



Pain Practice & Advocacy
from under the radar
to **Over the Rainbow!**

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Why move into the specialty of Pain Management?

- Because there was, and is, a huge need for pain care
- Because it is a natural extension of our training and practice
- Because CRNAs were being asked or recruited into pain management positions



Integrative Pain Management

A *team* of providers working together in the provision of treatment and services to improve quality of life by reducing physical/emotional suffering



Possible Team Members

- Anesthesia providers
- Psychiatrists
- Physiatriests
- Psychologists
- Internists/Family Physicians
- Physical therapists
- Nurses, APNs
- Occupational therapists
- PA's
- Podiatrists
- Acupuncturists
- Sleep specialists
- Exercise physiology
- Massage therapists
- Neurology
- Chiropractors
- Orofacial pain



Goals

- Decrease pain (acute or chronic)
- Improve quality of life
- Maximize activity levels, home and work
- Allow for rehabilitation
- Improve sleep
- Improve mood, ability to cope



Goals

- **Decrease** reliance on medications
- Improve functional status
- Get patients back to work, or keep them working!

CRNAs – We can help!



Certified Registered Nurse Anesthetists
(CRNAs) are advanced practice nurses
who specialize in anesthesia care.

[Learn More](#)



Anesthesia defined





CRNA training

- Anatomy
- Physiology
- Pharmacology
- Pathophysiology
- ANESTHESIA techniques, evaluation and treatment..... of patient's response to PAIN



CRNAs and Pain Management

- Pain Management is incorporated in all that we do
- Pre-op/Intra-op/Post-op or PACU
- Obstetrical
- Post Anesthesia Pain Service (Hospital based)
- Hospital/ASC /office pain practices



CRNAs basic training

- We are trained in the evaluation and treatment of pain
- We are trained in peripheral and regional blockade—many of these procedures are the same ones utilized in the treatment of non surgical related pain



Skills from Anesthesia School that are used in pain care

- Physical Evaluation and Assessment
- Pharmacological treatment
- Injection Techniques
 - Intralaminar Epidural Injections
 - Regional Blocks
 - Peripheral Nerve Blocks



CRNAs in pain practice

- Our training makes us **VERY VALUABLE** team members of the Integrative Pain Management Team
- In both the acute and chronic pain treatment settings



CRNA Roles in pain care

Physical Assessment – clinic visits

Consultation services

Medication Management – some have prescriptive authority

Procedural Sedation for other providers

Injection and Interventional Services

As Pain needs moved into the forefront



- Congress declared 2000-2010 the decade of pain
- VA Pain Act in 2009
- Healthcare reform efforts began
- IOM report on the Future of Nursing (2010)
- IOM report on Relieving Pain in America (2011)



Our speciality was evolving.....

- A few pain pioneers
- Trained by mentors
- Practicing relatively quietly and unrecognized.....

under the radar



In the beginning.....

- My story
- Chief Anesthetist, OB Anesthesia, multi hospital system
- Recruited by Neurosurgery group in 2002 to reopen pain clinic



Activities and training

- 2003 SPPM, self study, and mentoring
- 2004 COA pain fellowship task force
- 2005 First CRNA cadaver course
- 2007 Practice challenge in LA
- 2008 First AANA pain seminar
- 2009- Multiple state testimonies



Activities and Training

- Continued!



Advanced Pain Training

- Courses which have didactic and cadaver stations to offer training in advanced physical assessment, pharmacological pain agents, fluoroscopy and radiation safety, and interventional pain procedures



Scope of Practice Document

“CRNAs practice according to their expertise, state statutes and regulations, and institutional policy.”



Official RECOGNITION

- Education and training are not enough without RECGONITION
- By Nursing profession
- By the government
- By the insurance payers



Practice Challenges

Organized Medicine in the US has brought forth challenges to CRNAs in chronic pain practices—stating their belief the management of chronic pain is the practice of medicine.



Practice Challenges

As well as challenges to use of fluoroscopy for needle placement, or guidance, as well as suitability of CRNAs in the performance of spinal injection procedures for chronic pain.



Challenge: Acute vs. Chronic Pain

- Acute – deemed “OK” by our critics
- Chronic – targeted as medical practice
- Challenge that interventions/blocks are dangerous
- Key point made that CRNAs are not trained in chronic pain. Statements that chronic pain is disease process requiring medical diagnosis/treatment and often state CRNAs can't be trained



Judiciary Challenge(s)

- LA lawsuit 11/07
- Ruling 2/08 and Appeal
- Appeals Ruling 12/23/08



Legislative or Regulatory Challenges

- LA
- IA
- NE
- OK
- AL
- TN
- MO
- others



Insurance Challenges

- Stay tuned for future slides



Unfortunate!

- There are many patients with pain who need good care
- CRNAs work very well as team members
- CRNAs have valuable training in pain processes, pathophysiology, patient assessment, pharmacological care, urgent/emergent care, etc.



