

September 26, 2017

Governor Chris Christie
Chairman
President's Commission on Combating Drug Addiction and the Opioid Crisis

Dear Governor Christie:

On behalf of the American Association of Nurse Anesthetists (AANA), the professional association representing more than 50,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, I write to offer our comments on the interim report released by the President's Commission on Combating Drug Addiction and the Opioid Crisis (Commission). As the Commission advances with its mission to "study the scope and effectiveness of the federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response,"¹ we are committed to collaboratively working toward a common solution to resolving the opioid drug epidemic. Specifically, the AANA makes the following comments and recommendations:

- I. CRNAs Provide Safe, High Quality and Cost Effective Healthcare**
- II. CRNAs Provide Multi-Modal Pain Management Which May Reduce a Patient's Need for and Reliance on Opioids**
- III. Acute and Chronic Pain Management Should Utilize a Multimodal, Patient Focused Multidisciplinary Team Approach**
- IV. Invite the AANA to Collaborate in the Development of Educational Recommendations for Pain Management and Safe Use of Opioid Analgesics**
- V. Provider Education Should Emphasize a Multimodal Approach to Pain Management**
- VI. Patient Education for Engagement in their Plan of Care should be a Central Component of Acute and Chronic Pain Management and should be Emphasized in an Education Curriculum**

¹ Presidential Executive Order Establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis (March 29, 2017). <https://www.whitehouse.gov/the-press-office/2017/03/30/presidential-executive-order-establishing-presidents-commission>

VII. All Healthcare Providers, Including CRNAs, should be allowed to Practice to their Full Scope of Practice, Education and Licensure

CRNAs Provide Safe, High Quality and Cost Effective Healthcare

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 50,000 CRNAs and SRNAs, representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer approximately 43 million anesthetics to patients each year in the United States. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services are in high demand. CRNAs are Medicare Part B providers and since 1989 have billed Medicare directly for 100 percent of the physician fee schedule amount for services.

CRNAs are involved in every aspect of anesthesia services including a pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. CRNAs also provide acute, chronic, and interventional pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Services. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and the offices of dentists, podiatrists, and all types of specialty surgeons.

Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost effective anesthesia professionals who should practice to the full extent of their education and abilities. According to a May/June 2010 study published in the journal *Nursing Economic*[§], CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by

anesthesia delivery model.² An August 2010 study published in *Health Affairs* showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.³ Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review prepared by the Cochrane Collaboration, the internationally recognized authority on evidence-based practice in healthcare.⁴ Most recently, a study published in *Medical Care* (June 2016) found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.⁵

CRNAs play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals and affording these facilities the capability to provide many necessary procedures. The importance of CRNA services in rural areas was highlighted in a recent study which examined the relationship between socioeconomic factors related to geography and insurance type and the distribution of anesthesia provider type.⁶ The study correlated CRNAs with lower-income populations and correlated anesthesiologist services with higher-income populations. Of particular importance to the implementation of public benefit programs in the United States, the study also showed that compared with anesthesiologists, CRNAs are more likely to work in areas with lower median incomes and larger populations of citizens who are unemployed, uninsured, and/or Medicaid beneficiaries.⁷

² Paul F. Hogan et al., "Cost Effectiveness Analysis of Anesthesia Providers." *Nursing Economic\$*. 2010; 28:159-169. http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf

³ B. Dulisse and J. Cromwell, "No Harm Found When Nurse Anesthetists Work Without Physician Supervision." *Health Affairs*. 2010; 29: 1469-1475. <http://content.healthaffairs.org/content/29/8/1469.full.pdf>

⁴ Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients. *Cochrane Database of Systematic Reviews* 2014, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010357.pub2/abstract>

⁵ Negusa B et al. Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications. *Medical Care* June 2016, http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx.

⁶ Liao CJ, Quraishi JA, Jordan, LM. Geographical Imbalance of Anesthesia Providers and its Impact on the Uninsured and Vulnerable Populations. *Nurs Econ*. 2015;33(5):263-270. <http://www.aana.com/resources2/research/Pages/NursingEconomics2015.aspx>

⁷ Liao, op cit.

