Healthy People 2030 Spotlight on Health: Best Practices in Pain Care

Tuesday, May 23

OASH | Office of Disease Prevention and Health Promotion

Healthy People 2030

Disclosures

The following speakers, moderators, panelists, authors, planning committee members, content reviewers, or discussants have responded they have no commercial relationships or conflict of interest relative to this educational activity to disclose.

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Healthy People 2030 Spotlight on Health: Best Practices in Pain Care

Tuesday, May 23

OASH Office of Disease Prevention and Health Promotion

Healthy People 2030

Today's Speakers

Carter Blakey

Deputy Director, Office of Disease Prevention and Health Promotion

Director, Community Strategies Division

US Department of Health and Human Services

Richard Nahin, PhD, MPH

Lead Epidemiologist, National Center for Complimentary and Integrative Health, National Institute of Health

Christina Mikosz, MD, MPH

Lead Medical Officer, Division of Overdose Prevention, Centers for Disease Control and Prevention

Today's Speakers

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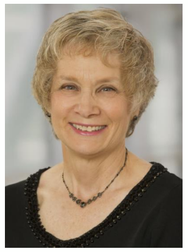
Acting Senior Policy Advisor, iQuality Improvement and Innovations Group, Centers for Medicare & Medicaid Services

Cindy Steinberg

Director Policy & Advocacy, U.S. Pain Foundation



June Oliver, **MSN, CCNS, APRN/CNS**

President-Elect, American Society for Pain Management Nursing

Francis Neric, MS, MBA

President, Coalition for the Registration of Exercise Professionals

What is Healthy People?

- Provides a strategic framework for a **national prevention agenda** that communicates a vision for improving health and achieving health equity
- Identifies science-based, **measurable objectives with targets** to be achieved by the end of the decade
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action
- Offers model for international, state, and local **program planning**

Healthy People 2030 Objectives and Measures

Social Determinants of Health Framework

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

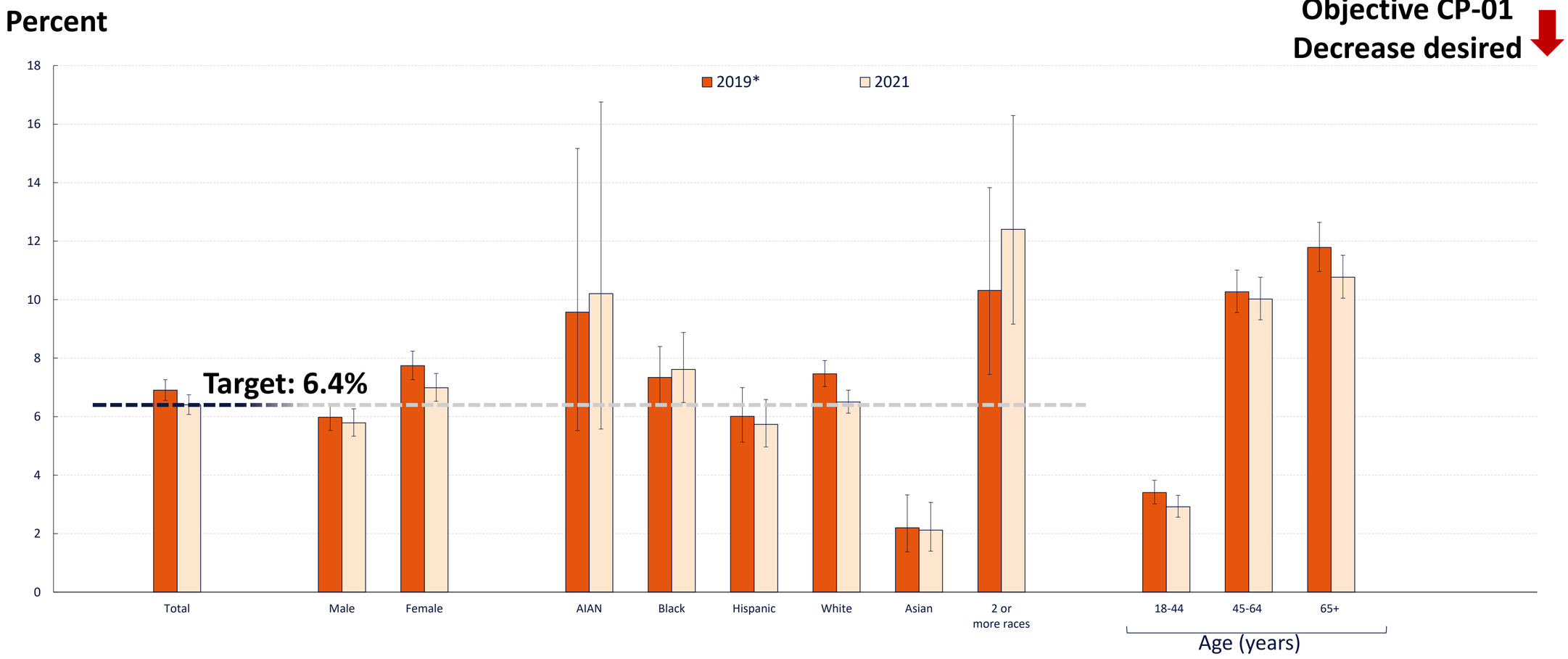
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

High Impact Chronic Pain

- **Healthy People 2030 Objective CP-01:** Reduce the proportion of adults with high impact chronic pain
- **Data source:** National Health Interview Survey (NHIS), CDC/NCHS
- **Periodicity:** Biennial
- **Baseline**: 6.9 percent of adults aged 18 years and over had high impact chronic pain in 2019*
- **Target†:** 6.4 percent
- **Target-setting method:** Minimal statistical significance
- **Objective progress status‡:** Improving
- **Definition:** Adults aged 18 years and over who report that on most days or every day in the past three months they had pain and the pain limited life or work activities

***** Age adjusted to the year 2000 standard population. † Target is calculated based on the total population covered by the objective. ‡ Progress categories for Healthy People 2030 were calculated using the same methodology as for Healthy People 2020. See https://www.cdc.gov/nchs/data/statnt/statnt27.pdf.

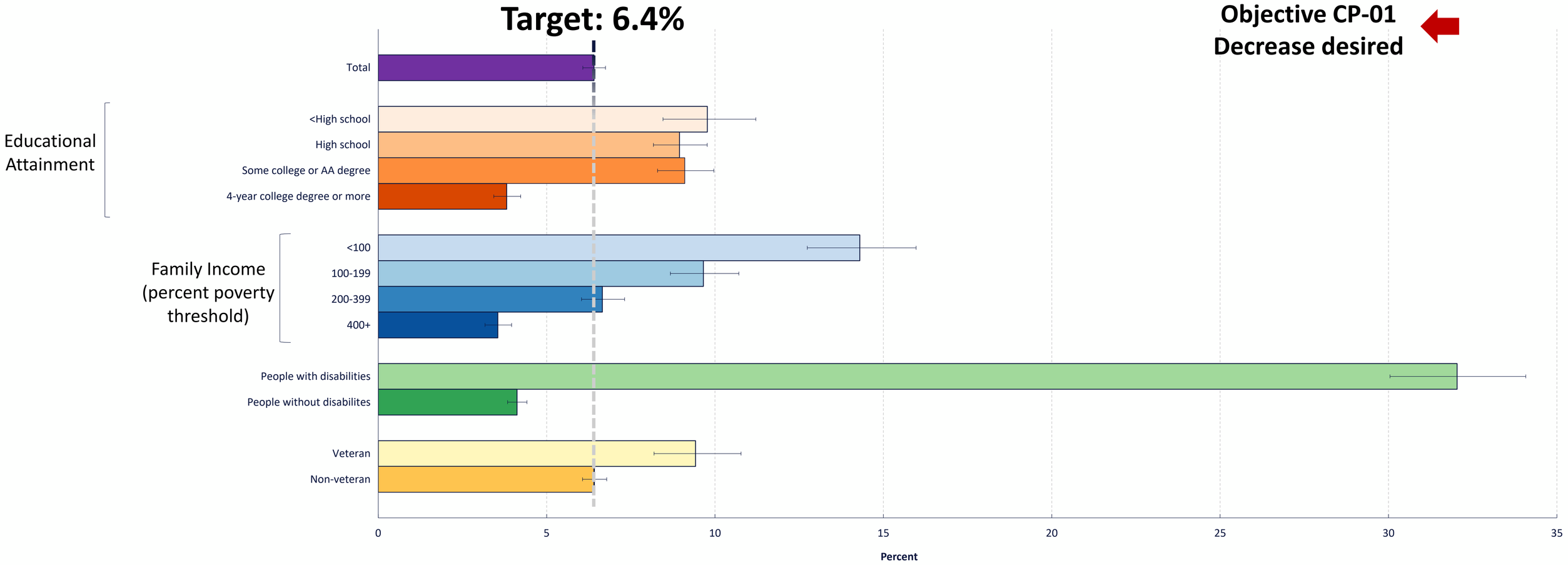
Adults with High Impact Chronic Pain by Sex, Race/Ethnicity, and Age, 2019 and 2021



NOTES: I = 95% confidence interval. 2019*= Healthy People 2030 baseline. Data are for adults 18 years and over who report that on most days or every day in the past three months they had pain and the pain limited life or work activities. Target is calculated based on the total population covered by the objective, and the target is not applicable to data by age group. Data, except data by age group, are age adjusted to the 2000 standard population. Race groups are single race (except 2 or more races) and non-Hispanic AIAN = American Indian and Alaska Native.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Adults with High Impact Chronic Pain by Educational Attainment, Income, Disability, and Veteran Status, 2021



NOTES: ⊢⊨ 95% confidence interval. Data are for adults 18 years and over who report that on most days or every day in the past three months they had pain and the pain limited life or work activities. Target is calculated based on the total population covered by the objective. Data are age adjusted to the 2000 standard population. Family income data are used in the computation of the poverty threshold. These thresholds vary by family size and composition and are updated annually to reflect changes in the Consumer Price Index for all consumers.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

U.S. Department of Health & Human Services • National Institutes of Health

National Center for Complementary and Integrative Health

Healthy People 2030: The Burden of Pain in the United States

Richard L Nahin, M.P.H., Ph.D.

