

NON-DRUG SOLUTIONS TO OPIOID USE AND CHRONIC PAIN MANAGEMENT IN UNDERSERVED POPULATIONS

EXECUTIVE SUMMARY

The Joint Commission has mandated that hospitals provide or educate patients on non-pharmacologic pain treatment options including acupuncture, chiropractic care and massage therapy. While these non-drug options have often been seen as a complementary approach that can potentially reduce the need for opioid medications, more and more health care organizations are recognizing that in order to mitigate the opioid epidemic, non-drug therapies should be used as first-line treatments for pain management. An integrative health approach, which may include behavioral health interventions, acupuncture, chiropractic, and group medical visits, provides innovative ways to prevent opioid addictions and treat chronic pain, as well as enhance access to treatment in underserved settings.

THE FACTS

- Nearly 12 million people misuse opioids across the United States. In 2015 over 33,000 people died from opioid overdoses.
 - People living in poverty are especially at risk for addiction and its consequences.
 - The estimated cost of the opioid epidemic is over \$500 billion.
- Adverse Childhood Experiences (ACEs) lead individuals to be at much higher risk of developing a substance abuse disorder or chronic pain.
 - Those with chronic pain are more likely to get prescription opioids to address their symptoms.
- Integrative health strategies such as acupuncture, behavioral health, chiropractic, massage therapy, and yoga have been proven to be more effective and safer than opioids to treat chronic pain, and are thus considered first-line therapies by multiple national organizations.
 - These approaches have been shown to be cost-effective, in one study reducing costs by 4% in hospitalized patients with pain.
 - For more information on integrative health approaches, consider joining the Congressional Integrative Health and Wellness Caucus
 - Contact Kallie Guimond at kguimond@ihpc.org or call the office of Congressman Jared Polis at 202-225-2161
- Group Visits are an emerging value-based strategy which have shown efficacy and cost-savings for chronic pain and opioid disorder.
 - You can download the Children's Book that the Suboxone Group at Greater Lawrence Family Health Center wrote here:
<http://massclearinghouse.ehs.state.ma.us/ALCH/SA3556.html>

- Federally Qualified Health Centers (FQHCs) are the largest primary care provider of underserved communities serving over 26 million patients in over 11,000 rural and urban communities nationwide.
 - They offer primary care, dental, and mental health services to all regardless of their ability to pay.
 - To learn more about FQHCs, go to www.NACHC.org
- Strategies that have proven effective in underserved settings involve:
 - Trauma-informed mental health services
 - Group Medical Visits
 - An evidenced-based integrative health approach (e.g. acupuncture, chiropractic, yoga, etc.)
 - Medication Assisted Treatment
- Barriers in Underserved Settings
 - Lack of access to mental health services
 - Most insurances do not cover many of these integrative health services or practitioners
 - FQHC rules limit who can be considered a billable practitioner
 - Guidance for billing of group visits, especially in FQHCs, is unclear

THE NEED

- We advocate that:
 - All forms of health insurance, including public insurances like Medicaid and Medicare, should prioritize and incentivize evidenced-based, non-drug treatments and practitioners for chronic pain and opioid misuse, including:
 - integrative health services
 - group visits
 - trauma-informed behavioral health treatment and prevention programs
 - FQHC rules should be adapted to accommodate these approaches.
 - Programs and policies should be developed to address and prevent Adverse Childhood Experiences.

To learn more about Integrative Medicine for the Underserved (IM4US), visit www.im4us.org, or contact us at info@im4us.org.



- i Key Substance Abuse and Mental Health Indicators in the U.S.: Results from the 2016 National Survey on Drug Use and Health, SAMHSA, September 2017
- ii CDC/NCHS, National Vital Statistics System, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017
- iii Addressing the Opioid Crisis Means Confronting Socioeconomic Disparities, National Institute on Drug Abuse, October 25, 2017
- iv The Underestimated Cost of the Opioid Crisis, The Council of Economic Advisers, November 2017
- v Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study; Felitti et al.; AJPM, May 1998 Vol 14, Issue 4, Pg 245-258
- vi Moving Beyond Medications, Academic Consortium for Integrative Medicine and Health
- vii The Joint Commission, R3 Report; Issue 11, August 29, 2017
- viii CDC Guidelines for Prescribing Opioids for Chronic Pain, August 29, 2017
- ix Multidisciplinary Pain Programs for Chronic Noncancer Pain, AHRQ 2011
- x Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians, April 4 2017
- xi Cost Savings from Reducing Pain Through the Delivery of Integrative Medicine Program to Hospitalized Patients. J Altern Complement Med. 2018 Jun;24(6):557-563
- xii Group Medical Visits for the Management of Chronic Pain, American Family Physician, Dec 1, 2007
- xiii Pain Care on a New Track: Complementary Therapies in the Safety Net, California Health Care Foundation, July 31, 2016