CRNA Advocacy

- A strength of our profession
- State Association efforts
- A major initiative of the AANA
- AANA DC office
- AANA Mid Year Assembly
- Yearly and ongoing strategies
- FTC communications



The GOOD news – FTC support

- The FTC issued letters against proposed actions to regulate CRNAs out of pain practice (via Medical Boards or State Health Committees)
- AL – Oct. 2010
- TN – April 2011
- MO – March 2012

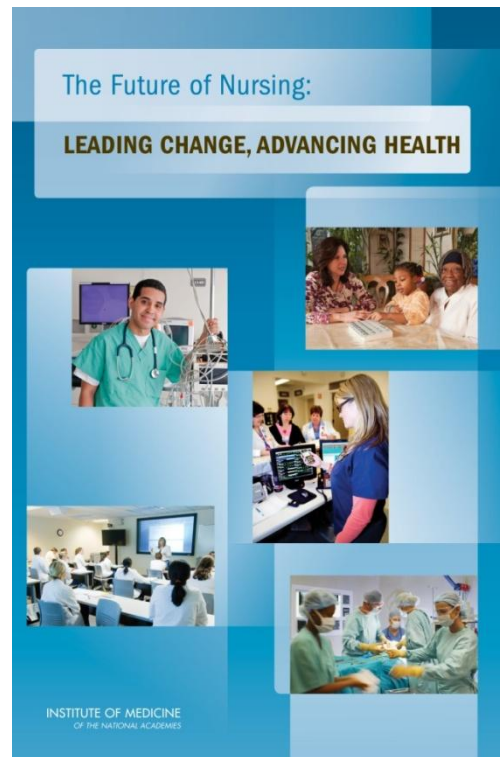


IOM

- Institute of Medicine of the National Academies
- A nonpolitical health care advisor to Congress
- Paired with Robert Wood Johnson Foundation for a two year study that developed a set of national recommendations with the goal of transforming the future of nursing.

Visit <http://www.iom.edu/nursing> to view the report

IOM Report: The Future of Nursing (2010)





IOM KEY MESSAGE

- *Nurses should practice to the full extent of their education and training*

Recommendation number one:

**REMOVE SCOPE OF PRACTICE
BARRIERS**



IOM report

Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research --June 29, 2011

- Chronic pain, a condition that affects more than 100 million Americans and costs the U.S. between \$560 and \$635 billion annually in medical treatment and lost productivity



IOM Pain Report

- Much of the chronic pain experienced by Americans isn't treated correctly, in part because doctors **are not taught in medical school how to help patients manage pain**



IOM Report

- Calls for a cultural change in order to prevent, assess, treat and understand all types of pain and laid out a blueprint for providing relief from pain.



IOM Report

- Directed the Department of Health and Human Services to develop a plan to increase awareness about pain, its health consequences; improve how pain is assessed, how treatment of pain is paid for by the federal government; and to address disparities in how different groups of people experience pain



IOM Report

- The report recommends healthcare providers engage in continuing education programs, and that licensure, certification, and recertification should include assessment of providers' knowledge of pain management



Important Message

**ALL providers need more training in
pain management!**



Recognition and Reimbursement

- CRNAs are, and have been for many years, recognized by the US Government, and private insurance companies, as qualified providers for pain management as evidenced by payment for services billed
- Unfortunately, the discrepancy in payment for services in different states caused many issues which were successfully addressed in the 2012 CMS ruling which took effect on Jan. 1, 2013



Insurance challenges

- In 2010, Noridian (a Medicare intermediary) for 13 states, changed reimbursement criteria and would not reimburse CRNAs for pain management care or procedures.
- Prompted huge advocacy efforts from AANA and many of our nursing colleagues and their organizations



And even better: CMS ruling on CRNA pain care

- Established a national ruling concerning CRNA pain services—who is able to provide and be reimbursed
- First became a problem when two Medicare Contract Agencies who denied CRNA reimbursement and this affected 18 states

- Proposed rule published July 6, 2012
- Comment period ended September 4, 2012
- Agency reviewed comments and issued a final policy on Nov. 2nd
- Took effect Jan. 1 2013



CHALLENGES CONTINUE



Current issues continued

- Fluoroscopy use/supervision of techs in CO, NE, IA, FL
- IL/IA legislation to try to define chronic pain treatment to physician only
- Bills to regulate ownership of pain clinics to only physicians: IN (2013), MI, PA, MS
- GA – favorable bill 2012



WPS Medicare

- Medicare coverage of CRNA services in six Midwestern states: Wisconsin, Indiana, Iowa, Kansas, Michigan, and Missouri
- Issued problematic draft LCD statement similar to NGS one of July 2014
- AANA WPS letter June 26th 2015



WPS Medicare

- For facet injections: basic requirement of payment is training and/or credentialing by a formal residency/fellowship program and/or other training program that is accredited by a nationally-recognized body



WPS Medicare

Draft LCD statement re: facet injections training requirement for providers without provision of specific interventional pain management services on a regular basis (at least two times per month) during the 10 years prior to the effective date of this LCD



Insurance challenges -AGAIN

- MAC Novitas Solutions (a MAC) proposed LCD policy to stop/limit payment for CRNA provided facet blocks in 11 states (CO, NM, AK, LA, MS, PA, NJ, MD, DE)
- AANA sued 4/11/17 in federal court “constitutional rights of CRNAs have been adversely affected without due process”



