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December 13, 2024

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The American Academy of Pediatrics (AAP) is pleased to have the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) List of Measures Under Consideration (MUC). On behalf of AAP and its over 67,000 primary care pediatricians, pediatric medical subspecialists, and surgical specialists, we commend efforts to review measures under consideration.

The AAP supports the inclusion of the *Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)* measure. Patients with Sickle Cell Disease experiencing VOEs often endure severe, debilitating pain. Delays in pain management may lead to poor clinical outcomes, including increased hospital stays and complications. Patients with SCD are disproportionately represented among Black and underserved populations and face systemic delays and bias in pain management. Pediatric patients with SCD are particularly vulnerable during VOEs and often require rapid intervention to prevent escalation of pain. This measure has the potential to improve quality of life, reduce health disparities, and improve patient and family experience.

The AAP would like to offer the following additional feedback:

- A qualifying pain medication should be defined as this information is not specified and could significantly affect the outcomes, such as ibuprofen vs opioid medication. Defining the type of drug administered will be helpful for analyzing disparities in care from a racial/ethnic perspective as well as from hospital type (community, academic) and location (rural).
- The unique needs of pediatric patients should be considered during implementation which may require hospitals to tailor the approach to the measure to consider communication barriers or age-specific pain assessment challenges.
- SCD severity and presentation can vary widely. Guidance should be tailored for managing complex cases, such as those involving infants or young children, as this may be necessary for hospitals managing highly complex pediatric patients.
- The allocation of resources among hospitals may vary, particularly in rural or other under-resourced areas. This measure will require investments in infrastructure including staffing, training, and related care processes that facilitate rapid initiation of pain management.
- Monitoring and measurement of unintended consequences, particularly the overuse of opioid medication or incomplete evaluation of other complications

will be important in order to consider quality in the context of timeliness.

- Median time to pain medication paired with time to pain management education for the patient/family may enhance patient centeredness and patient experience of care.

Thank you again for the opportunity to comment. Please do not hesitate to contact Cathleen Guch (cguch@aap.org), Senior Manager Quality Improvement and Certification Initiatives, with any questions on these comments.

Sincerely,

Benjamin Hoffman, MD, FAAP
President, AAP