American College of Physicians
Leading Internal Medicine, Improving Lives

August 2, 2016

Mark Chassin, MD, MPH
President and CEO
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Dear Dr. Chassin:

The American College of Physicians (ACP), based on a resolution recently passed by its Board of Regents, recommends that The Joint Commission (TJC) both re-evaluate their current Pain Management Standards and clarify the specific requirements under these standards towards the goal of limiting the unnecessary, and potentially harmful, practice of routinely screening for patient pain within the outpatient, primary care setting.

ACP is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The practice of routinely assessing patient pain, typically through use of a numeric pain scale, stems from the perceived underassessment of pain in the 1990s, which led to the establishment of the "Pain as the 5th Vital Sign" movement by the American Pain Society that was quickly accepted as a de facto standard of care throughout the medical community. The College's review of the research literature uncovered no evidence that this movement, particularly within the outpatient setting, has improved the management of pain (e.g. see Mularski et. al.[1]), and there has been evidence presented, admittedly correlational in nature, that this approach may have contributed to the current opioid use crisis[2].

The requirement of having to formally do a pain screening, which is of questionable benefit, also adds to the increasingly difficult burden of meeting patient needs within the typical outpatient, primary care visit. It also has the potential of inappropriately focusing the patient on pain reduction, at the expense of focusing on improved function -- which we believe should be the outpatient treatment priority for most chronic, non-cancer related pain.

The College believes, based on feedback received from its members, that the requirement within many healthcare systems to formally screen for pain symptoms, including within the outpatient setting, stems

[1] Mularski et.al. Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management. Gen Intern Med. 2006 Jun; 21(6): 607–612.
[2] Alexander GC, Kruszewski SP, Webster DW. Rethinking opioid prescribing to protect patient safety and public health. JAMA. 2012; 308:1865-6.

from how TJC's Pain Standards are interpreted. Thus, our request is that you **re-evaluate your current Pain Management Standards and clarify the specific requirements under these standards towards the goal of limiting the unnecessary, and potentially harmful, practice of routinely screening for patient pain within the outpatient setting, except in post-operative and hospice care situations.**

Obviously, this does not mean that pain, as a symptom, should not be appropriately diagnosed and treated by the physician. It is the physician's professional responsibility to "listen" to their patients, to inquire and address clinical presentations where pain symptoms are evident, or are typically associated with the clinical presentation. Our concern is focused solely on the perceived requirement to formally screen for pain when no pain symptomatology is evident.

We encourage you to consider our recommendation, which we believe benefits patients and the physicians who treat them. We further encourage you to contact Shari Erickson, MPH at serickson@acponlne.org or (202) 261-4535 if you have any questions regarding this recommendation, or would like to discuss it in greater detail.

Respectfully,

Robert M. McLean, MD, FACP, FACR
Chair, Medical Practice and Quality Committee
American College of Physicians