Collaborators

- Termeh Feinberg
- Flavia Kapos
- Ying Li
- Gregory Terman

Topics

- Pain’s 1-year trajectory
- Pain’s burden compared to other conditions

Pain’s 1-year trajectory

Prevalent Chronic Pain
vs
Incident Chronic pain

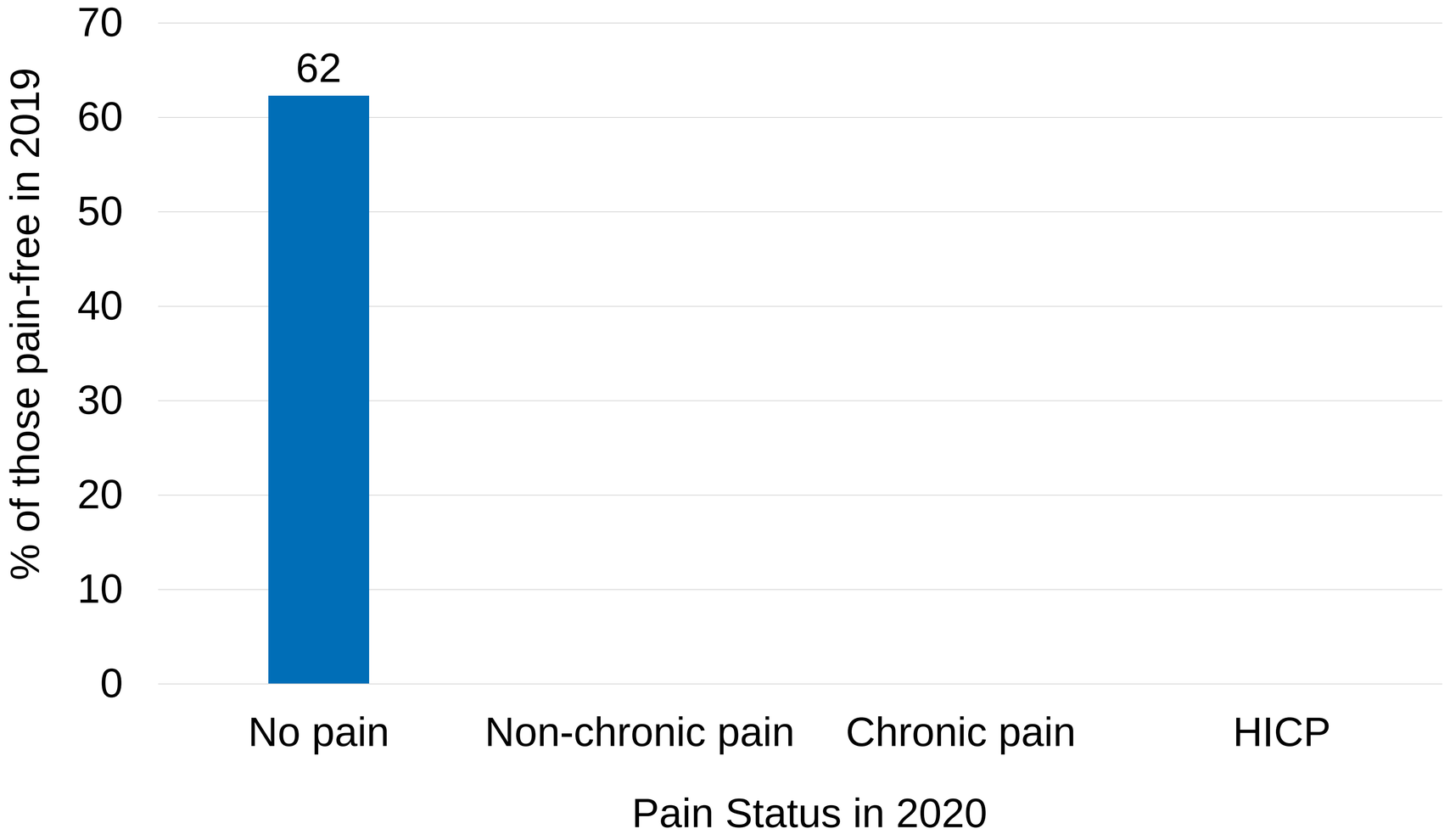
Pain’s 1-year trajectory

National Health Interview Survey
Longitudinal Cohort: 2019-2020

Nahin et al 2023,
JAMA Network Open

Pain status in 2020 for those pain-free in 2019

Pain status in 2020 for those pain-free in 2019



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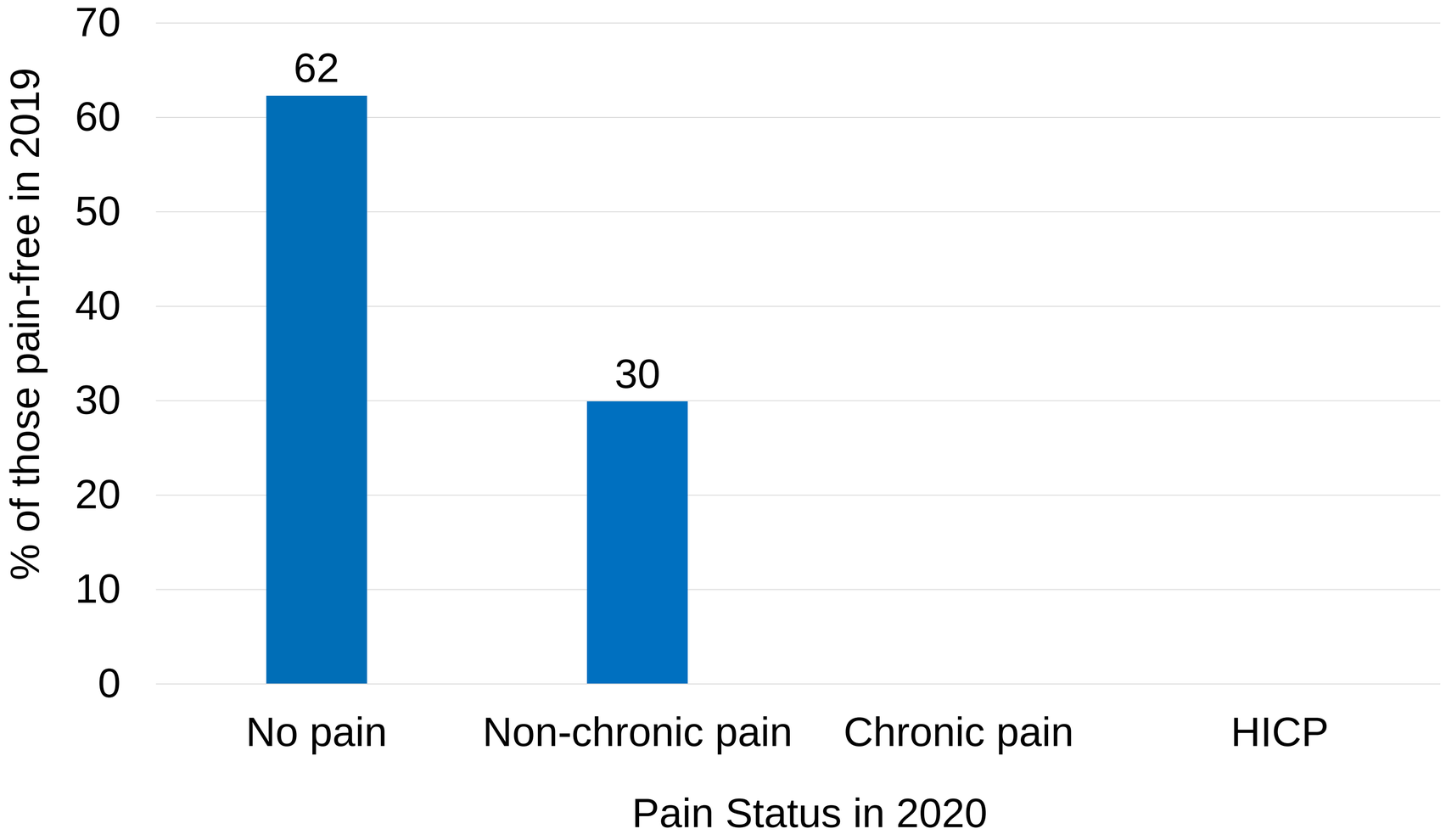

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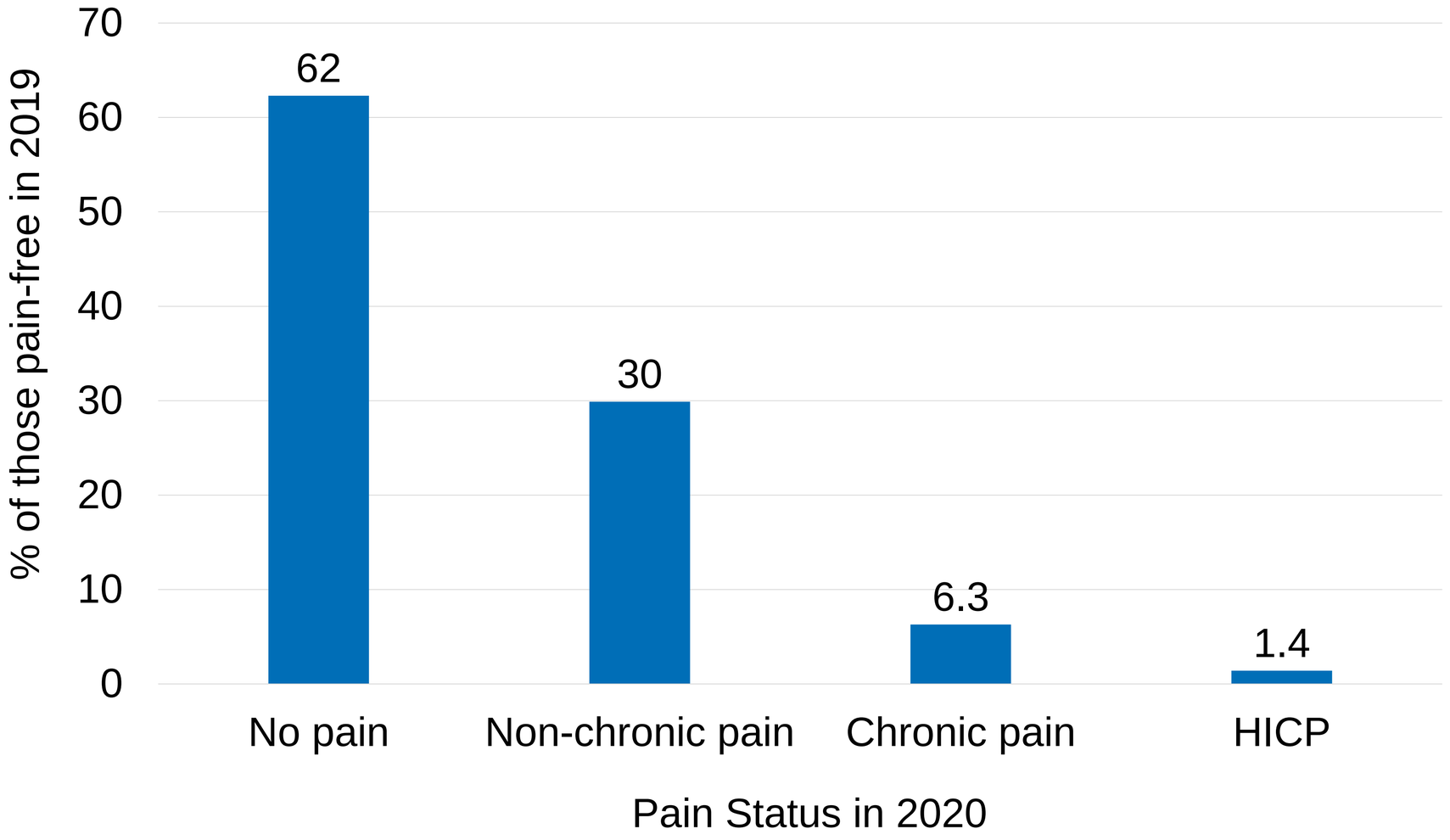

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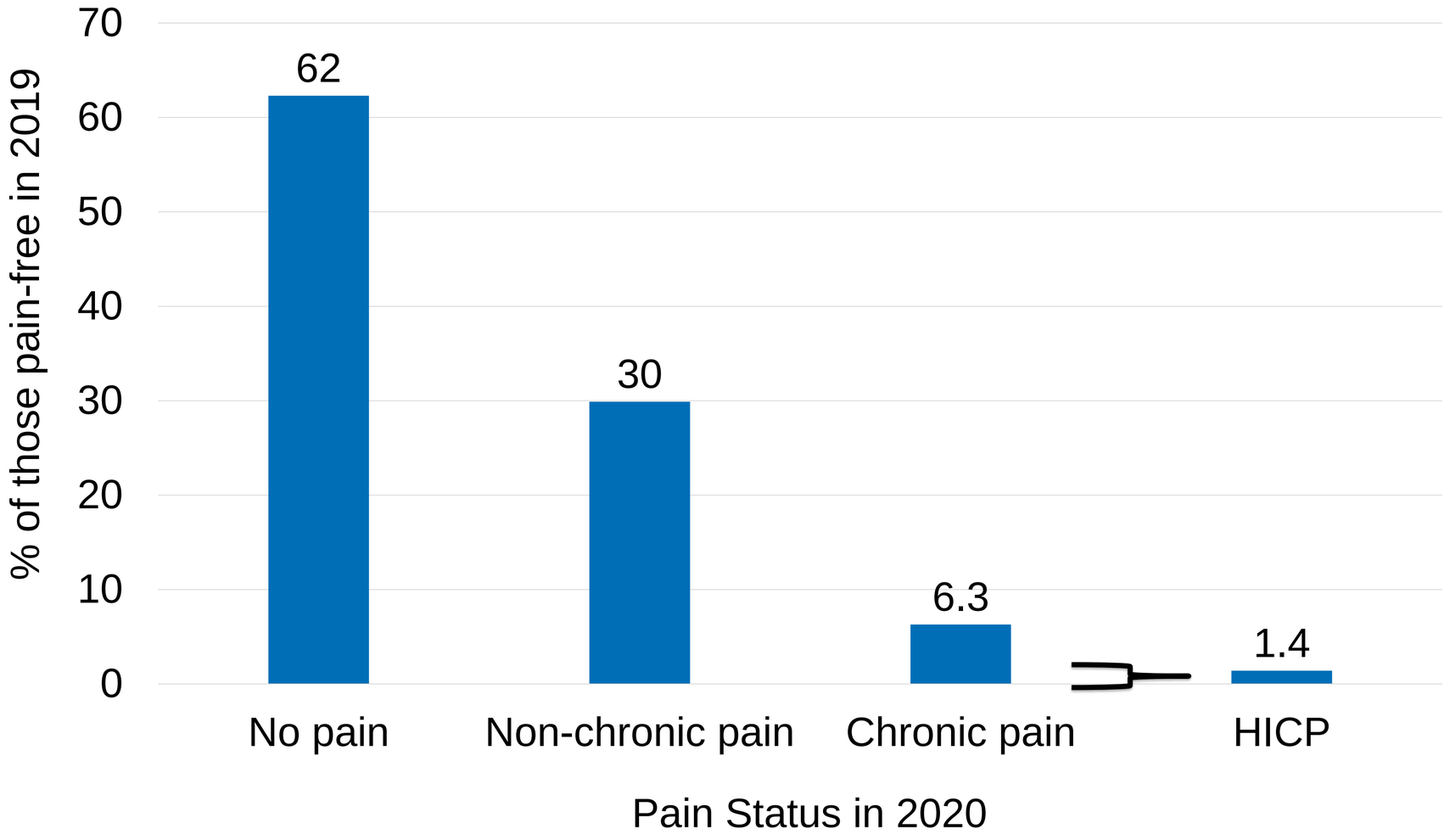

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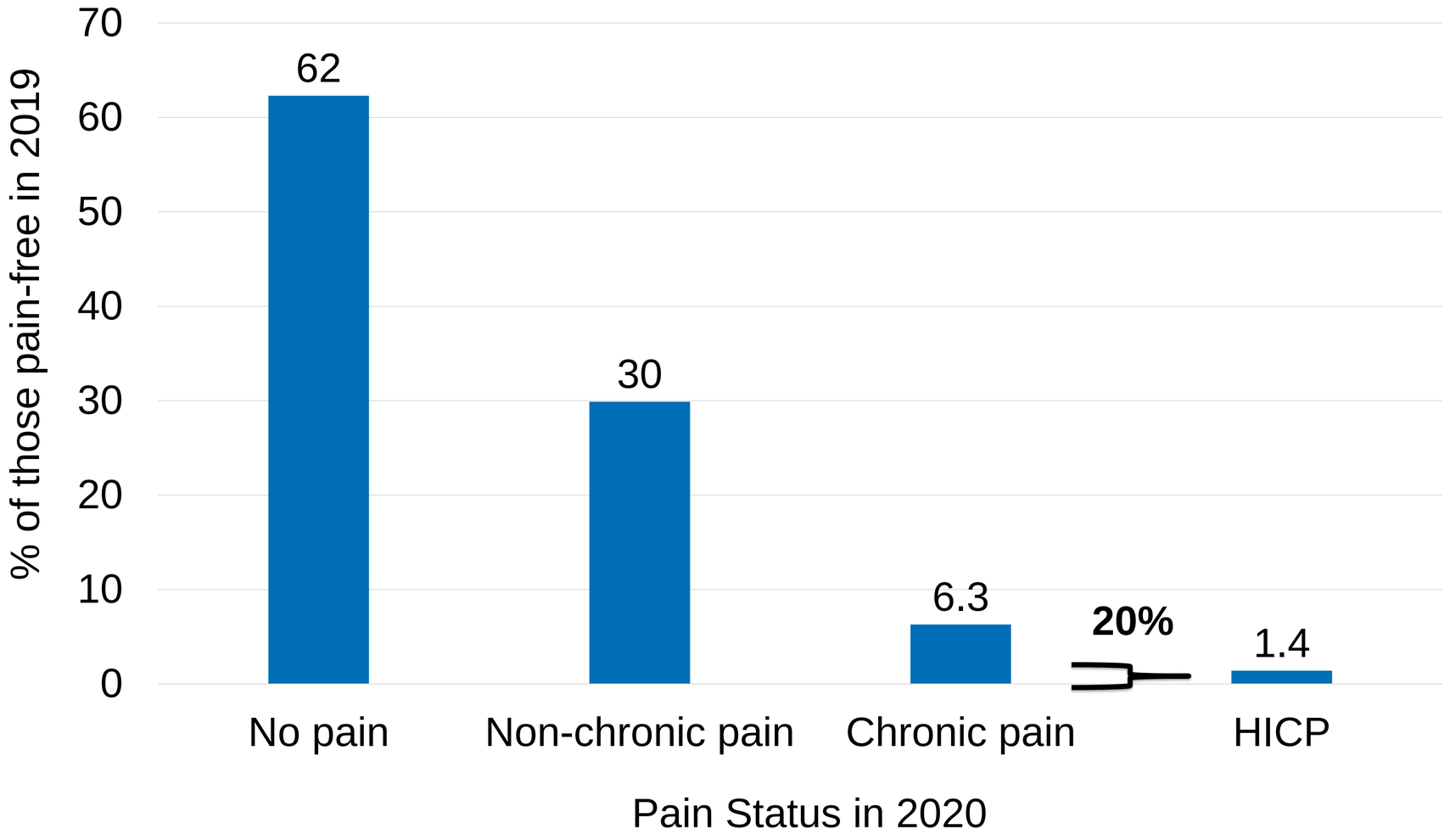

