April 01, 2019

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue, S.W., Room 736E,
Attn: Alicia Richmond Scott, Pain Management Best Practices Inter-Agency Task Force
Designated Federal Officer
Washington, DC 20201


Dear Members of the Inter-Agency Task Force:

The American College of Rheumatology (ACR), representing over 9,500 rheumatologists and rheumatology interprofessional team members, appreciates the opportunity to provide input on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices. Rheumatologists provide care for millions of Americans, both adults and children, and are the experts in diagnosing, managing, and treating arthritis and rheumatic diseases. These life-long, chronic conditions include rheumatoid arthritis, systemic lupus, and vasculitis, among many others. Rheumatic diseases and arthritis are the leading cause of disability in the United States. Early and appropriate treatment by a rheumatologist is vital to controlling disease activity, preventing and slowing progression, improving patient outcomes, and reducing the need for costly downstream procedures and care. Rheumatologists practice in every state, the District of Columbia, and Puerto Rico, and in all communities, both urban and rural. They provide critical care for people with diseases that can be crippling, life changing, and life threatening.

The ACR found this report to be a very comprehensive pain management document with a realistic balance between the concern for opioid use disorder and the need for patients to have access to these medications. We are also pleased to see the report outline many other options for a multimodal approach to pain modulation, including existing limitations such as lack of efficacy data, lack of appropriately trained providers, inadequate insurance compensation, and suggestions for how to remedy these limitations. We are supportive of the findings of this report and find it to be an exhaustive and balanced document regarding pain management. We would however like to draw attention to some areas that we feel warrant additional focus.

We are pleased to see the Task Force consists of twenty-nine experts who have significant experience in pain management, patient advocacy, substance use disorders, mental health, and minority health. We are concerned that the lack of rheumatology representation on the Task Force results in the loss of a very important perspective and expertise. Rheumatologists treat
Joint disease similar to orthopedists, but do not perform surgeries. Common diseases treated by rheumatologists include osteoarthritis, gout, rheumatoid arthritis, chronic back pain, tendinitis, and lupus. The ACR believes rheumatologists should be included in this process, particularly as they manage both chronic musculoskeletal and inflammatory diseases causing nociceptive and neuropathic pain as well as central pain disorders such as fibromyalgia; and the ACR would welcome the opportunity to work with HHS on such initiatives.

While we support the recommendations in this report we have concerns that accessing many of the resources is unattainable for many patients. In rheumatology alone, the ACR estimates there are roughly 1.7 adult rheumatologists per 100,000 persons. With the aging U.S. population and lack of growth in the number of rheumatologists, expert project that by 2025 there will be a severe shortage of over 4,500 rheumatologists. Additionally, a 2013 study analyzed the distribution of rheumatology practices across the U.S. The study found that several regions with populations of 200,000 or more have no practicing rheumatologist in the area. These shortages are not unique to Rheumatology, and therefore we urge HHS to create policies that strengthen and expand the healthcare workforce in regards to pain management and chronic disease management so that the solutions offered in this report are attainable for patients.

The ACR is dedicated to ensuring that rheumatologists and rheumatology health professionals have the resources they need to provide patients with high-quality care. We appreciate the opportunity to provide feedback on the *Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices*. We believe this report is well balanced and provides comprehensive recommendations on pain management. The American College of Rheumatology welcomes the opportunity to work with HHS on these issues in the future, as policy is developed. Please contact Kayla L. Amodeo, Ph.D., Director of Regulatory Affairs, at kamodeo@rheumatology.org or (202) 210-1797 if you have questions or if we can be of assistance.

Sincerely,

Colin C. Edgerton, M.D.
Chair, Committee on Rheumatologic Care
American College of Rheumatology