March 30, 2019

Comments to Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Thank you for allowing the American Society for Pain Management Nursing (ASPMN) the opportunity to comment on these draft guidelines. As a whole, they are thoughtful and extremely well put together and encompass a great deal of useful information and material. The guidelines introduction creates a balance between addressing the opioid crisis and reducing suffering. The need for greater education, time and resources makes it clear that this is a complex problem requiring a multitude of complex solutions.

We were pleased to see the other side of the issues mentioned: clinical pain guidelines that only promote and prioritize minimizing opioids run the risk of under treatment of pain. Emphasis on an individualized patient centered approach to pain management should never be discounted. It is critically important.

It is our hope that the final document will achieve the level of exposure and acceptance that the CDC guidelines succeeded at reaching.

The following issues fall within the scope of nursing practice. Specially educated advanced practice nurses are able to improve access to care, provide integrative therapies, manage patients in pain and those with substance use disorders:

- Access to care is vital to improved health care coverage for various treatment modalities. An enlarged workforce of pain specialists and behavioral health clinicians is needed to help guide and support appropriately trained primary care clinicians. Nurses are vital members of a multidisciplinary, multi-modal approach to comprehensive pain management providing direct care and contributing to individualized patient care.

- The section on multimodal therapies should be strengthened. The definition that multimodal therapy requires therapy from one or more medical disciplines seems very narrow and diminishes the role of health care providers other than physicians, as well as the role of non-pharmacological integrative therapies which may be delivered by a qualified nurse. Comprehensive, multimodal pain management centers should be encouraged and supported. Promotion of interventional therapies should be balanced with promotion of less invasive, less costly interventions.

- Stigma is a major barrier to treatment for patients with chronic pain, substance use disorders or mental health diagnoses. It is important to provide empathy and a nonjudgmental approach to improve treatment and outcomes.

- Mental health should be addressed in the guidelines. The comorbidity of mental health disorders and chronic pain increase the challenges in both disorders. The issue of suicidality will

continue to grow unless the greater engagement and support of the mental health community is sought.

- The unorganized method of limiting opioids and other medications has caused such turmoil in the clinician and patient community. There is significant fear of loss of control and helplessness reported among patients. Some prescribers are reluctant to provide opioids based on misinterpretation and misapplication of the CDC guidelines.

- Education through societal awareness, provider education and training, and patient education are needed to understand choices and promote therapeutic alliances between patients and providers. The use of a good transitional care plan is needed from pre-op, post-op, recovery, rehab and beyond, especially for individuals with persistent pain.

ASPMN supports uniform guidelines across states, regions, and the nation in order to minimize the confusion of all healthcare providers regarding such important issues as dosing ranges, quantity limits, etc. Guidelines should be created and supported by the various professional organizations with additional experience/knowledge in pain and its management. The CDC guidelines of 2016 should be revised to encourage appropriate, individualized patient care, rather than focusing on limits of dosing and therapies. Uniformity in gauging the information in PDMP (Prescription drug monitoring programs) systems would also be helpful and a very good tool for pain clinicians to use as they assess patients on a routine basis.

Healthcare insurers should be involved with health care providers in order to create treatment guidelines that are equitable for the insurer as well as the clinician and patient. Having generalized guidance for various procedures and medication management would allow for greater simplicity in care and create potential for savings throughout the system. Achieving excellence in patient-centered care depends on a strong patient-clinician relationship defined by mutual trust and respect. In the case of chronic pain, empathy and compassion on the part of the health care provider is essential.

Recommendations to the task force:

1. Add key nurse leaders to the task force.
2. List the acronyms and definitions after the introduction and before the body of the draft for clearer understanding of the text.
3. Address Naloxone in the poison center section.
4. Include more examples of valid assessment tools in the Screening section; perhaps in a table format.
5. Include a reference to support statement that minorities may have greater pain sensitivity.
6. Include more common examples of chronic relapsing pain conditions: e.g. migraine headaches.
7. Include evidence-based guidelines for common persistent pain conditions: e.g. low back pain and fibromyalgia.