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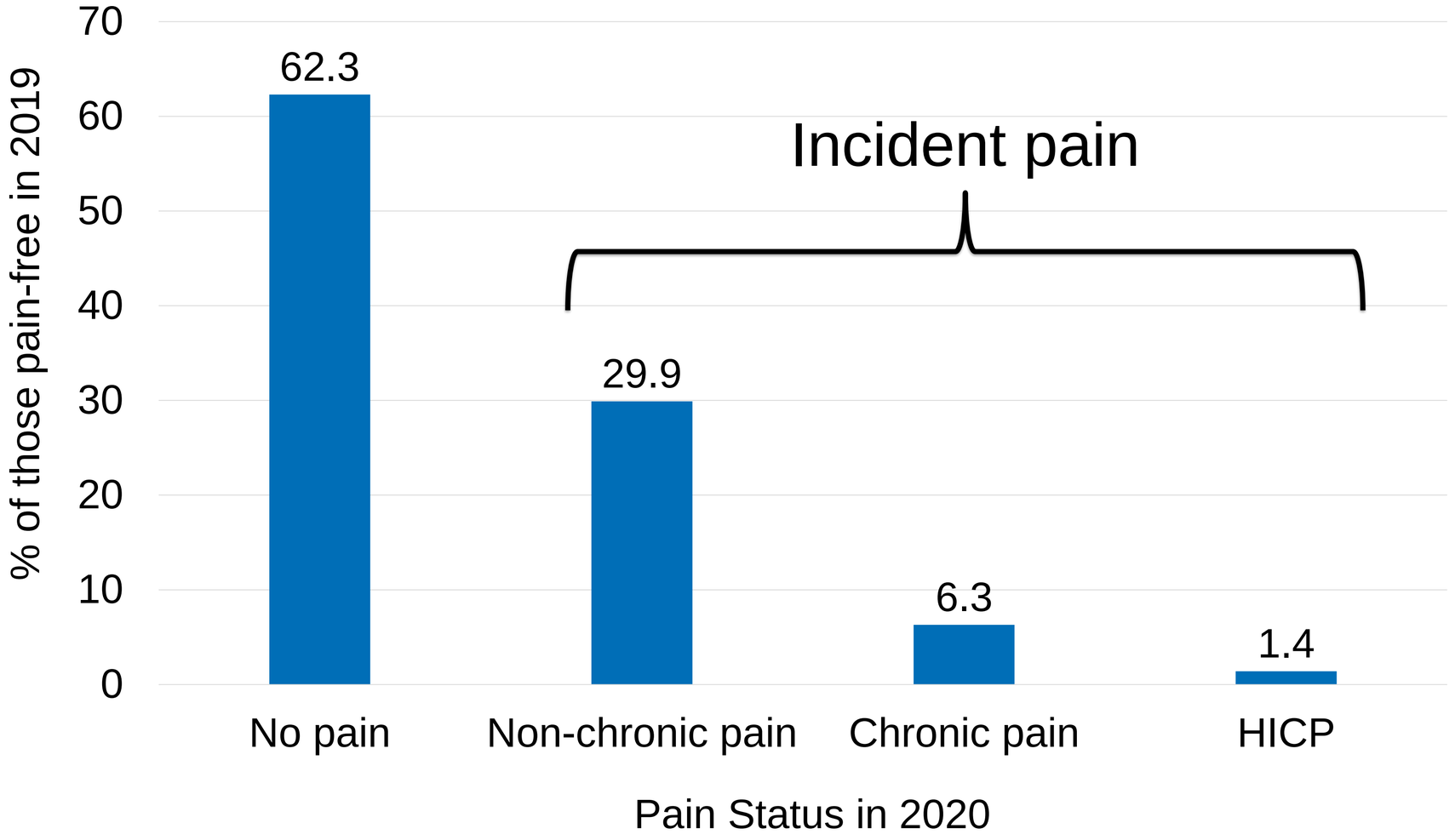

Pain status in 2020 for those with chronic pain in 2019

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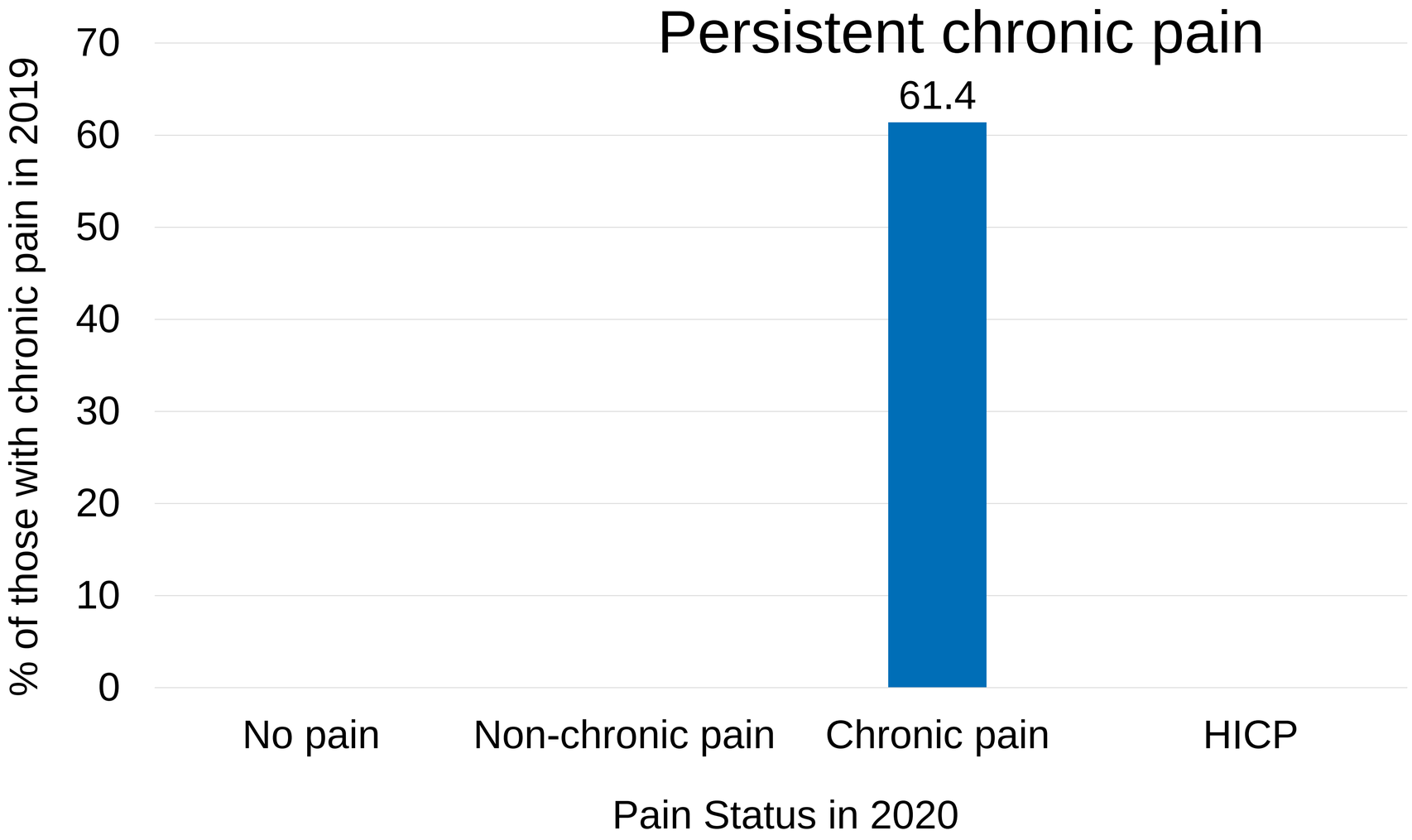

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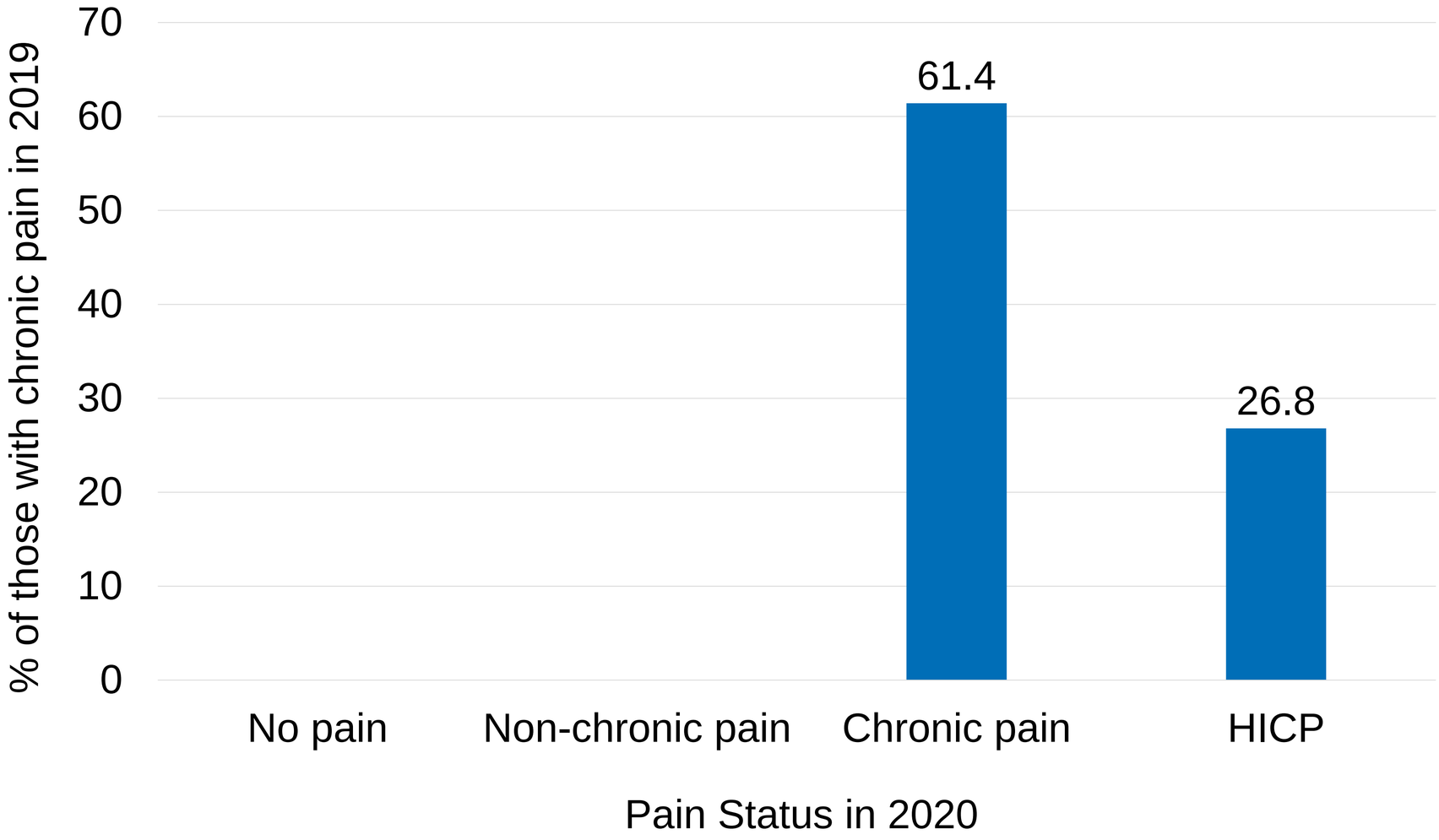

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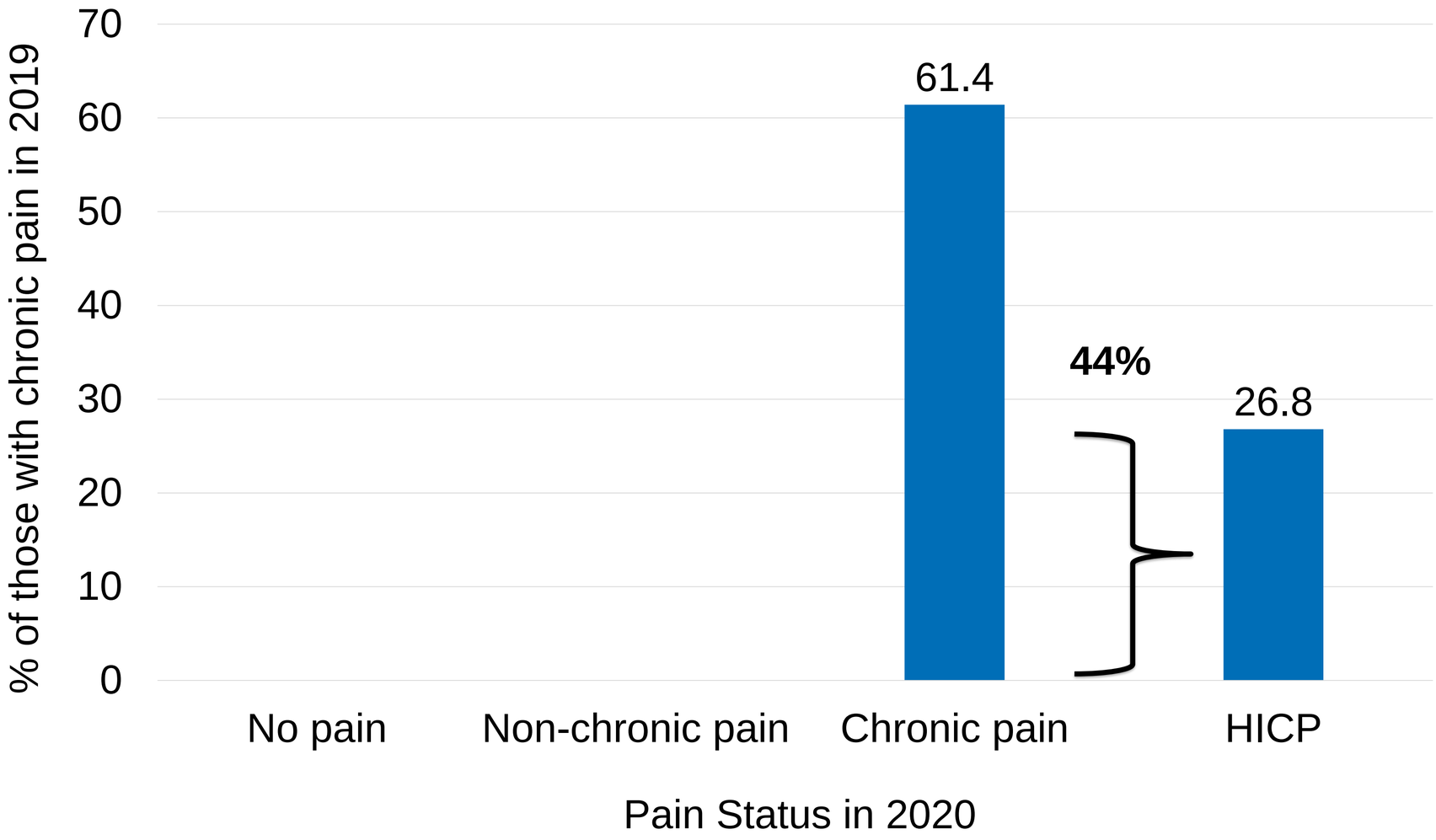

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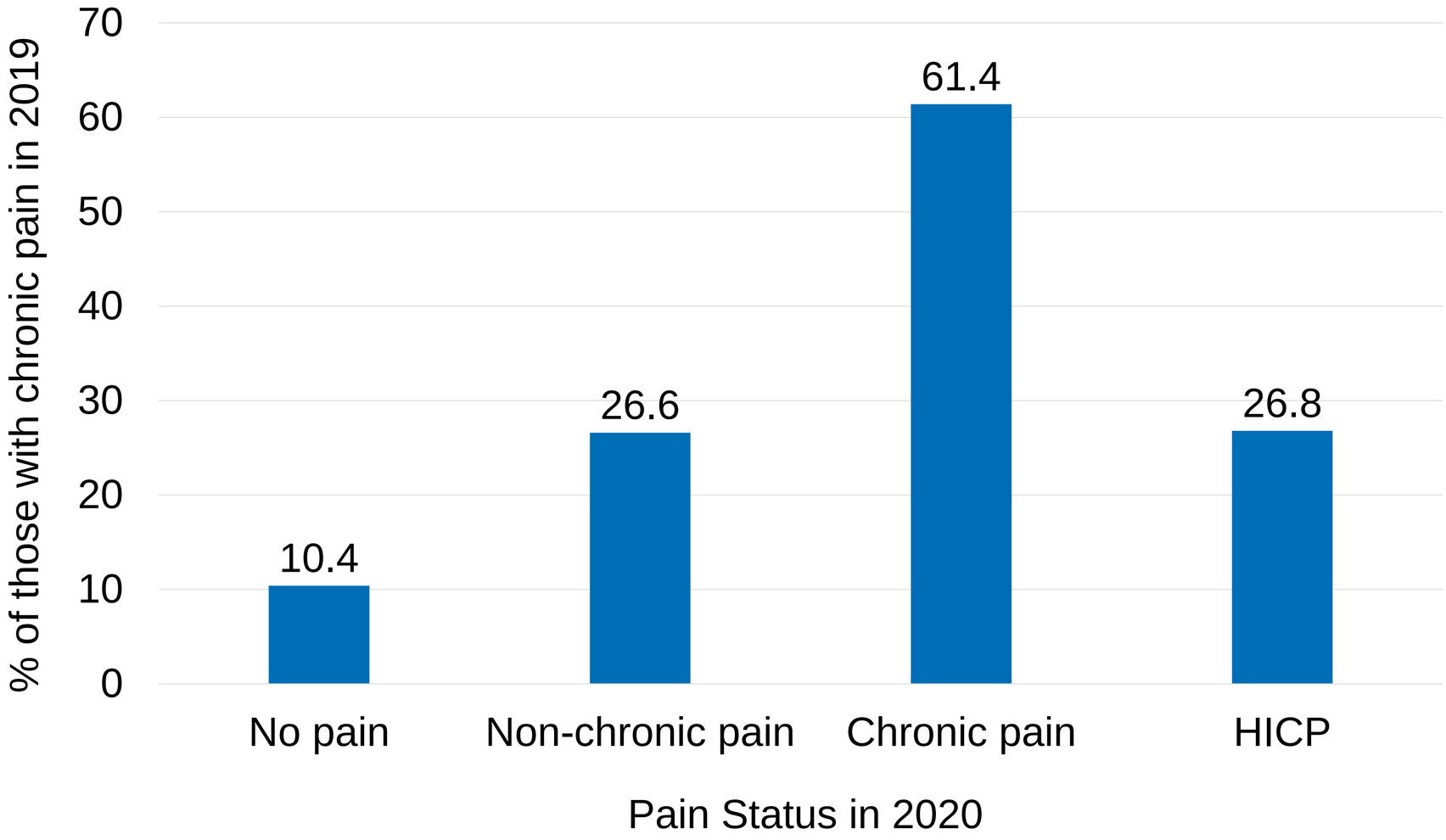

