-related challenge. People with arthritis experience both acute and chronic pain, each representing its own set of challenges. For many, it permeates every aspect of their lives. Some key themes that surface frequently in surveys and focus groups of our patients include:

- "Side effects" from pain such as difficult sleeping, leading to continuous fatigue and even depression;
- Difficulty managing day-to-day tasks;
- Stigma associated with opioid use for those who use opioids as part of their treatment plan;
- The strong desire for safer and more effective pain management therapeutics;
- Difficulty accessing pain management treatment through insurance coverage; and
- A desire for more information about medical marijuana and cannabis-derived products.

The Arthritis Foundation applauds the Task Force for its thorough approach to addressing challenges associated with pain. Our overarching comments include:

- Multi-modal, integrative pain care is critical for addressing the full impact of pain and achieving the best possible health outcomes;
- Coverage and reimbursement should reflect the latest scientific evidence and best practices; it should also reflect need for multi-modal care and focus on underserved populations;
- Patient and provider educational resources should be co-developed and disseminated in collaboration with a diverse set of stakeholders, including patient and provider groups; and
- In-person and online support through mechanisms like the Arthritis Foundation's Live Yes Arthritis Network (LYAN) should be utilized to help patients manage their pain symptoms.

Please find our specific comments below.

Clinical Best Practices

We agree that a coherent policy for pain management within health systems is needed. Clinical best practices should emphasize the need for coordinated pain management that is patient-centered. For patients with chronic pain, this should include goal-setting that takes into account the patient's short- and long-term goals along with benefits and risks of any given pain treatment.

Clinicians with patients on long-term therapy must collaborate with the entire health care team to share best practices and evidence for transitioning long term patients to better nonopioid multi-modal care.

Perioperative Management of Chronic Pain Patients

We agree with the HHS recommendations around multi-modal, nonopioid therapy in perioperative settings. The guidelines offer a critical opportunity to address this issue.

Medication

We agree that guidelines for medications should be developed for specific populations. We would again emphasize the need for a multi-modal, collaborative approach to developing treatment plans for patients. We would also emphasize the need for more effective and safer therapeutics to treat pain.

Restorative Therapies

Information about interventions like yoga and tai chi are often sought after by our patient population. Because there is currently no disease-modifying therapeutic for osteoarthritis on the market, we often counsel that "exercise is

medicine” and promote movement-based activity as a way to help people with arthritis manage their symptoms. According to the Centers for Disease Control and Prevention (CDC), people with arthritis can reduce their pain and improve function by approximately 40% by being physically active.¹ There are evidence-based programs like aqua therapy and Walk With Ease that the Arthritis Foundation has developed; unfortunately, uptake of these programs lags relative to the disease burden. In fact, CDC data shows that only 1 in 10 adults with arthritis has taken part in a disease management education program.² Reasons for this could be myriad, including lack of access to or knowledge of the programs, and fear that physical activity will worsen disease symptoms. We urge HHS to prioritize identifying and easing barriers to access to promote broader uptake of movement-based activity.

Complimentary and Integrative Therapy

As mentioned previously, we believe multi-modal pain management is critical for achieving the best possible disease outcomes. Patients who interact with the Arthritis Foundation often seek information on interventions like acupuncture and meditation to ease both the physical and emotional burden of pain. We agree more research should be done to create a stronger evidence-base, and clinical practice guidelines should be created to help ensure these therapies are included in treatment discussions. For therapies that depend on administration by health care providers, like acupuncture, patients often encounter coverage barriers. We urge HHS to compliment its focus on these therapies with strategies to improve coverage and reimbursement for these therapies.

Research and Development

Given the opioid epidemic and lack of disease-modifying drugs for conditions like osteoarthritis, further research on effective pain treatments is critical and we appreciate HHS' recognition of this. Research dedicated to multi-modal pain management should include the impact of pharmacologic and non-pharmacologic interventions, restorative therapies, and the integration of pain management treatment for people with co-morbidities. Health services research should then focus on socioeconomic and other barriers that impede access and adherence to treatment plans.

