AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

October 31, 2012

Senator John D. Rockefeller, IV
United States Senate
Washington, DC 20510

Dear Senator Rockefeller:

Thank you very much for your recent letter to Douglas Henley, MD, FAAFP, Executive Vice President of the American Academy of Family Physicians. We share your commitment to promote policies that will both prevent the misuse of prescription drugs and allow for the appropriate, medically supervised treatment of debilitating, chronic pain in our patients. Family physicians recognize that the increase in nonmedical use of prescription drugs is a serious public health problem, and the AAFP is actively working toward a solution to address America's pain management and opioid abuse epidemics.

The American Academy of Family Physicians (AAFP) recently published a position paper, "Pain Management and Opioid Abuse: A Public Health Concern," that is available online at http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/painmanagement/painmanagementopioids.html. In our paper, we make a number of broad recommendations including:

- All states should obtain physician input when considering pain management regulation and legislation.
- All states should implement prescription drug monitoring programs and the interstate exchange of registry information as called for under the *National All Schedules Prescription Electronic Reporting (NASPER) Act* of 2005.
- Continuing medical education (CME) should not be mandated as a prerequisite to Drug Enforcement Administration or other licensure due to the limitations on patient access to legitimate pain management that may occur.
- Congress should increase funding to support research into evidence-based strategies for optimal pain management and their incorporation into the patient-centered medical home model.
- All payers should recognize the increased outpatient visit requirements needed to perform the proper assessment and treatment of patients with chronic pain and should provide the appropriate payment for those services.
- The goal of pain management should be primarily improvement and maintenance of function.
- Family physicians should individualize therapy based on a review of the patient's potential risks, benefits, side effects, and functional assessments, and should monitor ongoing therapy accordingly.

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- The AAFP supports the development of evidence-based physician education to ensure the safest and most effective use of long-acting and extended-release opioids, and to reduce the problem of opioid abuse.

The long list of recommendations reflects the myriad barriers to effectively addressing the problem of prescription drug abuse. According to the Substance Abuse and Mental Health Services Administration, more than 75 percent of opioids used for nonmedical purposes were prescribed for someone else. Preventing drug diversion will require education and cooperation of the public, especially patients. The highly variable path to drug addiction makes it difficult to predict who might develop drug dependence when prescribed an appropriate analgesic for pain management, who might misuse pain medications originally prescribed for another and become addicted, or who might take opioids for either legitimate or nonmedical use without becoming addicted.

The challenge in identifying “drug seekers” in order to prevent them from acquiring a prescription could be addressed by prescription drug monitoring programs developed with physician input as well as the interstate exchange of registry information under the *NASPER Act of 2005*. The AAFP believes programs that provide funding to all states to monitor "real-time" opioid prescribing and make this information available across state lines are important tools to address this serious public health problem.

Although we do not know who among our members are licensed to prescribe controlled substances, we offer certified Continuing Medical Education on pain management for them. The AAFP is committed to improving opioid risk evaluation and mitigation strategies and continuing medical education (CME) development. We appreciate the need for evidence-based physician education to ensure the safest and most effective use of long-acting and extended-release opioids.

Approximately 25,000 of AAFP members have reported CME credit for AAFP CME produced activities on Pain. (Our members may have engaged in CME on pain provided by other CME providers. What I have provided is a list of the CME the AAFP has produced and our members have reported for credit).

Additionally, the AAFP provides multiple CME options for our membership to remain current and up-to-date on this topic.

Currently, there are a total of 179 AAFP-certified CME activities that address Pain Management in our educational portfolio. A list of the AAFP-certified CME activities is attached. Also attached is a list of articles published in the past two years on pain- related topics in ***American Family Physician*** (AFP.) The journal goes to all of our members.

Our members can also use the online Learning Portal to search on "pain management" for AAFP-produced CME available live or by self-study as well as certified CME produced by AAFP Chapters or by AAFP-accredited CME from other providers.

There are many more sources of information available that may have exceeded the two-year accreditation period but that provide accurate reference material on current standard practice. In these cases, the participating physician cannot claim CME credit, but they can find multiple references on the AAFP website.

We are aware that the White House Drug Policy Director and the Director of the National Institute on Drug Abuse have produced a new e-learning tool for healthcare professionals involved in prescribing powerful opioid analgesic drugs. However, they have not submitted the tool to the AAFP for CME accreditation.

In addition, the AAFP, working with the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors and the Society of Teachers of Family Medicine, has developed recommended curriculum guidelines for residents that are available at http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/rap/curriculum/substanceuse.Par.0001.File.tmp/ResidentsGuidelinesReprint277.pdf.

In addition to promoting CME on the subject, we have regularly communicated with family physicians through articles in our *AAFP News Now* publication on issues related to opioid abuse and risk evaluation and mitigation strategies (REMS) and invited readers' comments. We have published articles on physician education to reduce opioid abuse, balancing pain management with the realities of opioid abuse and on REMS. We have surveyed our constituent chapters on state prescription monitoring programs and opioid safe prescribing. We routinely survey members to determine demand for CME programs which will be relevant and necessary for their practices.

While the AAFP does not have policy on the steps that third party payers should take on information and tools for physicians to use in prescribing controlled substances, we believe that physicians have the right under their medical license to diagnose, prescribe, and dispense pharmacologic agents or other therapeutic products whenever and wherever it is appropriate.