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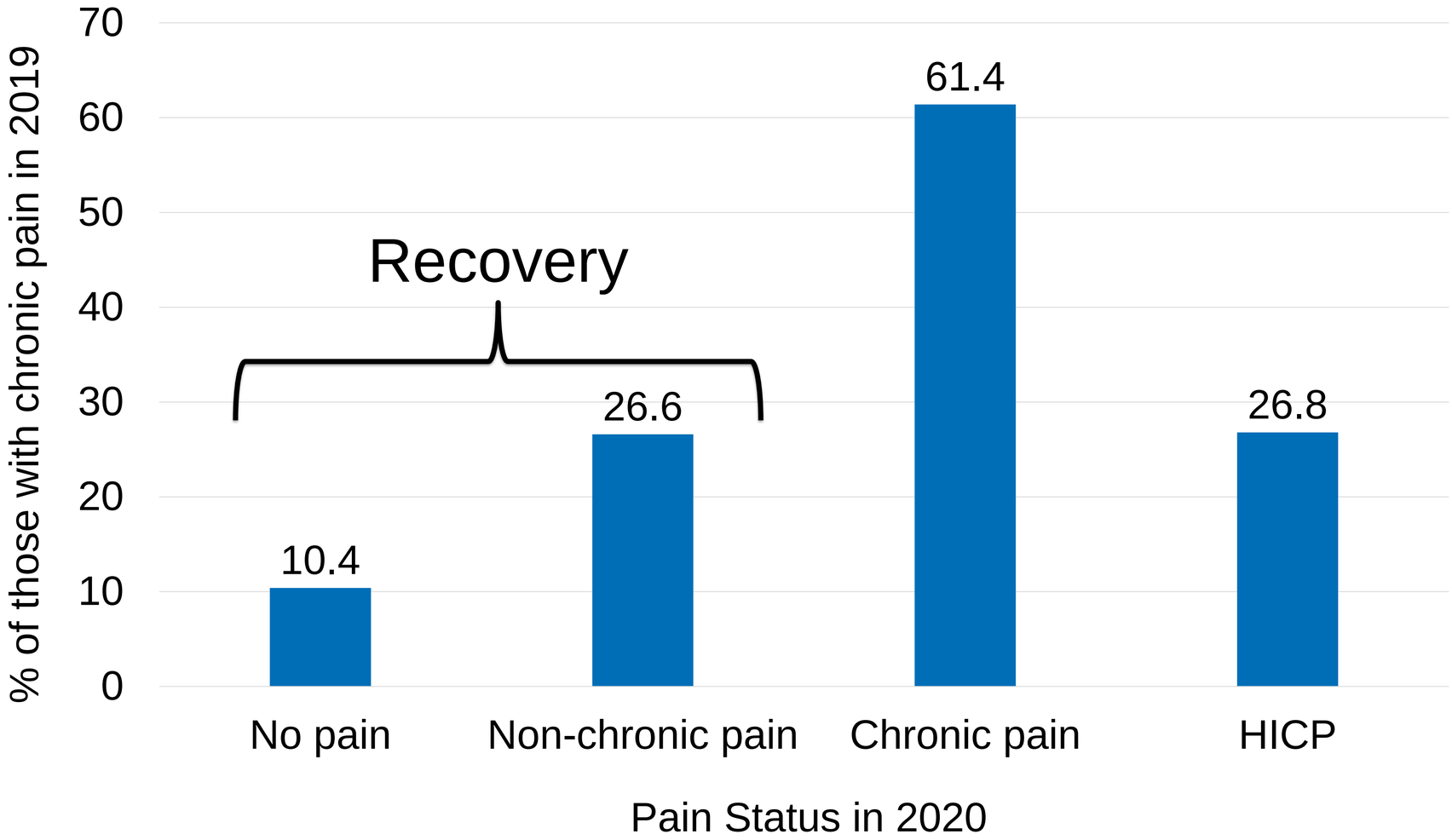
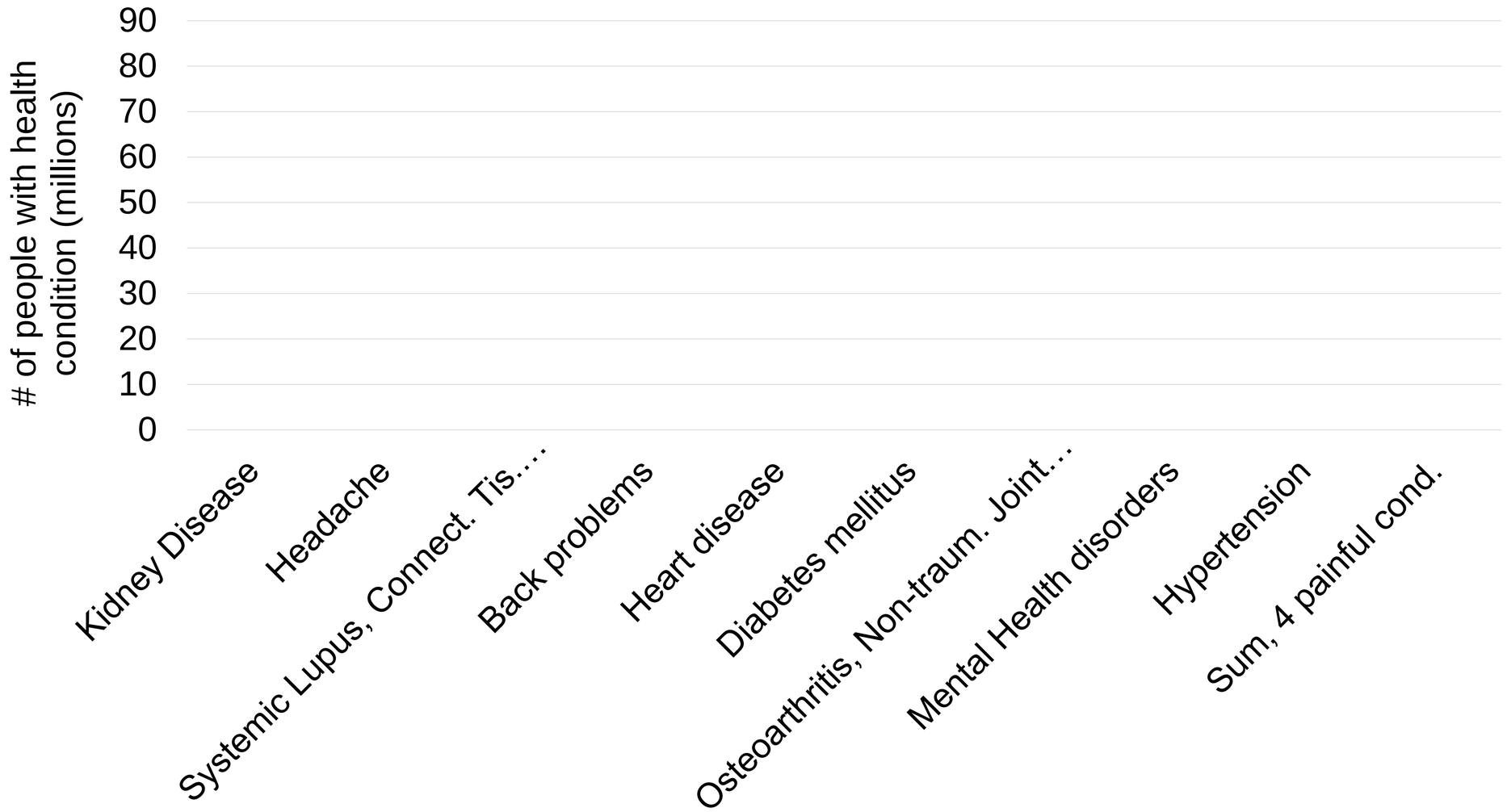


Pain’s burden vs other chronic conditions

Frequency of Selected Chronic Health Conditions: Medical Expenditure Panel Survey, 2020



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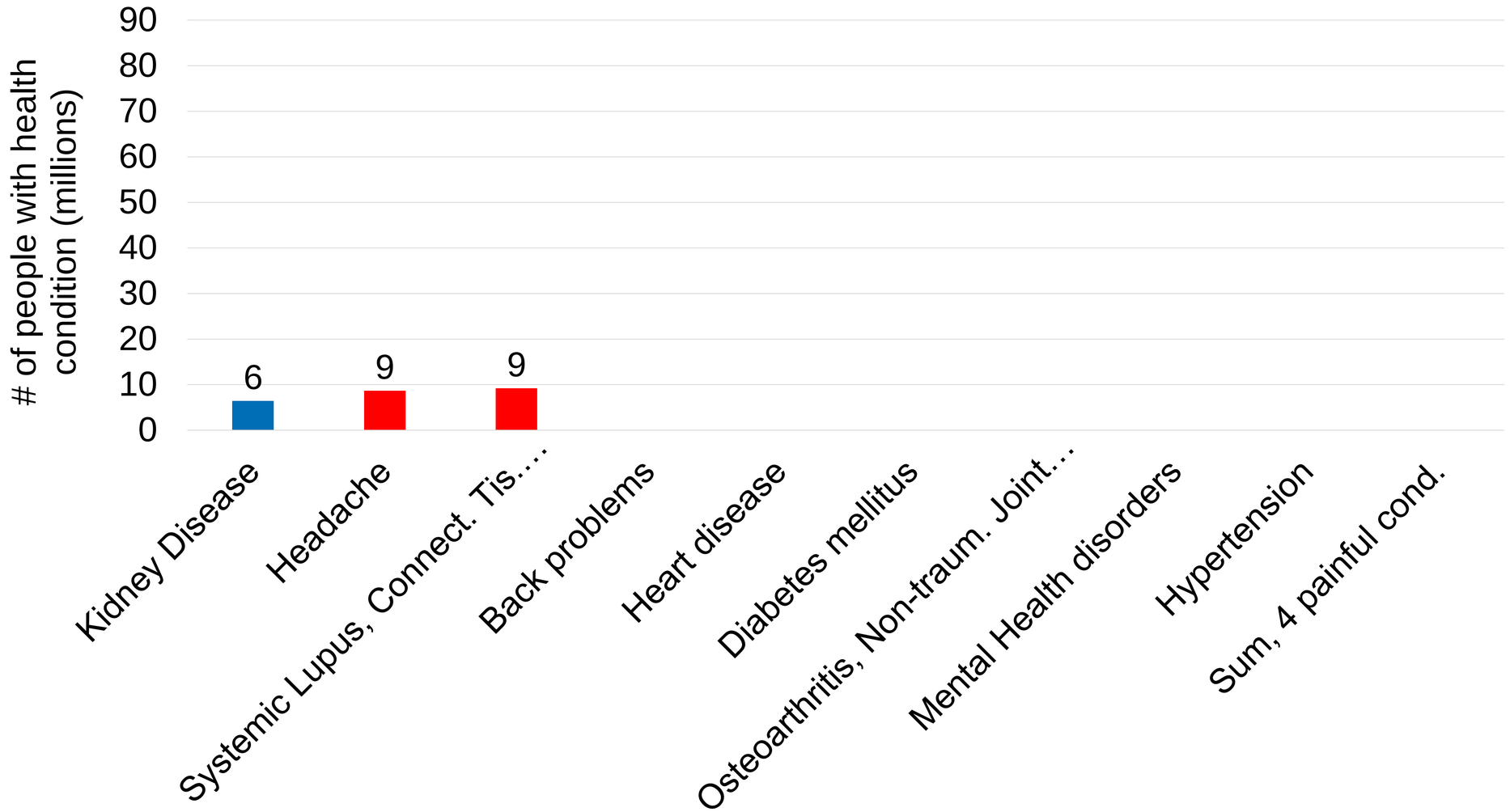

