



December 10, 2015

The Honorable Jeff Miller
Chairman
House Committee on Veterans Affairs
U.S. House of Representatives
Washington, DC 20515

The Honorable Corrine Brown
Ranking Member
House Committee on Veterans Affairs
U.S. House of Representatives
Washington, DC 20515

RE: Draft Legislation HR 4063 -Promoting Responsible Opioid Management and Incorporating Medical Expertise Act

Dear Chairman Miller and Ranking Member Brown:

We are pleased with and supportive of the subcommittee's efforts to advance legislation that seeks to improve the quality of pain care provided to our Veterans. The burden of pain on the Veteran population is considerable. Fifty percent of Veterans experience chronic pain, pain is the number one reason why Veterans seek health care and is a major category for disability designation. Demand for pain care services is expected to grow by an astounding 26% over the next four years according to the recent independent assessment.

Treatment of chronic pain is a major challenge for the Veterans Health Administration (VHA) which cares for a population that suffers higher rates of chronic pain than the civilian population, and also experiences much higher rates of co-morbidities, especially PTSD, depression and TBI. The extent and complexity of Veterans' multiple chronic pain conditions increases risks of complications.

We must ensure that the clinicians in the VA system who treat Veterans with chronic pain have a thorough understanding of all available treatment options. The VA's clinical protocols for pain management should be structured to ensure that care plans are patient-centered and utilize a clinically-appropriate mix of interventions that are best suited to address each individual patient's clinical needs. The key VHA challenge is to balance the need to provide appropriate access to prescription pain medications for those that that need them, reduce adverse events, and ensure patient access to specialists and evidence-based, effective treatment options including non-pharmacological therapies and advanced interventions.

VHA Directive 2009-053, Pain Management provides uniform guidelines for pain assessment and treatment. VHA developed and relies on the Stepped Care Model of Pain Management (SCM-PM) as the standard of care for pain management. Stepped care is a comprehensive, escalating and interdisciplinary approach to chronic pain management that (1) ensures comprehensive pain assessment; (2) provides timely specialty consultation and access to multidisciplinary pain clinics; and (3) for the most complex patients- tertiary interdisciplinary pain centers to provide

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advanced treatments and interventions. Stepped care has been cited by The Institute of Medicine (IOM) as a best practice model for improving pain care in America. Unfortunately, stepped care has not been implemented system-wide and the pain directive has been expired for more than a year.

As the committee considers The Promoting Responsible Opioid Management and Incorporating Medical Expertise Act (the PROMISE Act), we strongly encourage including provisions to require VHA to issue an updated directive and to fully implement stepped care nation-wide. We are also concerned with certain aspects of Title I of the PROMISE Act and its presumption that the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain are ineffective and require mandatory updating.

The current VA/DoD clinical practice guideline on "Management of Opioid Therapy for Chronic Pain," released in May 2010, details a comprehensive approach to pain management through a set of clearly outlined treatment algorithms and recommendations that can be easily followed by a practicing clinician, especially when the algorithms are incorporated into an electronic health record as decision-support tools. Unlike more narrowly tailored guidelines that focus solely on the use of opioids, the VA/DoD clinical practice guideline was designed to aid clinicians in delivering the broad range of effective pain management options to Veterans using an approach that thoroughly evaluates the risk and benefits of all available treatment approaches in order to guide discussions between the provider and Veteran. The current treatment algorithms incorporate a thorough patient assessment and consideration of other treatment modalities prior to initiating a trial of opioid therapy, and offer step-by-step guidance on the adjustment and assessment of the effectiveness of opioid analgesics in an individual Veteran.

A key reason why the VA/DoD clinical practice guideline is so comprehensive and patient-focused is because it was developed by a multidisciplinary Working Group. This group undertook an extensive, rigorous review process to determine appropriate clinical decision-making criteria by reviewing the scientific literature for relevant evidence, grading the strength of the evidence, and then linking that evidence to each decision point in clinical care, providing a comprehensive, evidence-based approach for clinicians to use in caring for each individual Veteran with ongoing pain. Information regarding the sources, level, and quality of evidence supporting each of the recommendations is transparently documented throughout the guideline.

Legislation, like the PROMISE Act, that seeks to require revisions to the content of guidelines as comprehensive as the current VA/DoD guidelines should do so only via review and recommendations from a balanced group of pain management experts, both internal and external to the federal government, after they have thoroughly evaluated whether the science supporting this guideline has substantially changed to require selective updates and modified guidance. Upon completion of the review and, if necessary, revision, training on the guidelines should be accomplished before their implementation.

Unfortunately, the CDC in preparing their opioid prescribing guidelines, has missed an opportunity to copy the transparent, robust and patient-centered process utilized by the Working Group in producing the VA/DoD Clinical Practice Guidelines to encompass the broad range of pain treatment strategies so vital if the best clinical science is to be combined with compassion for and understanding of patient needs to guide the safe and effective treatment of hundreds of thousands of Veterans suffering with chronic pain.

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In closing, we applaud you for addressing the important issue of pain management within the Department of Veterans Affairs and thank you for your consideration of our comments. We are committed to working with you and other members of Congress to promote the health and quality of life of our Veterans. Please feel free to contact Cindy Steinberg at the US Pain Foundation (csteinberg@rcn.com) if we can be of further assistance to the Committee.

Sincerely,

Alliance for Aging Research
Alliance for Patient Access
American Academy of Pain Management
American Pain Society
American Pharmacists Association
American Society for Pain Management Nursing
Center for Medicine in the Public Interest
Chronic Pain Research Alliance
Global Healthy Living Foundation
Hospice and Palliative Nurses Association
Interstitial Cystitis Association
Massachusetts Pain Initiative
National Fibromyalgia and Chronic Pain Association
Pain Connection
PAINS
Power of Pain Foundation
Project Lazarus
Reflex Sympathetic Dystrophy Syndrome Association
The Pain Community
TMJ Association
US Pain Foundation
Virginia Cancer Pain Initiative
Wings for Warriors
Wisconsin Pain Initiative

Cc:

The Honorable Dan Benishek
Chairman, Subcommittee on Health
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The Honorable Julia Brownley
Ranking Member, Subcommittee on Health
House Committee on Veterans Affairs

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