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U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue SW, Room 736E
Attn: Alicia Richmond Scott, Pain Management Task Force Designated Federal Officer
Washington, DC 20201

I applaud your Department's leadership in first developing and now releasing the Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations for public commentary. The Pain Management Best Practices document is a comprehensive review of gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed or adopted by Federal agencies. As the government is formulating the best policy to help address our country's public health crises in pain, I wish to bring attention to the Health and Human Services approved National Pain Strategy (NPS).

The NPS is a critically important follow-up to the landmark Institute of Medicine's (IOM) 2011 report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*. A core recommendation of the [2011 IOM Report: Relieving Pain in America](#) is (Recommendation 2-2): "The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources."

As Co-Chair of the Oversight Panel (with Dr. Linda Porter – NIH) we convened a Task Force organized into six thematic working groups and comprised of approximately 80 members, with broad representation and expertise in accord with the recommendations of the IOM committee. Screening and selection of the NPS Task Force members was a multi-step process, performed according to FACA's requirements.

The National Pain Strategy is a roadmap toward achieving a system of care in which all people receive appropriate, high quality and evidence-based care for pain. The NPS consists of 17 strategic goals provide a time frame for completion of deliverables and presented as short (approximately one year), medium (two to four years), and long term (within five years). Stakeholders best positioned to achieve the deliverables are identified and metrics to assess progress are suggested. The report was intended to initiate a longer-term effort to create a cultural transformation in how pain is perceived, assessed, and treated—a significant step toward the ideal state of pain care. The NPS also aligns thematically, strategically, and metrically with international policies, therefore staging the US to participate fully in global alliances.

I therefore recommend that the Pain Management Best Practices document specifically recommend the full adoption of the National Pain Strategy. While HHS has already approved and recommended the

NPS for implementation, having it fully endorsed in the Best Practices document will have multiple benefits. It will avoid confusion due to overlap with some of the recommendations in the Best Practices document and the NPS. Furthermore, the NPS currently provides a tactical, time-based, metric driven roadmap that is ready for full implantation now. Calling out the need for resources and leadership to implement the NPS will allow HHS to achieve meaningful results in the near-term, all while the Best Practices plan is considered and a similar time-based, metric driven roadmap developed with appropriate stakeholders identified and input obtained. Endorsement and recommendation for full implementation of the NPS would be a success for HHS, the Pain Management Best Practices Task Force and for United States citizens who suffer from acute, chronic and cancer pain.

Sincerely,

A handwritten signature in cursive script that reads "Sean Mackey".

Sean Mackey, MD, PhD

Redlich Professor

Chief, Division of Pain Medicine

Director, Stanford Systems Neuroscience and Pain Laboratory

Department of Anesthesiology, Perioperative and Pain Medicine, Neurosciences and Neurology, by courtesy