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June 20, 2016

Sylvia Mathews Burwell Secretary Department of Health and Human Services 200 Independence Ave. SW Washington, D.C. 20201

Dear Madam Secretary:

I am writing on behalf of the American Society of Anesthesiologists (ASA) to request that HHS revise the three questions designed to assess adequacy of pain management in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

The ASA and its members are very concerned that the public reporting of patient satisfaction with pain management during inpatient care has had unintended consequences and contributed to increased opioid use among people of all races, ages, and demographics. ASA has received numerous reports from physicians that the three questions assessing satisfaction with pain management in the HCAHPS survey inadvertently place pressure on physicians to prescribe opioids. Given the epidemic of prescription opioid abuse, now more than ever is the time to reassess how patient satisfaction scores impact opioid prescribing in the hospital setting and their impact on subsequent care.

ASA strongly recommends that the questions designed to assess adequacy of pain management in the HCAHPS survey be revised. We propose that HHS conduct an evidence-based examination of the questions by soliciting public comment to determine whether the questions ensure patients receive optimal pain care. This will allow for stakeholders, including patients, to weigh in on this critical issue. Based on this input, we recommend that the survey questions be revised to acknowledge the goals of reducing pain, improving patient function and decreasing the period of time before patients can return to normal activities. The questions should also address whether alternative methods of managing pain were offered or provided to the patient, including multimodal pain care, which includes non-opioid analgesics and regional analgesia, in addition to opioid medications.

While we recommend that the HCAHPS survey be refined to better reflect the goals in pain management and approaches to accomplish them, we support retaining questions assessing patient satisfaction with pain management in the calculations determining hospital incentive payments under the Value-Based Purchasing Program. Retaining a link to payment will incentivize hospitals to appropriately and adequately treat acute and chronic pain and will help ensure that patient care does not return to an era of undertreated pain and its consequences. In the perioperative setting, undertreated pain can lead to adverse outcomes including thromboembolic and pulmonary complications, additional time spent in the intensive care unit or hospital, hospital readmission for further pain management, needless suffering, impairment of health-related quality of life, and development of chronic pain.¹ In addition, according to the Institute of Medicine report, *Relieving Pain in America*, at least 100 million U.S. adults suffer from common chronic pain conditions, and it is essential that hospitals support evidence-based efforts to provide integrated, multimodal, multidisciplinary treatment for these patients. Each of these clinical situations requires thoughtful and evidence-based approaches to improve pain control while avoiding unintended consequences related to opioid misuse.

ASA welcomes the opportunity to work with HHS to revise the HCAHPS questions designed to assess pain management in order to reduce unnecessary opioid prescribing and optimize multimodal and multidisciplinary pain care. While revising the questions alone will not resolve the prescription opioid epidemic, it is a key part of a comprehensive solution to preventing the unintended consequences of opioid use.

Sincerely,

Daniel / lola

Daniel Cole, M.D. President American Society of Anesthesiologists

cc: Acting Administrator Andrew Slavitt, Centers for Medicare and Medicaid Services, Director Andrew B. Bindman, MD, Agency for Healthcare Research and Quality

¹ American Society of Anesthesiologists Task Force on Acute Pain Management: Practice guidelines for acute pain management in the perioperative setting: an updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. Anesthesiology. 2012; 116(2):248-73.