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American Academy of Pain Management

American Association of Naturopathic  
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Palmer College of Chiropractic

Samueli Institute

January 13th, 2016

Centers for Disease Control and Prevention (CDC)  
Department of Health and Human Services (HHS)

Subject: Comments on proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain

Ref: (1) Docket No. CDC-2015-0112  
(2) Integrative non-pharmacological approaches. Tick, H., Chauvin, S. W., Brown, M. and Haramati, A. (2015)

Encl: (a) American Academy of Pain Management (AAPM) Comments on proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain  
(b) ACCAHC Policy Brief – Never Only Opioids: The Imperative for Early Integration of Non-Pharmacologic Approaches and Practitioners in the Treatment of Patients with Pain  
(c) Joint Commission Revisions to Pain Management Standard effective January 1, 2015  
(d) Tick, H., et al. Core Competencies in Integrative Pain Care for Entry-Level Primary Care Physicians. *Pain Medicine*, 16: 2090–2097  
(e) APHA Proposed Statement authored by Michele Maiers, DC, MPH  
(f) Integrative Health and Medicine: Today's Answer to Affordable Health Care for a cost effectiveness analysis of integrative healthcare  
(g) Tick, H., Integrative pain medicine: A holistic model of care. *Pain Clin Updates*, 2014  
(h) World Health Organization Scoping Document for Treatment Guidelines on chronic non-malignant pain in adults. October 14, 2008

The Integrative Health Policy Consortium (IHPC) appreciates the opportunity to respond to your request for input on the proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain. The IHPC is a national non-profit 501c-4 consortium comprised of 16 organizations and institutions ("Partners for Health") representing more than 400,000 licensed, and state and nationally certified healthcare professionals. Our mission is to advocate for an integrative healthcare system with equal access to the full range of health-oriented, person-centered, regulated healthcare professionals.

Integrative Health and Medicine offers a comprehensive prevention-based approach to effectively treat chronic pain and disease and enhance health promotion, embracing a multi-disciplinary team of licensed healthcare providers working at the highest level of their scope of practice. This includes health practitioners such as medical doctors, nurses, naturopathic physicians, chiropractors, acupuncturists, nurse practitioners, nurses, midwives, nutritionists, massage therapists, homeopaths, and other allied health professionals. Collaborative care elevates all players, including the patient, and allows for the patient to determine hierarchy depending on need, rather than based on insurance coverage.

Bob Twillman, Ph.D., FAPM, Executive Director of the American Academy of Pain Management said,  
“Those of us who specialize in treating chronic pain recognize that we can kill two birds with one stone by maximizing the use of non-opioid treatments for chronic pain; doing so helps address both chronic pain and risk of addiction. Acupuncture, Chiropractic care, Naturopathic Medicine and Massage Therapy are chief among those non-opioid treatments, and we need to find a way to increase patient access by ensuring adequate insurance reimbursement.”

With this quote in mind, we applaud and fully support the efforts of the AAPM in their evaluation of your proposed guidelines, [Enclosure (a)] and endorse the use of non-pharmacologic techniques and procedures in the management of chronic pain conditions.

The value of integrative health approaches cannot be understated in your guidelines. Enclosure (b), ACCAHC Policy Brief – *Never Only Opioids: The Imperative for Early Integration of Non-Pharmacologic Approaches and Practitioners in the Treatment of Patients with Pain*, makes a solid case for applying physical modalities, relaxation, creative arts, movement-based and mind/body therapies, nutritional counseling and strategies for self-care in the treatment of chronic pain. The brief concludes with, “*Because licensed complementary, integrative and mental health practitioners are often trained in multiple non-pharmacological modalities, their inclusion into team based care is an efficient method for increasing patient access to non-pharmacological approaches.*”

Enclosure (c), Joint Commission Revisions to Pain Management Standard effective January 1, 2015, echoes the recommendations in the ACCAHC Policy Brief. **We strongly recommend you include enclosure (c) in your guideline to educate physicians on options beyond drugs and surgery.** Enclosures (d) and (f) published in the peer review literature provide ACGME approved core competencies in integrative pain management for entry level primary care physicians (Tick et al. 2015), reducing the use of opioids and other pharmaceuticals and effectively treating and managing pain. Dr. Tick’s 2014 article presents an holistic model for pain management recommending to “*Flip the therapeutic order, and rather than beginning with drugs or costly and risky interventions and surgeries, begin with yoga, massage, chiropractic care, or acupuncture.*”

Enclosure (e) contains the draft policy statement proposal from the American Public Health Association (APHA) calling for a coordinated, multi-faceted expansion to integrate evidence-based, non-pharmacologic therapies as front-line treatment options for pain.

The World Health Organization (WHO) developed a scoping document for guidelines published in 2008 for the treatment of chronic, non-malignant pain in adults [encl (h)]. It emphasizes an integrative approach to chronic pain management stating, “*the effectiveness of a coordinated team approach, in its broadest sense, i.e. depending on the resources available and the setting in which pain is being managed, teams may vary in composition (different disciplines, professions and combinations of professionals and non-professionals), complexity and size.*”

Furthermore, the WHO Normative Guidelines on Pain Management (2007), Annexure 4, Table 3 states:  
“*We should recommend the non-drug modalities for example psychological and rehabilitation approaches (physiotherapy), holistic procedures like herbal therapy, acupuncture, faith based treatment, reiki and jugizu, music-therapy, arts and dramatization in playacting other distraction techniques may be used in the treatment of all pain patients.*”

It’s clear that a balanced approach should be used in treating chronic pain, applying the least harmful and invasive techniques first in an integrative patient-centered setting.

Thank you for the opportunity to assist in this important undertaking. IHPC and its Partners for Health will be pleased to serve as a resource should further information be desired, (202-505-4472; awostrel@ihpc.org; www.ihpc.org).

Sincerely,



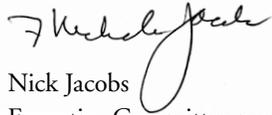
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