RESOLUTION 91-17

Title: Timely Referral to Pain Management Specialist

Introduced by: Domenic Federico, MD, for the Kent County Delegation

Original Author: Sandy Dettmann, MD, Cara Poland, MD, and Joshua Suderman, MD

Referred to: Reference Committee A

House Action: **AMEND**

Whereas, patients often struggle with pain for years prior to being referred by their primary care physician to a pain management specialist, and

Whereas, pain can become its own disease state rather than a symptom of an underlying disorder, and

Whereas, "conservative" treatment is often required by third-party payers prior to evaluation by a pain management specialist, and

Whereas, "conservative" treatment often includes expensive and time-consuming modalities such as physical therapy and advanced imaging, and

Whereas, pain management specialists are the only physicians trained to utilize the full array of pain management modalities and interventions in order to address the full biological, psychological and social impact pain has on a patient, and

Whereas, pain management specialty care has an opioid-sparing effect that reduces the risk of opioid morbidity and mortality for the patient, and

Whereas, pain management specialty care may reduce the societal burden of opioids, including risk of harm to those in the community who may gain access to non-prescribed opioids causing further harm beyond the scope of the patient; therefore be it

RESOLVED: That MSMS urge the Michigan Quality Improvement Consortium to develop evidence-based clinical practice guidelines on the management and treatment of pain; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to urge the Centers for Medicare and Medicaid Services and the Medicare Contractor Advisory Committee to endorse and adopt evidence-based clinical practice guidelines on the management and treatment of pain; and be it further

RESOLVED: That MSMS advocate with the Michigan Legislature policies to promote and not impede the adoption of evidence-based clinical practices for the management and treatment of pain.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Determination of Medical Necessity of Medical Case Management

The treating physician shall be the sole determinant of medical case management and medical necessity. MSMS believes that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity or medical case management without a fair and reasonable appeals process and independent binding arbitration in a timely fashion. (Board Action Report #14, 1994 HOD, re Res121-93A)

Guidelines for Managed Care
MSMS advocates the following managed care guidelines:
1. Medical facilities must be physician-oriented and their medical services be physician-directed.
2. Physicians' services must be clearly differentiated and separated from hospital services.
3. The patient's physician should be free of controls and restrictions that interfere with providing the highest quality of medical care.
4. The physician-patient relationship is the keystone to good medical practice, which means that each patient must have freedom of choice of physician and each physician freedom of choice of patient.
5. Frequency of use and criteria for medical care are and must continue to be the responsibility of physicians.
6. Governmental agencies may provide medical service and/or medical facilities only when they cannot be purchased or are not available from private sources.
(Prior to 1990)
– Edited 1998

Relevant AMA Policy:

Promotion of Better Pain Care D-160.981
1. Our AMA: (a) will express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; (b) encourages relevant specialties to collaborate in studying the following: (i) the scope of practice and body of knowledge encompassed by the field of pain medicine; (ii) the adequacy of undergraduate, graduate and post graduate education in the principles and practice of the field of pain medicine, considering the current and anticipate medical need for the delivery of quality pain care; (iii) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (iv) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic; and (c) will participate in the International Association for the Study of Pain (IASP) International Pain Summit to be held in Montreal, Canada, on September 3, 2010; and encourages the participation of affiliate pain specialty societies, the American Board of Medical Specialties, the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, and other relevant organization in the IASP Pain Summit.
2. Our AMA encourages relevant stakeholders to research the overall effects of opioid production cuts.
3. Our AMA encourages the US Drug Enforcement Administration to be more transparent when developing medication production guidelines.
4. Our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.

Pain Control in Long-Term Care H-280.958
Our AMA will work: (1) to promulgate clinical practice guidelines for pain control in long term care settings and support educational efforts and research in pain management in long term care; and (2) to reduce regulatory barriers to adequate pain control at the federal and state levels for long term care patients.

Coverage for Chronic Pain Management H-185.931
1. Our American Medical Association will advocate for an increased focus on comprehensive, multidisciplinary pain management approaches that include the ability to assess co-occurring mental health or substance use conditions, are physician led, and recognize the interdependency of treatment methods in addressing chronic pain.
2. Our AMA supports health insurance coverage that gives patients access to the full range of evidence-based chronic pain management modalities, and that coverage for these services be equivalent to coverage provided for medical or surgical benefits.
3. Our AMA supports efforts to expand the capacity of practitioners and programs capable of providing physician-led interdisciplinary pain management services, which have the ability to address the physical,

psychological, and medical aspects of the patient's condition and presentation and involve patients and their caregivers in the decision-making process.