November 5, 2019

Stephanie Chang, M.D., MPH Director, EPC Program
Agency for Healthcare Research and Quality
Evidence-based Practice Center (EPC) Program
5600 Fishers Lane
Rockville, MD 20857

Re: Noninvasive Nonpharmacological Treatments for Chronic Pain: A Systematic Review Update

Dear Ms. Chang,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule in regard to its effects on those living with advanced illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 140 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

C-TAC’s definition of advanced illness is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some individuals and their families may lead to transition to hospice.

Overall, we support the Agency's efforts to promote evidence-based nonpharmacological treatments to reduce chronic pain and feel this review will be helpful to direct care for chronic pain. This is an issue that affects the quality of life for some with advanced illness. We are hopeful that the review’s identification of the evidence gaps will prompt research funding to add to this body of evidence. Perhaps support of additional research could be a recommendation in the review.

Our only concern is that the review could inadvertently diminish the importance of pharmacological treatments for chronic pain in those individuals who need such treatment. Ideally, pharmacological and nonpharmacological approaches should both be considered and implemented on a patient by patient basis based on that person’s goals and the joint decision with their health care provider. Although the review’s focus is on
nonpharmacological treatment, perhaps the final version could address this concern.

Thank you for the opportunity to comment on this draft review. If you have any questions, please contact me, Sage Rosenthal, Policy and Advocacy Associate, C-TAC, at srosenthal@thectac.org.

Sincerely,
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