The Tennessee Pain Society Advocacy Statement 2019

The Tennessee Pain Society (TPS) has enjoyed working with multiple stakeholders in 2018 including the Tennessee Society of Interventional Pain Physicians (TNSIPP), and we welcome Governor Bill Lee's administration this year in hopes of starting a new partnership to address some of the State's most pressing health care issues. TPS leadership and members have been instrumental over the past several years to help craft legislation, regulations, and guidelines for Tennessee to mitigate opioid misuse and abuse while protecting the access to quality pain care for all Tennesseans. TPS wants to continue our efforts with Tennessee's new leaders, building off of past foundational work. Recently, the U.S. Department of Health & Human Services (HHS) through the Pain Management Best Practices Inter-Agency Task Force (HHS Task Force) released its *Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations*. [1] This important document, along with the efforts of the Tennessee's Department of Health, TPS, TNSIPP and other key stakeholders are the road map to balancing opioid risks, decreasing stigma for pain patients, filling in gaps to pain care, increasing access to appropriate pain treatment, and allocating resources to address the interlinked crisis of pain, addiction, suicide, and trauma.

We have learned hard lessons from the past efforts and we have witnessed the apparent consequences of these efforts, some intended and some unintended. Efforts to decrease overprescribing in Tennessee have successfully decreased prescription opioids in Tennessee for several consecutive years. TPS, along with other stakeholders helped craft legislation that increased the standards for medical directorship of pain clinics, a key issue in Tennessee's prescription opioid dilemmas.

TPS and the HHS Task Force believe that physician and provider education is the most impactful and expedient tool for disseminating up to date information on pain care and the Opioid Crisis. Physicians and providers are more educated on safe opioid prescribing habits through the leadership of the Tennessee

[1] https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html

Department of Health (DOH) and many stakeholders including TPS. TPS has many physician leaders that have provided cutting edge education to hundreds of pain specialists and non-pain physicians and providers on appropriate pain treatment and opioid prescribing.

State and federal guidelines and policies along with decreases in prescription opioids have had unintended consequences. The HHS Task Force reports concerns of patient abandonment and forced tapering as clinicians, fearful of pressures from public awareness and from penalties by state, federal and other stakeholders, cease writing opioids. The HHS Task Force notes "growing consideration of suicide resulting from unrelieved pain and in some cases lack of access to treatment." Fox News and the Human Rights Watch[2] also report concerns with pain patients committing suicide and turning to illicit drugs for pain relief as providers stop treating pain. To ameliorate access to care issues, TPS believes that the solutions include close work with the DOH, insurance companies, and other stakeholders to review guidelines and policies, to increase education efforts, and to remove barriers to appropriate acute and chronic pain care.

With the increased prevalence of illicit opioids, such as heroin, mortality due to suspected opioids overdoses have increased statewide. And a recent study published by Massachusetts General Hospital, suggests that opioid overdoses are projected to increase by 260 percent by 2025.[3] However, it is unclear how many of these deaths are a result of intentional overdoses. In 2018 the New England Journal of Medicine reported that as much as 20-30% of all overdoses in the emergency rooms were associated with intentional overdoses.[4]

Data collection throughout the state parsing out this critical difference would more effectively help with the analysis of critical and often overlapping healthcare

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[2] https://www.hrw.org/report/2018/12/18/not-allowed-be-compassionate/chronic-pain-overdose-crisis-and-unintended-harms-us

[3] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723405

[4] https://www.nejm.org/doi/10.1056/NEJMp1801417

problems: suicides, addiction, and chronic pain. Suicides have risen throughout the state and in particular with the teen-aged population. We also know that there is a rising prevalence of chronic pain co-morbidity in the population of those who have committed suicide in the United States. Addiction and suicides are cited reasons for the recent drop in life expectancy in the United States[5] Elucidating the causes of opioid overdoses is important as we move forward with new policies. Chronic pain is a significant risk factor for suicide and suicidality, and concerted efforts on all fronts to encourage collaborative care and open access to appropriate pain management is needed.

