AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

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July 28, 2016

Paul Decker
President and Chief Executive Officer
Mathematica Policy Research
100 First St NE #1200
Washington, DC 20002
Submitted electronically via eCQM Tracker JIRA website:
https://oncprojectracking.healthit.gov/support/secure/Dashboard.jspa

Subject:	**Project Title: Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM). Electronic specification for one new measure, the Safe Use of Opioids - Concurrent Prescribing**

Dear Mr. Decker:

On behalf of over 18,000 board-certified orthopaedic surgeons represented by the American Association of Orthopaedic Surgeons (AAOS), we appreciate the opportunity to provide feedback on the Safe Use of Opioids—Concurrent Prescribing measure under the Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM). The AAOS believes that a comprehensive opioid program is necessary to decrease opioid use, misuse, and abuse in the United States. New, effective education programs for physicians, caregivers, and patients; improvements in physician monitoring of opioid prescription use; increased research funding for effective alternative pain management and coping strategies; and support for more effective opioid abuse treatment programs are needed.

The AAOS commends Mathematica Policy Research for seeking stakeholder input on the Safe Use of Opioids—Concurrent Prescribing measure and is supportive of the efforts to reduce risk of respiratory depression, preventable mortality, and the costs associated with adverse events related to opioid use. The AAOS has concerns about the usefulness of the measure to assess and improve the quality of care for patients, as the measures may indirectly affect the intent by discouraging providers from writing narcotic prescriptions. We are concerned this will result in a "change in care" habit, which does not address the fundamental issues related to chronic pain management. We believe the measure should focus on a multi-disciplinary team approach and discourage multiple provider prescribing patterns. We suggest that the measure should more directly encourage providers to identify drug seeking behavior by utilizing state based prescription drug monitoring program (PDMP) for concurrent controlled medications prescribed by other clinicians and should consider involving pharmacists and pain specialists as part of the

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management team, by requiring every patient to be screened with the PDMP prior to writing the prescription. This will avoid unintended consequences of implementing the measure.

Additionally, the measure does not address or provide a clear pathway for addressing acute pain management needs from injury or surgery in the chronic opioid user. This raises the question of how acute pain can be managed in a patient on chronic narcotics. If a patient is on Vicodin (hydromorphone & acetaminophen), is it appropriate to give them additional hydromorphone? Is there a distinction between giving Vicodin versus hydromorphone? If a provider changes the prescription, how will the measure verify the old prescription (which the patient has already filled and is in the possession of) is terminated? Furthermore, the measure does not clearly indicate when, in the care continuum, the denominator takes place. Is it only for patients who begin a given patient encounter with an active narcotic or narcotic/benzodiazipam prescription? AAOS encourages Mathematica to consider these questions when refining the measure.

The AAOS agrees with the denominator exclusions and also requests including denominator exclusions for small 2-4 tablet prescriptions of benzodiazepines given for purposes of procedural sedation. AAOS is very concerned with the prescriber being held accountable if a patient has concurrent, active prescriptions for opioids or opioids and benzodiazepines before intake and then maintains that previous regimen after discharge, as it may result in multiple unintended consequences. While opioid withdrawal is very unpleasant, it is not itself dangerous. However, this is not the case with benzodiazepine withdrawal. Benzodiazepine withdrawal can be harmful and potentially fatal. In addition, effective chronic pain management is a multi-disciplinary team effort and assigning provider accountability is not conducive to promoting this type of care. AAOS suggests removal of holding the prescriber entirely accountable. Lastly, AAOS requests more information about how the results of the measure will be communicated.

Thank you for your time and consideration of the American Association of Orthopaedic Surgeons' (AAOS') response to solicitation of comments on Safe Use of Opioids—Concurrent Prescribing measure. AAOS looks forward to working closely to reduce risk of respiratory depression, preventable mortality, and the costs associated with adverse events related to opioid use. Should you have questions on any of the above responses or concerns, please do not hesitate to contact AAOS' Medical Director, William O. Shaffer, MD, at 202-548-4430 or via email at shaffer@aaos.org.

Sincerely,

Gerald R. Williams, Jr., MD
President, American Association of Orthopaedic Surgeons

cc: Karen Hackett, CAE, AAOS Chief Executive Officer
William O. Shaffer, MD, AAOS Medical Director
Graham Newson, AAOS Director of the Office of Government Relations