Opioids and Pain
Conservative Care Alternatives

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FRAMING THE ISSUE
• Opioid abuse is a serious public health issue
• Caused by prescription drug abuse and can lead to death
• Affects almost every community and family in some way
• Decades in the making

• In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills
• Four in five new heroin users started out misusing prescription painkillers

• More people died from drug overdoses in 2014 than in any year on record

• The majority of drug overdose deaths (more than six out of ten) involve an opioid

• overdoses from prescription opioid pain relievers are a driving factor in the 15-year increase in opioid overdose deaths

• Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report

• Vicodin and other hydrocodone-combination painkillers are the most commonly prescribed drugs in the U.S.

https://www.cdc.gov/drugoverdose/epidemic/
Chronic Condition Prevalence

Proportion of United States Population Reporting Chronic Medical Conditions, 2012

- Musculoskeletal: 54%
- Circulatory: 31%
- Respiratory: 28%
- Diabetes: 13%
- Cancer: 9%

Source: National Center for Health Statistics, National Health Interview Survey, 2012
Musculoskeletal Health

Musculoskeletal Disease Health Care Visits, 2010

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total Health Care Visits (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Pain</td>
<td>52.2</td>
</tr>
<tr>
<td>Arthritis and Related Conditions</td>
<td>106.8</td>
</tr>
<tr>
<td>Osteoporosis and Low Energy Fractures (2)</td>
<td>4.2</td>
</tr>
<tr>
<td>Traumatic Injuries</td>
<td>65.8</td>
</tr>
</tbody>
</table>

(1) Includes hospital discharges, ED, outpatient, and physician visits.  
(2) Includes only hospital discharges and ED visits.  
Estimates of Pain Prevalence and Severity in Adults:

25.4 million American adults experience category 3 pain
14.4 million American adults experience the highest level of pain, category 4

American adults with category 3 or 4 pain were likely to
- have worse health status
- use more health care
- suffer from more disability

Than those with less severe pain


“New opioid use after hospitalization is common among Medicare beneficiaries, with substantial variation across hospitals and a large proportion of patients using a prescription opioid 90 days after hospitalization”


Nearly 12 Million Medicare beneficiaries received at least one prescription for an opioid painkiller in 2015 at a cost of $4.1 billion

Conservative Care: Defined

- Conservative Care is an approach to treating back pain, neck pain and related spinal conditions utilizing non-surgical treatment options, such as physical therapy, acupuncture, chiropractic, and injections.

- Treatment designed to avoid radical medical therapeutic measures or operative procedures.

- In most cases, what the research shows is conservative care opioids and surgery should be considered only if conservative treatments fail and the pain limits the individual’s ability to function.
Nonpharma Alternatives

• Effective, low-risk modalities for managing pain
  – Movement, Functional Restoration, Manual Therapy
  – Exercise/Fitness
  – Acupuncture

• Providers in this space
  – Physical & Occupational Therapists
  – Chiropractors
  – Acupuncturists
  – CAM Providers
  – Fitness Centers & Certified Trainers
• CDC cites nonpharmacologic therapy as preferred treatment for chronic pain
  – Focus on Movement and Exercise
• JCAHO specifically cites acupuncture as an option
• More Health Plans are adding benefits
  • Acupuncture
  • Chiropractic
  • Behavioral Health
  • Enhanced and Integrated Physical Therapy
• Need for covered nonpharmacologic pain management services exists now more than ever
Complementary & Alternative Medicine

- Products and services that are typically not part of mainstream medical care
  - Chiropractic Care
  - Acupuncture
  - Therapeutic Massage
  - Homeopathy
  - Naturopathy
  - Mind-body medicine
  - Nutrition Therapy
  - Dietary supplements and herbal medicine
  - Reiki and other energy medicine

- Used by more than 40% of Americans*

- Growing use by physicians in combination with mainstream medical therapies, referred to as “integrative medicine”

Evaluation of CAM Approaches

Although most pain is acute and resolves within a few days or weeks, millions of Americans have persistent or recurring pain that may become chronic and debilitating. Medications may provide only partial relief from this chronic pain and can be associated with unwanted effects.

As a result, many individuals turn to complementary health approaches as part of their pain management strategy.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Back pain</th>
<th>Fibromyalgia</th>
<th>OA of knee</th>
<th>Neck pain</th>
<th>Severe headache/migraine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>2 Positive trials</td>
<td>NA</td>
<td>2 Positive trials</td>
<td>NA</td>
<td>1 Positive trial</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>3 Positive trials, 1 negative</td>
<td>NA</td>
<td>2 Positive trials</td>
<td>3 Positive trials</td>
<td>NA</td>
</tr>
<tr>
<td>Natural products supplements</td>
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<td>NA</td>
<td>NA</td>
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<tr>
<td>Relaxation approaches</td>
<td>NA</td>
<td>4 Positive trials</td>
<td>NA</td>
<td>4 Positive trials</td>
<td>NA</td>
</tr>
<tr>
<td>Spinal manipulation</td>
<td>4 Positive trials, 3 negative</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Osteopathic manipulation</td>
<td>2 Positive trials, 2 negative</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Tai chi</td>
<td>NA</td>
<td>NA</td>
<td>1 Positive trial</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Yoga</td>
<td>4 Positive trials</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*No US RCTs identified; OA = osteoarthritis.

