

ACCESS TO INTEGRATED CARE FOR CHRONIC PAIN

By David Charles, MD and Mary Ann Chapman, PhD

Approximately one in five Americans suffers from chronic pain, with more than 60% of these reporting that their pain is constantly present.¹ Although many therapies are available for chronic pain, up to two-thirds of patients are inadequately treated.²

Chronic pain is a complex condition characterized not only by pain, but also by anxiety, depression, difficulty moving, muscle weakness due to lack of use, and reduced quality of life. Through feedback mechanisms, prolonged pain may lead to changes in body structure and nerve function that perpetuate symptoms even after the tissue has had adequate time to heal.³ Patients often fear their pain, leading them to avoid activities such as exercise that they believe may worsen their condition. That fear initiates a cycle of avoidance, disability, depression, and chronic pain.⁴

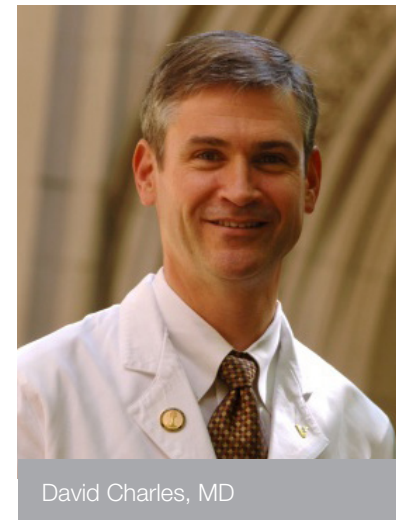
Oral medications have long been the mainstay treatments for acute pain in the United States, and these drugs continue to have an important place in therapy. However, the all-encompassing nature of chronic pain requires a multifaceted treatment strategy to meet patient needs. Such integrated strategies effectively reduce pain and disability⁵ and may help improve mood.⁶ The effectiveness of integrated care, combined with the complex and multifaceted nature of chronic pain, challenges the medical community to implement a more comprehensive and balanced approach to chronic pain management.

WHAT IS INTEGRATED CARE?

Integrated care incorporates multiple treatments and healthcare professionals to address the numerous problems that accompany chronic pain. For instance, patients may adopt abnormal postures and avoid physical activity to protect the part of the body causing them pain.

This can cause muscle and bone strain, as well as muscle weakness from lack of use. These factors lead to problems moving and other disabilities, which can interfere with a person's everyday activities. As a result of their pain, patients may become anxious, depressed, and unable to sleep. No single treatment can address all of these problems.

An integrated care approach engages a variety of healthcare professionals to address the multiple problems that characterize chronic pain. Integrated approaches may include medication to treat the pain and exercise or physical therapy to combat abnormal postures, improve range of motion, and build muscle. Occupational therapy may be used to improve daily activities, and psychological or behavioral treatments may be used to treat patients' fear, social isolation, anxiety, and depression. Ideally, the therapies included in integrated care reflect patient- and physician-defined treatment goals, as well as the type and cause of the patient's pain.²

