



May 20, 2015

Linda Porter, Ph.D.
National Institute of Neurological Disorders and Stroke
National Institutes of Health
31 Center Drive
Room 8A31
Bethesda, MD 20892
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Re: Written Comments on the National Institute of Neurological Disorders and Stroke (NINDS) Office of Pain Policy Draft National Pain Strategy (80 Federal Register 17757 April 2, 2015)

Dear Dr. Porter:

The National Athletic Trainers' Association (NATA) appreciates the opportunity to provide comments on the NINDS Office of Pain Policy's National Pain Strategy. Specifically, NATA is providing detailed comments on topics included in the National Pain Strategy that reference prevention and care, service delivery and reimbursement, and professional education and training.

NATA is a professional organization serving more than 38,000 certified athletic trainers, students of athletic training, and other healthcare professionals. The organization's mission is to enhance the quality of healthcare provided by certified athletic trainers and to advance the athletic training profession. As the leading organization representing athletic trainers, NATA seeks to ensure federal policies and programs are implemented that recognize the unique role athletic trainers play in the provision of medical care.

Athletic trainers are highly qualified, multi-skilled healthcare professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries. Athletic trainers also specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses.¹ Athletic trainers are included under the allied health professions category as defined by the Department of Health and Human Services and are assigned National Provider Identifier numbers. In addition to employment by sports and athletic organizations, athletic trainers are employed by hospitals, clinics, occupational health departments, wellness facilities, the United States military, and in a number of other healthcare settings.

¹ Department of Labor Occupational Outlook Handbook (2012). Retrieved from: <http://www.bls.gov/ooh/healthcare/athletic-trainers-and-exercise-physiologists.htm>



NATA supports the NINDS Office of Pain Policy's intent to advance the fundamental understanding of pain and improving pain-related treatment strategies and appreciates the opportunity to provide comments on the draft National Pain Strategy.

Prevention and Care – Pages 20-25 of the National Pain Strategy

Objective 1: Characterize the benefits and costs of current prevention and treatment approaches

NATA strongly supports the NINDS Office of Pain Policy's commitment to identify and address preventable causes of acute and chronic pain, review the effectiveness of existing programs, and develop a framework for measuring treatment outcomes. Studying the methods to prevent and treat pain and incorporating the most effective and cost-efficient treatments into practice guidelines will improve the overall delivery of pain care. NATA applauds the emphasis on the advancement of evidence-based and individualized prevention and care of pain.

Objective 2: Develop nation-wide pain self-management programs

Acute and chronic pain is a common problem that affects millions of people across the nation; chronic pain is the leading cause of disability in the United States.² NATA supports the development of new patient tools for pain management and provider feedback, as this will enhance patient outcomes and reduce healthcare costs. Athletic trainers help to prevent, recognize, treat, and rehabilitate patients with injury and illness. They also provide emergent and acute care of injuries in an effort to prevent the development of chronic pain. Moreover, athletic trainers engage in direct patient interaction, take patient histories, perform evaluations, provide instruction on exercise programs, and furnish rehabilitation services. Patient engagement and self-management are critical components of effective and efficient clinical care, and NATA supports the implementation of evidence-based pain self-management programs.

Objective 3: Develop standardized, consistent, and comprehensive pain assessments and outcome measures across the continuum of pain

A comprehensive assessment of pain is fundamental to effective pain management. Routine screening for the presence of pain is often one of the first steps athletic trainers perform when evaluating patient; if a pain score is present, further assessment, intervention, and follow-up is required. The development of comprehensive and standardized pain assessments and outcome measures will improve care, thus resulting in improved outcomes and a decrease in overall healthcare costs. NATA believes this is an important step forward in improving the quality of healthcare for the millions of individuals who suffer from acute and chronic pain.

² McGreevy, Kai, M.D., Bottros, Michael, M.D., Raja, Srinivassa, M.D. "Preventing Chronic Pain following Acute Pain: Risk Factors, Preventive Strategies, and their Efficacy." *European Journal of Pain Supplements* 5(2) (2011): 1.



Service Delivery and Reimbursement – Pages 30-35 of the National Pain Strategy

Objective 1: Define and evaluate integrated, multimodal, and interdisciplinary care for people with acute and chronic pain, and end of life pain

As we care for an increasingly aging population, we must find better methods to improve patient care and reduce costs. NATA supports an integrated, multidisciplinary, coordinated approach to caring for individuals with pain and we believe that engaging in various pilot projects in pain care is the necessary first step to improving patient outcomes. Evaluating and testing new service delivery methods and payment models will enable stakeholders to achieve cost savings while focusing on meeting patients' needs.

