



MISSOURI ACADEMY OF
FAMILY PHYSICIANS

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March 13, 2018

The Honorable Eric Greitens
Governor, State of Missouri
Capitol Building, Room 216
Jefferson City, MO 65101

Randall Williams, MD, FACOG, Director
Missouri Department of Health and
Senior Services
930 Wildwood Drive
Jefferson City, MO 65101

Steve Corsi, Psy.D., Director
Missouri Department of Social Services
221 West High Street
Jefferson City, MO 65101

Mark Stringer, Director
Missouri Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101

Dear Governor Greitens, et. al.:

On behalf of the Missouri Academy of Family Physicians (MO-AFP), which represents more than 2,400 family physicians and medical students across Missouri, I write in response to the recent letters sent to prescribers from MO HealthNet flagging opioid prescriptions that were outside of the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. The MO-AFP has strong concerns with any efforts by the Department of Social Services (DSS), Department of Mental Health (DMH), or Department of Health and Senior Services (DHSS) to enforce or codify the CDC Guideline as written.

Missouri's family physicians are committed to responsible prescribing of opioid medications and we value and consult the CDC's Guideline for Prescribing Opioids for Chronic Pain. However, these and other medical voluntary guidelines are meant to be used by prescribers as they work in consultation with their patients to address chronic pain. Treatment decisions should be kept between the physician and patient and in the context or shared decision making while following the available evidence. If the Guideline were to be implemented as a rule, regulation, or law, physician discretion and decision making would be undermined and patient care would suffer. Ultimately, the CDC Guideline was meant to be a recommendation, never a law.

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The American Academy of Family Physicians (AAFP) has accepted the CDC Guideline as useful guidance, but decline to fully endorse it, as many of the Strong category recommendations were based on limited or insufficient evidence, and the Guideline did not meet the National Academy of Medicine's standards for clinical practice guidelines. These weaknesses are identified in the Guideline itself:

"Clinical decision making should be based on a relationship between the clinician and patient, and an understanding of the patient's clinical situation, functioning, and life context. The recommendations in the Guideline are voluntary, rather than prescriptive standards. They are based on emerging evidence, including observational studies or randomized clinical trials with notable limitations. Clinicians should consider the circumstances and unique needs of each patient when providing care." <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

As the most visited specialty, particularly in rural and underserved areas, family physicians find themselves at the crux of the issue, balancing care for patients with chronic pain and the challenges of managing the appropriate use of opioids, ever mindful of their potential for misuse or abuse. In the face of opioid misuse, family physicians have a unique opportunity to be part of the solution. MO-AFP stands ready to work with stakeholders and policymakers to identify strategies to decrease the opioid supply and provide treatment to patients who are suffering from opioid and other substance use disorders (OUD/SUD).

Beyond the issue of the rigidity of the Guideline, we fear that this would cause significant disruption to care for patients who are currently receiving long-term chronic pain treatment. While there is some evidence to support non-pharmacologic treatments for chronic pain, regrettably, barriers to non-pharmacologic therapies for chronic pain exist in public and private health insurance plans. Additionally, patients who have an established treatment plan with their physician should not have this disrupted due to a change in law.

While decreasing access to opioids is critical to tackling the opioid epidemic, it is imperative that treatment regimens are supported, helping to wean patients from misuse. Opioid dependence is an illness that needs long-term treatment. We have significant concerns that Missouri's current treatment infrastructure does not have the capacity to absorb a large number of patients newly cut off from opioid treatment.

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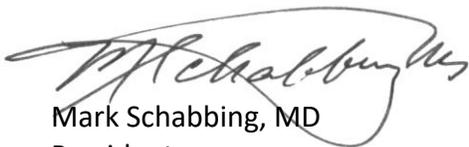
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The Missouri Workforce Coalition states Missouri has 15,791 physicians in 2016 and 5,294 are primary care physicians. Based on the 8,000 letters being sent, approximately 50% of all physicians are being asked to respond to a letter that has been sent to the “bad actors who put greed, ease, or profit ahead of their mission to help people” as stated in Governor Greitens’ press release. Yet, it doesn’t address the national research (American Medical Association, 2017) showing mid-level providers (advanced practice registered nurses and physician assistants) whose prescribing of opioids is increasing, where most physicians (except pain management) prescribing is decreasing.

Finally, this well-intended mandate would add to the administrative complexities that already plague family medicine. Administrative burden affects physicians and patients alike, and results in reduced face-to-face time with patients. Our current payment models, disparity in reimbursement for Medicaid patients, coupled with a crippling regulatory structure, threaten patient access to evidence-based pain care and OUD and SUD treatment from primary care physicians. Adding paperwork will take doctors away from patient care.

The opioid epidemic is devastating to our State and the patients we treat every day. We are on the same team. The MO-AFP reiterates our commitment to helping lawmakers promote policies that will prevent the misuse of prescription opioids, and we strongly support increased access to new SUD treatments, eliminating barriers to treatment, and the creation of a prescription drug monitoring program. We look forward to working with you to find a solution to save all Missourians surviving the disease of addiction. We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. Please feel free to contact me at (573) 635-0830.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Schabbing, MD". The signature is fluid and cursive, with a large loop at the end.

Mark Schabbing, MD
President

cc: Missouri Senate
Missouri House of Representatives