BEYOND OPIOIDS: TRANSFORMING PAIN MANAGEMENT TO IMPROVE HEALTH

BACKGROUND

The ongoing opioid crisis in the United States reflects the unintended consequences of a nationwide effort to help individuals control their physical pain. Since the mid-1990s, the health care system has employed an approach to pain management that focuses on pharmacologically masking pain, rather than treating the underlying cause of the pain. This strategy has resulted in a dramatic increase in prescribing opioids, which has resulted in widespread opioid misuse and addiction. It also recently has led to a growing realization that current strategies for managing pain have to change—that opioid-centric solutions for dealing with pain, at best only mask patients' physical problems and delay or impede recovery, and at worst may be dangerous or even deadly.

The presence of pain is one of the most common reasons people seek treatment from health care providers. The source of pain for any individual can vary, whether it's an injury or an underlying condition such as arthritis, heart disease, or cancer. Because pain can be so difficult to treat and presents differently in different people, its prevention and management require an integrated, multidisciplinary effort that takes into consideration the many variables that contribute to it, including the underlying cause(s) of the pain and the anticipated course of that condition; the options that are available for pain prevention and treatment, and patient access to these options; and the patient's personal goals, as well as their values and expectations around health care.

That evidence, in fact, was the driving force behind recent recommendations by the US Centers for Disease Control and Prevention (CDC) in its "Guideline for Prescribing Opioids for Chronic Pain" (www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf). "Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain," the CDC states. The report goes on to explain that "many non-pharmacologic therapies, including physical therapy…can ameliorate chronic pain."

The American Physical Therapy Association believes the following solutions are part of a comprehensive strategy to combat the opioid crisis.

INTEGRATED TEAM APPROACH

Public and private health plans should include benefit design, reimbursement models, and integrated team approaches that support early access to nonpharmacological interventions for the primary care treatment of pain. A team approach that focuses on multidisciplinary nonpharmacological management and interventions for acute pain will decrease the potentially disabling effects of chronic pain. Payers and policy makers should consider how integrated, comprehensive treatment models for patients with pain and addiction can be more widely adopted. Models that evaluate and treat the different factors influencing the presence of pain will enhance the overall effectiveness, efficiency, and safety of care. Policy makers should consider how these models can reach medically underserved and rural communities, and identify ways to incentivize broader delivery of care in these areas, such as expanded student loan repayment programs or greater flexibility in delivering services via telehealth.

EARLY ACCESS TO CONSERVATIVE CARE

Public and private health plans should reduce or eliminate copays and other policy barriers to care to increase access to person-centered nonpharmacological pain treatments and interventions. Payment barriers to nonpharmacological pain management pose one of the biggest challenges to patients accessing such treatments. For example, being required to pay a copay per visit with a physical therapist can be a financial hardship. As a result, patients avoid treatment, either allowing their pain to worsen or seeking immediate albeit short-term relief via an opioid prescription. Eliminating or reducing financial barriers such as copays may promote access to physical therapist services that frequently are the safer, more effective option.

EDUCATION FOR PRIMARY CARE PROVIDERS AND THE GENERAL PUBLIC

Primary care providers should have access to information on the value of nonpharmacological, person-centered interventions and how to appropriately assess, treat, and inform patients with pain. Few primary care providers receive education on how to treat chronic pain. Without sufficient education on nonpharmacological pain management solutions, providers will neither discuss nor offer options that address patients' biological, psychological, and social needs. Clinicians must be equipped with the knowledge and resources to evaluate pharmacological and nonpharmacological pain management options, and to provide a well-informed recommendation on the treatment plan that best meets the specific needs of the patient. Training and educational resources directed to prescribers and other health care professionals should convey the value of nonpharmacological treatments and how to recognize when they are the safer, more effective option for the patient's condition. These resources can give patients more information about options for pain management.

For more information on APTA priorities, visit APTA's policy center at **http://policy.apta.org**.

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PHYSICAL THERAPY: A SAFE ALTERNATIVE TO OPIOIDS FOR PAIN MANAGEMENT

The increased use of opioids for pain management in America has created a national health crisis. Opioid prescription rates have quadrupled since 1999, leading to similar increases in prescription opioid deaths and heroin deaths.

In response, the Centers for Disease Control and Prevention (CDC) released guidelines in March 2016 urging prescribers to reduce the use of opioids in favor of safer alternatives in the treatment of chronic pain. Physical therapy is one of the recommended nonopioid alternatives.

Physical therapists treat pain through movement, helping patients improve strength, flexibility, and range of motion. Physical therapists also can educate their patients about pain, which has been known to improve outcomes[1].

WHY PHYSICAL THERAPY FOR PAIN MANAGEMENT?

Physical therapists treat pain through movement.	Opioids only mask the sensation of pain.
Physical therapy "side effects" include improved mobility, increased independence, decreased pain, and prevention of other health problems through movement and exercise.	Opioid side effects include depression, overdose, addiction, and withdrawal symptoms.
Physical therapy is effective for numerous conditions, and the CDC cited "high quality evidence" supporting exercise as part of physical therapist treatment for familiar conditions like low back pain, hip and knee osteoarthritis, and fibromyalgia.	Opioid effectiveness for long-term pain management is inconclusive in many cases.

OTHER REASONS TO #CHOOSEPT

Alternative to surgery: Physical therapy has been found to be as effective as surgery for conditions including meniscal tears and knee osteoarthritis[2], and rotator cuff tears[3].

Individualized treatment: Physical therapist treatment plans are tailored to each person's needs and goals, taking preexisting conditions into account.

Identification of potential risks: Physical therapists can identify additional health issues, beyond what the patient initially reports, thereby improving a person's overall health and quality of life.

People who are experiencing pain can learn more about the benefits of physical therapy as a safe, effective alternative to opioids by visiting **MoveForwardPT.com/ChoosePT**.

#ChoosePT

MoveForwardPT.com

REFERENCES

1 Rundell SD, Davenport TE. Patient education based on principles of cognitive behavioral therapy for a patient with persistent low back pain: a case report. J Orthop Sports Phys Ther. 2010:40:494–501.

2 Katz JN, Brophy RH, Chaisson CE, et al. Surgery versus physical therapy for a meniscal tear and osteoarthritis [erratum in: N Engl J Med. 2013;369:683]. N Engl J Med. 2013;368:1675-1684.

3 Longo UG, Franceschi F, Berton A, et al. Conservative treatment and rotator cuff tear progression. Med Sport Sci. 2012;57:90–99.