

January 27, 2021

The National Pain Advocacy Center (NPAC), <https://nationalpain.org>, is a new alliance of scientists, clinicians, civil rights advocates and people with lived experience of pain. Our mission is to advance the health and human rights of people with pain.

We write to urge NFQ to consider integrating into its quality metrics: patient metrics of quality and success; metrics that measure patient outcomes; and metrics that measure continuity of care.

We are particularly concerned by NFQ's endorsement of quality measures based on prescribed dosages, which can be found in NQF 2940, and measures focusing on dosage in hospital settings. We further urge caution about NFQ 2951 because "number of providers" is not always an accurate proxy for concerns of misuse.

Although quality measures that focus on dosage thresholds are intended to reduce risk, the [Centers for Disease Control and Prevention](#) recognized in 2019 that strict use of such measures may actually result in patient harm.

Such measures may incentivize [rapid](#) and medically unnecessary dosage reduction or termination, a practice which has been shown in observational studies to [increase overdose risk](#), [suffering](#), [suicidality](#) and [suicide](#), as well as [termination of healthcare](#) relationships.

These measures may further incentivize provider refusal to accept patients with long-term opioid prescriptions for pain, which is especially important in light of recent studies suggesting that [more than 50% of primary care providers](#) will not take on a new such patient and that [81% are reluctant to](#).

Problematically, patients who lose quality of life or healthcare relationships, or patients who die from overdose or suicide, are unlikely to be captured in quality metrics.

To prevent further unintentional harm, we hope to see NQF reject dosage-based quality measures, and instead encourage individualized risk/benefit analyses. Dosage-based safety measures may overreach in both directions, by failing to identify patients at risk and wrongly flagging patients who are not.

Helping patients live and thrive should be the first duty of healthcare. Measures to ensure positive patient outcomes, continuity of care, and appropriate treatment are necessary, whether prescription reductions are due to aberrant patient behavior, provider issues, or systemic pressures. Measures that consider the experience and quality of life of those most deeply affected—patients with pain or

patients with substance misuse issues—are similarly essential. All too often the voices and experiences of patients are left out of conversations that determine their care and their ability to live and function.

Sincerely,

*Kate*

Kate Nicholson

President, National Pain Advocacy Center