### Key Policy & Advocacy Initiatives to Improve Pain Care

**Cindy Steinberg** 

Director of Policy & Advocacy US Pain Foundation

Policy Council Chair Massachusetts Pain Initiative Friday, September 29



Opioid Response Network



#### **Commercial Support/Sponsorship:**

There is no commercial support for this training.

### **Conflict of Interest:**

In accordance with continuing education guidelines, speakers and planning committee members are asked to disclose relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Faculty:** Cindy Steinberg has no relevant financial relationship(s) with ineligible companies to disclose.

**<u>Planning Committee Members</u>**: Have no relevant financial relationship(s) with ineligible companies to disclose.

### **Mitigation Steps Implemented:**

There were no reported financial relationships to be mitigated.



### **About Me**

- Live w/ chronic pain- my back was crushed in an accident > 20 years ago
- Started a support group as volunteer still running for 23 years; >500 people living w/pain
- Changed my career to focus on improving pain care in this country through public policy
- Working on state pain policy since 2008 & federal pain policy since 2013



## **US Pain Foundation**



Our mission: to empower, educate, connect, and advocate for individuals living with chronic pain and chronic illnesses and serious injuries that cause pain, as well as their care partners and clinicians.



Ational non-profit patient organization





# **US Pain Foundation Programs**

- Policy & Advocacy
- Invisible Project
- Support Groups
- Pediatric Pain Program
- Pain Awareness Month Campaign: Pain Research for 2023
- Educational Programs: Webinars, Blogs, Training Series
- Surveys
- Building Your Toolbox
- Printed Material: Infographics, booklets, rack cards













# **Massachusetts Pain Initiative**

- Mission: MassPI is dedicated to improving the quality of life for people suffering from pain through professional education & policy advocacy
- State-based non-profit healthcare provider organization
- ♦ Policy Council
- Education Council



6



## **Key Federal Pain Policy Initiatives**

### Pain Management Best Practices Task Force Report 2019

- Mandated by Congress in Comprehensive Addiction & Recovery Act
- 29 experts appointed by HHS Secretary; I was only patient advocate
- Informed by extensive review of research, > 9,000 public comments, public hearings, prominent speakers
- Charge was to identify best practices, gaps & recommendations to address gaps
- Final Report endorsed by 165 h/c organizations including:
  - American Medical Association
  - American College of Physicians
  - American Academy of Pain Medicine
  - Association of American Physicians & Surgeons





# What is the best way to manage pain now?



**Comprehensive:** assessment, diagnosis, development & revision of patient-centered treatment plan



**Individualized:** in selection, duration & consideration of risks & benefits of treatments & optimal dosing of any medication



**Multidisciplinary and integrative:** combining a full range of pharmacological and non-pharmacological treatments



### Combining Multiple Treatments Drawn from 5 Categories



Medication





Interventional Procedures

**Restorative Therapies** 







**Complementary & Integrative Health** 



## Individualized Treatment Plan



- ♦ If each therapy reduces pain by 10 15%, combination of 3 or 4 treatments could lead to a 30 – 45% reduction in pain
  - Result is a HUGE difference in function & quality of life
  - Could make the difference in being able to play w/ your child or not, socialize w/ friends or not & work part time or not
- Goal of medical management is to reduce the pain enough to allow active patient engagement & function



### CMS Improving Chronic Pain Treatment

- Beginning Jan 1, 2023 Medicare has implemented 2 new chronic pain billing codes
- G3002 covers monthly visits with any MD, DO, NP, PA of at least 30 min for comprehensive pain care
- G3003 allows for unlimited 15 minute add-on time for chronic pain mgmt & treatment monthly
- Tasks covered include: diagnosis, assessment, use of pain rating tool, development & revision of treatment plan, overall mgmt, medication mgmt, crisis care
- Also includes care coordination with other practitioners & pain and health literacy counseling





# MA CARE Act passed in 2018 (primarily a substance use disorder (SUD) bill)

- However, in response to fact that so many pain patients had been forced off opioids and not given other options for pain control
- ♦ Able to include several key pain provisions in this bill
- One designed to improve access to non-opioid treatment options
- Provision requires private & public payers to "provide coverage & access to a broad spectrum of pain management services"
- Bill also required payers to offer these pain services as a condition of accreditation, distribute educational materials to providers & make pain management plans publicly available on website





- Language of bill req'd Division of Insurance (DOI) to issue guidance
- Worked with DOI to craft guidance
- Payers had to offer 2 alternative non-opioid medications & 3 non-medication treatment modalities
- Requirements took effect January 1, 2020
- BC/BS of MA now covers 12 acupuncture visits with no prior authorization (PA) for chronic pain management diagnosis
- Other plans added chiropractic, cognitive behavioral treatment for pain, and mindfulness-based stress reduction





- U.S. Pain Foundation has been working in 3 other states to develop, introduce and move similar bills to improve coverage for multidisciplinary pain care
  - Work with volunteer advocates that we train on the ground in those states (NH, NY, CA)
- In 2021, began working to modify HB 247 with Drs. Dave Nagel, Seddon Savage & NH Medical Society
  - Focus on payer coverage of multidisciplinary pain care







- HB247 included requirements for practitioners to recommend certain nonmedication therapies to every patient w/ chronic pain (CP) before prescribing an opioid, non-opioid directives & required coverage of a few selected therapies (eg. Chiropractic, acupuncture, PT, OT)
- Redrafted the bill to make certain improvements & then Dave became a NH House member and has begun to steer this process.
- Hopefully, he will tell us what he has accomplished so far.

### **Thanks for listening!**

