



August 22, 2019

Brenda Destro, MSW, Ph.D.
Deputy Assistant Secretary for Planning and Evaluation
Office of the Assistant Secretary for Planning and Evaluation
Office of Science and Data Policy
U.S. Department of Health and Human Services
Attn: EPAEDEA Report Feedback
200 Independence Avenue SW – Room 434E
Washington, D.C. 20201

Submitted via email to: EPAEDEDEAreport@hhs.gov.

Re: HHS (ASPE) – Request for Public Comments to be considered for the Report to Congress required by Section 3 of the *Ensuring Patient Access and Effective Drug Enforcement Act of 2016 (EPAEDEA)*, Public Law 114-145 to ensure patient access to pain management and opioid prescribing and effective drug enforcement.

Dear Deputy Assistant Secretary Destro:

The Society of Interventional Radiology (SIR) is a nonprofit, professional medical society representing more than 8,000 practicing interventional radiology physicians, trainees, students, scientists and clinical associates, dedicated to improving patient care through the limitless potential of image-guided therapies.

SIR appreciates the opportunity to provide comments to the Department of Health and Human Services for the report to Congress required by Section 3 of the *Ensuring Patient Access and Effective Drug Enforcement Act of 2016*. SIR members play a unique and very significant role in treating pain with a variety of interventions that are minimally invasive and serve as alternatives to opioid therapy for successful relief of pain. On May 9, 2019 the U.S. Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force Report on “Pain Management Best Practices: Updates, Gaps, Inconsistencies and Recommendations” specifically outlined interventional procedures as recommended alternatives to opioids to successfully treat pain.

Interventional radiologists are uniquely trained to use advanced imaging guidance for the non-surgical, non-opioid management of acute and chronic pain. The application of advanced imaging guidance and evolved treatment techniques to otherwise difficult to

manage pain syndromes has resulted in effective options for the treatment of pain in the setting of cancer. Similar techniques may also be used to target chronic non-cancer pain.

Examples of these procedures include: ablation of painful cancer lesions in the skeleton and soft tissues, or of nerves carrying pain signals related to arthritis, cancer, spinal stenosis, migraines, intervertebral disc disease, or nerve damage. Other techniques provide stabilization of fractures in the spine related to osteoporosis or cancer without surgery. Interventional radiologists manage a wide spectrum of pelvic pain for males and females – related to pudendal neuralgia, pelvic congestion, fibroids, and many other painful conditions in the pelvis using non-surgical, non-opioid procedural approaches. Other examples of minimally invasive image guided procedures for pain include facet joint nerve blocks and denervations, epidural steroid injections, cryoneurolysis, peripheral nerve injections, sympathetic nerve blocks, neuromodulation, vertebral augmentation, Interspinous Process Spacer Devices, Regenerative/Adult Autologous Stem Cell Therapy, endoscopic discectomy and implantable drug delivery systems.

Frequently, post-surgical pain relief involves the administration of opioids rather than the use of interventional pain techniques. Sadly, we have witnessed many instances in which opioid addiction starts in young patients when opioids administered to treat a sports injury result in disastrous consequences. Interventional and other non-opioid pain relief approaches to treating post-surgical pain can play a significant role in avoiding these tragic situations. The HHS Inter-Agency Task Force cites a lack of understanding and education about non-opioid pain treatment such as interventional procedures among clinicians who treat chronic pain as a major gap in the management of pain.¹

SIR agrees with the conclusions of the HHS Pain Management Best Practices Report, which points out that image-guided interventional procedures can greatly benefit pain assessment and treatment plans. Interventional diagnostic techniques identify the sources and generators of pain and therapeutic pain management techniques performed by interventional radiologists are valuable options to be considered before moving to the initiation of opioid treatment or more invasive surgery.

SIR supports the adoption of well-researched interventional pain guidelines to ensure the appropriate use of interventional pain procedures as a component of a multidisciplinary approach to address patient pain. Although these techniques are scientifically validated, we believe that additional research and more data clarifying the

¹ U.S. Department of Health and Human Services, “Pain Management Best Practices Interagency Task Force Report “, <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>. Published May 9, 2019.

clinical benefits of specific interventional procedures for specific pain conditions would be beneficial.

SIR is planning to conduct additional clinical research that establishes how interventional procedures work in conjunction with other approaches in the process of caring for patients with chronic pain. SIR strongly agrees with the conclusion of the HHS Pain Management Best Practices Report that further research is needed and should be encouraged to investigate the impact of interventional therapies for pain. To that end, SIR has established the Interventional Radiology Registry, a national Qualified Clinical Data Registry (QCDR) that is helping imaging facilities and practitioners improve the quality of patient care by providing access to accurate and objective measures regarding the quality of interventional radiology processes and outcomes.

SIR strongly supports the recommendation that the Centers for Medicare and Medicaid Services (CMS) and private payers should be encouraged to provide consistent and timely insurance coverage for evidence-informed interventional pain management procedures, and that reimbursement to nonhospital sites of service be restored to improve access to qualified interventional radiologists while lowering costs in the out-patient setting.

SIR commends the Department of Health and Human Services for providing leadership in the fight against improper opioid use and looks forward to working closely with the Department to provide a desirable solution to non-opioid pain management through the practice of interventional radiology.

We are happy to provide additional information and to respond to any questions you should have. Additionally, we can provide case studies and patient success stories to supplement our comments, and our physicians would be available to serve on future advisory bodies to address the important topic of non-opioid management of pain. Feel free to contact Sue Sedory, SIR Executive Director at ssedory@sirweb.org for assistance.

Sincerely;

A handwritten signature in black ink, appearing to read "Laura Findeiss". The signature is fluid and cursive, written on a light-colored background.

Laura Findeiss, MD, FSIR
President

Cc: Sue Sedory, Executive Director