



August 3, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
G, Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Acting Director Slavitt:

The American College of Physicians (ACP) on August 2, 2016 sent a letter to The Joint Commission (TJC) (available here) recommending actions towards the goal of limiting the unnecessary, and potentially harmful, practice of routinely screening for patient pain within the outpatient, primary care setting. More specifically, the College recommended that the TJC **“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 setting, except in post-operative and hospice care situations.”** We are sharing this letter with the Centers for Medicare and Medicaid Services (CMS) given the significant role the TJC has in deeming whether hospital facilities meet required Medicare Conditions of Participation (COPs), and the increasing role hospital-affiliated physicians and other healthcare professionals have in providing outpatient care. The College is also requesting CMS’ support, through potential changes or clarifications in Medicare policy, to further the goal of limiting unnecessary pain screening 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.

In the above referenced letter to the TJC, ACP stated:

“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 of this movement, particularly within

the outpatient setting, having 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 crisis².

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 further stated in the referenced letter to TJC that we “believe...that the requirement within many healthcare systems to formally screen for pain symptoms, including within the outpatient setting, stems from how the Joint Commission’s Pain Standards are interpreted.”

Based upon the above, ACP is specifically requesting that CMS work with TJC to re-evaluate and modify their relevant policy, and, in addition, requesting that CMS review and clarify their own policies that may be contributing towards this current trend of unnecessary and potentially harmful routine pain assessments within the outpatient setting.

We encourage you to consider our request, which we believe is important to Medicare beneficiaries and the physicians who treat them. We further encourage you to contact Shari Erickson, MPH at serickson@acponline.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

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.