AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

October 11, 2019

Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication Treatment

Dear Ms. Verma,

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), we are pleased to have the opportunity to offer the Centers for Medicare and Medicaid Services (CMS) information on the "Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication Treatment."

Millions of patients annually take opioids after musculoskeletal injury or surgery. The AAOS recognizes the need to develop a comprehensive Action Plan to address the opioid crisis specific to access to care, appropriate coverage, and the use of multidisciplinary and multimodal approaches for perioperative pain control, to name a few.

Enhancing appropriate care for acute pain in Medicare and Medicaid

The AAOS strongly supports the enhancement of access to appropriate care for acute pain. Restorative therapies, interventional procedures, behavioral health approaches, and complementary and integrative health strategies should be increasingly integrated into postoperative care plans and for acute pain. The AAOS agrees that additional steps need to be taken to address the lack of practice implementation and further research in this area. Proper access to care, effective surveillance, and adequate reimbursement for therapies are also needed.

Efforts to improve comfort stand to benefit from changes in payer polices to ensure comprehensive (physical, mental, and social) approaches are incentivized and utilized. Removing administrative barriers and improving reimbursement strategies can help promote optimal care for patients. The AAOS hopes to see an increase in training opportunities for pain specialists, as demand for these professionals continues to increase. For behavioral health interventions to become available and accessible to patients, and for mental health providers to apply their knowledge to helping patients adapt to the pain of disease, injury, and surgery, the incentive and payment structures must change.

A lack of clear definitions, consensus, and effective training often prevents appreciation of opioid misuse pre-operatively, making it difficult for orthopaedic surgeons and other physicians to apply effective pain

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management postoperatively. Orthopaedic surgeons and other physicians must have the ability to connect patients with appropriate services or coordinate with their current care. In the instance that a patient has a condition for which treatment is elective or preference sensitive, the AAOS believes that orthopaedic surgeons should engage the person seeking their care and their entire health team in readying the patient for surgery because alleviation of pain and management of mental and social health should be carefully addressed prior to surgery. AAOS supports appropriate education regarding risk assessment of patients and adequate reimbursement to encourage pain management specialty support for weaning, when necessary. Physicians and their team members can effectively ready patients for surgery, develop a plan for alleviation of pain, and make sure patients are aware of the risk opioids pose, and how to limit their use. They can also encourage them to dispose of unused pills. The AAOS recognizes that this puts additional responsibility on physicians and urges CMS to consider the time and resources associated with these activities.

CMS and other payers should align reimbursement guidelines for non-opioid medications. The AAOS believes that federal agencies must be cognizant of potential negative implications that mandated guidelines could have on patients and physicians and should move forward with guidelines as tools, not prescriptive mandate.

Evidence-based treatments, FDA-approved evidence-based medical devices, applications, and/or services and items following conditions are not covered, or have limited coverage for Medicare beneficiaries with *pain and behavioral health needs requiring integrated care across pain management and SUDs, with consideration of high-risk patients (i.e. multiple medications, suicidal risk)*

Pain illnesses and SUDs are underappreciated and stigmatized. The social and mental health aspects of both are underdiagnosed and undertreated. Treating either of them as issues of strength, willpower, or morality is counterproductive. It seems to be easier to get medications, devices, and interventions paid for than it is to get coverage and support for mental and social health programs. AAOS continues to advocate for the consideration and inclusion of special populations as it relates to non-pharmacological and pharmacological pain treatments. The AAOS urges CMS to consider adoption of postoperative pain relief approaches for patients who have substance use disorders (SUD) that seek pain-relieving or elective surgeries.

Medicare and Medicaid data collection for acute and chronic pain to better support coverage, payment, treatment, access to policies, and ongoing monitoring

AAOS supports minimum standards for all prescription drug monitoring programs (PDMPs), including a uniform electronic format for reporting, increased information sharing and disclosure, minimum standards for interoperability, and ensuring information is available to physicians in real time. Prescription information related to opioids and other controlled substances should be available in an easy-to read system and should be interoperable across state lines in a timely manner, to allow prescribers access to the most accurate and up-to-date information to make the best clinical decisions for their patients. A deliberate, step-by-step approach will be necessary to achieve optimal results with state PDMPs. Further, inter-state reporting is especially important in states with high border overlap where state monitoring is deficient or non-existent, such as Missouri. Federal health facilities, the Veterans Administration (VA),

the Department of Defense (DoD), and the Indian Health Service (IHS) centers should also comply with PDMP reporting requirements to aid in Medicare and Medicaid data collection.

Other issues CMS should consider to improve coverage and payment policies in Medicare and Medicaid to enhance access to and effective management of beneficiaries with acute and/or chronic pain

The AAOS strongly supports a unified approach involving surgeons, pharmacists, related clinicians and Federal, State, local, and tribal law enforcement officials to improve awareness of appropriate storage and disposal strategies for prescription opioids. Partnerships can be established among hospitals, practices, pharmacies, law enforcement, insurers, universities, and state and medical professional organizations. The AAOS encourages CMS to consider offering access to disposal technologies along with prescriptions, especially for rural and underserved populations.

Conclusion

The AAOS thanks CMS for the opportunity to provide comments. We hope that the comments we have provided will be useful. If you have any questions or comments, please do not hesitate to contact William Shaffer, MD, FAAOS, AAOS Medical Director, by email at shaffer@aaos.org.

Sincerely,

Kristy L. Weber, MD, FAAOS
President, American Association of Orthopaedic Surgeons

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