*Positive trials are those in which the complementary approach provided statistically significant improvements in pain severity or pain-related disability or function compared with the control group. Negative trials are those in which no difference was seen between groups.


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Acupuncture Gaining Acceptance

National Institutes of Health

CDC

JAMA

NIH

TIME

The Joint Commission

USA TODAY
In 2014, the Joint Commission on Accreditation of Hospital Organizations (JCAHO) made formal recommendation that hospitals offer non-pharmaceutical pain management therapies.

“The following examples are not exhaustive, but strategies may include the following:

Nonpharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy”
What is Acupuncture?

• Involves stimulating nerves, muscles and connective tissue with a hair-thin needle to alleviate pain or help treat medical conditions
• Virtually painless with minimal risk of complications or adverse effects
• Key component of Chinese traditional medicine for over 3,000 years
Acupuncture
Top Conditions Treated

• Pain Management
• Cancer Treatment Support
• Headaches
• Musculoskeletal
• Insomnia
• Anxiety
• Addiction Support
• Acupuncture is growing in popularity as a safe, non-drug treatment that can reduce physical pain.

• Studies show acupuncture can help control pain related to chronic physical conditions and post-surgery recovery.

• Many older adults find acupuncture can also help their well-being by improving sleep quality, mental function and reducing anxiety.

• Acupuncture can be an effective tool in addressing the opioid utilization crisis.

Effectiveness

• In a review of multiple studies, acupuncture was shown to reduce pain over 55% of the time and was deemed an effective treatment of chronic pain.
  JAMA, Acupuncture for Chronic Pain, March 5, 2014

• Acupuncture pilot program reduced subjective pain scores from 8.5 out of 10 before the program to 5 out of 10 after, with the cost of acupuncture visits offset by pharmacy savings
  Central California Alliance for Health (CCAH) Pilot study, California Health Care Foundation, Changing Course: The Role of Health Plans in Curbing The Opioid Epidemic
One session of Pain Neuroscience Education results in significant clinical impact.

- Louw et al. (Spine 2014)¹ – Patients who received one session of pain neuroscience education prior to lumbar radiculopathy surgery:
  - Had 45% less health care expenditure during a 1-year follow-up period
  - Viewed their surgical experience more favorably

- Meeus et al. (Archives of Physical Medicine & Rehabilitation, 2010)² – A 30-minute session on pain physiology resulted in a reduction of pain catastrophizing in patients with chronic fatigue syndrome

- Louw et al. (Physiotherapy Theory and Practice, 2016)³ – Systematic review of randomized control trials for effectiveness of pain neuroscience education for musculoskeletal chronic pain shows:
  - Pain reduction
  - Improved function
  - Reduced psychosocial factors
  - Less healthcare utilization

Cleveland Clinic Pilot Program

• More than 1,000 patients with back and leg pain.

• Two initial treatments
  – Physical Therapy
  – Behavioral Health

• Key metric – Function
  – Goal of treatment for pain should be restoration of function, not complete restoration of pain.

• If successful, Cleveland Clinic plans to extend this approach to other chronic illnesses.

CHALLENGES AND DIRECTION
What are the Options?

• As medical practice shifts away from Vicodin, Percocet and OxyContin for chronic pain, providers and consumers are being encouraged to consider less-risky treatments.

• What other options do doctors and consumers have instead of prescription drugs?

• Better access to Conservative Care Providers

• Adequate Health Benefits

• Improving Behavioral Health Services

• Helping patients better understand pain

http://www.businessinsider.com/doctors-insurance-companies-policies-opioid-use-2016-6
• Health Benefits and reimbursements for these alternative treatments are being reduced

• Is cost a barrier? “If you look at the long-term cost of [opioids], plus monitoring, office visits and drug screenings … it’s cheaper long-term to do the more advanced therapy,”* 

• Misperception that conservative care providers should enter the care continuum downstream

*Dr. Timothy Deer, co-chair of West Virginia’s Expert Pain Management Panel
Challenges

• Consumers can pay for expensive alternative treatments out-of-pocket, use opioids and possibly suffer a myriad of side effects and risk opioid addiction, or choose to do nothing and live with debilitating pain.

• Coverage decisions and recommendations made by the government tend to have ripple effects across the industry, with many insurers looking to the government for indications on what to cover.

• Doesn’t seem like the right option…

http://www.businessinsider.com/doctors-insurance-companies-policies-opioid-use-2016-6
Alternatives and adjuncts to opioids are critical to support moving away from over-prescribing and supporting individuals living with pain.

Collaboration…
for a Multi-Pronged Approach
Multipronged Approach

• Supporting judicious prescribing practices including *identifying and addressing overuse, misuse and fraud*

• Educating and Training Providers

• Educating Members

• Improving member outcomes through expanded benefits and access to non-pharma alternatives and behavioral health services
What Needs to Happen

• Higher level of visibility for non-pharma alternatives

• Voice in policy discussions for balanced perspective in legislative action

• Funding Demonstration Projects
Questions and Answers
Thank You!

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