

# FACT SHEET

## Multi-Society Pain Workgroup Recommendations on Interventional Pain Local Coverage Decisions

The purpose of this document is to provide facts and background regarding the formation, purpose, and processes of the Multi-Society Pain Workgroup (MPW).

In the fall of 2012, the Centers for Medicare and Medicaid Services (CMS) Contractor Medical Directors (CMDs), with the agreement of Dr. Louis Jacques, Director of the CMS Coverage and Analysis Group (CAG), undertook review of existing Local Coverage Decisions (LCDs) to make policies for the same treatments more consistent. They developed a CMD workgroup for each topic (e.g., drug, neuro, pain) to provide an initial review and recommendations for consistent policies. Each workgroup appointed a lead CMD. Dr. Bernice Hecker, Contractor Medical Director Jurisdictions E and F (Noridian), oversees the efforts of the workgroup considering the LCDs related to Interventional Pain.

In December of 2012, Drs. Ray Baker and Paul Dreyfuss were contacted by Dr. Hecker to chair a multi-society workgroup, which would provide recommendations for Interventional Pain LCDs. They were selected due to their positions as Chair and Co-Chair of the Noridian Pain Committee (NPC), and not due to any past or present position with any professional medical society. Based on the previously successful multi-society revision of facet joint LCDs for Noridian, Dr. Hecker wished for the NPC to administratively lead the newly formed Multi-Society Pain Workgroup (MPW). The NPC members (Drs. Richard Rosenquist, Norman Cohen, Christopher Standaert, Paul Dreyfuss, and Ray Baker) do not represent any medical society, recuse themselves from voting, and administrate and guide the process only. Dr. Hecker, not the NPC, crafted the minimum list of participating stakeholder societies that made up the Multi-Society Pain Workgroup. Any other interested party would be added as interest was expressed. No party was intentionally excluded from this effort. She also provided the list of LCDs that were being revised.

The proposal from the Contractor Medical Directors, as outlined by Dr. Hecker and echoed by CMS' Dr. Jacques was rather simple:

- The CMDs intended to revise all Interventional Pain LCDs, with or without multi-society input.
- It was likely that if the specialty societies decided not to provide recommendations, a number of the procedures would undergo the National Coverage Determination (NCD) process with very strict evidence criteria, possibly leading to non-coverage of many interventions.
- The CMDs were not looking for the MPW to revise the LCDs, only to provide expert consensus recommendations. The CMDs are not bound by these recommendations; each region can decide for themselves which of the MPW recommendations they would like use, and are free to modify or amend specific recommendations as they see fit, prior to presenting a draft LCD to its providers.

- The CMDs acknowledged that the MPW process would be both scientific and pragmatic. Many of the recommendations involved topics for which definitive data were lacking. Hence, it was clear that the recommendations would also be based on expert consensus.
- It was expected that the first two LCDs would be completed within the ensuing several months, and that the entire list of IP LCDs would be completed within a year.

The CMDs felt it was imperative to define their IPM policies expeditiously, and did not feel that it was in the best interest of their beneficiaries to defer needed changes until all societies could unanimously agree on every point in every policy.

At this juncture, the NPC had a choice: either participate and lead a process that involved significant time constraints and was admittedly far from ideal for the interests of every individual society, or allow the CMDs to move forward with revising all interventional pain LCDs without society input, and risk NCDs on one or several interventional pain procedures.

The first order of business on the initial MPW teleconference was to determine the will of the MPW stakeholder societies. Fifteen medical societies participated in the MPW (list attached), and after a discussion of the process and scope of work, the society representatives voted unanimously to proceed. They felt it was better to participate in the process rather than have no input at all in this pre-draft phase, recognizing that it is always more difficult to modify a draft as individual societies and after publication, especially if competing comments were submitted.

Over the next several months, consensus recommendations, based both on literature and expert opinion, were adopted by the MPW using a democratic process. This process allows for any society to submit a recommendation or comment on others' recommendations. All voting is transparent and inter-society communication is encouraged. A recommendation is adopted if a majority of voting societies vote to approve it.