Critically, in order for patients to receive the benefit of new research, coverage and reimbursement policies must keep pace with emerging science. As new research on pain therapies emerges, HHS should ensure a mechanism is in place for this research to be readily incorporated into coverage update decisions.

¹ <https://www.cdc.gov/vitalsigns/arthritis/index.html>

² Ibid

Chronic Relapsing Pain Conditions

We agree that partnerships between specialists like rheumatologists and pain management providers are important for treating patients with chronic diseases, and referrals to specialists early in chronic disease treatment are critical to managing pain and achieving long-term patient goals.

Special Populations

We appreciate the specific focus HHS gives to the unique needs of populations like older adults, children, pregnant women, those with co-morbidities, and military personnel and veterans. We urge HHS to prioritize recommendations that emphasize collaboration and coordination across health systems to address the needs of these populations, and to add a focus on transitioning into the community at large. The support and benefit that comes from social connectedness is a primary goal of our LYAN (discussed in more detail below), and we urge HHS to incorporate information about support programs like these into its guidelines.

Patient Education

A core component of the Arthritis Foundation's mission is patient education, and we appreciate the Task Force's recognition of the need for increased patient education around pain management. There are many ways we reach patients that are directly aligned with the HHS recommendations. Among them is our recently launched [LYAN](#), which includes three components:

- Online forums that feature topics such as pain; we feature experts to answer questions and moderate discussions among patients.
- In-person support groups led by volunteers around the country that focus on specific topics like pain; these volunteer facilitators are highly trained, they use tailored content modules, and secure Subject Matter Experts to help deliver information to patients.
- Patient Insights, which is a patient reported outcomes platform modeled on the PROMIS 29 measure set that asks patients questions related to three domains: physical health, emotional health, and experience of care.

The breadth of the LYAN allows the Arthritis Foundation to collect critical quantitative and qualitative data about patients, and filter data and educational resources back to patients based on their specific interests and needs. The Task Force recommendations specifically list online and in-person support groups as educational tools, and we urge you to use the Arthritis Foundation and our LYAN model as a resource.

We also have many digital and print resources, such as our Breaking the Pain Chain [toolkit](#) and one-pagers and brochures related to pain management. The Arthritis Foundation has long worked with federal agencies like the CDC and

other patient, provider, and public health organizations to develop and implement evidence-based resources like [Walk With Ease](#). As part of its effort to improve consistency and standardization of pain treatment education, we urge HHS to work in partnership with organizations like the Arthritis Foundation to more broadly co-develop and disseminate these evidence-based resources.

Health Disparities

We applaud HHS for its focus on the socioeconomic and cultural barriers that keep many people from accessing or even seeking pain treatment. This is a multi-faceted problem that requires a multi-faceted solution, including addressing discrimination, lack of insurance, and access to everything from transportation to self-management and weight loss programs. We agree with the HHS recommendations to develop multi-modal interventions and focus on care coordination, and encourage HHS to also focus on implementing programs based on health services research evidence on social determinants of health. As previously discussed, interventions like exercise and weight loss are important to overall arthritis disease management, and programs like the LYAN and Walk With Ease can provide critical physical and social supports to help patients achieve their goals.

We agree that coverage and reimbursement policies should align with these recommendations; we have previously called for self-management programs like those disseminated through the CDC Arthritis Program to be a covered benefit under Medicare. We urge policy-makers to work with stakeholders like the Arthritis Foundation on how to more broadly disseminate these evidence-based disease management programs to underserved populations, including through Medicare and Medicaid.

Conclusion

The Arthritis Foundation appreciates the opportunity to comment on the draft guidelines and we look forward to working with HHS on these critical pain management issues in the future. Please contact me with questions or for more information.

Sincerely,



Cindy McDaniel
Senior Vice President, Consumer Health and Impact
Arthritis Foundation