



April 1, 2019

Vanila M. Singh, Chief Medical Officer
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue SW, Room 736E
Washington, DC 20201

Dear Dr. Singh:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the [request for comments](#) on the Pain Management Best Practices Interagency Task Force [draft report](#) as published by the U.S. Department of Health and Human Services (HHS) in the December 31, 2018 *Federal Register*.

The AAFP appreciates the opportunity to comment on the draft report since we fully recognize the intertwined public health issues of chronic pain management and the risks of opioid use and misuse. Family physicians find themselves at the crux of the issue, balancing care for patients with chronic pain and the challenges of managing opioid misuse and abuse. Opioids have been used in the treatment of pain for centuries, despite limited evidence and knowledge about their long-term benefits, but there is a growing body of clear evidence regarding their risks.

In the face of this growing crisis, family physicians have a unique opportunity to be part of the solution. Both pain management and dependence therapy require patient-centered, compassionate care as the foundation of treatment. Family physicians include these foundational elements in their relationships with patients. While our currently fragmented health care system is not well-prepared to address these interrelated issues, the specialty of family medicine is suited for this task. The AAFP is actively engaged in the national discussion on pain management and opioid misuse. Committed to ensuring that our specialty remains part of the solution to these public health crises, the AAFP challenges itself and its members at the physician, practice, community, education, and advocacy levels to address the needs of a population struggling with chronic pain and/or opioid dependence.

The AAFP is committed to addressing the dual public health crises of undertreated pain and opioid misuse/abuse at both the national and grassroots levels. To this end, the AAFP has formed a cross-commission advisory committee to address the multiple and varied issues involved. Through its efforts with other physician and medical organizations, as well as governmental entities, the AAFP is committed to being a leader in promoting the advancement of safe pain management and opioid prescribing, and in addressing the growing burden of opioid dependence. The AAFP's [position paper](#) on Chronic Pain Management and Opioid Misuse challenges our practicing physician members as well as other stakeholders to take actionable steps at the physician-, practice-, community-, and education levels. **We strongly**

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encourage HHS and the interagency task force to consult this position paper as the final report is prepared. Additionally, we strongly encourage the task force to maintain close consultation with practicing family physicians on such task forces.

We offer the following feedback on the draft report:

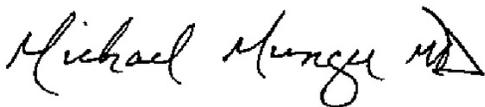
- Within the Approaches to Pain Management (2.1) section, we agree that Recommendation 1a appropriately discounts the gap that there is often not enough evidence to clearly develop condition-specific treatment algorithms.
- In the Acute Pain (2.1.1) section, Recommendation 1B suggests early consultation with a pain management specialist. It is important for the final report to note that in many areas of the country, pain management specialists are not readily available. This recommendation could create further access issues and delays in patients getting needed care from pain management specialists as a large number of patients fit the criteria for complex pain. The AAFP is not aware of evidence that early referral to pain management specialists prevents complications, reduces loss of function, or improves quality of life.
- An overarching concern the AAFP has with the draft report is that the Medications (2.2) section separates antidepressants and anxiolytics. Doing so discounts that selective serotonin reuptake inhibitors (SSRIs) remain the first line treatment for anxiety for patients. Furthermore, the discussion on anxiolytics focuses only on benzodiazepines and the draft report states that there is no utility of benzodiazepines in the treatment of pain. The AAFP encourages the final report to explicitly present the level of evidence for different medications and to effectively distinguish medications within each class.
- Also within the Medications (2.2) section, the AAFP is concerned that Recommendations 2a – 2e under Gap 2 do little to address the identified gap. These recommendations only describe current clinical practices. Thus, only restating these actions as recommendations may not successfully address the gap.
- Gap 4 in the Medications (2.2) section and associated recommendations suggest making oral buprenorphine available for pain. While oral buprenorphine can be used, it is important to note that only topical and parenteral buprenorphine are approved for the treatment of pain. Oral buprenorphine (SL tablets and film) are only approved for the treatment of OUD. We encourage the final report to reflect this.
- Within the Restorative Therapies (2.3) section, Recommendation 1c endorses improving access to harm-free, self-administered therapies by making it available over the counter (OTC). The AAFP urges caution as making such agents OTC can easily lead to higher patient costs since insurers may not cover OTC services and items.
- The Interventional Procedures (2.4) section discusses vertebral augmentation. Vertebroplasty is ineffective for treatment of vertebral compression fractures and should not be recommended.
- Under the Interventional Procedures (2.4) section, Recommendation 1c for Gap 1 calls for establishing criteria-based guidelines for properly credentialing physicians who are appropriately trained using interventional techniques to help diagnose, treat, and manage patients with chronic pain for interventional procedures. The AAFP questions whether the draft report suggests all physicians be credentialed to perform joint injections and trigger point injections and would encourage the final report to not finalize this recommendation. Requiring specialty referrals will harm patient access as these

specialty providers may not be readily available across the country and could add an unnecessary cost and expense to patients and payers alike.

- **The AAFP is most concerned that the section on Health Disparities (2.7.7) in Racial and Ethnic populations needs renewed attention.** The recommendations do not address the grave issues identified in the gaps and we encourage expedited data collection in this area.
- The Public Education (3.2.1) section discusses "a large-scale, systematic, coordinated public campaign to address pain awareness." Awareness campaigns are often used by commercial interests to sell products and as such the AAFP urges extreme cautious about launching such a campaign without being clear that its goals are to reduce the stigma of chronic pain.
- Finally, within the Review of the CDC Guideline (4) section, Recommendation 6b suggests developing evidence-based guidelines focused on tapering co-prescriptions of benzodiazepines and opioids. The AAFP reminds HHS that [guidelines](#) for benzodiazepine receptor agonists already exist. Although these are focused on long-term use for insomnia, they could be adapted for anxiety.

We appreciate the opportunity to comment. Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 rbennett@aafp.org with any questions or concerns.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.