CRNAs Provide Multi-Modal Pain Management which may Reduce Patient’s Need for and Reliance on Opioids

The AANA recognizes that solving the opioid drug epidemic is an integral part of healthcare reform, and we are committed to collaboratively working toward a common solution to this dangerous problem. Suffering from chronic and acute pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. We believe that one method to provide the maximum benefit to the patient that will help prevent reliance on opioids is to utilize a patient-centered, multidisciplinary, multimodal treatment approach to pain management as a primary pain management modality. We feel this will help curb the opioid epidemic. Acute and chronic pain is best treated and managed by an interdisciplinary team that actively engages with the patient to diagnose and manage their pain for improved well-being, functionality, and quality of life. As members of the interdisciplinary team, CRNAs are well positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain and in all clinical settings (e.g., hospitals, ambulatory surgical centers, offices, and pain management clinics).⁸

As anesthesia experts, CRNAs are qualified pain practitioners who work in many practice settings to treat patients suffering from a wide range of acute and chronic pain conditions. CRNA chronic pain management practitioners are able to minimize the use of opioids to address chronic pain through the use of a multimodal approach that includes pharmacologic and non-pharmacologic pain mitigation strategies. Furthermore, the holistic approach that CRNA pain management practitioners employ when treating their chronic pain patients may reduce the reliance on opioids as a primary pain management modality, thus aiding in the reduction of potential adverse drug events related to opioids. In developing the plan of care for the patient, CRNAs obtain patient history, evaluate the patient, order and review necessary diagnostic testing, and assess the patient’s psychological and emotional state. Non-pharmacologic pain mitigation techniques are often employed in the treatment of chronic pain and considered as part of the care plan. These techniques may include patient education regarding behavioral changes that can decrease pain, such as weight loss, smoking cessation, daily exercise, stretching, and physical or chiropractic therapy. Such therapies may not be sufficient when used alone, but they have significant benefit when they are used in a complementary manner with other therapies.

⁸ AANA Position Statement, “A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment.” <http://www.aana.com/resources2/professionalpractice/Pages/A-Holistic-Approach-to-Pain-Management.aspx>

For surgical pain, a preemptive, multimodal approach to acute pain management integrating regional anesthesia techniques to reduce the use of opioids has been shown to be advantageous in a wide array of surgical specialties. The use of enhanced recovery after surgery (ERAS) pathways reduces the patient's stress response to surgery, shortens overall hospital length of stay, and accelerates the return to normal daily function. The patient's pain management plan of care begins pre-procedure and continues through post-discharge using opioid-sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures.⁹ Careful assessment, evaluation, and treatment of acute pain, with appropriate prescribing of an opioid, may prevent access to unused opioids and development of opioid dependency and abuse.¹⁰

According to the AANA position statement titled *A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment*, "CRNAs integrate multimodal pain management as an element of ERAS protocols to manage pain." CRNAs are well-positioned to partner with the healthcare team to minimize or eliminate use of prescribed opioids through pharmacologic and non-pharmacologic multi-modal pain management strategies including education and the development of perioperative care pathways that integrate anesthesia expertise. These skills are core to nurse anesthesia practice. A recent study called for an increased number of nursing pain specialists "to not only implement aggressive acute pain care to prevent chronic pain but also to effectively treat chronic pain with evidence-based integrative therapies that include multimodal analgesia, interventional techniques, and complementary and alternative approaches to pain management."¹¹ The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content in the curriculum of the 115 accredited nurse anesthesia programs. The AANA offers CRNAs a continuum of educational resources for each step along the way to pain management practice that includes advanced acute and chronic pain management workshops for CRNAs to enhance their skills and increase their awareness of the complications associated with opioid use and misuse. In partnership with the AANA, Texas Christian University offers a chronic pain management fellowship, and beginning in the summer of 2017, the Middle Tennessee School of Anesthesia will offer a post-graduate acute surgical pain management fellowship.

⁹ AANA. Enhanced Recovery. www.aana.com/enhancedrecovery.

¹⁰ AANA op. cit.

¹¹ Schoneboom B et al. Answering the call to address chronic pain in military service members and veterans: Progress in improving pain care and restoring health. *Nursing Outlook* June 2016.

At a time when there is an increase of patients suffering from chronic pain, CRNAs are also uniquely poised to be part of the solution. CRNAs deliver chronic pain treatment in a compassionate and holistic manner, utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain—all with the goal of reducing patients’ usage and dependence on opioid drugs. These skills and treatment modalities will logically translate into clinical practice with the goal of improving patient outcomes.

