

May 15, 2018

The Honorable Kevin Brady
Chairman
Committee on Ways and Means

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means

The Honorable Jason Smith
Committee on Ways and Means

The Honorable Brian Higgins
Committee on Ways and Means

Dear Chairman Brady, Ranking Member Neal, Congressman Smith and Congressman Higgins:

On behalf of the American Society of Anesthesiologists® (ASA) and our 52,000 members, we are writing to express support for H.R. 5718, the Perioperative Reduction of Opioids (PRO) Act. ASA is pleased Congressman Smith and Congressman Higgins have introduced a bill that recognizes the surgical setting as a way to prevent opioid misuse and abuse. As the Committee continues to explore proposals to address the opioid epidemic, ASA looks forward to serving as a resource.

The surgical experience can be a patient's first exposure to opioids. For some patients, that exposure can ultimately lead to opioid abuse and misuse. Physician anesthesiologists are experts in pain management and are uniquely suited to prevent opioid abuse and misuse by employing opioid-sparing techniques in the surgical setting. Not only do they understand the intricacies of post-surgical pain and alternative treatment options to best manage this pain, they also specialize in pain medicine and treat complex patients affected by ongoing chronic pain.

ASA is pleased that H.R. 5718 would establish a technical expert panel to provide recommendations on reducing opioid use in the surgical setting and on best practices for pain management. Physician anesthesiologists are already engaging in efforts to implement best practices for pain management and promote minimizing opioids in the perioperative period.

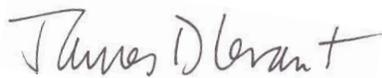
One example of ASA's work in this area is the development of the Perioperative Surgical Home (PSH), which is a patient-centered, physician-led, interdisciplinary and team-based system of coordinated patient care. This spans the entire surgical experience, from the decision to have surgery to discharge and beyond in a standardized way. PSH collaboratives currently function in almost 60 large and small health care systems across the country, where physician anesthesiologists and surgeons are partnering to carry out comprehensive perioperative analgesic plans that are tailored to the individual patient, with a focus on opioid-sparing regimens. Physician anesthesiologists are also employing Enhanced Recovery After Surgery (ERAS) protocols, where a variety of methods are used to ease the effects of surgery and facilitate early patient recovery. Examples include preoperative counseling, optimization of nutrition, and early mobilization, to name a few.

ASA just concluded a six-month pilot project with Premier, Inc. and their network of hospitals. The Safer Post-Operative Pain Management Reducing Opioid Related Harm Pilot aimed to reduce harm associated with the use of opioids in patients undergoing certain high-volume surgical procedures (hip, knee, and colectomy). The project, which was executed through the Centers for Medicare and Medicaid Services (CMS) Hospital Improvement Innovation Networks (HIIN), involved implementing evidence-based pain management practices to measurably reduce opioid use during and after surgery. As part of the pilot, ASA physician-members provided education to participating hospitals on best practices, including multimodal approaches to pain management, with the goal of reducing reliance of opioids during surgery and the overall number of opioids prescribed to patients following surgery. Preliminary data from the pilot demonstrates that in the three surgical areas of focus, the average dose per day of opioids administered to patients following surgery decreased. More importantly, the data shows that this intervention had the greatest impact in reducing the numbers of patients receiving very high daily amounts of opioids. ASA expects to have final data in the next couple of months and would be happy to share this with the Committee.

This pilot, along with the PSH and ERAS protocols previously described, demonstrate what can be done in the perioperative setting to prevent opioid misuse and abuse. We can change clinical practices and reduce reliance on opioids following surgery. Additional data is needed, however, to establish effective strategies and best practices to minimize opioid exposure during the perioperative period and upon discharge after surgery. Data in this setting would allow the further development and implementation of pain management protocols that would reduce the reliance on opioids nationwide. ASA believes H.R. 5718 encompasses the building blocks necessary to expand these regimens and better disseminate best practices to hospitals. As leaders in patient safety and experts in pain management, physician anesthesiologists could be a valuable asset to the technical expert panel. ASA would be grateful to be included in and consulted as next steps are taken to implement this legislation.

Thank you for your leadership in addressing the opioid epidemic. ASA appreciates the opportunity to express support for this bill. Please do not hesitate to contact ASA Pain Medicine and Federal Affairs Manager, Ashley Walton, J.D., via email at a.walton@asahq.org or by telephone at (202) 289-2222 if we can be of further assistance. Thank you again for your leadership on this critical issue facing our country.

Sincerely,

A handwritten signature in cursive script that reads "James D. Grant".

James D. Grant, M.D., M.B.A., FASA
President
American Society of Anesthesiologists