AUG 4 2016

Andrew Kolodny, MD
Executive Director
Physicians for Responsible Opioid Prescribing
164 West 74th Street
New York, NY 10023

Dear Dr. Kolodny:

Thank you for your recent letter petitioning CMS to undertake rulemaking regarding the removal of questions pertaining to pain treatment from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.

The U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) share your concern about the dangerous and often deadly consequences associated with prescription opioid misuse and abuse. In an effort to halt the opioid epidemic, HHS launched an Opioid Initiative in March 2015 that employs evidence-informed, high-impact interventions in three areas: 1) improving opioid prescribing practices; 2) expanding access to medication-assisted treatment for opioid use disorders; and 3) increasing the use of naloxone in order to reduce the number of deaths associated with prescription opioid and heroin overdose.

As you point out in your letter, many in the physician community report often feeling pressured to prescribe opioid medications, and point to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey’s pain-related questions as one factor that contributes to that pressure. As part of the work under our Opioid Initiative, HHS is taking several steps to address these concerns.

First, CMS has commenced several educational activities around the HCAHPS survey, including a national webinar and a commentary in the Journal of the American Medical Association in March 2016. The goal of these activities has been to help clarify the patient populations eligible to take the survey, and the survey’s role in hospital payment, the proper use of data from the HCAHPS survey, as well as to call attention to available resources for clinicians on appropriate opioid analgesic prescription practices. The HCAHPS survey was designed and validated for

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1 A description can be found at: http://www.hhs.gov/about/news/2015/03/26/hhs-takes-strong-steps-to-address-opioid-drug-related-overdose-death-and-dependence.html.
2 A description of the webinar can be found at: https://cc.readytalk.com/cc/s/meetingArchive?eventId=gu1rq6nx06m0
hospital-to-hospital comparisons and was never intended to be administered to emergency department discharges, nor to compare or evaluate individual physicians or nurses.\textsuperscript{6}

Second, although the evidence to date shows that the significant increases in opioid prescribing and related morbidity and mortality began prior to the implementation of the HCAHPS survey,\textsuperscript{4} out of an abundance of caution and in response to concerns about the survey leading physicians to overprescribe opioids, CMS, in the calendar year 2017 Outpatient Prospective Payment System (OPPS) proposed rule published on July 6\textsuperscript{th}, 2016\textsuperscript{5}, proposed to remove the HCAHPS Pain Management dimension from the Hospital Value-Based Purchasing Program beginning with the FY 2018 program year. We believe this will help eliminate any unintended confusion and pressure to overprescribe opioid medications. We note that HCAHPS survey data on all types of questions, including pain management, will continue to be collected and publicly reported under the Hospital Inpatient Quality Reporting (IQR) Program, a pay-for-reporting program, in recognition that pain control is an important aspect to delivering quality care. We believe this approach would appropriately balance concerns that clinicians could potentially face financial pressure to prescribe opioids while still allowing CMS to collect and publicly report valuable information regarding pain management in hospitals.

Third, we continue to study this issue to inform future actions. HHS is conducting a national hospital-level analysis of HCAHPS survey scores and opioid prescribing to better understand the relationship between the two. In addition, CMS is conducting hospital-level analyses of patient characteristics associated with requesting pain medication and with responses to the two pain items on the HCAHPS survey. We appreciate any support you and your group can provide to help educate physicians on appropriate and inappropriate uses of the HCAHPS survey.

Finally, CMS is developing an ED patient experience of care survey that is tailored to this unique environment within the health care system. The ED survey would provide hospitals and consumers with a valid tool specifically to assess the experiences of patients in the emergency department. As part of the survey development process, we have conducted cognitive testing of the pain-related items on the draft survey and are conducting some additional testing on a new set of potential pain-related questions that focus on communication about side effects of pain medications and alternative ways to treat pain. We plan to obtain feedback from physicians and hospital administrators on the draft ED survey prior to finalizing the instrument or adopting it into a CMS quality program. CMS is also testing the suitability of alternative survey questions that address pain for the HCAHPS survey.


The reality of the opioid epidemic in our nation is all too clear, and improving how we manage pain in our country is critical to our ability to end the opioid epidemic. HHS is committed to making its best effort to investigate and understand any role its policies may have inadvertently played in contributing to this issue. Our top priority is to enable the appropriate treatment for patients and not to unintentionally create incentives for the overprescribing of opioid analgesics. HHS is committed to supporting appropriate solutions to the epidemic through the analyses and initiatives discussed above and would welcome your group’s support in any of these efforts.

We strongly support your sense of urgency to take action to address the overarching concern, which is the very real opioid epidemic. Thank you for your continued commitment to this issue. I share your concerns and your passion for ending this epidemic. Please share this letter with other organizations who co-signed your letter.

Sincerely,

Sean Cavanaugh,
Director, Center for Medicare