



Chairman Burke, Ranking Member Cafaro and members of the committee, thank you for the opportunity to testify in support of SCR 10, to encourage the federal Centers for Medicare and Medicaid Services to revise survey measures included in the Hospital Consumer Assessment of Health Care Providers and Systems that relate to pain management.

My name is Dr. Bradford Borden and I am chair of the emergency services institute at Cleveland Clinic.

It is hard for us to discuss the opioid and heroin epidemic in Ohio without addressing pain. The Institute of Medicine estimates that pain impacts more Americans than diabetes, heart disease, and cancer combined and costs the nation up to \$635 billion each year in medical treatment and lost productivity.

The rise in opiate addiction, including addiction to prescription pain killers and street drugs such as heroin, is influenced by a complex interaction of physical, social, emotional, and economic factors. While it is tempting to try to solve the problem with simple actions such as limiting access to prescription pain medications, longer-term solutions will address all of the contributing causes.

Setting appropriate expectations for patient pain relief and incentivizing appropriate use of prescription pain relief is an important part of the solution. Specifically, coupling pain management with policies that encourage patient/caregiver communication is an immediate step that can help physicians treat patients in a safer and more rational way.

The trend toward over-prescribing opioids has been implicated in substance abuse patterns across the United States. Ohio's Cuyahoga County experienced a dramatic increase in heroin mortality as well as a rise in prescription narcotic mortalities. An analysis of 2012 deaths indicates that approximately 67% of overdose victims had at least one prescription for a scheduled drug and that more than 50% had at least one prescription for an opioid analgesic.

While the connection of opiate prescription drugs and the rising opiate addiction in the state is clear, the Center for Medicare and Medicaid Services (CMS) has implemented the HCAHPS patient satisfaction survey that includes broad queries about pain management, setting the expectation that control of pain, by any means, is essential to patient outcomes and quality.

The surveys used by the Center for Medicare and Medicaid Services (CMS) ask a total of 25 questions. These surveys are tabulated and the results impact Medicare payment rates for that institution.

The two pain related measures questions read as follows:

13. During this hospital stay, how often was your pain well controlled?
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

These questions are helping to drive increased patient expectations that pain can and will be eliminated by physicians. Americans constitute 4.6% of the world's population yet consume 80% of the global opioid supply and 99% of the global hydrocodone supply.



Additionally, providers can lose significant reimbursement if these questions are answered negatively. Rather than tying payment to "pain free" care, isn't it more important that the patient understand her pain? Isn't the critical issue that a patient knows how his pain is going to be managed to optimize healing and minimize addiction?

As policy makers you can make a difference by spreading the word about prevention. While the process to reform pain evaluation under the HCAHPS survey could normally take years, we call on you to pass a resolution calling on the National Quality Forum (NQF) and CMS to work with clinical experts to make changes to this measure now.

Asking patients to rate their physician's ability to treat their pain is creating increasing pressure on physicians to treat pain more aggressively. The Ohio State Medical Association (OSMA), in partnership with the Cleveland Clinic, surveyed 1,100 Ohio physicians about pain management. Respondents (67%) agreed that, in general, physicians in the United States over-prescribe controlled substances to treat pain. One respondent stated: "I have faced consequences from my hospital for not prescribing narcotics even if (the) patient had a huge, multi-page OARRS report." In fact, 24% of physician respondents indicated that asking patients about pain control may have the unintended consequence of driving opioid addiction.

Because legally-prescribed opioid abuse patterns are known to lead to addictions to other illegal substances, such as heroin, a trend toward over-prescribing to meet survey and revenue goals has the potential to compromise patient safety and may contribute to serious public health issues. Patient care should be measured using validated metrics that hold caregivers accountable while providing latitude to individualize patient care based on best medical practices, rather than patient perceptions.

Addressing the issue of patient satisfaction surveys and pain management will no doubt help us tackle this opioid epidemic, and we appreciate being partners with you in this fight.

Thank you again for the opportunity to testify.