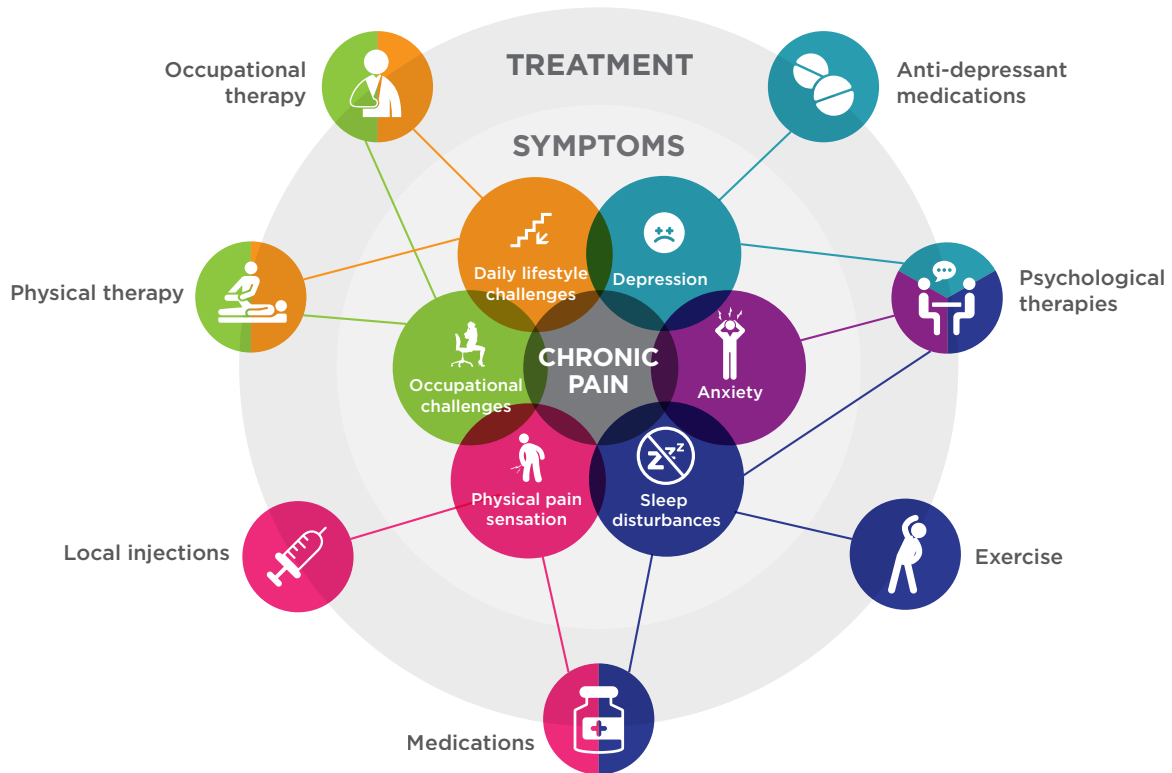


David Charles, MD

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Integrated Care Addresses the Multiple Features of Chronic Pain

Pain is multifaceted. So is its treatment.



INTEGRATED CARE EFFECTIVENESS

Besides oral pain medications, several therapies for chronic pain are supported by high-quality evidence and are often included as part of an integrated care program.

Physical Therapy and Exercise

Physical therapy is a rehabilitation approach that involves specially-designed exercises, massage, heat, etc. as opposed to medication or surgery. Within the area of physical therapy, individually designed exercise programs have among the most scientific support for effectiveness in chronic pain. Numerous well-designed studies indicate that exercise, performed under the supervision of a physical therapist, significantly improves pain and function in patients with chronic pain.⁷ Eventually, individuals with chronic pain can do the exercises at home without supervision.

Injection Procedures

Injection procedures involve the localized injection of a medication into one or more regions of the body. These procedures vary based on the type of chronic pain, the

medication injected, and the location of the injection(s).

For certain types of chronic back pain, injection of steroids into the space around the spinal cord (epidural) effectively reduces pain.⁸ However, such injections alone rarely lead to functional improvement,⁸ demonstrating the importance of an integrated approach.

Injections of local anesthetics can improve chronic pain of the middle back.⁹ In chronic migraine sufferers, injections of onabotulinumtoxinA can effectively reduce the number of headache days and the intensity of pain.¹⁰ Locally injected medications act in the body area into which they are administered, and they may reduce the pain enough for patients to benefit from other therapies such as exercise.

Psychological Therapies

Many different treatments fall under the heading of psychological therapies, but two of the best studied are cognitive-behavioral and self-regulatory therapies.