A critical look at the current payment structure for pain management care in Tennessee has the potential to improve the access to multidisciplinary and multimodal care. Current payment structures do not encourage multidisciplinary care for pain. Multidisciplinary pain care, with its de-emphasis on opioids as a first-line treatment for pain, should be encouraged rather than discouraged through payment structures. The HHS Task Force comments significantly on the gaps for pain care and in particular regards to their Clinical Best Practices Guidelines. Evidence based care for pain strongly supports to the use of multidisciplinary and multimodal care for chronic and acute pain. Encouraging payments for interventional, psychological, restorative, and complimentary treatment are critical for health outcomes for pain patients. Recruitment and retention for board certified pain providers is at a premium in the country and the state. Favorable reimbursement for services and easing of some restrictions to facilitate access to pain specialists will help bring and retain pain providers.

TPS is committed to educating providers, stakeholders, and the general public on pain treatment and policies that affect pain patients. TPS and its members have created multiple accredited and general education events to inform providers, patients, and the public throughout the state on multiple pain related topics. These efforts will be ongoing in order to decrease unnecessary opioid prescribing, provide alternatives, and in appropriate cases, provide guidance for the safer prescribing of opioids. TPS believes the state should

[5] https://www.pnas.org/content/112/49/15078

continue to encourage the development of pain education in other professional programs such as psychology, restorative professions, and complementary services. The state needs to invest in the training and retention of multidisciplinary pain care providers through education efforts and incentives.

Medical marijuana for chronic pain patients is a controversial topic and TPS sides with evidence based approaches and rigorous scientific evaluations for all pain therapies-- including marijuana. There is a plethora of anecdotal evidence for the reported benefits of marijuana for chronic painful conditions. However, there is a wide variety of diagnosis and conditions that exist within the overarching diagnosis of chronic pain. Carefully designed, scientific studies to examine the use of marijuana are limited at this time. TPS stands with examining quality data prior to the support for or against the use of medical marijuana. As the science develops, TPS will continue to give advice on its potential benefits, non-benefits, and harm for pain patients.

The HHS Inter Agency Task Force defines "special populations" as children, older adults, women, pregnant women, individuals with sickle cell disease, individuals with other chronic relapsing pain conditions, racial and ethnic minority populations, and active-duty service members and veterans. TPS believes the gaps and recommendations delineated by the HHS Task Force are valid and should be carefully considered by the state. Children with painful conditions are particularly vulnerable, and there are few pediatric care facilities that address pediatric acute and chronic pain in a comprehensive fashion. Some hospitals are in the nascent phases of development for comprehensive and coordinated care plans for pediatric pain. TPS strongly supports the development and proliferation of care models for this particular at risk population. TPS would add that rural populations are a population not directly addressed by the HHS Task Force, but should be included in the consideration for an at risk population.

Lastly, TPS believes the conditions of chronic pain, addiction, suicide, and mental health often meet at the cross roads of emotional trauma. Painful conditions are invariably involved with past emotional trauma. Maladaptive behaviors to treat unrecognized or undertreated emotional trauma can result in

disastrous consequences for the individual, their family, and the surrounding community. High Adverse Childhood Events (ACE) Scores have been linked to many health related problems, including substance use disorder, chronic pain, and suicides. Evidence based models to mitigate adverse childhood events, the promotion of trauma-informed care, and reducing stigma are some of the most important initiatives for the state in addressing those who are in pain physically, mentally, and spiritually.

In sum, we recommend:

1. Review of current guidelines and policies and laws which may be negatively impacting chronic pain patients
2. Increased education of healthcare providers on appropriate treatment of chronic pain and the proper use of opioid medications
3. Decreased barriers in the accessing of treatment for chronic pain
4. Have DOH begin a monitoring system about suicides in the state that attempts to look at causes and circumstances
5. Work with insurers to decrease payment barriers to multidisciplinary care for chronic pain conditions
6. Continue to monitor emerging research literature on the use of marijuana for chronic pain
7. Increase attention to special populations that chronic pain, including those living in rural areas and children and youth.
8. Recognize that emotional trauma is a central factor in mental health, substance abuse and chronic pain issues.

Respectfully Submitted this 15th Day of March, 2019

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