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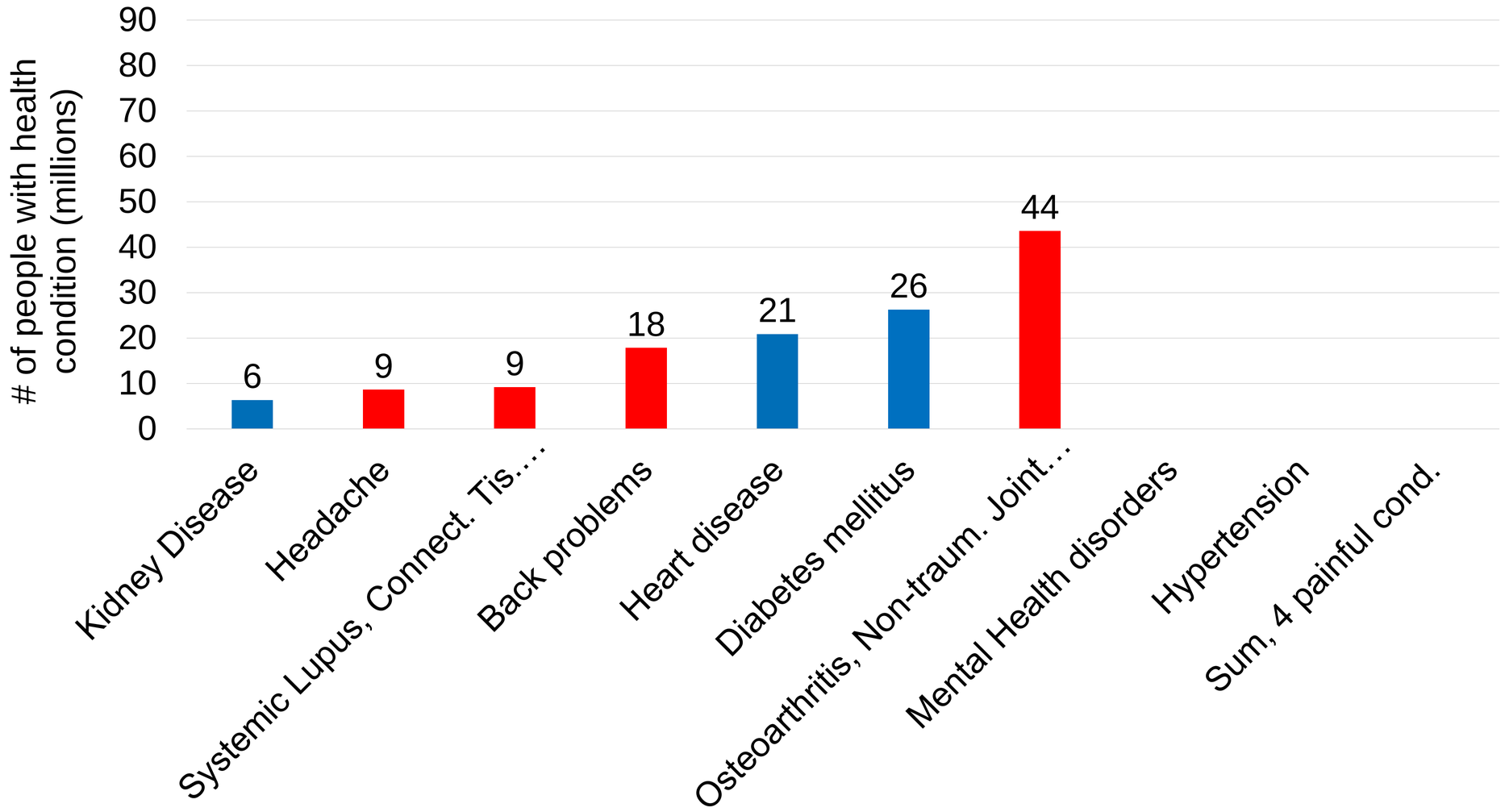
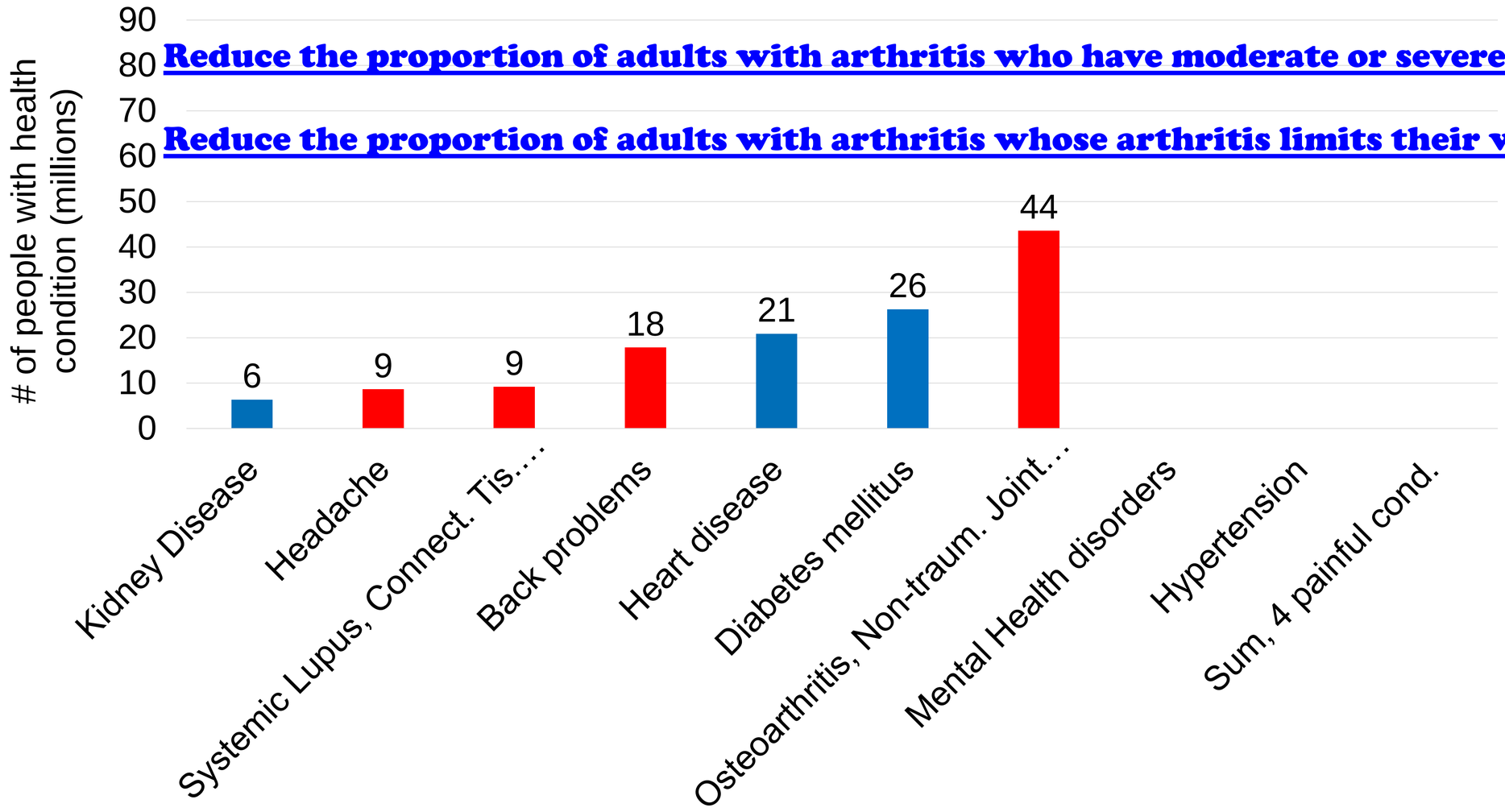


Frequency of Selected Chronic Health Conditions: Medical Expenditure Panel Survey, 2020

Reduce the proportion of adults with arthritis who have moderate or severe joint pain: A-01

Reduce the proportion of adults with arthritis whose arthritis limits their work: A-03



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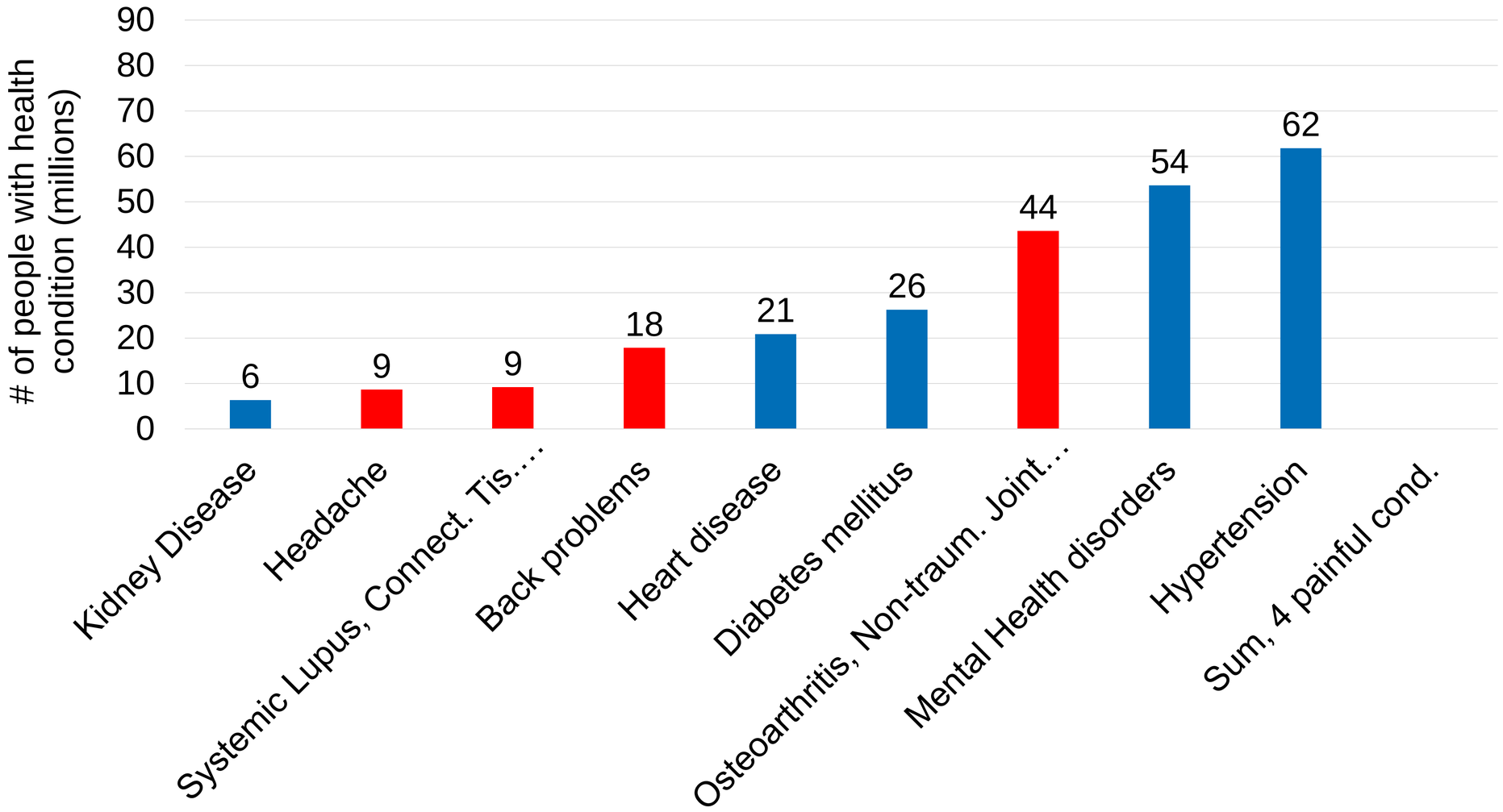

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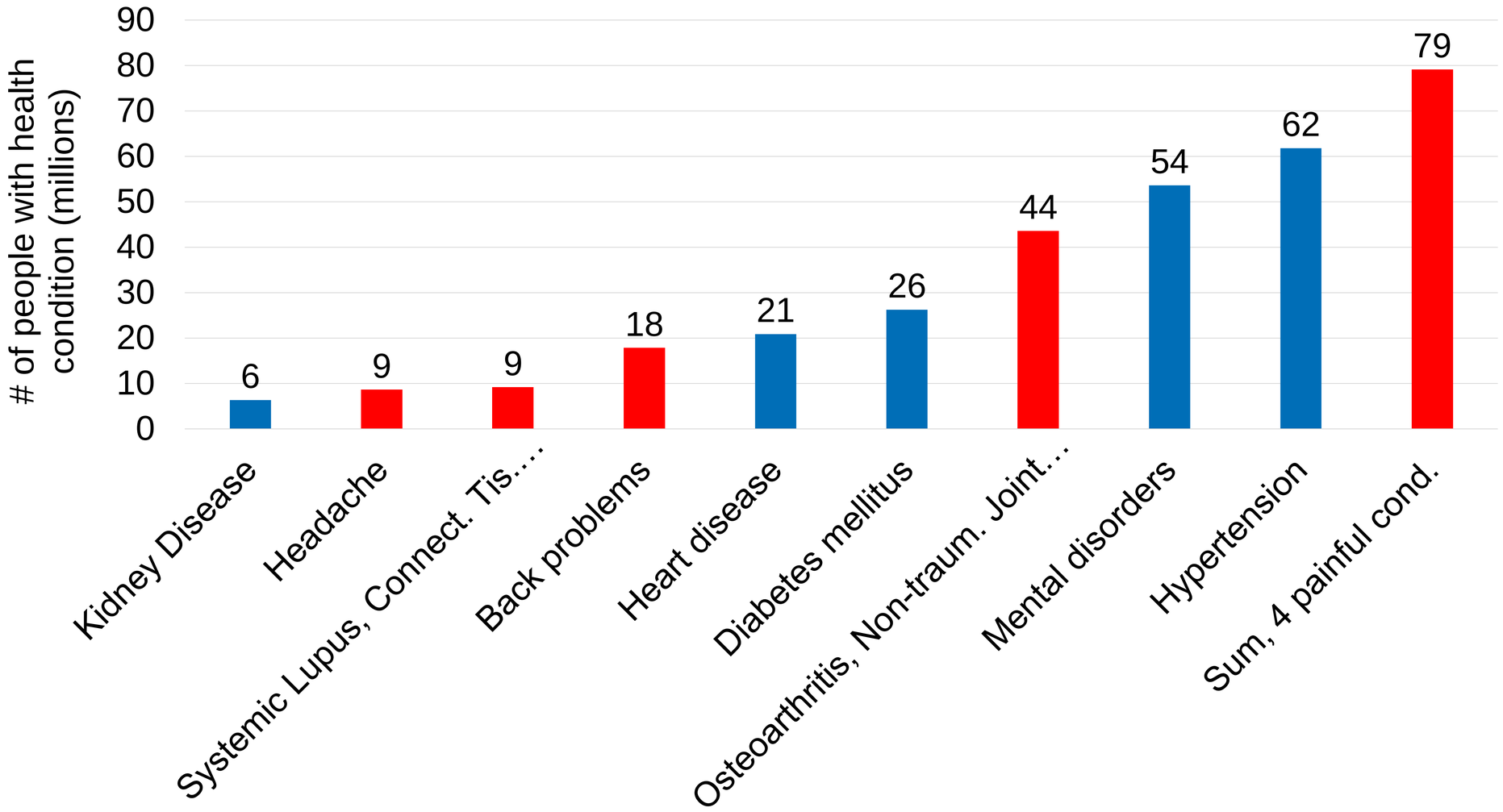

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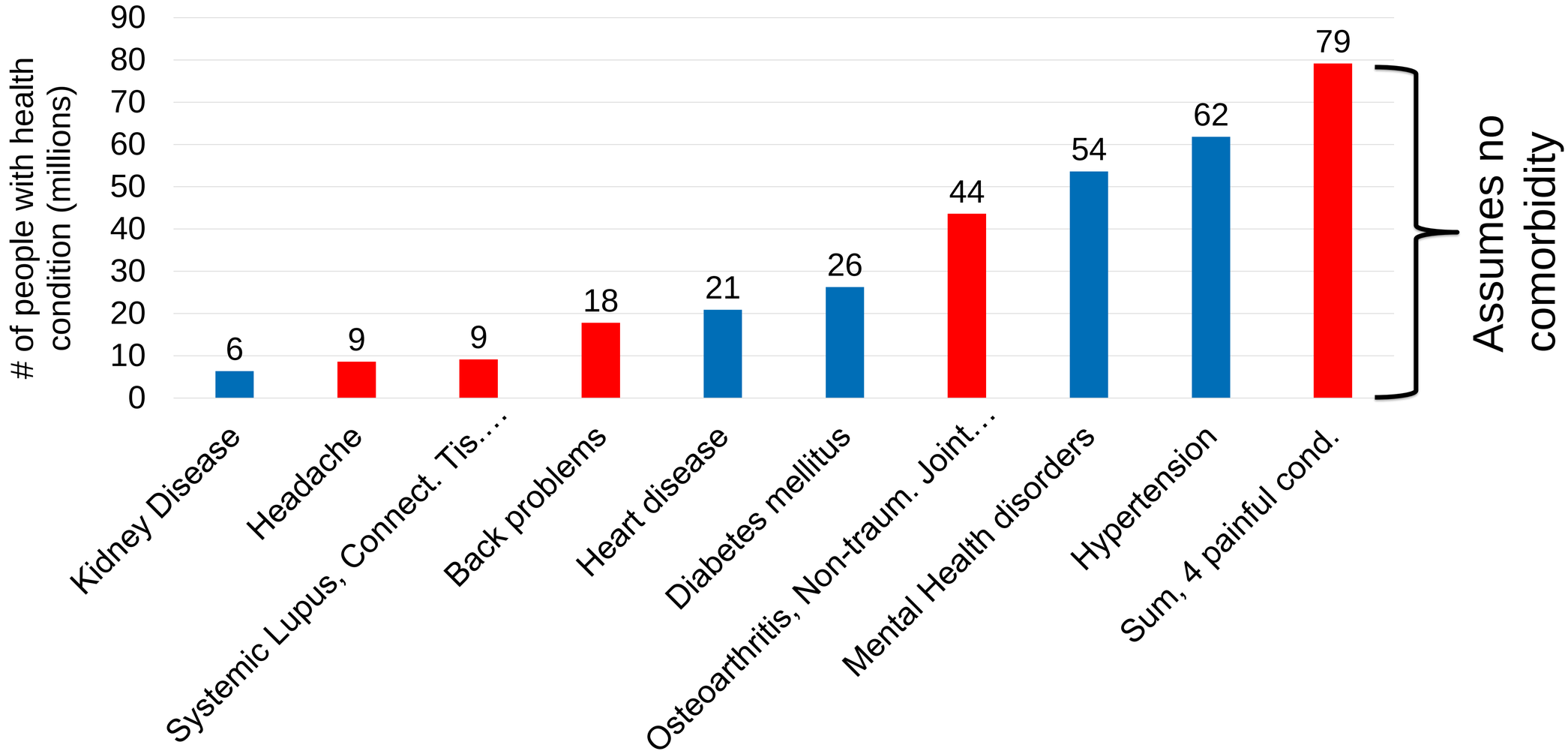

