



March 28, 2019

Vanila M. Singh, M.D., MACM
Chair, Pain Management Best Practices Inter-Agency Task Force
Chief Medical Officer
Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Ave., S.W., Room 736E
Washington, DC 20201

Re: HHS-OS-2018-0027: Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Dear Dr. Singh and Task Force Members:

Northwestern Health Sciences University (NWSU) has a 75 year history of providing best in class education through accredited programs in chiropractic, acupuncture, therapeutic massage, Chinese medicine, and nutrition. We are committed to preparing the next generation of healthcare professionals to deliver and advance health care. NWSU is encouraged by the work of the Task Force on Pain Management Best Practices, which importantly includes increasing pain patients' access to non-opioid therapies. The opioid abuse epidemic has brought the role of complementary and integrative care providers into greater focus as well all re-imagine pain management in the United States. NWSU contributes by empowering our graduates to provide evidence-based, patient centered, collaborative care to a range of pain patients. As such, we respectfully submit comments on the public draft, with recommendations for language additions underlined:

Section 2. Clinical Best Practices

2.1.1 Acute Pain

Non-pharmacological treatments are recommended as first-line treatments for acute pain in numerous best practice guidelines, including those issued by the Centers for Disease Control and Prevention, the National Institutes of Health, the Joint Commission, and the American College of Physicians. A growing body of research evidence supports the use of chiropractic spinal manipulation, exercise, acupuncture, and massage for pain conditions, particularly those involving the musculoskeletal system. At Northwestern Health Sciences University, we educate chiropractors and acupuncturists to serve as point-of-entry providers, working across disciplines and in integrative care settings to appropriately treat and triage acute pain patients. Many of our students and graduates work in hospitals, emergency departments, and clinics who serve acute pain populations. We agree with the draft document statement that multi-modal, non-opioid therapies are underutilized. This, however, is a deficiency that goes beyond the perioperative setting. Providers who specialize in the non-pharmacological management of pain can provide a safe and effective treatment to a range of acute pain patients. Importantly, the appropriate utilization of conservative care options like chiropractic, acupuncture and massage therapy can decrease the need for surgery, particularly for musculoskeletal conditions.

2.3 Restorative Therapies

Gap Recommendation 1b: *We suggest the following language:* For those modalities where there are clear indications for benefits in the treatment of chronic pain syndromes (e.g., DC; acupuncture; massage therapy; OT; PT; aqua therapy; TENS; movement-based modalities, including tai chi, Pilates, and yoga), there should be minimal barriers to accessing these modalities as part of a recommended multidisciplinary approach to the specific pain condition. Quick access for pain management is a critical first step in preventing opioid addiction.

2.6 Complementary and Integrative Health

NWHSU supports this section of the report, but suggests more pointed language that prioritizes the use of non-pharmacologic interventions. We suggest a change from: *Clinicians are encouraged to consider and prioritize, when clinically indicated, nonpharmacologic approaches to the management of pain.* To: Clinicians should consider and prioritize nonpharmacologic approaches to the management of pain whenever clinically possible.

Further, we suggest specific language around the use of chiropractic services, reflecting chiropractic's role as point-of-entry providers with responsibility to diagnose in all jurisdictions. We suggest the following language be added: As point-of-entry providers, chiropractic physicians specializing in physical medicine and musculoskeletal care provide team-based physical medicine services and a safe, non-pharmacologic option to pain management.

Section 3. Cross-Cutting Clinical and Policy Best Practices

3.2.1 Public Education

NWHSU supports public health campaigns to educate the public about non-pharmacologic, non-surgical options for addressing pain such as acupuncture, chiropractic, and massage therapy. We suggest the inclusion of language that emphasized this, and specifies mechanisms for the public to receive more information about non-pharmacologic treatment options:

- **Recommendation 1b:** Establish a mechanism to finance a large-scale, systematic, coordinated public campaign to address pain awareness, including awareness of nonpharmacologic and integrative pain management strategies.

3.2.3 Provider Education

NWHSU recommends the addition of language to promote educating the broader healthcare community about the use of evidence-based complementary and integrative care therapies for pain, including chiropractic, acupuncture and massage therapy. Lack of knowledge to make an informed referral remains a barrier to the integration of these therapies more broadly within the healthcare system, and prevents patients from making truly informed decisions about pain management. Healthcare providers are key to helping patients weigh potential benefits with risks. This document should make strong recommendations for empowering providers with the necessary education about non-pharmacological pain management strategies to fulfill that role. We therefore suggest the following:

- **Recommendation 1d:** Expand education on nonpharmacologic and integrative approaches to pain management, including but not limited to information on practices such as acupuncture, chiropractic, holistic nursing, naturopathic medicine, and other care systems.

3.3.2 Insurance Coverage for Complex Management Situations

Recommendation 1b: The Centers for Medicare and Medicaid Services (CMS) and private payors should investigate and implement innovative payment models that recognize and reimburse holistic, integrated, multimodal pain management, including complementary and integrative health approaches.

NWHSU supports this recommendation, and further recommends that CMS and commercial payors allow chiropractic providers to act as the point-of-entry for the management of back pain in particular. Evidence supports this move as a means of reducing risk of opioid dependencies, providing quick access for pain management, minimizing fragmentation, avoiding unnecessary surgery, and lowering total spine care episode costs. (Whedon 2018; Liliedahl 2010).

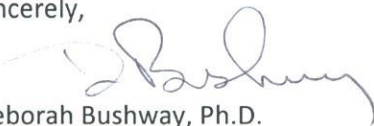
Conclusion

While a step in the right direction, this best practices document would benefit from stronger promotion of non-pharmacological approaches to pain management. A recent conference on this topic hosted by the National Academies of Sciences featured a presentation by Optum Health/UnitedHealthCare, who used their data on non-surgical back pain patients as a basis for greater integration of non-pharmacological interventions in the healthcare system. Optum data demonstrated significant decreases in cost, and better continuity with best practices, when a chiropractor, physical therapist, or acupuncturist was the *first* provider seen for an episode of back pain. United projects that if it could increase the percentage of patients with non-surgical back pain who choose a conservative provider first from 30 percent to 50 percent, it could save \$230 million and *decrease* opioid usage by 25 percent. (The Role of Nonpharmacological Approaches to Pain Management: A Workshop, National Academies of Sciences, Engineering and Medicine (2018)).

The National Association of Attorneys General (NAAG) issued a letter to America's Health Insurance Plans in 2017, requesting greater engagement in stemming opioid abuse. Among their recommendations, they stated, "When patients seek treatment for any of the myriad of conditions that cause non-cancer related chronic pain, doctors should be encouraged to explore effective non-opioid alternatives including physical therapy, acupuncture, massage and chiropractic care." (NAAG letter (2017) to America's Health Insurance Plans).

Thank you for providing this opportunity to submit comments on the Draft Report on Pain Management Best Practices. Please contact us with comments or questions; we are happy to serve as a resource to this and future projects.

Sincerely,



Deborah Bushway, Ph.D.
President and Chief Executive Officer