Testimony in Support of House Concurrent Resolution 16
Presented by Maury Witkoff, DO, FACOEP, FACEP

Chair Gonzales, Vice-chair Huffman, Ranking Member Antonio: Thank you for the opportunity to testify today. My name is Maury Witkoff, and I am an emergency medicine physician. I am here today to voice strong support for House Concurrent Resolution 16.

I have been practicing emergency medicine for 20 years. I currently practice in Columbus with Emergency Services Inc. The majority of my work is done overnight at Mount Carmel West Medical Center, a trauma center here in Columbus. I also cover Mount Carmel East, Mount Carmel Grove City and Diley Ridge Medical Center. I am active in organized medicine, I serve on the Ohio State Medical Association's Prescription Drug Abuse Task Force, and am a past president of the Columbus Osteopathic Association. I have also served on the Governor's Cabinet Opiate Action Team (GCOAT) since it was created in 2011. As part of this group, I helped craft the guidelines for Emergency and Acute Care Facility Opioids and Other Controlled Substances Prescribing.

As a physician, I have a duty to "do no harm," so I do my best to avoid prescribing opioids when they are not needed. When I do write for opioids, I prescribe the lowest dose and smallest number of pills possible. Nevertheless, we, as physicians, can be pressured to prescribe higher doses and more doses than are clinically appropriate. Patient satisfaction surveys, which are administered by both public and private insurers, cause some of this pressure. The results of these surveys impact reimbursement: positive results lead to better reimbursement, and negative results can lower payment rates. Clinicians have an incentive to make sure patients provide satisfactory responses.

The survey we encounter most often is called the Hospital Consumer Assessment of Healthcare Providers and Systems, or "HCAHPS", and it is used to measure Medicare patients' satisfaction with their care. The HCAHPS survey asks patients two specific questions about how their pain was managed during a hospital stay. These questions are:

> "During this hospital stay, how often was your pain well controlled?"
> Answer options include: Never, Sometimes, Usually, Often.
>
> "During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?"
> Answer options include: Never, Sometimes, Usually, Often.

These questions apply to the majority of patients we see in emergency medicine. In many ways, emergency departments have become the location of last resort for pain control. Because of recent changes in state and federal laws, family physicians, specialists, and even dentists are hesitant to write prescriptions for narcotics. In my experience, many of these clinicians are now referring their patients to the emergency department for pain control. Since

prescriptions for hydrocodone can no longer be called in over the phone, a lot of physicians – including those who practice in the specialty of pain management – have to send their patients to emergency departments for breakthrough pain after-hours.

Unfortunately, many patients expect all pain can and will be completely relieved with medical and pharmacologic treatments. It can be extremely challenging to treat chronic pain since the nerve pathways for chronic pain are different than acute pain. As such, the medications utilized to treat chronic and acute pain can also differ. Patients present to the emergency department with expectations of pain control, realistic or not. They expect both primary pain management and refills of medication. In some cases, patients even try to use satisfaction surveys to their advantage. One recent patient told me that if I gave him percocet instead of Vicodin he would give me better satisfaction scores. We are working within a system that can be gamed.

Given the difficulty we have in managing patients' expectations of pain control, and given our desire to curb prescribing of narcotics, it simply doesn't make sense to measure clinical performance through patients' satisfaction with their pain management.

HCR 16 would urge the Centers for Medicare and Medicaid Services (CMS) to quickly change the HCAHPS survey questions that measure a patient's assessment of pain management. Since these questions have the potential to compromise physicians' clinical judgment and may be contributing to our prescription drug abuse epidemic, it is essential to change them as quickly as possible. Although we cannot change this national survey here in Ohio, we can do out part by urging CMS to take action.

I strongly support HCR 16, and I urge you to vote in favor of this important resolution. Again, thank you for providing me with the opportunity to testify today. I would be happy to answer any questions you may have.