

CARA 2.0 Policy Solutions for the Chronic Pain and Opioid Misuse Crises

PROBLEM: America faces two inter-related public health crises—chronic pain and opioid misuse.

Chronic pain is the most prevalent, costly and disabling health condition in the US:

- 100 million American adults have chronic pain, and over 60% of Veterans suffer from post-deployment pain.^{1 2}
- Painful arthritic, musculoskeletal and back/spine disorders are the leading causes of disability in the US.^{3 4}
- Chronic pain and opioid misuse together cost the US economy more than \$1 trillion annually.^{5 6}

SOLUTIONS: Response to the opioid misuse epidemic must include more effectively treating chronic pain.

1. Transform Pain Treatment and Reimbursement by Implementing the National Pain Strategy.

Pain care is highly ineffective and inefficient. The HHS-developed National Pain Strategy calls for federal stakeholders (ACL, AHRQ, CDC, CMS, DoD, FDA, HRSA, IHS, NIH, NLM, ONC, VHA) to:

- **Improve Models of Pain Care.** Redesign system of care to move toward integrative, multimodal pain care, beginning with a comprehensive assessment, an individualized evidence-based care plan, and patient-centered outcomes, supported by appropriate payment incentives.
- **Modify Reimbursement and Coverage Strategies.** Integrate existing evidence into clinical practice by aligning incentives and payment strategies with treatments that are based on the highest available level of evidence, are coordinated, and improve outcomes for people with pain.
- **Develop Standardized Pain Assessments & Outcome Measures.** Include measures that are: both self-report and based on clinician examination and that assess both pain characteristics and physical, psychological, emotional, and social domains of functioning. Assessment results and outcomes should be used for point-of-care decision-making, treatment approach value estimation, and practice-based effectiveness studies.

2. Surveil the National Burden of Chronic Pain Through CDC Data Collection, Analysis & Publication.

It is critical that Congress provide funding for the directives included in the 2018 U.S. Senate and House Appropriations bills,⁷ which enables the CDC to collect data that will:

- Identify trends, subpopulations at risk, and the health consequences of pain in terms of morbidity, mortality, and disability;
- Clarify the incidence and prevalence of pain syndromes differentiated by age, comorbidities, socio-economic status, race, and gender; and
- Assess direct cost of pain treatment in terms of utilization of medical and social services and indirect costs such as missed work, public and private disability and reduced productivity.

3. Expand and Expedite Pain Research.

Little is known about the prevention, causes, and mechanisms of chronic pain, because the federal research investment is incommensurate with its burden. Urgently needed are:

- Pragmatic clinical trials that inform clinicians, payers, and policymakers about the optimal use of existing pharmacologic and nonpharmacologic pain treatments; and
- Passage of the [Opioids and STOP Pain Initiative Act](#), introduced by Sen. Schatz and Reps. McKinley and Welch.
 - Appropriates \$5 billion over 5 years for a new NIH-directed initiative to intensify and coordinate fundamental, translational, and clinical pain research.
 - Directs the NIH to discover and develop non-addictive pharmacologic and nonpharmacologic chronic pain treatments and improved options and evidence for medication-assisted treatment and opioid overdose reversal treatments.

Organizational Support

Academic Consortium for Integrative Medicine and Health

Academy of Integrative Pain Management

A Healing Place - The Estates

Alliance for Patient Access

American Academy of Orofacial Pain

American Academy of Pain Medicine

American Association of Nurse Anesthetists

American Massage Therapy Association

American Osteopathic Association

American Pain Society

American Physical Therapy Association

American Society for Pain Management Nursing

American Society of Acupuncturists

American Society of Anesthesiologists

Alliance for Balanced Pain Management

Chronic Pain Research Alliance

Ehlers-Danlos Society

Global Healthy Living Foundation

Hereditary Neuropathy Foundation

Integrative Health Policy Consortium

Integrative Medicine for the Underserved

International Association of Yoga Therapists

International Pain Foundation

National Association of Social Workers

National Center for Homeopathy

National Fibromyalgia & Chronic Pain Association

National Patient Advocate Foundation

Pain Care Coalition

Pennsylvania Pain Society

Professionals for Rational Opioid Monitoring and Pharmacotherapy

Quest Center for Integrative Health

Society for Palliative Care Pharmacists

Southern California University of Health Sciences

Tennessee Pain Society

The Academic Collaborative for Integrative Health

The Academy of Integrative Health and Medicine

The Gerontological Society of America

The Pain Community

The TMJ Association

Thought Leadership and Innovation Foundation

U.S. Pain Foundation

1 National Academy of Medicine (formerly the Institute of Medicine) Report: *Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research*. The National Academies Press, 2011.

2 Nahin RL. Severe pain in veterans: the impact of age and sex, and comparisons to the general population. *Journal of Pain*. 2017;18(3):247-254.

3 <https://www.cdc.gov/chronicdisease/overview/>

4 <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5816a2.htm>

5 <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>

6 National Academy of Medicine (formerly the Institute of Medicine) Report: *Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research*. The National Academies Press, 2011.

7 Language included in H. Rept. 115-244-LHHS/Education Appropriations Bill, 2018: "Chronic Pain—According to the Institute of Medicine, 100 million Americans are burdened with chronic pain, which costs the U.S. economy more than \$560 billion annually in direct healthcare costs and lost productivity. Longitudinal comparisons of pain data to identify trends, subpopulations at risk, and the health consequences of pain in terms of morbidity, mortality, and disability are critical in order to address this issue. The Committee directs CDC to collect epidemiological data to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socio-economic status, race, and gender. The Committee directs CDC to collect resource utilization data of medical and social services; on direct healthcare costs of pain treatment, both traditional and alternative; on the effectiveness of evidence-based treatment approaches; and on indirect costs (i.e., missed work, public and private disability, reductions in productivity). Finally, the Committee directs CDC to report these pain statistics to Congress and publish annually."