

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 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. (See APTA's 2018 white paper, "Beyond Opioids: How Physical Therapy Can Transform Pain Management to Improve Health," at apta.org.)

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.

Facts About Physical Therapists and Physical Therapist Assistants



Who We Are

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTs and PTAs care for people of all ages and abilities.

What We Do

After performing an evaluation and making a diagnosis, physical therapists create and implement personalized plans based on best available evidence to help their patients improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease. PTs and PTAs empower people to be active participants in their care and well-being. They practice collaboratively with other health professionals to ensure the best clinical outcomes.

Where We Practice

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

Education and Licensure

As of 2016, all PTs must receive a doctor of physical therapy degree from an accredited physical therapist education program before taking and passing a national licensure exam that permits them to practice. Licensure is required in each state (or other jurisdiction, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) in which a PT practices. PTAs must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. State licensure or certification is required in each state (or jurisdiction) in which a PTA works.

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. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.

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