May 20, 2015

Linda Porter, PhD
NINDS/NIH
31 Center Drive, Room 8A31
Bethesda, MD 20892

Dear Dr. Porter:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 120,900 family physicians and medical students nationwide, I am writing in response to the National Institutes of Health’s solicitation of comments on the Draft National Pain Strategy, as published in the April 2, 2015 Federal Register.

The AAFP commends and supports the Draft National Pain Strategy and the comprehensive population health emphasis within the plan. Through advocacy, collaboration, and education, the AAFP has been and is actively working toward a solution to America’s pain management and opioid abuse epidemics.

The AAFP is interested in and advocates for evidence-based, needs-driven, relevant provider education, which demonstrates improved patient care and delivery and is designed independently from commercial support. As such, the AAFP is pleased to have this opportunity to further highlight the importance of education in medical training, residency, and continuing professional development.

The AAFP agrees that provider education and instruction in the use of multimodal pain management strategies, to include safe prescribing practices for opioid analgesics as one component of a comprehensive pain management plan, is needed and urges medical schools and family medicine residency programs to integrate into curricula and provide during training. In 2009, the AAFP, in conjunction with the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), and the Society of Teachers of Family Medicine (STFM), developed suggested guidelines to teach family medicine residents how to care for patients with chronic pain.
As recognized in the “National Pain Strategy” document, “…the intent of the professional education and training component of the National Pain Strategy is to anchor an attitudinal transformation toward pain… [and] the mission includes grounding the pain-related education and training” of many health care professionals in team based and systems changes. The AAFP supports enhancing educational opportunities to include broad audiences with innovative educational design. However, the AAFP is not supportive of mandatory continuing medical education (CME), topic specific CME, or limiting prescribing authority to only pain specialists.

The AAFP continues to work with the Food and Drug Administration and other government agencies to support education of the Risk Evaluation and Mitigation Strategies (REMS) process. By collaborating with stakeholders and inter-professional groups to address the pain epidemic, the AAFP remains an active partner in processes surrounding physician self-regulation.

Further, the AAFP, along with other major professional physician organizations, continues to oppose any action that limits patients’ access to physician-prescribed pharmaceuticals. The AAFP is committed to maintaining family physicians’ rights to treat their patients efficiently and effectively.

The AAFP will continue to collaborate with key organizations and government entities to improve the management of pain as well as combat drug addiction and opioid abuse. We appreciate the opportunity to provide these comments. For any questions you might have, please contact Dr. Ann Karty, Medical Director, Continuing Medical Education Division at (913) 906-6000, ext. 6530 or by email at akarty@aafp.org.

Sincerely,

Reid B. Blackwelder, MD, FAAFP
Chair, Board of Directors