

Office of the Assistant Secretary of Health

Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations (Abridged)

Draft Report Overview

The Comprehensive Addiction and Recovery Act (CARA) of 2016 led to the creation of the Pain Management Best Practices Inter-Agency Task Force (Task Force), whose mission is to determine whether gaps in or inconsistencies between **best practices for acute and chronic pain management exist and to propose updates and recommendations to those best practices**. The Task Force consists of 29 experts who have significant experience across the disciplines of pain management, patient advocacy, substance use disorders, mental health, and minority health. This draft report describes preliminary recommendations of the Task Force that will be finalized and submitted to Congress in 2019, following a 90-day public comment period. Initial key concepts:

- **Balanced** pain management should be based on a biopsychosocial model of care.
- **Individualized**, patient-centered care is vital to addressing the public health pain crisis.
- Ensure better and **safer opioid** stewardship through **risk assessment** based on patients' medical, social, and family history to ensure safe and appropriate prescribing.
- **Multidisciplinary** approach to chronic pain that focuses on the patient's medical condition, comorbidities, and various aspects of care including:
 - **Medications**. Different classes depending on patient medical conditions and history.
 - **Restorative movement therapies**. Physical and occupational therapy, massage therapy, aqua therapy.
 - **Interventional procedures**. Different types of minimally invasive procedures can be important for both acute and chronic pain.
 - **Complementary and integrative health**. Acupuncture, yoga, tai chi, meditation.
 - **Behavioral health/psychological interventions**. Coping skills, cognitive behavioral therapy.
- **Multi-modal approach** to acute pain in the surgical, injury, burn and trauma setting.
- **Perioperative surgical home and acute pain guidelines** to provide a framework for improved patient experience and outcomes.
- **Addressing drug shortages** that might affect acute and chronic pain care.
- **Access to care** is vital through improved health care coverage for various treatment modalities and an enlarged workforce of pain specialists and behavioral health clinicians to help guide and support appropriately trained primary care clinicians.
- **Stigma** is a major barrier to treatment, so it is important to provide empathy and a non-judgmental approach to improve treatment and outcomes.
- **Education** through societal awareness, provider education and training, and patient education are needed to understand choices and promote therapeutic alliances between patients and providers.
- **Innovative solutions to pain management such as telemedicine, tele-mentoring, mobile apps for behavioral and psychological skills, newer medicines, and medical devices** should be utilized as part of the overall approach to pain management.
- **Research** is required to develop a better understanding of the mechanisms of pain, preventive measures, **the use of innovative medical devices** and medications to prevent the acute-to-chronic pain transition, and methods to improve outcomes of chronic pain conditions.

- 2.5.2 Chronic Pain Patients With Mental Health and Substance Use Comorbidities

- The occurrence of pain and behavioral health comorbidities, including depression, PTSD, and SUD, is well documented.³⁰⁶⁻³¹⁰ It is established that psychosocial distress can contribute to pain intensity, pain-related disability, and **poor response to chronic pain treatment**. Untreated psychiatric conditions and current or historical SUD also increase the risk of both unintentional and intentional medication mismanagement, OUD, and overdose.³¹¹ Given the intersection between psychiatric/psychological symptoms and chronic pain, it is important that the behavioral health needs of patients with pain are appropriately and carefully evaluated and treated with the concurrent physical pain problem.
- Although the literature exploring the effectiveness of interventions for patients with painful conditions and comorbid psychiatric concerns is limited, **research suggests that regular monitoring and early referral and intervention can improve pain and psychiatric outcomes and prevent negative opioid-related outcomes.**^{248,252,303,312} Many CBPs recommend thoroughly screening and regularly monitoring the psychological health concerns and substance misuse risk of all patients with pain, using multidisciplinary approaches and referring patients to behavioral health and substance use specialists as clinically indicated.^{34,313} **Technological advances in the delivery of clinical tools (e.g., mobile applications) may improve assessment, monitoring, and treatment delivery,**³¹⁴ **although further research is needed.**