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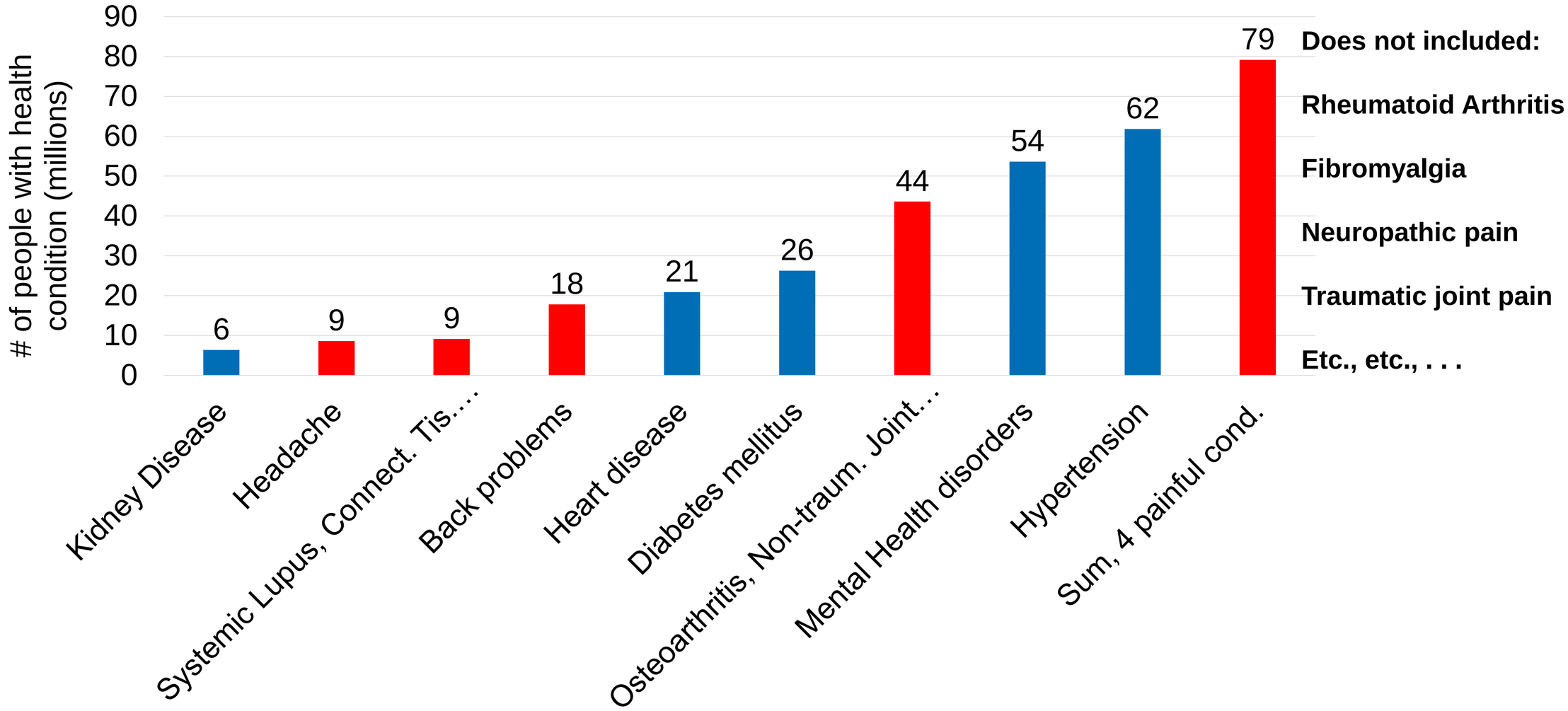
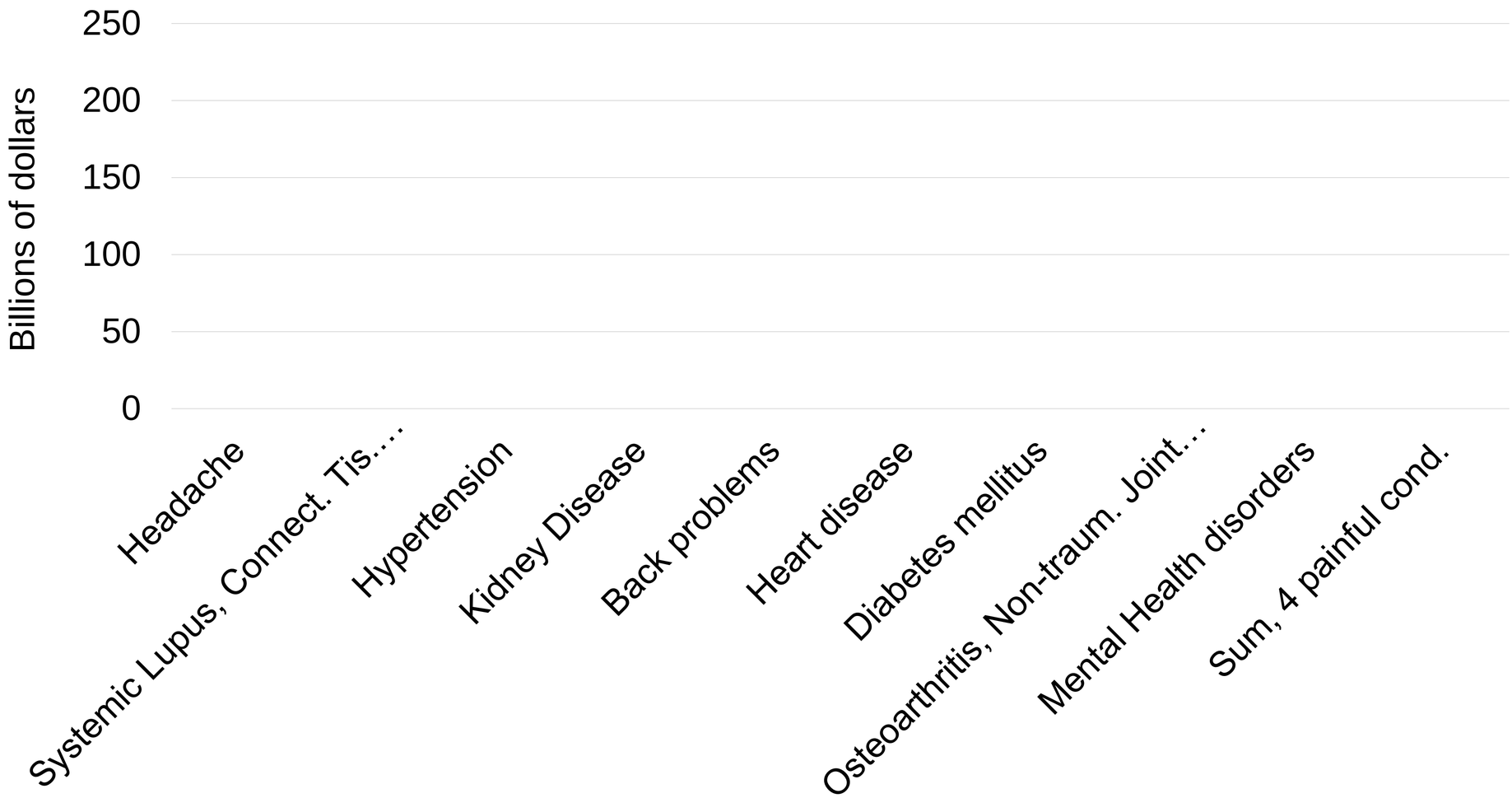


Direct Healthcare Expenditures for Selected Chronic Health Conditions: 2020 MEPS



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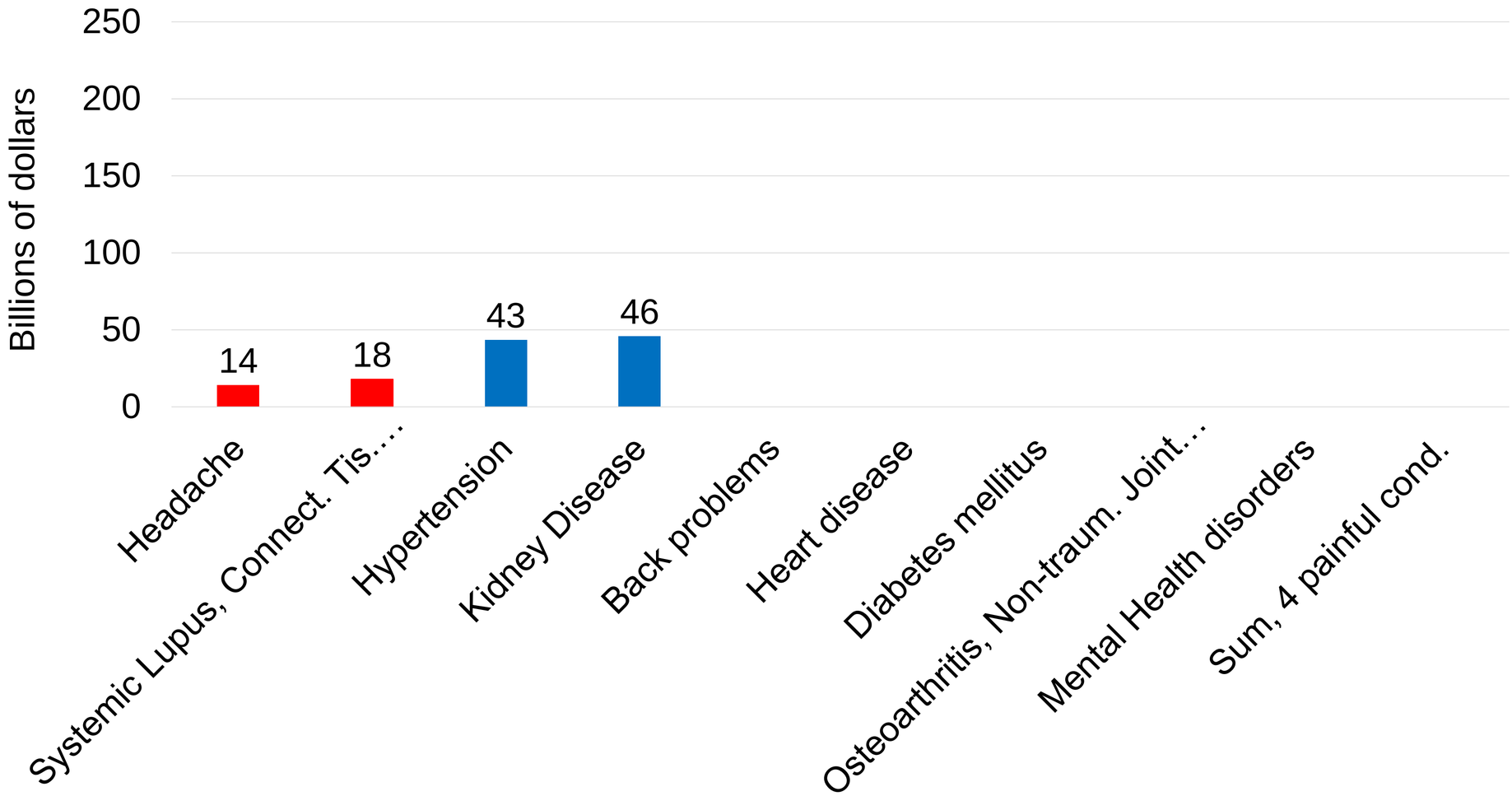

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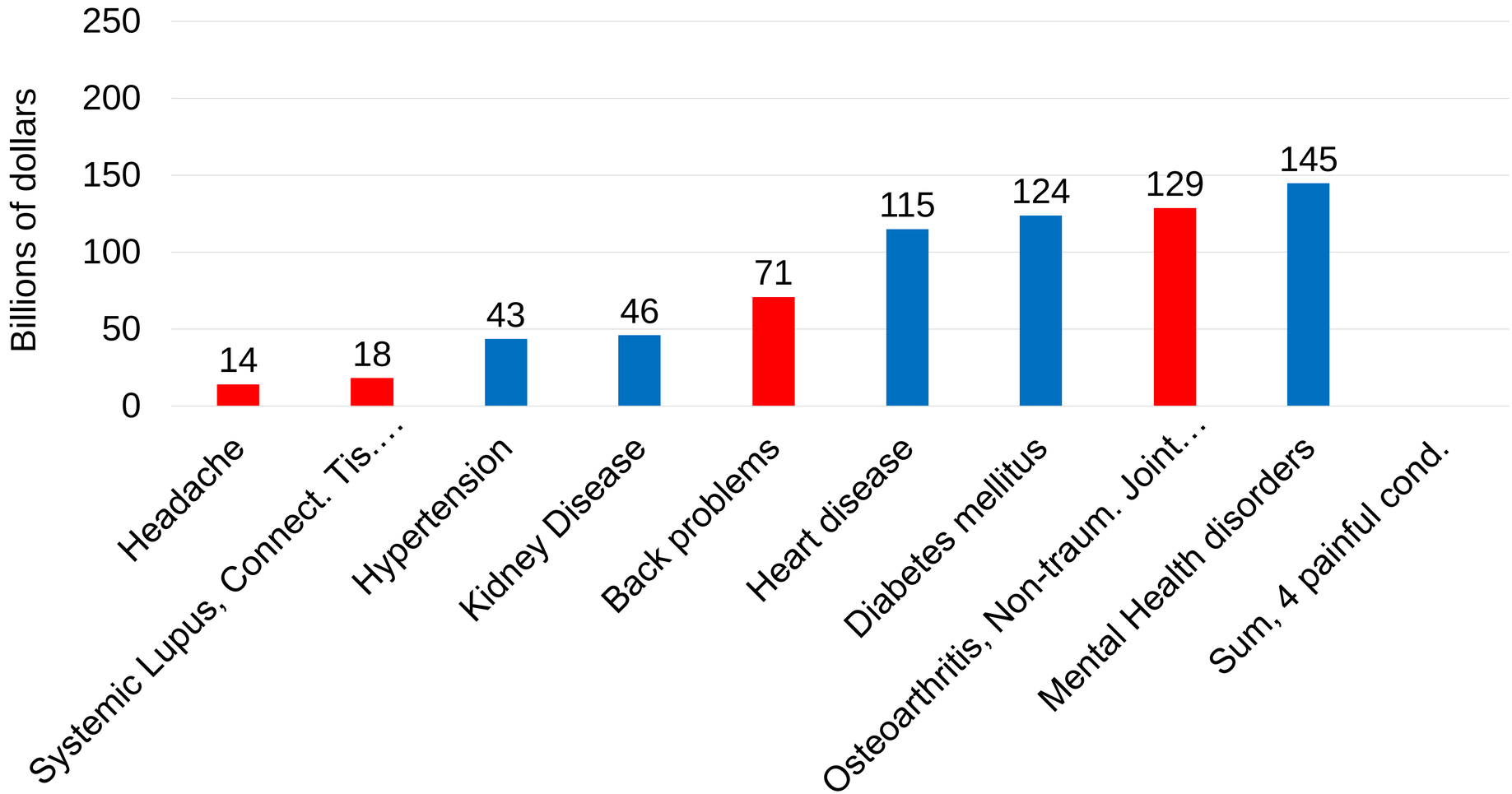

