REPORT OF THE BOARD OF TRUSTEES

B of T Report 38-A-18

Subject: Timely Referral to Pain Management Specialist (Resolution 714-A-17)

Presented by: Gerald E. Harmon, MD, Chair

Referred to: Reference Committee E
   (Douglas Martin, MD, Chair)

INTRODUCTION

At the 2017 Annual Meeting, the House of Delegates (HOD) referred Resolution 714-A-17, “Timely Referral to Pain Management Specialist,” for report back at the 2018 Annual Meeting. This resolution was introduced by the Michigan Delegation and asked that:

Our American Medical Association (AMA) urge the Centers for Medicare & Medicaid Services (CMS) and the Medicare Contractor Advisory Committee to endorse and adopt evidence-based clinical practice guidelines on the management and treatment of pain including but not limited to timely and appropriate referral to pain management specialists.

During the hearing on this resolution, Reference Committee G heard mixed testimony. The majority of testimony on Resolution 714 opposed mandating that physicians should refer patients to pain management specialists. Testimony also noted the lack of access to pain management specialists in many communities, in addition to long waiting times to see pain specialists, making timely referrals to see these specialists problematic. This report discusses whether the AMA should urge CMS to adopt clinical practice guidelines on the management and treatment of pain.

BACKGROUND

Existing AMA Policies


These policies note AMA’s support for health insurance coverage that gives patients access to the full range of evidence-based chronic pain management. In addition, existing policies state the AMA’s support for efforts to expand the capacity of practitioners and programs capable of providing physician-led interdisciplinary pain management services.

Furthermore, existing AMA policy states that the AMA “will work to ensure that interventional pain management is the practice of medicine and the treatment rendered to patients by qualified MDs and DOs is directed by best evidence,” Policy H-410.958. There is further existing AMA...
policy which states that the AMA “will support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management,” Policy D120.976.

**Existing Clinical Practice Guidelines**

Numerous clinical practice guidelines exist on the management and treatment of pain, including from the American Academy of Pain Medicine, the American Pain Society, the American College of Emergency Physicians, and American College of Physicians.¹

**DISCUSSION**

**Clinical Practice Guidelines Developed by Specialties**

Resolution 714-A-17 asks the AMA to urge CMS to endorse and adopt evidence-based clinical practice guidelines. However, to do so would be generally inconsistent with current AMA policy. The AMA has historically supported the development of clinical practice guidelines from specialty societies as opposed to CMS or other federal government entities. We believe that specialty societies are better positioned to consult with an array of physicians within a given specialty, and that physicians, rather than CMS, should take the lead on the development of clinical practice guidelines.

In addition, numerous clinical practice guidelines already exist from specialty societies whose physicians handle the management and treatment of pain, including the American Academy of Pain Medicine, the American Pain Society, and the American College of Emergency Physicians. If a physician wishes to refer to clinical practice guidelines on managing and treating pain, there are numerous existing guidelines to consult.

**Referral to Pain Management Specialist**

Resolution 714-A-17 would call on the federal government to set a standard that physicians should refer patients to pain management specialists. However, AMA policy recognizes that it is not always necessary for patients with pain to be referred to a pain management specialist. In addition, many communities do not have access to pain management specialists or have long waiting times to see pain management specialists, making timely referrals to see these specialists problematic.

**Modification of Existing AMA Policy**

The adoption of Resolution 714-A-17 would not be consistent with the plethora of existing AMA policy for the reasons stated above. However, the Board of Trustees believes that existing AMA policy should be amended to state more succinctly the AMA’s support for efforts to improve the quality of care for patients with pain, ensuring access to multiple analgesic strategies, with a focus on achieving improvement in function and activities of daily living. Existing policy should also be amended to document the AMA’s position that guidance on pain management should be developed by the specialties who manage these conditions.
RECOMMENDATION

The Board of Trustees recommends that Policy H-185.931 be amended by addition and deletion in lieu of Resolution 714-A-17 and the remainder of the report be filed:

Policy H-185.931, “Coverage for Chronic Pain Management”

1. Our American Medical Association (AMA) supports efforts to improve the quality of care for patients with pain, ensuring access to multiple analgesic strategies, including non-opioid options when appropriate, with a focus on achieving improvement in function and activities of daily living.

2. Guidance on pain management for different clinical indications should be developed by the specialties who manage those conditions and disseminated the same way other clinical guidelines are promoted, such as through medical journals, medical societies, and other appropriate outlets.

3. Our American Medical Association (AMA) will advocate for an increased focus on comprehensive, multidisciplinary pain management approaches that include the ability to assess co-occurring mental health or substance use conditions, are physician led, and recognize the interdependency of treatment methods in addressing chronic pain.

4. Our AMA supports health insurance coverage that gives patients access to the full range of evidence-based chronic pain management modalities, and that coverage for these services be equivalent to coverage provided for medical or surgical benefits.

5. Our AMA supports efforts to expand the capacity of practitioners and programs capable of providing physician-led interdisciplinary pain management services, which have the ability to address the physical, psychological, and medical aspects of the patient's condition and presentation and involve patients and their caregivers in the decision-making process.

