

RE: HEAL's support of non-pharmacological approaches for pain management

Dear Director Collins,

On behalf of the undersigned organizations, we thank you for your leadership in addressing the substantial public health crises of chronic pain and opioid abuse through the NIH HEAL (Helping End Addiction Long-term) Initiative. **We are writing to reinforce your previously stated commitment to allocating substantial HEAL Initiative funding to support research on non-pharmacological approaches to manage pain.**

The HEAL Initiative has extraordinary potential to address the opioid crisis while also improving outcomes for the millions of Americans living with pain, but these critical goals cannot be achieved rapidly through biomedical and drug discovery approaches alone. Decades of research have consistently supported a biopsychosocial conceptualization of pain etiology and treatment, as well as the value of integrated, patient-centered, multimodal and interdisciplinary models of pain care that incorporate non-pharmacological and non-surgical approaches to optimize patient outcomes. At the same time, significant scientific knowledge and clinical practice gaps remain unaddressed. Research that specifically targets these areas is needed to realize the greatest impact on the most aggressive timeline.

For too many Americans with pain, the most commonly used biomedical interventions fail to provide meaningful relief and are accompanied by substantial risk. Injection therapies, device implantation, surgery, and pharmacologic treatment have increased potential for adverse effects and significant harms, are associated with higher costs, and ultimately do not provide long-term symptom amelioration when delivered in isolation of a multimodal approach. In comparison, non-pharmacological approaches such as lifestyle modification, physical activity, and education about self-management are not only efficacious for pain, they are also low-risk and virtually free of significant adverse events and harms. Moreover, they are often associated with additional health and societal benefits such as improvements in physical and emotional functioning, employment and work-related productivity, decreased medical utilization, and lower cost. Although robust evidence supports use of these strategies in pain care, additional research is needed to determine how to optimize the delivery of such services in a clinically- and cost-effective manner. HEAL can thus achieve its goals more rapidly, likely with improved patient outcomes, by prioritizing non-pharmacological treatment research and biopsychosocial approaches to understanding pain. In doing so, the HEAL Initiative will help actualize the goals of the *National Pain Strategy* for integrated, interdisciplinary, patient-centered care by increasing access to evidence-based treatments for pain. All of the aforementioned is consistent with the stated goals of HEAL to enhance pain management outcomes by improving our understanding of chronic pain, developing non-addictive treatments for pain management, and disseminating these evidence-based treatments widely.

Drug discovery, while an important piece of an integrated approach to pain management, typically has long timelines and potential for significant risk. By contrast, **evidence-based non-pharmacological treatments are available now, with minimal risk to patients—yet patient access to, and health care integration of, these treatments is limited.** HEAL could further promote the rapid uptake of these readily available, efficacious non-pharmacological approaches by funding research to optimize their implementation via integrated models of care. Significant advances in the provision of non-pharmacological interventions (e.g. use of e-health applications and allied health professionals) holds the promise of revolutionizing the delivery of these safe and effective treatments. **HEAL's funding of research examining integrated models of care could promote more widespread uptake of these**

treatments and reduce reliance on medical therapies with risk for addiction and other problematic side effects.

We appreciate the HEAL Initiative's explicit declaration of the importance of non-pharmacological approaches to manage pain. We also fully support the HEAL Initiative soliciting ideas from leading thinkers on how to best address the dual public health crises of pain and opioid use disorder. The enormous health burdens of chronic pain in the population-at-large demand immediate solutions with a long-term strategy and an integrated approach as called for in the *National Pain Strategy*. By attending to the totality of the experience of pain, and the need to have a multipronged approach to effectively address it, HEAL stands to make a significant impact on the health of all Americans.

With sincere appreciation,

A handwritten signature in blue ink that reads "Michael Von Korff". The signature is fluid and cursive, with a prominent flourish at the end.

Michael Von Korff Sc.D.

Senior Investigator

Kaiser Permanente Washington
Health Research Institute