SOCIETY *of*
PALLIATIVE CARE PHARMACISTS
An organization for pain and palliative care pharmacist practitioners

August 25th, 2017

Dear Chairman Christie and Commission Members,

The Society of Palliative Care Pharmacists (SPCP) has a mission to promote exceptional patient care, including the safe and effective use of medications for patients with pain. Our organization has members providing treatment of pain for our patients in acute and chronic pain management, palliative, and hospice care settings. We recognize that pain is a devastating symptom of an underlying physiologic process, which more often than not, affects or is affected by mental health. Opioids are one of the foundational tools we use in our efforts to bring comfort to and improve function for patients with both cancer and non-cancer pain, however we are acutely aware that there are dangers with the use of these medications. As part of our Pharmacist's Oath, we pledge to consider the welfare of humanity and the relief of suffering our primary concerns. We also pledge to embrace and advocate changes that improve patient care. As such, we would like to comment on your recommendations from a pharmacist's perspective.

First and foremost, pharmacists as drug experts and an integral part of the interdisciplinary healthcare teams should be incorporated into any future strategies. Pharmacists are actively involved in many healthcare systems and communities, and are sometimes the only healthcare resource to patients in rural areas. Regardless of the setting, pharmacists serve in essential roles to optimize patient access to healthcare and appropriate medications.

SPCP strongly supports the recommendations to increase state-based waivers for mental health and the enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA). This is paramount for the safety of patients at risk for opioid misuse. The majority of patients with chronic pain have at least one concurrent mental illness and more than 50% of people in the correctional system have mental illness. Pharmacists address non-adherence to mental health medications through patient counseling, utilizing tools such as the state prescription drug monitoring programs, and within federal facilities (i.e. DoD and VA.,) In some states, pharmacists provide care by prescribing medications, ordering, and evaluating essential laboratory parameters.

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SPCP strongly supports the recommendation to improve access to substance use disorder treatment, as well as the development of new therapies. Specifically, pharmacists are an excellent point of access to medication assisted therapy (MAT). We would like the DEA to consider expanding methadone maintenance to allow pharmacists to dispense daily and weekly doses of methadone so that patients do not have to travel hours each day to a treatment center. Pharmacists are medication therapy experts; there are no better hands for these patients to be in. Additionally, many advanced practice pharmacists currently provide direct patient care under collaborative practice agreements. The Comprehensive Addiction and Recovery Act (CARA) expanded critical access to MAT treatment allowing qualifying nurse practitioners and physician assistants to become DATA-waivered practitioners. Advanced practice pharmacists routinely provide medication therapy management services to patients with pain and/or mental health illnesses. Currently seven states allow for advanced practice pharmacist prescribing of controlled substances under collaborative agreement and following DEA provider registration. We urge the commission to add advanced practice pharmacists as eligible to become DATA-waivers practitioners to greatly expand patient access to these services.

SPCP strongly supports the recommendation to mandate provider education, but this should not be limited to medical and dental education. It should also include physician assistant, nursing and pharmacy curriculums, as well as mandatory education for licensure.

Unfortunately, even educated providers are not allowed the opportunity in clinical practice to have the time to listen and address chronic pain with optimal treatments without resorting to opioids. Fifteen minute office visits in primary care does not allow the appropriate time to provide the care and counseling that is necessary to adequately help ease patient suffering. Additionally, for each patient that is considered for opioid therapy, pharmacists within advanced practice settings must evaluate past and current therapies, counsel and initiate a consent for long-term opioid therapy, identify and recommend non-pharmacological and non-opioids that might be more appropriate for their pain disorder, order and evaluate baseline urine toxicology screens, provide and interpret validated risk assessment tools for opioid abuse and misuse, assess percent risk of opioid-induced respiratory depression, if applicable prescribe and counsel about naloxone therapy for in-home use, if indicated order and interpret pharmacogenetic testing that can affect response and toxicity to opioid and other medications, and more. To expect any primary care provider to accomplish these tasks in a fifteen minute office visit is

shortsighted. Pharmacists involved in daily patient care in the pain management setting add a valuable aspect of care with regard to safety and appropriate analgesic therapies. Pharmacists should also be an active participant with the development of guidelines for safe opioid use given their expertise and direct involvement with medication use. We would also encourage you to consider holding third party payers accountable not only for mental health care but for the reimbursement of adequate pain management visits, including extended and group visits, and visits with pharmacists and other integral professionals in order to address the complexities seen in these patients.

We support the wide spread availability of naloxone. With a standing order, several states have implemented pharmacist dispensing and patient/caregiver education about safe and appropriate use of this life-saving medication.

We support the recommendation to increase DEA support to reduce diversion and the illicit supply of opioids coming into this country as well as transported within our borders. However, the poison control community will attest to the fact that fentanyl detection sensors are likely to be a waste of money, as newer synthetic drugs are being synthesized every day that will not be detected. Universal precautions, which have been implemented for EMS and law enforcement officers, are essential and recommended. With regard to diversion, we would strongly recommend greater security in the opioid supply chain. There are reports of raw materials leaving pharmaceutical companies with employees. Manufacturers and wholesalers, all along the supply chain must be held accountable for safe storage and the highest security.

We strongly support the recommendation to expand the prescription drug monitoring program, not only across state lines, but including the VA health system, military hospitals, long-term care facilities, mail order pharmacies and methadone maintenance clinics. In summary, every source of opioid medication dispensing is important to monitor and it has been shown that patients will receive controlled substances from within the closed systems and outside the closed systems creating safety barriers.

We believe there are additional policy changes warranted with regard to how pain satisfaction has been utilized to evaluation healthcare quality. We urge great caution with tying patient satisfaction with pain level as a parameter through which health care providers are evaluated by HHS. This is highly subjective and commonly manipulated by patients to get his/her substance of choice prescribed. Prescribers

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may feel threatened with a "bad satisfaction score" and so prescribe more opioids to make patients happy, therefore raising patient satisfaction scores. This focus on pain as a patient satisfaction score is part of the problem that got us to this point of overprescribing of opioids. Addressing pain and allowing for the care of the patient in a responsible manner is what truly makes a difference in pain management satisfaction. This is not possible currently due to time and reimbursement limitations in the clinic setting as discussed previously.

On behalf of the Society of Palliative Care Pharmacists we applaud your efforts and the Administration's commitment to curbing this public health crisis. Moving forward we gladly offer our members' expertise on this important topic

Respectfully yours,

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