BEYOND OPIOIDS: TRANSFORMING PAIN MANAGEMENT TO IMPROVE HEALTH

BACKGROUND

Pain is one of the most common reasons people seek health care. Research validates that early access to physical therapy can prevent acute pain from becoming chronic pain. For too long, our health care system has focused on pharmacologically masking pain, rather than preventing pain from occurring or treating the underlying cause of the pain. This strategy has resulted in a dramatic increase in opioid prescription and subsequent widespread opioid misuse and addiction. It also recently has led to a growing realization that current strategies for managing pain have to change.

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, 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/pdf/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.

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.

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 policymakers 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. Policymakers 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.

EDUCATION FOR PRIMARY CARE PROVIDERS AND THE 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 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. Federal and state entities that set policies to respond to the opioid crisis should include physical therapists. In addition, 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.
WHO WE ARE
Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the very old, who have medical problems or other health related conditions that limit their ability to move and perform functional activities in their daily lives. PTs also work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

Physical therapist assistants (PTAs) provide selective physical therapist interventions under the direction and supervision of physical therapists.

WHAT WE DO
PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. Under the direction and supervision of the PT, PTAs provide selective physical therapist interventions based on the developed plan of care.

WHERE WE PRACTICE
PTs and PTAs provide care for people in a variety of settings, including outpatient clinics or offices; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

EDUCATION AND LICENSURE
All PTs must receive a degree from an accredited physical therapist program before taking and passing a national licensure exam that permits them to practice. Since 2015, all accredited programs award the doctor of physical therapy degree. State licensure is required in each state in which a PT practices. PTAs must complete a 2-year associate’s degree and are licensed, certified, or registered in most states.

AMERICAN PHYSICAL THERAPY ASSOCIATION
The American Physical Therapy Association is a national organization representing more than 100,000 physical therapists, physical therapist assistants, and students nationwide. Its goal is to foster advancements in physical therapist education, practice, and research.

CONTACT INFORMATION AND RESOURCES

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