American Hospital Association

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April 28, 2016

Sean Cavanaugh
Deputy Administrator and Director
Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Room 305H.2.
Baltimore, MD 21244

RE: HCAHPS pain questions

Dear Mr. Cavanaugh:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, I am writing to you about concerns that the Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) survey questions related to pain management may inadvertently be contributing to the opioid epidemic. We were pleased to hear you say during the February 24 Senate Special Committee on Aging hearing that the Centers for Medicare & Medicaid Services (CMS) has research underway to determine whether there is a better way to ask these questions.

The AHA appreciates your willingness to reassess the pain questions to address these concerns and urges you to complete this review quickly. As your work progresses, we look forward to providing hospital leaders' perspective about the need to reframe the questions. In the meantime, we ask CMS to suspend the three pain-related questions in the Value-Based Purchasing (VBP) Program.

Our members see the harm caused by opioid addiction, and they appreciate the many steps the Administration is taking to support providers and first responders as they work to save lives. We believe that a review and redesign of these pain questions is aligned with other important actions the Administration is taking to stop the epidemic, such as developing opioid prescribing guidelines for chronic pain; proposing regulatory changes, as well as allocating funding, to expand access to medication-assisted treatment; and approving the life-saving drug Narcan as a nasal spray.

There are currently three questions about pain management in the HCAHPS survey. The first question, "During this hospital stay, did you need medicine for pain?", may imply to patients that medication is the best or only way to address pain. The second question asks, "During this

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hospital stay, how often was your pain well controlled?" The third question is particularly concerning, because it asks, "During this hospital stay, how often did the hospital staff do *everything they could* to help you with your pain?" (emphasis added).

Linking the pain control questions to payment through the VBP program is seen by clinicians as encouragement from CMS to provide pain medication, even if the questions ultimately represent a small portion of a hospital's performance score. Suspending the questions will send a clear signal that CMS does not want to create an expectation that pain management should always include use of powerful prescription drugs such as opioids. The AHA agrees that the HCAHPS survey should inquire about pain management, that performance scores should be publicly reported, and that redesigned pain questions should eventually be reincorporated into the VBP program. **However, we also want to ensure that the questions do not create pressure to prescribe opioids or other prescription painkillers or punish providers who, in their best judgment, choose not to prescribe them.**

The opioid epidemic has taken a staggering toll. At the same time, we recognize that the under-treatment of pain can have a significant impact on individuals' health and quality of life. As the health care field works to ensure that patients are neither undertreated for pain nor overprescribed opioids, the AHA welcomes the opportunity to work with CMS in designing and pilot testing alternative questions. We have reached out to agency staff to express our willingness to support this effort, and we look forward to a continued dialogue.

If you have further questions, please contact Nancy Foster, vice president of quality and patient safety policy, at nfoster@aha.org, or Evelyn Knolle, senior associate director of policy, at eknolle@aha.org.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development