Acute and Chronic Pain Management Should Utilize a Multimodal, Patient Focused Multidisciplinary Team Approach

The AANA supports healthcare provider and patient education regarding alternative non-pharmacologic and pharmacologic modalities for pain management that minimize the use of opioids. Many clinicians across numerous specialties, such as primary care, anesthesia, addiction, pain, emergency, and palliative care are involved in the management of acute and chronic pain. Promotion of collaborative, multidisciplinary clinician and patient education, research, and practice will have a positive impact on patients who seek and increasingly rely on acute and chronic pain management services.

Any national education framework should be in the form of recommendations that are adaptable to profession and practice-specific requirements. Interprofessional education should also cover topics such as identification of individuals at risk of opioid abuse, signs of drug seeking behavior, acute and chronic pain management options for patients with substance use disorder or in recovery, criteria for referral to medication assisted treatment and for transfer of the patient to a specialty pain care provider. Patient education recommendation regarding multimodal pain management alternatives and related therapy should be developed to increase patient awareness for make best decisions for their plan of care for safe or no opioid use.

Education should be evidence-based and align with national guidelines, such as the Centers for Disease Control and Prevention (CDC) *Guideline for Prescribing Opioids for Chronic Pain*. The AANA has many resources related to acute and chronic pain management and substance use disorder which can be applied to patient care settings, such as *Addressing Substance Use Disorder for Anesthesia Professionals*¹², *Chronic Pain Management Guidelines*¹³ and *Regional Anesthesia for Surgical*

¹² AANA Position Statement, “Addressing Substance Use Disorder for Anesthesia Professionals Guidelines”, <http://www.aana.com/resources2/professionalpractice/Pages/Addressing-Substance-Use-Disorder-for-Anesthesia-Professionals.aspx>.

Many nursing and medical organizations, patient advocacy groups, and governmental agencies share the common concern of increased opioid use, abuse, and deaths in the US. The AANA also encourages the use of federal and non-federal partnerships, including nursing and medical professional organizations, including the AANA, FDA, CDC, American Nurses Association, Substance Abuse and Mental Health Services Administration, and SmartTots, to support a collaborative, multidisciplinary effort in the refinement of healthcare provider education models surrounding pain management and safe opioid use. The AANA welcomes the opportunity to serve as member of the multidisciplinary collaborative.

Invite the AANA to Collaborate in the Development of Educational Recommendations for Pain Management and Safe Use of Opioid Analgesics

The AANA recognizes that solving the opioid drug epidemic is an integral part of healthcare reform, and we are committed to collaboratively working toward a common solution to this issue. CRNAs provide holistic anesthesia and pain related care for patients of all ages in all communities across the US. From entry into practice education and certification through ongoing education and skills acquisition throughout their career, CRNAs provide robust, patient-centered acute and chronic pain management services. The Council on Accreditation of Nurse Anesthesia Programs (COA) requires acute and chronic pain management content in the curriculum of the 116 accredited nurse anesthesia education programs. The AANA, State Nurse Anesthetist Associations, universities and other stakeholders play an active role in CRNA education and professional development, reinforcing how to safely integrate and, when appropriate, eliminate opioids in acute and chronic pain management. Professional development opportunities include educational webinars, online continuing education, conferences, and peer reviewed publications.

CRNAs have for many decades and continue to provide access to acute and chronic pain management services in their community. To continue the profession's excellence, the AANA offers advanced pain

¹³ AANA Chronic Pain Management Guidelines, <http://www.aana.com/resources2/professionalpractice/Pages/Chronic-Pain-Management-Guidelines.aspx>

¹⁴ AANA Regional Anesthesia for Surgical Procedures and Acute Pain Management Guidelines, <http://www.aana.com/resources2/professionalpractice/Pages/Regional-Anesthesia-for-Surgical-Procedures-and-Acute-Pain-Management.aspx>

management workshops that include comprehensive patient focused, holistic, multimodal pain management education content and skills, and also offers content for safe prescribing and management of the risk of opioid dependence and disorder. Consistent with the recommendation to increase access to pain management services in the 2011 National Academies of Medicine report “Relieving Pain in America,” the AANA is partnering with academia and the COA to offer accredited fellowships in Acute Surgical Pain Management and Advanced Pain Management. In addition, the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.