A usual source of care or "patient-centered medical home" (PCMH) integrates patients as active participants in their own health and well-being and allows a physician to coordinate their care. Patients with an ongoing, active partnership with a personal primary care physician benefit greatly from proactive, preventive and chronic care management through all stages of life. Physician payment policies should appropriately value and reward PCMH services.

We are aware that the Centers for Medicare and Medicaid Services (CMS) have taken steps to improve drug utilization review controls to prevent the overutilization of prescribed drugs covered under Part D. If CMS were to provide family physicians with access to information on a patient's prescription claims, it might be useful in making a decision about writing a prescription for controlled substances for the patient.

If patients are abusing prescription drugs or obtaining them for diversion, they may be seeing multiple physicians in different settings through multiple pharmacies. The party most likely to have complete information for all of that activity is the payer through whom the claims (both physician and pharmacy) are processed. Providing prescribers with access to that information could be helpful.

The majority of patients with mental health issues, including substance abuse and addiction, access the health care system through primary care physicians. However, payment for office visits with a mental health diagnosis code has traditionally been discounted by Medicare. Also, many managed care plans do not pay family physicians for the provision of psychiatric care, even though family physicians are frequently in the best position to diagnose and provide that care. While a lack of payment is not the only reason for the documented failures in mental illness detection, the absence of payment has an impact on the current lack of screening in primary care practices.

Thank you, Senator, for this opportunity to provide our recommendations. We recognize that family physicians play a vital role in effective pain management, including prescribing opioid analgesics, and look forward to working with you on addressing the problem of prescription drug abuse. If you have any questions about this material or would like to discuss this issue further, please contact Teresa Baker, Senior Government Relations Representative, at 202-232-9033 or tbaker@aafp.org.

Sincerely,

Glen Stream, MD, MBI
Board Chair

2010-2012 Articles from ***American Family Physician***
A peer-reviewed journal of the American Academy of Family Physicians

Abdominal Pain, Acute - American Family Physician
Aug 29, 2012 - This collection features AFP content on acute abdominal pain and related issues, including acute pelvic pain, appendicitis, gastroesophageal reflux disease (GERD), irritable bowel syndrome (IBS), and pancreatitis.
www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=73

Pain: Chronic - American Family Physician
Sep 28, 2012 - This collection features AFP content on chronic pain and related issues, including end-of-life care, NSAIDs, and opioid therapy.
www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=61

Arthritis and Joint Pain - American Family Physician
Jun 13, 2012 - This collection features AFP content on arthritis and joint pain, including arthritis, gout, knee osteoarthritis, monoarthritis, osteoarthritis, polyarticular joint pain,
www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=77

Rational Use of Opioids for Management of Chronic Nonterminal ...
(Members and Paid Subscribers Only) About Online Access
Aug 1, 2012 - Opioid prescribing for chronic nonterminal pain has increased in recent years, although evidence for its long-term effectiveness is weak and its potential for harm is significant. www.aafp.org/afp/2012/0801/p252.html

Diagnosis and Treatment of Acute Low Back Pain - February 15, ...
(Members and Paid Subscribers Only) About Online Access
Feb 15, 2012 - Acute low back pain is one of the most common reasons for adults to see a family physician. www.aafp.org/afp/2012/0215/p343.html

Diagnosis of Heel Pain - October 15, 2011 - American Family ...
(Members and Paid Subscribers Only) About Online Access
Oct 15, 2011 - Heel pain is a common presenting symptom in ambulatory clinics. There are many causes, but a mechanical etiology is most common. Location of pain can be a guide to the proper diagnosis. www.aafp.org/afp/2011/1015/p909.html

Osteochondrosis: Common Causes of Pain in Growing Bones - ...
Feb 1, 2011 - Osteochondrosis is a term used to describe a group of disorders that affect the growing skeleton. www.aafp.org/afp/2011/0201/p285.html

Radiologic Evaluation of Chronic Neck Pain - October 15, 2010 - ...
Oct 15, 2010 - For many years, there were no guidelines for evaluating patients with chronic neck pain. However, in the past 15 years, considerable research has led to recommendations regarding whiplash-associated disorders.
www.aafp.org/afp/2010/1015/p959.html

Left Lower-Quadrant Pain: Guidelines from the American College of...
Oct 1, 2010 - The differential diagnosis of left lower-quadrant pain includes gastrointestinal, gynecologic, and renal/ureteric pathology. www.aafp.org/afp/2010/1001/p766.html

Evaluation of Acute Pelvic Pain in Women - July 15, 2010 - ...
Jul 15, 2010 - Diagnosis of pelvic pain in women can be challenging because many symptoms and signs are insensitive and nonspecific. www.aafp.org/afp/2010/0715/p141.html

Treating Diabetic Peripheral Neuropathic Pain - July 15, 2010 - ...
Jul 15, 2010 - Diabetic peripheral neuropathic pain affects the functionality, mood, and sleep patterns of approximately 10 to 20 percent of patients with diabetes mellitus. www.aafp.org/afp/2010/0715/p151.html

Pain In the Quiet (Not Red) Eye - July 1, 2010 - American Family ...
Jul 1, 2010 - Although eye pain is often accompanied by redness or injection, pain can also occur with a quiet eye. www.aafp.org/afp/2010/0701/p69.html