



Oncology Nursing Society

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October 11, 2019

Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave
Washington DC 20002

Submitted electronically: PainandSUDTreatment@cms.hhs.gov

RE: Request for Information (RFI) for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment

Dear Administrator Verma:

The Oncology Nursing Society (ONS) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) on the aforementioned RFI.

Response to Questions on Acute and Chronic Pain

As described in ONS' Cancer Pain Management position statement:

“Pain is a common symptom experienced by patients with cancer, from diagnosis through survivorship, and is characterized as being acute, chronic, breakthrough, and refractory/intractable. Whether as a result of disease or disease-related treatment, pain causes significant physical and psychosocial burdens. A uniquely personal experience, pain markedly affects the quality of an individual’s life, increases vulnerability in an already vulnerable population, and engenders dependence on healthcare providers for access to adequate pain management (National Comprehensive Cancer Network, 2019; Paice et al., 2016). As members of interprofessional teams involved in practice, education, administration, and research, oncology nurses are in a pivotal position to improve cancer pain management.”

With that in mind, we urge CMS to improve Medicare and Medicaid payment and coverage policies for acute and chronic pain therapies, with an emphasis on beneficiaries with or a history of cancer through the Action Plan.

As stated in our aforementioned position statement, comprehensive cancer pain management is an interprofessional and collaborative effort that must include screening for pain at each encounter, ongoing assessment, planning, intervention, and evaluation of pain and pain relief. To that end, we urge CMS to ensure its pain management policies are thoughtful in the way they address cancer care and

treatment. Such policies must be developed with feedback from professionals that make up the entire cancer care team, including oncology nurses.

As described in our position statement, pain assessment includes the use of evidence-based, reliable assessment tools with a goal of capturing and documenting patient-reported pain outcomes. Patient self-report is the standard of care for evaluating pain, and vulnerable populations (for example, young children, patients with learning disabilities, patients who are limited English proficient, or those who are cognitively impaired) require special considerations for assessment of pain. CMS has incorporated various patient experience surveys (e.g., CAHPS), in its quality reporting and value-based purchasing programs, which include questions related to pain. However, we are concerned that the pain-focused questions do not provide enough actionable information for addressing important pain management indicators, particularly for patients with a cancer diagnosis.

According to a recent journal supplement¹, despite the findings that more than 90% of cancer pain can be controlled with routine interventions, many patients continue to experience pain throughout their cancer diagnosis and treatment. The average pain score for patients on inpatient oncology units is 5.87 on a 0–10 scale, and 25% of patients spend more than 50% of the time in constant or severe pain. It is unclear whether the current set of pain questions are helping to identify these patients.

The authors also explain that no tools are currently widely validated for diagnosing breakthrough pain, which can be either predictable or unpredictable. Currently, oncology nurses take a careful history to identify the type and frequency of breakthrough cancer pain episodes to best understand the types of treatments that would be effective for a specific patient's breakthrough pain. Nevertheless, it would be helpful for CMS and relevant federal agency partners to work with cancer care providers, including oncology nurses, to establish a more robust set of questions for use by healthcare practitioners in evaluating and managing cancer pain. This could be a separate survey that is triggered based on responses to a revised domain of pain related questions in patient experience surveys.

It is also the position of ONS that healthcare systems and clinicians providing care to patients with cancer are responsible for adopting and monitoring institutional and clinical guidelines for cancer pain management and symptoms related to its treatment, and healthcare systems must establish mechanisms for continuous evaluation of pain outcomes in patients at risk for cancer pain. Working with the Office of the National Coordinator for Health IT (ONC), CMS could help facilitate point-of-care access to effective cancer pain management tools through its certified electronic health record technology (CEHRT) requirements.

Furthermore, we note that access to medication assisted therapy (MAT) is extremely challenging in long-term care and skilled nursing facilities. Cancer patients who are enrolled in methadone programs often require these rehabilitation services, yet experience lapses in MAT, placing them at risk for relapse and/or severe pain. CMS should consider ways to address these challenges, which may include revisions to the Conditions of Participation (CoP) for such facilities. For example, the CoPs could require such facilities to employ or contract with addiction specialists trained in the care of the seriously ill (e.g., beneficiaries with cancer or other serious illnesses, and who also have SUD).

¹ Supplement, June 2017, Pain. (2017, June 1). Retrieved from <https://cjon.ons.org/cjon/21/3/supplement>.

Finally, we note that Section 6065 of the SUPPORT for Patients and Communities Act requires that CMS notify opioid prescribers with prescription patterns identified as “outliers” compared to their peers, beginning January 1, 2021, and share information with them on established opioid prescribing guidelines. While we understand that this provision is outside of the scope of this RFI, we are concerned that CMS has not undertaken a robust effort to consult with stakeholders, including oncology nurses, as required under the statute, in establishing thresholds for identifying outlier prescribers compared to other prescribers of opioids within a given specialty and geographic area. We urge CMS to provide a well-noticed formal comment opportunity for stakeholders to engage with CMS on these issues, in order to ensure that CMS establishes reasonable and meaningful thresholds for identification of outlier prescribers.

We appreciate the opportunity to comment on this RFI. If you have any questions about our comments, please contact Valerie A. Adelson, MHA, BSN, RN, Director, Government Affairs at vadelson@ons.org.

Sincerely,

The Oncology Nursing Society

About ONS

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.