December 20, 2017

Dr. Arlene Bierman  
Director  
Center for Evidence and Practice Improvement  
Agency for Healthcare Research and Quality  
5600 Fishers Lane  
Rockville, MD 20857

RE: Noninvasive, Nonpharmacological Treatment for Chronic Pain: A Systematic Review

Dear Dr. Bierman:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to submit comments to the Agency for Healthcare Research and Quality’s (AHRQ) report “Noninvasive, Nonpharmacological Treatment for Chronic Pain: A Systematic Review.” The AANA shares the AHRQ’s concern about the increase in opioid drug use, abuse and deaths and is committed to working collaboratively toward comprehensive solutions to curb the opioid epidemic in the US. The AANA makes the following comments and recommendations:

I. CRNAs Provide Safe, High Quality and Cost Effective Healthcare

II. CRNAs Use a Multi-Modal Pain Management Approach which may Reduce Patient Need for and Reliance on Opioids

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

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

V. Patient Education for Engagement in their Plan of Care should be a Central Component of Acute and Chronic Pain Management

VI. Remove Regulatory and Policy Barriers that Do Not Allow All Healthcare Providers, Including CRNAs, to Practice to Their Full Scope of Practice, Education and Licensure
I. 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 52,000 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. 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.

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. An August 2010 study published in Health Affairs showed no differences

1 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
in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.\textsuperscript{2} 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.\textsuperscript{3} Most recently, a study published in \textit{Medical Care} (June 2016) found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.\textsuperscript{4}

\section*{II. CRNAs Use a Multi-Modal Pain Management Approach which may Reduce Patient 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 issue. Pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. Utilizing a patient-centered, multidisciplinary, multimodal treatment approach to pain management may reduce the reliance on opioids as a primary pain management modality, thus helping curb the prescribed opioid epidemic. The Centers for Disease Control and Prevention reports that the problem with misuse of prescription drugs is related to high levels of prescribing of such medications – for example, in 2016 prescribers wrote 66.5 opioid and 25.2 sedative prescriptions for every 100 Americans.\textsuperscript{5} Regarding the treatment of acute and chronic pain, the AANA feels it’s best treated and managed by an interdisciplinary team that actively engages 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-


\textsuperscript{4} Negrusa 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. \textit{Medical Care} June 2016, \url{http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx}.

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).  

As anesthesia professionals, our goal is to decrease or eliminate the need for opioids by collaborating with the patient and the interdisciplinary team on a comprehensive plan for pain relief known as enhanced recovery after surgery (ERAS). According to a recent AANA position statement titled, *A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment*, “CRNAs integrate multimodal pain management as an element of enhanced recovery after surgery (ERAS) protocols to manage pain. Management begins pre-procedure and continues after discharge by using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacological approaches, and non-opioid based pharmacologic measures. 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 development of opioid dependency and abuse.”

Using specific protocol-driven ERAS pathways improves patient outcomes by reducing the patient’s stress response to surgery, shortening the overall hospital length of stay, and accelerating 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 including placement of epidural catheters, targeted peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures. The evidence is quite clear that 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. CRNAs play a critical role by ensuring proper anesthesia services management which can make a tremendous difference in terms of improving patient flow, patient safety, and cost savings.

Many patients rely on CRNAs as their primary pain care specialist. CRNAs manage chronic pain in a compassionate, patient-centered, holistic manner, using a variety of therapeutic, physiological, pharmacological, and interventional modalities. The purpose behind this approach is to reduce the reliance on opioids as a primary pain management modality, thus aiding in the reduction of potential

---


adverse drug events related to opioids, including addiction. In developing a plan of care for the patient, CRNAs, evaluate the patient, obtain a complete patient history, 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 techniques may not be sufficient when used alone, but have significant benefit when they are used in a complementary manner with other therapies.

III. **Acute and Chronic Pain Management Education 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 Abuse Disorder for Anesthesia Professionals](#) and [Chronic Pain Management Guidelines](#).
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 encourages the use of federal and non-federal partnerships, including nursing and medical professional organizations, including the AANA, the CDC, the Food and Drug Administration, the American Nurses Association, the 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.

IV. **Invite the AANA to Collaborate in the Development of Education Recommendations for Pain Management and Safe Use of Opioid Analgesics**

CRNAs are uniquely qualified to help eradicate the opioid epidemic that is tearing at the fabric of our nation. CRNAs work in hospitals, ASCs, and physicians’ offices providing every type of anesthetic drug for every type of procedure that requires anesthesia services, including surgery, obstetrics, trauma stabilization, and acute and chronic pain management. CRNAs are involved in every aspect of a patient’s anesthesia and analgesia care including the pre-anesthesia patient assessment, obtaining informed consent for anesthesia, developing the anesthesia and acute pain plan of care, administering the anesthetic, monitoring and addressing the patient’s response to anesthesia, providing emergency services as needed, and managing the patient’s anesthesia and pain related needs following the procedure. In some states CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals. They are also the primary hands-on providers of anesthesia care in Veterans Hospitals and the U.S. Armed Services.

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. Prescriber education is also essential to curbing the opioid epidemic, and CRNAs are also well-positioned to educate clinicians and patients alike on the minimization or elimination of prescribed opioids for both acute and chronic pain management. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs. See: [http://www.nbcrna.com/NSPM/Pages/Non-Surgical-Pain-Management.aspx](http://www.nbcrna.com/NSPM/Pages/Non-Surgical-Pain-Management.aspx).
in the curriculum of the 120-accredited nurse anesthesia educational programs, and for continued learning, the AANA offers CRNAs a continuum of educational resources for pain management practice. These resources include advanced acute and chronic pain management workshops for CRNAs to enhance their skills to improve quality of life and to mitigate complications associated with opioid use and misuse. 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. Additionally, Texas Christian University, the University of South Florida, and Middle Tennessee School of Anesthesia offer fellowships to CRNAs seeking to further specialize in this growing field.

In addition to the education efforts by the AANA, the FDA 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, the AANA has recently endorsed the Emergency Nurses Association and the International Nurses Society on Addition joint position statement, *Substance Use Among Nurses and Nursing Students*.

### V. Patient Education for Engagement in their Plan of Care should be a Central Component of Acute and Chronic Pain Management

Patient-centered care offers the patient greater transparency, understanding, and engagement in their care for desired outcome. 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.
VI. **Remove Regulatory and Policy Barriers that Do Not Allow All Healthcare Providers, Including CRNAs, to Practice to Their Full Scope of Practice, Education and Licensure**

To meet the increasing need for pain management services, and help curb the opioid crisis, there needs to be a comprehensive effort to remove artificial, unnecessary barriers at the practice, state and federal levels. CRNAs are appropriately educated and prepared to handle every aspect of the delivery of comprehensive anesthesia services 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. We express strong support for recognizing all APRNs, including CRNAs, to practice to the full extent of their education, training, and certification.

The AANA appreciates this opportunity to comment on this report. CRNAs are vital to helping resolve the widespread opioid drug crisis – a huge challenge facing our nation’s healthcare system to engage all healthcare providers in practice that eliminates or decreases the use of opioids to address pain through multimodal pain management techniques. The AANA and its members look forward to collaborating with our healthcare colleagues to develop and implement multimodal pain management initiatives that reduce our nation’s dependence on opioids. Should you have any questions, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

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

Cc: Randall Moore II, DNP, MBA, CRNA, AANA CEO
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Randi Gold, MPP, AANA Associate Director Federal Regulatory and Payment Policy