Objective 2: Enhance the evidence base for pain care and integrate it into clinical practice through defined incentives and reimbursement strategies, to ensure that the delivery of treatments is based on the highest level of evidence, is population-based, and represents real-world experience

NATA applauds the NINDS Office of Pain Policy's intent to disseminate results of population-based studies, track outcomes of pilot projects, and encourage the implementation of appropriate, evidence-based care of patients with pain. By tracking outcomes and developing new pain strategies, healthcare providers will be better equipped to provide higher quality care. Pain should be treated in a manner that is comprehensive, collaborative, patient-centered, and evidence-based. NATA also supports the use of population-based data to inform national policy for opioid use and monitoring to ensure a balance is maintained between the need for access to opioids and the potential for misuse and abuse.

Objective 3: Tailor reimbursement to promote and incentivize high-quality, coordinated pain care through an integrated biopsychosocial approach that is cost-effective, comprehensive, and improves outcomes for people with pain

NATA appreciates the Office of Pain Policy's intent to improve healthcare delivery and reimbursement and support payment and policy reforms that reward all healthcare providers who deliver high-value pain care that minimizes costs. NATA is committed to working with the NINDS Office of Pain Policy and other stakeholders to ensure a federal policy, programmatic, and payment environment that facilitates improved quality care and patient outcomes.

Professional Education and Training – Pages 36-40 of the National Pain Strategy

Objective 1: Develop, review, promulgate, and regularly update core competencies for pain care education and licensure and certification at the undergraduate and graduate levels

The Commission on Accreditation of Athletic Training Education (CAATE) is the agency responsible for the accreditation of 350+ professional athletic training educational



programs. All certified athletic trainers must have a bachelor's or master's degree from an accredited college or university and pass a comprehensive examination administered by the Board of Certification, Inc. (BOC). To retain certification, Certified Athletic Trainer (ATC®) credential holders must demonstrate completion of a prescribed number of medically related continuing education credits every two years and adhere to the *BOC Standards of Professional Practice*³, including prevention measures to educate patients and manage risk; treatment, rehabilitation, and reconditioning; and therapeutic intervention. Upon completion of their academic program, graduates become eligible to take the Board of Certification (BOC) exam. Athletic trainers who pass the exam are awarded the ATC® credential.

We very much appreciate the discussion surrounding the need to convene an expert group that includes all relevant undergraduate health professions to review, revise, and promote the set of interdisciplinary core competencies that have been developed for undergraduate education in pain and pain care. Athletic trainers are required to possess numerous professional competencies, including prevention and health promotion; therapeutic interventions, including techniques to reduce pain; physical rehabilitation and therapeutic modalities, including the use of joint mobilization in pain reduction and restoration of joint mobility; clinical integration proficiencies, which include performing a comprehensive clinical examination with an upper or lower extremity, neck, head, thorax, and/or spine injury or condition, and creating and implementing a therapeutic intervention that targets treatment goals and maximizes patient outcomes and progress in the treatment plan. NATA strongly urges the NINDS Office of Pain Policy to include athletic trainers to assist in the development of educational programs that incorporate pain and pain care competencies at the undergraduate and graduate levels.

Objective 2: Develop a pain education portal that contains a comprehensive array of standardized materials to enhance available curricular and competency tools

NATA supports the establishment of a work group to survey current resources and determine the content for a pain education portal. The undergraduate and graduate athletic training programs use a competency-based approach in the classroom and clinical settings. Athletic training students are educated to provide comprehensive patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being."⁴ A pain education portal would help ensure that educators and students have timely access to the most up-to-date and comprehensive pain education materials and resources.

³ Board of Certification for the Athletic Trainer (2006). *BOC Standards of Professional Practice*. Retrieved from:

http://www.bocatac.org/images/stories/resources/boc_standards_of_professional_practice_1401bf.pdf

⁴ Athletic Training Education Overview. Retrieved from: <http://www.nata.org/sites/default/files/AT-EducationOverview.pdf>



Thank you for the opportunity to share NATA's comments on the NINDS Office of Pain Policy's National Pain Strategy. We look forward to continuing to share information with you and working together to develop policies that facilitate the provision of quality care for the treatment of pain. Should you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at amyc@nata.org or (972) 532-8853.

Sincerely,

A handwritten signature in black ink, which appears to read 'Jim Thornton', is positioned below the word 'Sincerely,'.

Jim Thornton, MS, ATC, CES

NATA President