Specialty Pain Training



AANA Advanced Pain Management Workshop

- First course 10/2008
- Held twice yearly, May and October
- Added one day Advanced Physical Assessment course May 2013
- Now Basic and Advanced courses
- Hoping to serve as a template for other specialty training (cardiovascular, obstetrics, pediatrics)



Hamline University

- Post Master's Certificate in Advanced Pain Management began in 2012

3rd class graduate spring 2015

July 2014, COA approval as a

**FELLOWSHIP in
PAIN MANAGEMENT!**



TCU

- Advanced Pain Fellowship moved to TCU in 2015 with first cohort of 17 in 2016
- 2017 cohort of 15
- 2018 cohort of 11



TCU Pain Fellowship Mission

- Program mission: to educate CRNAs to be competent providers of care to patients who suffer from chronic pain. The purpose of the Advanced Pain Management program is to educate and prepare advanced pain management practitioners to deliver holistic pain management care, including comprehensive pain management interventions and patient education.

The logo of the University of South Florida, featuring a stylized 'S' composed of overlapping yellow, red, and blue squares, with a black crosshair.

University of South Florida

- Simulation based advanced pain fellowship
- COA ruling out for comment on required patient experiences, comments to be reviewed and decision this month



Middle Tennessee Fellowship

- Acute Pain Fellowship awarded to Middle Tennessee 4/2016 with first cohort summer 2017
- “To better educate nurse anesthetists on surgical pain treatment options that can shorten recovery time and offer more effective ways of managing perioperative care”



Board Certification

- NBCRNA developed specialty certification exam in Non Surgical Pain Management (NSPM-C)
- Initial test Jan. 2015 – had 5 test takers
- Two more offerings in 2015
- Two offerings per year moving forward
- Go to the NBCRNA website for application and information



National Recognition

- HHS/NIH National Pain Strategy Workgroups

Part of Affordable Care Act

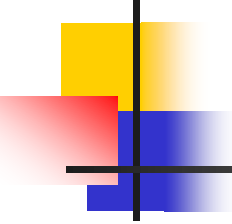
Result of IOM report

Oversight panel and 5 workgroups



National Pain Strategy

- Education and Training workgroup
 - Margaret Faut Callahan, PhD, FAAN
 - Dean of Nursing at Marquette University
- Public Health: Care, Prevention, Disparities
 - Jackie Rowles, MBA, CRNA, ANP-BC, FAAPM, FAAN
 - Pain Practitioner



HHS Interdisciplinary Pain Management Task Force 2018

- Dr. Bruce Schoneboom, AANA Chief Learning Officer named as a member
- Initial Meeting May 2018



What Else has happened
lately?

**AANA Applauds House
Passage of Local
Coverage Determination
Clarification Act**

Sep 13, 2018

The logo graphic consists of a vertical black line on the left, a horizontal black line at the bottom, and three overlapping squares: a yellow one at the top left, a red one at the middle left, and a blue one at the bottom left. The word "Novitas" is written in a blue, sans-serif font to the right of the vertical line.

Novitas

- After the AANA lawsuit, Novitas voluntarily suspended proposed rule which would have taken effect May 4, 2017
- AANA subsequently withdrew the lawsuit
- Rule was suspended but difficulties remain for CRNAs

The logo graphic consists of a vertical black line intersected by a horizontal black line. To the left of the vertical line, there are three overlapping squares: a yellow one at the top, a red one in the middle, and a blue one at the bottom. The word "Novitas" is written in a blue, sans-serif font to the right of the vertical line.

Novitas

- AANA senior leadership met with Novitas in August 2018
- The Proposed LCD was withdrawn



What else?

- Opioid Legislation Sept 2018 for CRNA inclusion into the prescribing of Suboxone for opioid addiction



Summary



Chronic pain management

- Chronic pain is a national problem
- Managing chronic pain is difficult
- The management of chronic pain is not owned by one discipline
- CRNAs are well positioned to add value to the pain management team



Education and Training

- KEY to provision of care
- Especially specialty care
- Meeting graduation requirements and passing certification exams demonstrate basic competency levels
- All specialization requires further training, study, and experience – for ANY Provider



Keys to Advancement

- 2002, under the radar
- 2004, COA pain fellowship task force
- 2008 AANA Specialty training
- 2009 discussion on pain specialty exam
- 2010 IOM report Future of Nursing
- 2010 1st FTC letter – AL, TN, MO
- 2011 IOM Relieving Pain in America report



Over the Rainbow!

- **AANA pain practices 2000, earlier?**
- **AANA Pain Courses 2008**
- **IOM Future of Nursing Report 2010;
Relieving Pain in America 2011**
- **Hamline 2012/TCU 2016/MT 2017**
- **AANA Advocacy/PR 2012: CMS ruling.
Novartis rule suspended 2017, revoked 2018**
- **NIH/HHS NPS Team 2013-14, HHS 2018**
- **COA fellowships 2014, 2017**
- **NBCRNA NSPM cert exam 2015**