- The MPW work products are consensus recommendations and do not reflect the preferred opinion of any society. The MPW did not have the luxury of working and reworking the recommendations to reach an ideal state. And, although each society was encouraged to review the evidence and vote based on evidence based principles, the MPW did not have the time or funds for a lengthy evidence rating and evaluation procedure as would occur in a formal guidelines process. The recommendations were a response to a time-limited request for input by CMS and CMDs.
- Nevertheless, 14 national medical specialty societies believe that the workgroup recommendations are better than the alternative recommendations that the CMDs could have developed alone. To date, only one society (ASIPP) has withdrawn from the process rather than work within the accepted MPW framework.
- The MPW societies represent over 100,000 of members dedicated in whole or in part to interventional pain management. They represent divergent backgrounds, including, but not limited to, anesthesiology, interventional pain, radiology, physiatry, and neurosurgery.

During the last decade, many IPM societies unified, and consolidated efforts to insure that pain management interventions are still available to those suffering from pain. They figured out that the time had come for interventional pain societies to stop ‘circling the wagons and shooting inward’ and begin working together. This approach has proven successful within the AMA House of Delegates, CPT®, and RUC processes, where a group of like-minded interventional pain stakeholder societies routinely work together on behalf of patients. It also worked when the CDC requested help from several IP stakeholder societies in addressing the Single Dose Vial issue, and when they reached out again during the horrific meningitis outbreak.

We are pleased to share that, through hard work and dedication from everyone involved in this process, the Multi-society Pain Workgroup (MPW) has already completed voting on five LCD topics. Collaborative recommendations on two topics were already presented and accepted by the CMS Contractor Medical Directors. Additional recommendations will be presented shortly.

Dr. Bernice Hecker recently commented on the accomplishments of the MPW: “...the CMDs and MPW have developed a wonderful process for the development of coverage determinations that promote best practices and patient well-being. We have gathered the best minds and hearts in the country who volunteer their time and in-depth niche expertise to ensure patients are cared for in the best possible manner. Volunteers who take on the onerous process of working with others whose views are different; who are willing to put personal and specialty societies' desires aside to move Medicine forward; who live with the CMDs' demands for strict compliance with Medicare rules and regulations that sometimes make healthcare delivery difficult; who work late into the evenings together or with the CMDs on calls and all just to provide advice to the CMDs on a pre-draft coverage determination with no promise of any specific outcome of their work-not even the guarantee any of their work will end up in the draft. This is remarkable. The group is valued. The selfless work has been extraordinary. If I do nothing else, interacting with this group and this effort has been worth my time in Medicare.”

As with the government shutdown, our constituents are weary of partisan bickering, a deplorable lack of civility, unwillingness to compromise, and personal agendas usurping the interests of the majority. They want their leaders to come together in a spirit of compromise and to successfully solve the problems that threaten their futures. We on the MPW are committed to moving forward in that spirit, and to work tirelessly on behalf of all interventional pain physicians and the patients they treat.

### **Signatories:**

- American Academy of Neurological Surgeons (AANS)
- American Academy of Pain Medicine (AAPM)
- American Academy of Physical Medicine and Rehabilitation (AAPMR)
- American College of Radiology (ACR)
- American Pain Society (APS)
- American Society of Anesthesiologists (ASA)
- American Society of Neuroradiology (ASNR)
- American Society of Regional Anesthesia and Pain Medicine (ASRA)
- American Society of Spine Radiology (ASSR)
- Congress of Neurological Surgeons (CNS)
- International Spine Intervention Society (ISIS)
- North American Neuromodulation Society (NANS)
- North American Spine Society (NASS)
- Society of Interventional Radiology (SIR)

# **Societies Participating in the Multi-Society Pain Workgroup**

October 16, 2013

1. American Academy of Neurological Surgeons (AANS) \*
2. American Academy of Pain Medicine (AAPM)
3. American Academy of Physical Medicine and Rehabilitation (AAPM&R)
4. American College of Radiology (ACR)
5. American Pain Society (APS)
6. American Society of Anesthesiologists (ASA)
7. American Society of Neuroradiology (ASNR)
8. American Society of Regional Anesthesia and Pain Medicine (ASRA)
9. American Society of Spine Radiology (ASSR)
10. Congress of Neurological Surgeons (CNS) \*
11. International Spine Intervention Society (ISIS)
12. North American Neuromodulation Society (NANS)
13. North American Spine Society (NASS)
14. Society of Interventional Radiology (SIR)

**\* AANS/CNS only have one representative and receive a single vote on the MPW**

## **NOTES:**

- American Academy of Orthopaedic Surgeons (AAOS) and International Society of Advancement of Spine Surgery (ISASS) were contacted regarding the MPW, at the request of Dr. Hecker, but chose NOT to participate.
- American Society of Interventional Pain Physicians (ASIPP) was invited and participated in the beginning, but resigned from the MPW in May 2013.