In addition to the education efforts by the AANA, the Commission could also leverage efforts developed by the greater APRN community. The AANA, along with the American Association of Colleges of Nursing and other APRN organizations, developed a joint online educational series that serves as a resource for practicing nurses, faculty, and students on the current need to address opioid use disorder and overdose, integration of timely content into education program curricula, and the CDC’s opioid prescribing guidelines. To further interdisciplinary collaboration, AANA has recently endorsed the Emergency Nurses Association and the International Nurses Society on Addictions joint position statement, *Substance Use Among Nurses and Nursing Students*.¹⁵

Provider Education Should Emphasize a Multimodal Approach to Pain Management

Pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. At a time when there is an increase of patients suffering from chronic pain, CRNAs are poised to be part of the solution. As members of the interprofessional pain management team and direct providers of pain management services, CRNAs are uniquely skilled to provide both acute and chronic pain management in a patient-centered, compassionate and holistic manner. For surgical pain, a preemptive, often multimodal, approach to acute pain management integrating regional anesthesia techniques has been shown to be advantageous in a wide array of surgical specialties. Preemptive analgesia may improve the patient’s postoperative acute pain experience, minimize the transition to a chronic pain state and have a positive, long-term effect.

The use of an enhanced recovery after surgery (ERAS) protocol, to include multimodal pain management, may reduce the patients’ stress response to surgery, minimize or eliminate use of opioids,

¹⁵ Emergency Nurses Association and the International Nurses Society on Addictions joint position statement, *Substance Use Among Nurses and Nursing Students*, <http://intnsa.org/resources/Documents/IntnsaEnaPositionPaper.pdf>

and accelerate the return to normal daily function. As AANA highlights in the position statement, *A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment*¹⁶, “Management occurs from pre-procedure to post discharge using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, nonpharmacologic approaches, and non-opioid based pharmacologic measures. ERAS pathways use multimodal pain management to reduce the use of opioids and shorten overall hospital length of stay. Careful assessment and treatment of acute pain, which may include appropriate opioid prescribing, can decrease the risk of acute pain transitioning to chronic pain or the probability of the development of opioid dependency and abuse.” Chronic pain management may also incorporate a patient specific, multimodal treatment approach. Nonpharmacologic treatment modalities may decrease pain and when appropriate should be considered as part of the plan of care. When a pharmacologic approach, including opioid medications, is used, the treatment should be tailored to the patient’s level of pain, functionality, and response.

Patient Education for Engagement in their Plan of Care should be a Central Component of Acute and Chronic Pain Management and should be Emphasized in an Education Curriculum

Patient-centered care offers the patient greater transparency, understanding, and engagement in their care for desired outcomes. Using a shared decision making model facilitates collaborative care through planning and discussion of risks and benefits of the pain management plan, encourages the patient to express his or her preferences and values, and jointly establishes realistic goals for the patient’s well-being and quality of life. In the treatment of pain, patients and their caregivers should understand the etiology of pain, treatment plans and goals, treatment options and alternatives, as well as consequence to non-adherence to the pain management plan. For chronic pain management, particularly if opioids are prescribed in the treatment, the clinician should discuss the risk of dependence and opioid use disorder, as well as enter into a pain management treatment agreement with the patient.

All Healthcare Providers, Including CRNAs, should be allowed to Practice to their Full Scope of Practice, Education and Licensure

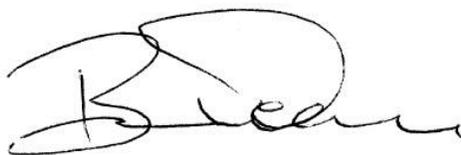
To meet the increasing need for pain management services, there needs to be a comprehensive effort to remove artificial, unnecessary barriers at the practice, state and federal levels. CRNAs are appropriately educated and trained to handle every aspect of the delivery of anesthesia services

¹⁶ AANA Position Statement, “A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment,” <http://www.aana.com/resources2/professionalpractice/Pages/A-Holistic-Approach-to-Pain-Management.aspx>

including general and regional anesthesia and acute, chronic, and interventional pain management services. The ability for CRNAs and all healthcare providers to care for patients to their full scope of practice will increase the excellence and availability of important, multidisciplinary pain management services for all patients. Unintended consequences of any initiative or policy limiting patients' access to care must be considered and addressed.

The AANA appreciates this opportunity to comment on this interim report. CRNAs are vital to resolving the challenges facing our nation's healthcare system and we look forward to partnering with the task force to help solve the widespread opioid drug crisis. Should you have any questions regarding this matter, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce A. Weiner". The signature is fluid and cursive, with a large initial "B" and "W".

Bruce A. Weiner, DNP, MSNA, CRNA
AANA President