Management of Acute and Chronic Pain: Opportunities for Stakeholder Engagement and Public Comment

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July 22, 2020
Understanding pain and pain management

- Quality of evidence
- Balance Benefits/Harms
- Values & Preferences
Which stakeholders are being engaged?

Through online/written public comment and through individual conversations, CDC is specifically engaging with three key stakeholder groups:

- Patients with acute or chronic pain
- Patients’ family members and caregivers
- Health care providers who care for patients with pain or conditions that can complicate pain management (e.g. opioid use disorder or overdose)
Why public comments?

By soliciting comments, CDC aimed to better understand public perspectives on and experiences with pain and pain management, especially as they relate to...

- Experiences managing pain, including the benefits, risks, or harms of pain management options.
- Experiences choosing among pain management options, including factors like each option's accessibility, cost, benefits, or risks.
- Experiences getting information needed to make pain management decisions.
Who commented?

The comment period remained open for 60 days and received, on average, more than 88 comments per day, resulting in...

5,297 Total Comments

4,085 From Patients

698 From Advocacy/Industry Groups

416 From Caregivers

101 From Providers
Respondents commenting on their own experience needing, seeking, or receiving pain management options reported...

- **Frustrations** in accessing or receiving opioid medication as a result of the 2016 Guideline
- **Experiences** using non-pharmacological pain management options
- **Insights** comparing chronic pain management, pre- and post-2016 Guideline
Respondents commenting on their experience providing mental, emotional, or physical support to a friend or family member who requires pain management reported...

Experiences providing support to family members or friends who manage acute or chronic pain

Perspectives around other’s increased quality of life as a result of taking pain medication(s)

Impacts of 2016 Guideline on their family members or friends’ access to pain medications
Respondents commenting on their experience *providing pain management option(s)* reported...

**Opinions**
around the need for additional guidance within the 2016 Guideline

**Frustrations**
with the lack of autonomy with their patients

**Recommendations**
for non-opioid substances and treatments for pain management
Initial Observations: By Stakeholder Group

**ADVOCACY/INDUSTRY**

698 Comments from Advocacy/Industry

Respondents commenting as an affiliate with an organization or as a pain management advocate who did not provide identifiable information reported...

- **Impacts** of 2016 Guideline on patients & providers (e.g., untreated pain, fear to prescribe)
- **Support** for a multi-disciplinary approach to pain management
- **Recommendations** for training programs for prescribing doctors and pain management options
What’s next?

- April – Jun 2020: Public Comment FRN 1
- July 2020: Public Comment Analysis
- Early Fall 2020: Individual Conversations FRN 2
- Early - Late Fall 2020: Individual Conversations Analysis
Looking ahead

- Companion Federal Register notice: Management of Acute and Chronic Pain: Opportunity for Stakeholder Engagement

- [www.cdc.gov/emailupdates](http://www.cdc.gov/emailupdates) and select topics of interest
  - Subscription Topics: Injury, Violence, and Safety
  - Subtopic: Drug Overdose News
Discussion

How might we encourage practicing healthcare providers to participate, given competing priorities of the COVID-19 response and clinical duties?

How might we acknowledge potential feedback about COVID-19, while still focusing the conversations on information that can inform the guideline update?

How might we select 100 individuals for the non-standardized conversations in the most equitable and non-biased way possible?

How might we address other areas of insight learned through observations, is there a role for the BSC?