AAOS
American Association of Orthopaedic Surgeons

April 7, 2022

Christopher Jones, PharmD, DrPH, MPH (CAPT, USPHS)
Acting Director
National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
4770 Buford Highway NE
Atlanta, GA 30341
Submitted electronical via http://www.regulations/gov

RE: Docket No. CDC-2022-0024 – Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids

Dear Dr. Jones,

On behalf of over 39,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), we are pleased to have the opportunity to offer the Centers for Disease Control and Prevention (CDC) comments on the "Proposed 2022 Clinical Practice Guidelines for Prescribing Opioids". The AAOS has provided comments on the proposed recommendations and additional components of pain care that we feel were overlooked in the guidelines.

The AAOS does not support these guidelines as a replacement for clinical judgement or individualized patient-centered care that is intended to be applied as inflexible standards of care across patients and/or patient populations by healthcare professionals, health systems, pharmacies, third-party payers, or government jurisdictions that lead to widespread unintended consequences for certain patient populations. The AAOS remains focused on maintaining the flexibility to support, not replace, clinical judgment and individualized, person-centered decision-making.

Recommendation 1

The AAOS supports the need for nonopioid therapies to support the limited use of short active opioids in a multi-modal pain approach for acute pain post operatively or because of injury.

Restorative therapies should be increasingly integrated into postoperative care plans for acute pain. Critical steps need to be taken to address the lack of research, access to care and surveillance, and restore or establish reimbursement for such therapies. We continue to advocate for the removal of barriers to provide alternatives to opioids for managing acute and postoperative acute pain. Barriers to pain care are pervasive and require payer policies to be altered/aligned to support comprehensive (physical, mental, and social) multimodal, multidisciplinary, restorative pain care to promote optimal care. The removal of these barriers would positively impact patient safety, patient quality, and the drug overdose epidemic.

The AAOS continues to support and advocate for individualized patient-centered care within a multimodal pain alleviation approach. Pain alleviation is complex and requires a unique approach for each patient. Shared-decision making is a pivotal part of multi-modal pain management, and we appreciate the CDC's inclusion of shared decision-making in a much more positive manner than in the 2016 guidelines.

Recommendation 3

The AAOS agrees with the recommendation to limit the use of extended release/long acting (ER/LA) opioids for acute pain. Orthopaedic surgeons prescribe opioids for acute pain related to injury or surgery. Such acute pain typically improves over hours to days, rather than days to weeks. Extended-release opioids are not appropriate for the treatment of most acute pain, however, the AAOS believes that there are situations where ER/LA opioids may be necessary for acute pain and advocate to maintain the flexibility and clinical judgment for individualized, person-centered decision-making.

Recommendations 4 & 6

The AAOS believes that orthopaedic practices should establish strategies to better control and limit opioid prescription dosages as well as appropriate/inappropriate opioid uses for acute musculoskeletal injuries and postoperative pain. A prescription should only include the amount of medication that is expected to be used based on the practice strategy. We believe this will limit the number of inappropriate and non-therapeutic opioid prescriptions and decrease the number of opioids abused and/or diverted.

Safe and effective alleviation of pain begins preoperatively. The AAOS believes that the surgeon team and preoperative team must actively manage patient expectations of their pain. Surgeons and physicians should script and practice empathetic and effective communication strategies, appropriate for all levels of health literacy.

Recommendation 9

AAOS supports the use and minimum standards for all PDMPs, including a uniform electronic format for reporting, increased information sharing and disclosure, minimum standards for interoperability and making information available to physician in real time. By ensuring prescription information relating to opioids and other controlled substances is available in an easy-to read system, interoperable across state lines, and in a timely matter, prescribers will be able to access to most accurate and up-to-date information to help them make the best clinical decisions for their patients.

Removal of Thresholds

The AAOS has observed the implementation of the CDC's 2016 clinical practice guidelines and the unintended consequences that followed. We are encouraged that the CDC has listened to the medical community and pain patients by removing the inflexible, numeric thresholds from the 2016 guidelines and included subacute and acute pain within the guidelines. The AAOS urges the CDC to strongly encourage stakeholders to revise and/or rescind any policies using the arbitrary thresholds that were based on the 2016 guidelines.

The AAOS calls on the CDC to remove all numbers associated with quantity, duration, frequency, etc. within the 2022 guidelines. The proposed guidelines reference a 50 MME threshold in multiple places (e.g., pages 96, 99, 203).

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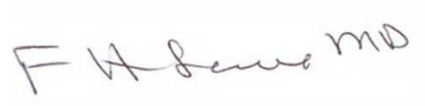
Physician Education

The 2022 and 2016 guidelines do not emphasize a role in incorporating education and training on individualized patient care needs in medical and other health professional schools. The AAOS encourages the development of effective education programs for physicians, caregivers, and patients. Continued Medical Education (CME) should be focused on all aspects of pain alleviation and coping, and complementary and alternative approaches, dramatically diminishing the role of opioids. Training opportunities during medical school, residency, and CME are critical tactics to establishing effective practices during a physicians' career. The AAOS recommends the inclusion of these training opportunities during all stages of a physician's career.

The AAOS thanks the CDC for the opportunity to provide comments on the 2022 proposed guidelines. We hope that the comments we have provided will be useful to the Agency in the finalization of the recommendations. If you have any questions or comments, please do not hesitate to contact Shreyasi Deb, PhD, MBA, AAOS Office of Government Relations at deb@aaos.org.

Sincerely,



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