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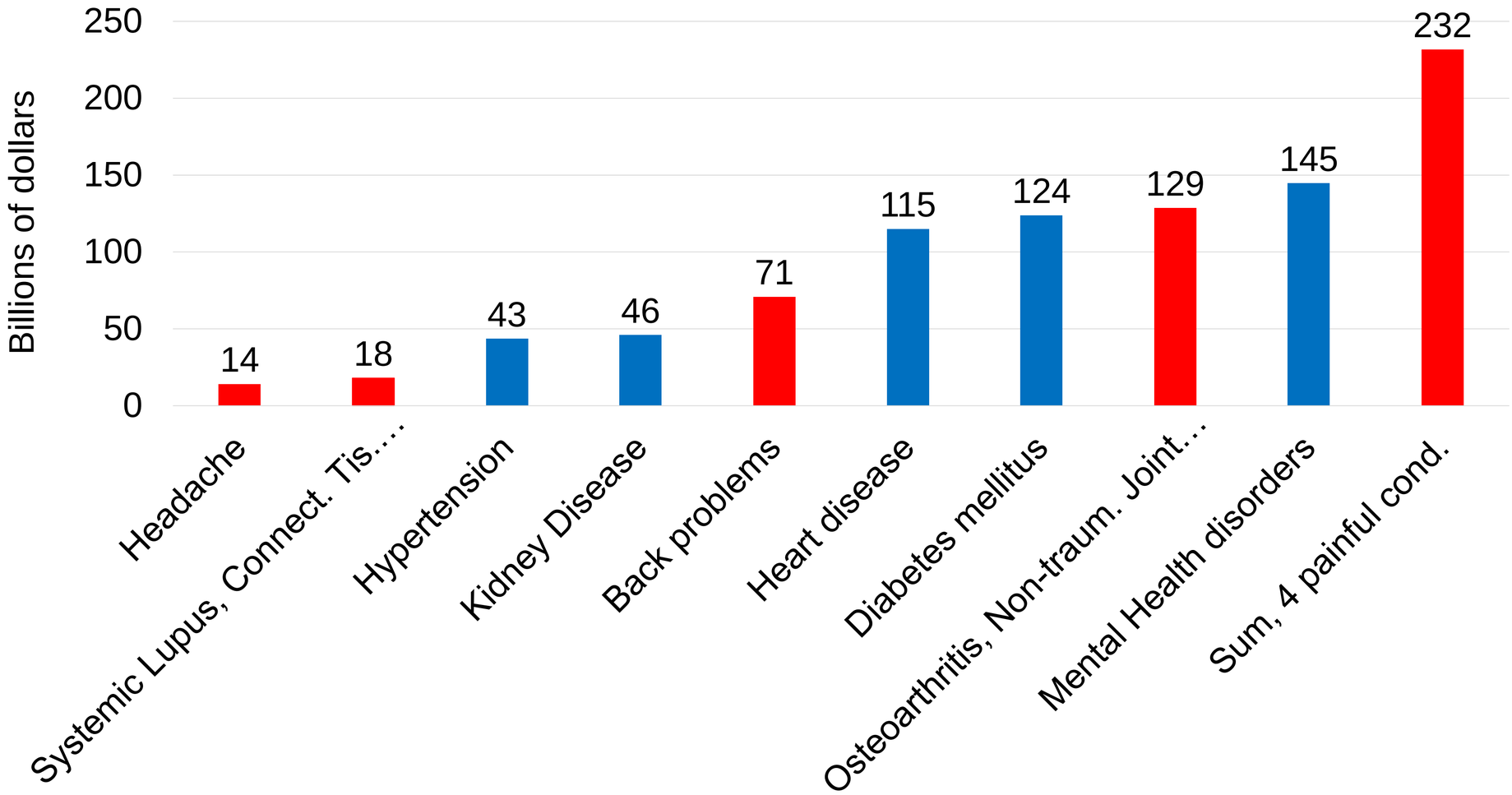

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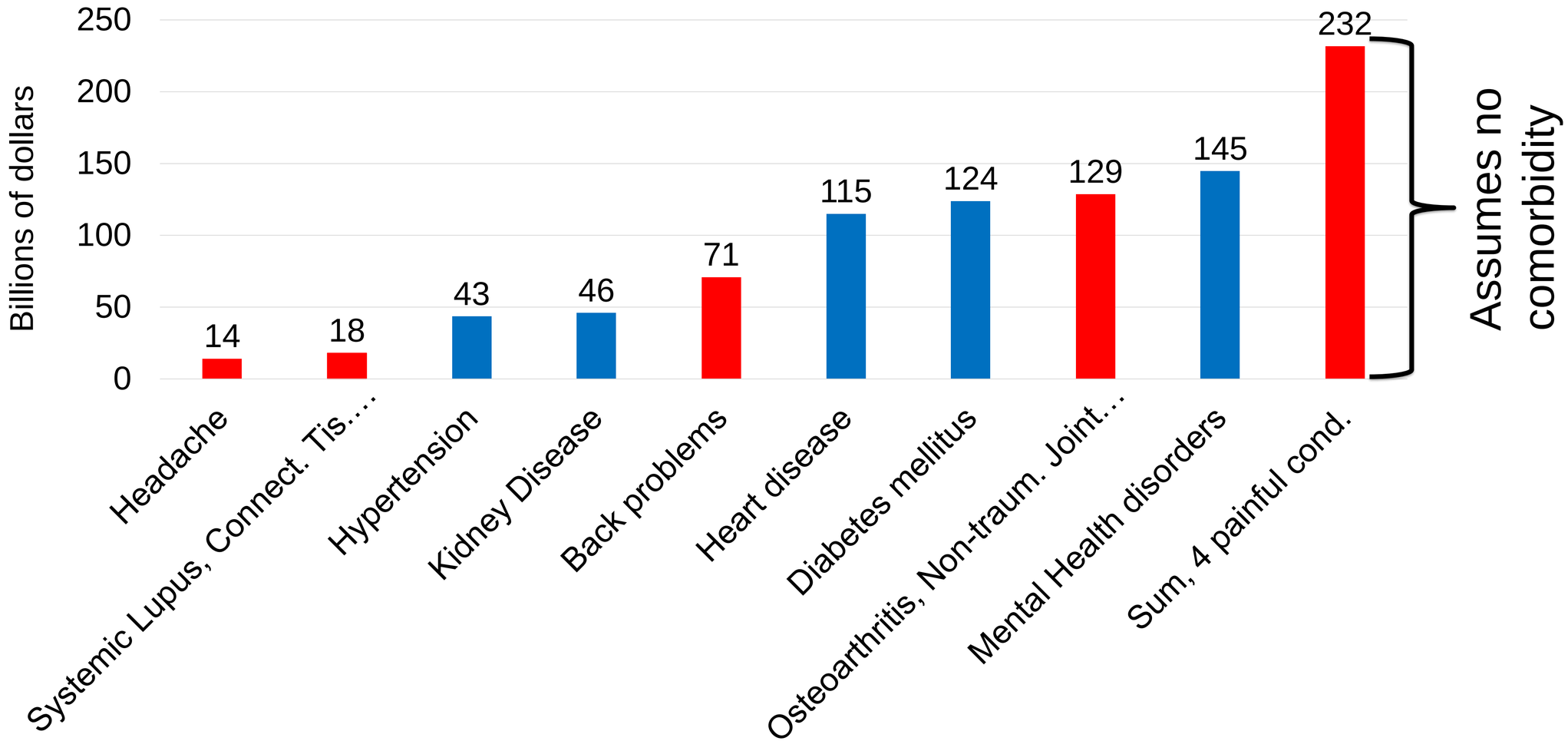

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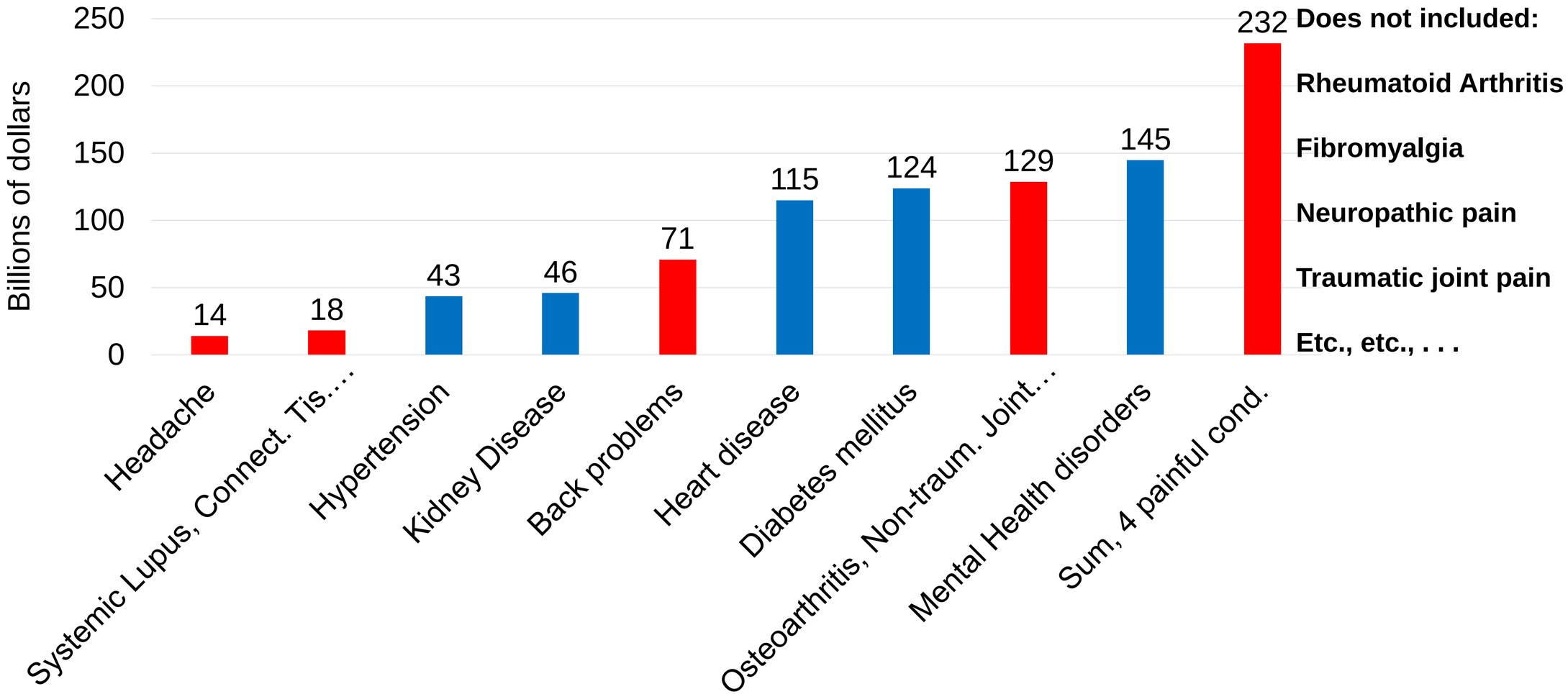

NCCIH Epidemiology Program

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  National Center for Complementary and Integrative Health
  6707 Democracy Blvd., Suite 401
  Bethesda, MD 20892-5475
- **https://www.nccih.nih.gov/about/epidemiology-program**
- We analyze high-quality surveys and longitudinal studies on complementary health approaches, chronic pain, resilience, well-being, and health restoration.

2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

Christina A. Mikosz, MD, MPH, FACP
Division of Overdose Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Healthy People 2030 Spotlight on Health
May 23, 2023

Topics Covered

- Supporting Healthy People 2030
- Rationale for releasing the 2022 *Clinical Practice Guideline for Prescribing Opioids for Pain*
- Clarifying what the guideline is and is not
- Overview of what's different with the 2022 *Clinical Practice Guideline*
- Guiding principles to inform implementation
- Overview of recommendations
- Resources

Why release the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain?

+ **Pain continues to affect the lives of millions of Americans**
+ **Many people cannot access the full range of potentially helpful therapies**
  - limited access to treatment modalities
  - lack of clarity around evidence supporting pain treatments
+ **Pain management disparities persist**
+ **Opioids continue to be commonly used to treat pain**
+ **New scientific evidence supports expanded guidance and specificity**

The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain is:

+ **A clinical tool to improve communication between clinicians and patients and empower them to make informed, person-centered decisions related to pain care together**

+ **Intended for primary care clinicians and other clinicians providing pain care for outpatients aged ≥18 years old with**
  - acute pain (duration <1 month);
  - subacute pain (duration of 1-3 months); or
  - chronic pain (duration of >3 months)

+ **Intended to be flexible to enable person-centered decision-making, taking into account an individual's expected health outcomes and well-being**

The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain is *NOT:*

- A replacement for clinical judgment or individualized, person-centered care
- Intended to be applied as inflexible standards of care across patients and/or patient populations by healthcare professionals, health systems, pharmacies, third-party payers, or governmental jurisdictions or to lead to the rapid tapering or abrupt discontinuation of opioids for patients
- A law, regulation, or policy that dictates clinical practice or a substitute for FDA-approved labeling
- Applicable to:
  - management of pain related to sickle cell disease
  - management of cancer-related pain
  - palliative care or end-of-life care
- Focused on opioids prescribed for opioid use disorder

What’s different?

