Statement for the Record
to the
House Committee on Ways and Means, Oversight Subcommittee

The Opioid Crisis: The Current Landscape and CMS Actions to Prevent Opioid Misuse

17 January 2018
Introduction

Chairwoman Jenkins and Members of the Committee, thank you for the opportunity to offer this statement for the record. The American Association of Nurse Anesthetists (AANA) is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, with membership that includes more than 52,000 CRNAs and student nurse anesthetists representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 43 million anesthetics to patients each year in the United States. CRNAs provide acute, chronic, and interventional pain management services. In some states, CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities.

The House Ways and Means Subcommittee on Oversight’s hearing, entitled “The Opioid Crisis: The Current Landscape and CMS Actions to Prevent Opioid Misuse” comes at an important time. Opioid abuse and misuse is a significant national problem that has grown substantially over the past couple of years and the AANA is committed to collaboratively working toward a solution to this dangerous drug epidemic. CRNAs are exceptionally qualified to help eradicate the opioid epidemic that is tearing at the fabric of our nation. According to the National Academy of Medicine’s report “Relieving Pain in America,” approximately 100 million Americans suffer from unrelenting chronic pain and many rely on CRNAs as their primary pain care specialist.\(^1\)

CRNAs are an Underutilized Resource in Combating the Opioid Epidemic

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. The AANA believes that one method to help treat chronic and acute pain, while providing 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. 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).\(^2\)

As a main provider of pain management services, CRNAs are uniquely skilled to provide both acute and chronic pain management in a patient centered, compassionate and holistic manner. 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

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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. This is shown in a recent study which calls 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.”

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.

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, or ERAS. For surgical pain, 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.

By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. The Council on Accreditation of Nurse Anesthesia Programs (COA) already requires acute and chronic pain management content in the curriculum of the 115 accredited nurse anesthesia programs, and the AANA provides advanced workshops to CRNAs specifically on pain management, including acute and chronic pain, to enhance their skills and increase their awareness of the complications associated with opioid use and misuse.


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. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content 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 AANA along with the American Association of Colleges of Nursing and other APRN organizations are developing a joint online educational series that will serve as a resource for practicing nurses, faculty, and students on opioid topics. As part of this initiative, these organizations presented four webinars in the Fall of 2016 to provide an overview of the current need to address opioid use disorder and overdose; integration of timely content into education program curricula; and the Centers for Disease Control and Prevention’s (CDC) new prescribing guideline.

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

CRNAs have for many decades and continue to provide access to acute and chronic pain management services in their community. The AANA supports healthcare provider and patient

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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, Chronic Pain Management Guidelines and Regional Anesthesia for Surgical Procedures and Acute Pain Management.

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, 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.

Conclusion

In conclusion, CRNAs are vital to helping resolve the widespread opioid drug crisis, a huge challenge facing our nation’s healthcare system, with services that eliminate or decrease the use of opioids to address pain through multimodal pain management techniques. Using a patient-centered, multidisciplinary, multimodal treatment approach including interventional pain management can help reduce the reliance on opioids as a primary pain management modality, thus helping curb the prescribed opioid epidemic.

In many rural and frontier areas, CRNAs often are the only health care professionals trained in pain management in these communities. Without CRNAs to provide chronic pain management services, patients in vast rural and frontier areas would lose access to vital treatment, which could result in poor healthcare outcomes, lower quality of life, and unnecessary costs to patients.
and the healthcare system. According to a 2012 analysis by the Lewin Group of four case studies based on the real life situations of four individuals living in rural communities representing different geographic locations throughout the U.S., the direct medical costs of alternatives such as surgery or nursing home care range between 2.3 times to more than 150 times the cost of a CRNA providing these services in the community. 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.