

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

POLICY No. PA-09-01

[Adopted February 12, 2009]

Policy on the Management of Pain

Purpose: To insure patient access to appropriate, legitimate and effective pain management.

The Board of Registration of Physician Assistants (Board) recognizes that principles of quality medical practice dictate that patients have access to appropriate and effective pain relief. The purpose of this Policy is to express the Board's support for the development and implementation of pain management practices to assure the appropriate application of up-to-date knowledge and treatment modalities that may improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately managed pain.

For purposes of this Policy, the inappropriate management of pain includes non-treatment, under-treatment, over-treatment and the continued use of ineffective treatment. The assessment and management of pain is integral to the practice of medicine. Therefore, the Board encourages physician assistants to view pain management as a part of quality medicine practice for all patients in pain, whether acute or chronic. All physician assistants should become knowledgeable about assessing patients' pain and effective methods of pain management. (1)

Policy: A physician assistant licensed by the Board is responsible and accountable for engaging in practice as a physician assistant in accordance with this Policy and with the guidelines of the Massachusetts Board of Registration in Medicine for the use of controlled substances for the treatment of pain adopted by the Medicine Board on December 15, 2004. (2)

It is the Board's current position that these standards, in the context of appropriate, legitimate and effective assessment, diagnosis and management of pain, include:

- development and implementation of a patient's pain management plan that is evidence-based and includes a comprehensive and on-going pain assessment, appropriate pharmacological and non-pharmacological modalities, and the substantiation of adequate symptom control;
- complete, accurate and legible entries in all appropriate patient or resident records required by federal and state laws and regulations, and accepted standards of care;
- the use, when appropriate, of controlled substances including opioid analgesics in the management of all pain types;
- interdisciplinary consultation and collaboration;
- recognition that tolerance and physical dependence are normal consequences of sustained use of opioids and are not synonymous with addiction: tolerance is a physiologic state resulting from regular use of a drug in which (a) an increased dosage is needed to produce a specific effect, or (b) a reduced effect is observed with a constant dose over time (3); and physical dependence is a state of adaptation that is manifested by drug class specific signs and symptoms that can be produced by

abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist (4);

- exercising sound professional judgment to recognize that pseudoaddiction may develop as a direct consequence of inadequate pain management and that pseudoaddiction can be distinguished from true addiction in that inappropriate drug seeking behaviors resolve when pain is effectively treated;
- recognition that patients with chemical dependency may require specialized pain management involving controlled substances including opioids (5);
- recognition that a patient who suffers from extreme pain or disease progression may require increased doses of pain medication and that the appropriate dose is the dose required to effectively manage the patient's pain in that particular circumstance;
- adherence to system safe-guards that are designed to minimize the potential for abuse and diversion when controlled substances are used;
- acceptance of patient self-determination and autonomy;
- culturally sensitive patient, family/significant other and/or caregiver education; and prescriptive practice by the physician assistant that conforms with 263 CMR 5.07 including practice in accordance with written guidelines for prescriptive practice that are developed collaboratively with the physician assistant's supervising physician.

The physician assistant is also responsible and accountable for acquiring and maintaining the knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management. Such competencies may be acquired through basic, graduate or continuing education programs, as appropriate to the physician assistant's scope of practice. These competencies include, but are not limited to, knowledge of the current federal and state laws and regulations for the prescription, dispensing, administration and destruction of controlled substances, and current evidence-based guidelines developed by nationally recognized professional organizations in the assessment and management of pain.

- (1) Adapted from the *Preamble, Model Policy for the Use of Controlled Substances for the Treatment of Pain* (2004), Federation of State Medical Boards of the United States, Inc. Available at http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf.
- (2) Massachusetts Board of Registration in Medicine. *Policy for the Use of Controlled Substances for the Treatment of Pain* (2004). Available at www.massmedboard.org.
- (3) Adopted by the Federation of State Medical Boards of the United States from the *Definitions Related to the Use of Opioids for the Treatment of Pain: A Consensus Document of the American Academy of Pain Medicine, the American Pain Society and the American Society of Addiction Medicine* (2001). Available at <http://www.painmed.org/pdf/definition.pdf>.
- (4) Adopted by the Federation of State Medical Boards of the United States from the *Definitions Related to the Use of Opioids for the Treatment of Pain: A Consensus Document of the American Academy of Pain Medicine, the American Pain Society and the American Society of Addiction Medicine* (2001). Available at <http://www.painmed.org/pdf/definition.pdf>.
- (5) In the event the patient with chemical dependency is a licensee of the Board who is enrolled in the Board's substance abuse rehabilitation program, the specialized pain management plan may be developed in collaboration with the substance abuse rehabilitation program.