(Modify Current HOD Policy)

Fiscal Note: Less than $500.
REFERENCES


APPENDIX – CURRENT AMA POLICY

**Policy H-185.931, “Coverage for Chronic Pain Management”**
1. Our American Medical Association will advocate for an increased focus on comprehensive, multidisciplinary pain management approaches that include the ability to assess co-occurring mental health or substance use conditions, are physician led, and recognize the interdependency of treatment methods in addressing chronic pain.
2. Our AMA supports health insurance coverage that gives patients access to the full range of evidence-based chronic pain management modalities, and that coverage for these services be equivalent to coverage provided for medical or surgical benefits.
3. Our AMA supports efforts to expand the capacity of practitioners and programs capable of providing physician-led interdisciplinary pain management services, which have the ability to address the physical, psychological, and medical aspects of the patient's condition and presentation and involve patients and their caregivers in the decision-making process.

**Policy H-410.958, “Interventional Pain Management: Advancing Advocacy to Protect Patients from Treatment by Unqualified Providers”**
Our AMA: (1) encourages and supports state medical boards and state medical societies in adopting advisory opinions and advancing legislation, respectively, that interventional pain management of patients suffering from chronic pain constitutes the practice of medicine; and (2) will work to ensure that interventional pain management is the practice of medicine and the treatment rendered to patients by qualified MDs and DOs is directed by best evidence. Further, our AMA will collect, synthesize and disseminate information regarding the educational programs in pain management and palliative care offered by nursing programs and medical schools in order to demonstrate adherence to current standards in pain management.

**Policy H-410.950, “Pain Management”**
Our AMA adopts the following guidelines on Invasive Pain Management Procedures for the Treatment of Chronic Pain, Including Procedures Using Fluoroscopy:

Interventional chronic pain management means the diagnosis and treatment of pain-related disorders with the application of interventional techniques in managing sub-acute, chronic, persistent, and intractable pain. The practice of pain management includes comprehensive assessment of the patient, diagnosis of the cause of the patient's pain, evaluation of alternative treatment options, selection of appropriate treatment options, termination of prescribed treatment options when appropriate, follow-up care, the diagnosis and management of complications, and collaboration with other health care providers.

Invasive pain management procedures include interventions throughout the course of diagnosing or treating pain which is chronic, persistent and intractable, or occurs outside of a surgical, obstetrical, or post-operative course of care. Invasive pain management techniques include:
1. ablation of targeted nerves;
2. procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves, including percutaneous precision needle placement within the spinal column with placement of drugs such as local anesthetics, steroids, and analgesics, in the spinal column under fluoroscopic guidance or any other radiographic or imaging modality; and
3. surgical techniques, such as laser or endoscopic diskectomy, or placement of intrathecal infusion pumps, and/or spinal cord stimulators.
At present, invasive pain management procedures do not include major joint injections (except sacroiliac injections), soft tissue injections or epidurals for surgical anesthesia or labor analgesia. When used for interventional pain management purposes such invasive pain management procedures do not consist solely of administration of anesthesia; rather, they are interactive procedures in which the physician is called upon to make continuing adjustments based on medical inference and judgments. In such instances, it is not the procedure itself, but the purpose and manner in which such procedures are utilized, that demand the ongoing application of direct and immediate medical judgment. These procedures are therefore within the practice of medicine, and should be performed only by physicians with appropriate training and credentialing. Invasive pain management procedures require physician-level training. However, certain technical aspects of invasive pain management procedures may be delegated to appropriately trained, licensed or certified, credentialed non-physicians under direct and/or personal supervision of a physician who possesses appropriate training and privileges in the performance of the procedure being supervised, and in compliance with local, state, and federal regulations. Invasive pain management procedures employing radiologic imaging are within the practice of medicine and should be performed only by physicians with appropriate training and credentialing.

Policy D-120.976, “Pain Management”
Our AMA will: (1) support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management; (2) take a leadership role in resolving conflicting state and federal agencies' expectations in regard to physician responsibility in pain management; (3) coordinate its initiatives with those state medical associations and national medical specialty societies that already have already established pain management guidelines; and (4) disseminate Council on Science and Public Health Report 5 (A-06), "Neuropathic Pain," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain); and (5) disseminate Council on Science and Public Health Report 5 (A-10), "Maldynia: Pathophysiology and Nonpharmacologic Approaches," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain).

Policy D-160.981, “Promotion of Better Pain Care”
1. Our AMA: (a) will express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; and (b) encourages relevant specialties to collaborate in studying the following: (i) the scope of practice and body of knowledge encompassed by the field of pain medicine; (ii) the adequacy of undergraduate, graduate and post graduate education in the principles and practice of the field of pain medicine, considering the current and anticipated medical need for the delivery of quality pain care; (iii) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (iv) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic.
2. Our AMA encourages relevant stakeholders to research the overall effects of opioid production cuts.
3. Our AMA strongly urges the US Drug Enforcement Administration to base any future reductions in aggregate production quotas for opioids on actual data from multiple sources, including prescribing data, and to proactively monitor opioid quotas and supply to prevent any shortages that might develop and to take immediate action to correct any shortages.

4. Our AMA encourages the US Drug Enforcement Administration to be more transparent when developing medication production guidelines.

5. Our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.