Updated content on benefits and risks of nonopioid treatments for specific chronic pain conditions

- Back pain or osteoarthritis: exercise, physical therapy, weight loss, manual therapies, psychological therapies, mindfulness-based stress reduction, yoga, acupuncture, multidisciplinary rehabilitation, topical NSAIDs, duloxetine, systemic NSAIDs

- Neck pain: mind-body practices (yoga, tai chi, or qigong), massage, acupuncture

- Fibromyalgia: exercise, physical therapy, cognitive behavioral therapy, myofascial release massage, mindfulness practices, tai chi, qigong, acupuncture, multidisciplinary rehabilitation, tricyclic and SNRI antidepressants, NSAIDs (topical diclofenac), pregabalin and gabapentin

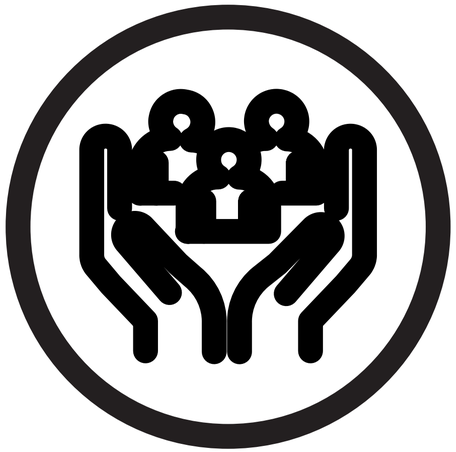
- Neuropathic pain: tricyclic, tetracyclic, and SNRI antidepressants; selected anticonvulsants, capsaicin, lidocaine patches

Expanded recommendations on tapering

+ **Emerging data highlight benefits and risks of tapering opioids**

+ **A new recommendation outlines in greater detail how clinicians can work with patients already receiving opioids in determining if and how to taper opioids and emphasizes**
  - patient-centered treatment changes, using empathy and shared decision-making
  - tapers of 10% per month or slower for better tolerability when patients have been taking opioids for longer durations (e.g., ≥1 year)
  - avoiding abrupt discontinuation of opioid therapy or rapid reduction of opioid dosages

Health Equity and Disparities in the Treatment of Pain



2022 *CDC Clinical Practice Guideline* incorporates updated evidence about long-standing health disparities that exist in the treatment of pain such as:

- **Racial and ethnic disparities** such as Black and Latino patients are **less likely** to receive analgesia for acute pain than are White patients. [1,2]
- **Geographic disparities** such as adults living in rural areas are **more likely to be prescribed opioids** for chronic nonmalignant pain than adults living in nonrural areas.[3]
- **Disparities in treatment due to access and affordability** such as multimodal therapies are **not always available or reimbursed by insurance.**[4]

Guiding principles for implementation

- Pain needs to be appropriately assessed and treated independent of whether opioids are part of a treatment regimen

- Recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care. Flexibility to meet the care needs and the clinical circumstances of a specific patient is paramount

- A multimodal and multidisciplinary approach to pain management attending to the physical health, behavioral health, long-term services and supports, and expected health outcomes and well-being of each person is critical

Guiding principles for implementation (continued)

+ Special attention should be given to avoid misapplying this clinical practice guideline beyond its intended use or implementing policies purportedly derived from it that might lead to unintended and potentially harmful consequences for patients

+ Clinicians, practices, health systems, and payers should vigilantly attend to health inequities, provide culturally and linguistically appropriate communication, including communication that is accessible to persons with disabilities; and ensure access to an appropriate, affordable, diversified, coordinated, and effective nonpharmacologic and pharmacologic pain management regimen for all persons

Determining Whether or Not to Initiate Opioids

- All patients with acute, subacute, or chronic pain should receive treatment that provides the greatest benefits relative to risk.
- **Before prescribing opioid therapy**, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.
- Opioid therapy should only be initiated with consideration by the clinician and patient of an exit strategy that could be used if opioid therapy is unsuccessful in improving pain and pain-related function.

Selecting Opioids and Determining Opioid Dosages

- Appropriate **selection of opioids and dosage are important factors** when opioid therapy is prescribed as part of a patient's pain management plan.

- **Clinicians should discuss the benefits and risks for** different types of opioids with patients.

Deciding Duration of Initial Opioid Prescription and Conducting Follow Up

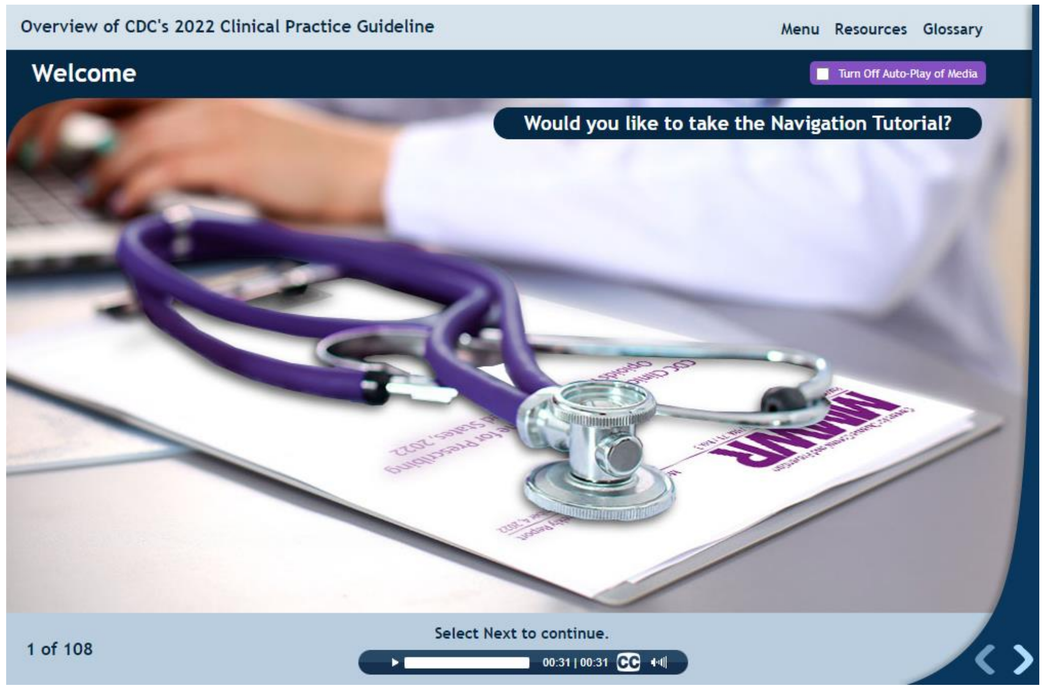
- Clinicians should **involve patients** in decisions about opioid duration.
- Clinicians should **regularly assess patients** who are receiving ongoing opioid therapy.
- During follow up appointments, clinicians should **discuss patient preference for continuation of opioid therapy.**

Assessing Risk and Addressing Potential Harms of Opioid Use

- Clinicians should:
  - Evaluate and discuss a patient's risk for opioid-related harms before initiating opioid therapy.
  - Assess these risk factors periodically, with frequency individualized to patient comorbidities and other risk factors.
  - Create a management plan that incorporates strategies to mitigate risk and discontinue opioid usage if benefits no longer outweigh the risks.

CDC Website with Resources:

https://www.cdc.gov/opioids/healthcare-professionals/prescribing/index.html



New Online Training on Overview of 2022 Clinical Practice Guideline available at:
https://www.cdc.gov/opioids/healthcare-professionals/training/Overview.html

Thank you

For more information, contact CDC:

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

opioids@cdc.gov

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Medicare Chronic Pain Management and Treatment Services for 2023

Scott Lawrence, DC, FABQAURP
Acting Senior Policy Advisor, iQuality Improvement and Innovations Group

Healthy People 2023 Spotlight: Best Practices in Pain Care

May 23, 2023

CMS
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Learning Objectives

- Name the two new HCPCS codes for chronic pain management and treatment services.
- Describe elements of HCPCS codes and potential use cases.

Healthy People 2030: Chronic Pain

Objective: Reduce the proportion of adults with chronic pain that frequently limits life or work activities — CP-01

CMS
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Medicare Physician Fee Schedule (PFS) 2023

- **Chronic Pain:** Persistent or recurrent pain lasting longer than 3 months
- CMS finalized two new HCPCS codes for bundled monthly chronic pain management (CPM) services, beginning January 1, 2023.
  - **HCPCS code G3002:** chronic pain management and treatment by a physician or other qualified health professional
    -Required initial face-to-face visit of at least 30 minutes
    -Billable per calendar month
  - **HCPCS code G3003:** each additional 15 minutes, per calendar month

Medicare Physician Fee Schedule (PFS) 2023

Overview of CPM Codes

- **Bundled Elements:**
  - Diagnosis
  - Assessment and monitoring
  - Administration of a validated pain rating scale or tool
  - The development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes
  - Overall treatment management
  - Facilitation and coordination of any necessary behavioral health treatment
  - Medication management
  - Pain and health literacy counseling
  - Any necessary chronic pain related crisis care
  - Ongoing communication and care coordination between relevant practitioners furnishing care, for example, physical therapy and occupational therapy, complementary and integrative approaches, and community-based care.

Some Highlights

- Does not limit the number/type of providers who can furnish the service.

- Includes a new Resources for Pain Assessment for clinicians designed by our NIH partners, listing brief validated measures.

Potential Use Case #1

Chronic Pain Management (CPM) and Evaluation and Management (E/M) Visits

A Medicare beneficiary presents for evaluation of her hypertension, diabetes, and chronic pain. The clinician spends 25 minutes on the E/M portion of the service and orders labs, medications and discusses lifestyle changes related to hypertension and diabetes. Then, she spends 30 minutes on chronic pain management. **Can the clinician bill for CPM and E/M codes on the same day?**

Potential Use Case #2

New Medicare Beneficiary and Unestablished Chronic Pain Diagnosis

A new Medicare beneficiary presents complaining of lower back pain lasting 5 months, but has never addressed it with a clinician before. If the clinician documents the 5-month duration of the patient's pain and meets the requirements in the code descriptor, is G3002 an acceptable code to use?

Thank You!

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Healthy People 2030 Webinar

The Keys to Successful Chronic Pain Management : Best Practices & An Activated Patient

Cindy Steinberg
Director of Policy & Advocacy
May 23, 2023

Best Practices & Activated Patients Will Help Achieve Healthy People 2030 Objectives

Reduce the proportion of adults with high-impact chronic pain CP-01
Core objective

Increase self-management of high-impact chronic pain CP-D01
Developmental objective

High-Impact CP Devastates Lives

- Destroys ability to work, sleep, socialize, care for family, pursue interests, find enjoyment in life
- Relentless stabbing, burning, crushing pressure
- Sense of being imprisoned in your body with no means of escape
    - But worse, imprisoned and tortured 24/7
- WHO identified CP as a key risk factor for suicide and the risk of death by suicide is twice as likely in CP patients vs controls[1]

https://www.cambridge.org/core/journals/psychological-medicine/article/abs/suicidality-in-chronic-pain-a-review-of-the-prevalence-risk-factors-and-psychological-links/D3093AA52A611348B8F90CF0972380C5

Reality is...

There is no cure, no magic bullet, no treatment that will eliminate chronic pain.

But there are ways to manage and reduce it enough to have a fulfilling life.

How?

- Medical Management using best practice recommendations
- An activated patient

HHS Pain Management Best Practices Inter-Agency Task Force

2019

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HHS Pain Management Best Practices Report

- Mandated by Congress in Comprehensive Addiction and Recovery Act
- Twenty-nine experts appointed by HHS Secretary; I was the only patient/patient advocate
- Informed by extensive review of research, >9,000 public comments, public hearings, prominent speakers
- Charge was to identify best practices, gaps & recommendations to address gaps
- Final report endorsed by 165 healthcare organizations including:
  - American Medication Association
  - American College of Physicians
  - American Academy of Pain Medicine
  - Association of American Physicians & Surgeons

What is the best way to manage pain now?

Comprehensive: assessment; diagnosis; development and revision of treatment plan; facilitation, communication, and coordination with other healthcare providers

Individualized: in selection, duration, and consideration of risks/benefits of treatments and optimal dosing of any medication

Multidisciplinary & Integrative: combining a full range of pharmacological and non-pharmacological treatments

Combining Multiple Treatments from 5 Treatment Approaches

Medication

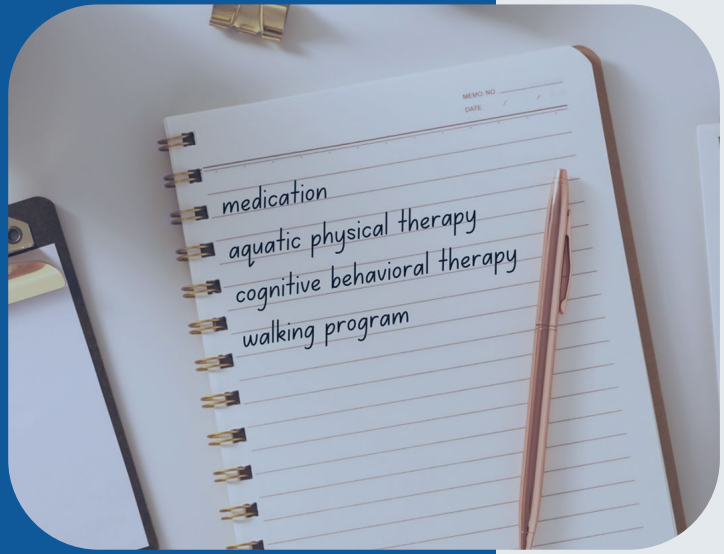
Restorative Therapies

Interventional Procedures

Behavioral Health Approaches

Complementary & Integrative Health

Individualized Treatment Plan



- If each therapy reduces pain by 10-15%, combination of 3 or 4 treatments could lead to a 30-45% reduction in pain
- Result is a HUGE difference in function and quality of life
- Could make the difference in being able to play with your child or not, socialize with friends or not, and work part time or not
- Goal of medical management is to reduce the pain enough to allow active patient engagement

The Second Key to Successful Chronic Pain Management:

An Activated Patient

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Patients who do best with high-impact chronic pain make an important shift to realize their active participation is necessary in managing their condition.

But what is meant by active participation?

ACTIVE PARTICIPATION =

set of skills, activities, ways of thinking, changed perspective

4 MOST IMPORTANT

1. **ACCEPTANCE**
2. **PACING**
3. **SEEKING SUPPORT & CONNECTION**
4. **PHYSICAL ACTIVITY***

*Any bodily movement that involves muscles & expends energy

ACCEPTANCE

- There is no cure; shifting your goal from cure to manage
- Chronic condition you may have for the rest of your life
- Different life from one expecting, but can still be a good one
- You are more than your pain; there are many more aspects to your life

PACING

- Track to learn your limitations and live within them
- “Limits” could be time doing an activity, body position, types of activities, amount of stimulation (eg. lights, noise, odors)
- Pay close attention to your body’s signals to stop and try not to override them
- Pacing requires a lot of pre-planning of activities
- People with pain talk about “paying for it “when you exceed your limits-often with high pain levels & bed rest

SEEKING SUPPORT & CONNECTION

- The loss of one's job, financial independence, self-esteem, role in the family, hobbies, and social activities can lead to extreme loneliness and isolation.
- Invisible nature of CP means doubted and stigmatized by doctors, family, and friends, which leads to a feeling of being misunderstood and psychologically isolated.
- Important to find a support group and/or therapist to help cope with devastation to one's life and the emotions that accompany the losses – anger, fear, frustration, anxiety, depression

SEEKING SUPPORT & CONNECTION

- A support group provides validation, connection, examples of others' coping strategies to model, and camaraderie with others that understand and share your experience
- Social connection with those that understand and are empathetic is critical to counter the isolation and loneliness that comes with high-impact CP.

PAIN CONNECTION

A program of the U.S. Pain Foundation

Provides free virtual chronic pain support groups.

National (5)

Available to anyone with chronic pain and meetings relate to a monthly theme or topic.

State-based (19)

Find and develop a local community of support.

Specialized (11)

Provide monthly groups for specific populations to connect.

Learn more:
www.painconnection.org

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PHYSICAL ACTIVITY including exercise* & simple movement

Participate in some physical activity tailored to your ability and pain condition:

- Walking programs
- Simple movement for those bedridden
- Aquatic exercise using weightlessness to reduce joint, back and other musculoskeletal pain
- Gentle exercise programs such as Tai Chi, Qi Gong and Adaptive Yoga
- Pilates or other core strengthening program

*Is physical activity that is planned, structured & repetitive w/ a goal of physical fitness

How Do We Make Best Practice Pain Care Available & Accessible?

- Sadly, very few people with pain experience this type of care. How can we change that?
- Education of health care providers & patients; more webinars like this as a start & wide dissemination of the HHS Pain Management Best Practices report
- Public and private payers willing to cover provider time for comprehensive care & for therapies discussed in the report that are not or not adequately covered
- CMS has taken a big step in this direction with the new Chronic Pain Management billing codes
- Patient support and education model created by U.S. Pain Foundation is scalable but would require large grant funding much like the federal and state grants for SUD recovery support

Thanks for listening!

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U.S. PAIN FOUNDATION

Healthy People 2030 Champions

We can only achieve the Healthy People 2030 vision when we collaborate with partners nationwide.

Healthy People 2030 Champions are organizations committed to working toward Healthy People 2030 goals and objectives

For More Information and to Apply:
https://health.gov/healthypeople/about/healthy-people-2030-champion-program

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Thank you!

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Healthy People 2030