Cognitive-behavioral therapy is a goal-oriented approach that involves working with a psychologist to modify beliefs, solve

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health-related problems, and change behaviors. Self-regulation therapy teaches patients to modulate nervous system activity via psychological methods. These two treatments have moderate to large positive effects on pain intensity in chronic low back pain patients.¹¹ When included as part of a multidisciplinary approach, these psychological therapies can reduce the interference of pain with daily activities and can promote a return to work.¹¹

BARRIERS TO INTEGRATED CARE

Integrated care strategies are available for the treatment of chronic pain and were accepted practice in the late 20th century.² However, over time, changes in the healthcare system resulted in barriers to team-based approaches. Among the barriers that prevent widespread adoption of integrated care for chronic pain are (1) the current fee-for-service medical reimbursement structure, (2) a short-term cost perspective, (3) a desire for immediate as opposed to long-term pain relief, and (4) challenges in primary care. These barriers must be addressed so that patients can obtain relief from the overwhelming experience of chronic pain.

Barrier #1: Fee-for-Service Medical Reimbursement Structure

One barrier to integrated care for chronic pain is a reimbursement structure that pays physicians for services provided rather than overall improvement in the patient's condition. This structure means that physicians are pressured to limit the time they spend with individual patients.

With integrated care, physicians and other care providers must have adequate time for extensive discussions with each chronic pain patient to set goals for improvement in pain and daily functioning. Together, physician and patient develop a mutually agreed-upon, individualized treatment plan. In such cases, physician time is not as readily billable and therefore not optimal in a fee-for-service structure. Restructuring the payment system for physicians and other providers would help remedy this situation.

Barrier #2: Short-Term Cost Perspective

Another barrier that healthcare professionals face when considering treatment options for chronic pain is a short-term cost perspective. The relatively inexpensive cost of pain

medications makes them an attractive option. Integrated care, on the other hand, has multiple components that, together, are more expensive than oral medications. Therefore many insurers require that patients first try oral medications and then proceed to other treatments only if the first therapy proves inadequate.²

However, integrated care provides the healthcare system significant cost advantages over the long term. Integrated care may reduce emergency room visits, permit individuals to return to work, and prevent the misuse and addiction of pain medications. Indeed, research conducted at the Mayo Clinic in Florida found that a comprehensive outpatient rehabilitation program for chronic pain reduced medical costs by 90% over 18 months.¹² This program included physical therapy, occupational therapy, biofeedback, cognitive-behavioral therapy, and seminars on stress minimization and sleep. Given that pain costs society \$600 billion per year in medical costs and lost work days,¹³ switching from a short-term to a long-term cost perspective could be crucial. A step toward making this switch would be for insurers to change their policies to favor integrated care, which may be less expensive to the healthcare system over the long term.

Barrier #3: Desire for Immediate Pain Relief

Patients naturally want a treatment that will relieve their pain as soon as possible. Physicians likewise want to help reduce their patients' pain; in fact, they are professionally obligated to try to do so. Some physicians prescribe their patients oral medications because they are readily available and have proven successful in treating acute pain. However, oral medications often do not provide optimal relief from chronic pain, and they can harm patients in the long run through unintended side effects. Additionally, patients with inadequately controlled pain often seek relief in an emergency care setting², where they may be prescribed additional medications that are not coordinated with their other care.

Patients who receive integrated care, on the other hand, have contact with several different healthcare professionals. The multifaceted approach helps to address the various manifestations of pain. Moreover, regular contact with care providers can provide better pain management and help reduce emergency department visits.

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Barrier #4: Challenges in Primary Care

Primary care providers are often the main healthcare professionals treating patients with chronic pain. However, primary care providers may lack not only specific training in chronic pain management, but also lack contact with pain professionals and other resources that support integrated care. Moreover, primary care providers must spend a substantial amount of time on documentation that takes away from time spent with patients. As a result of these challenges, prescription pain medications are often the most expedient option.² This approach does not address the multitude of complex problems faced by chronic pain patients and suggests a need for policies that encourage integrated treatment at the primary care level.

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CONCLUSIONS

No single therapy can adequately treat the many components of chronic pain, leading to a growing call for integrated care that improves patient outcomes and reduces long-term costs. Exercise, injection procedures, and psychological therapies are among the treatments for chronic pain supported by high-quality evidence. Incorporated into an integrated care program, these and other therapies can produce real improvement for patients, making it imperative to remove the barriers that currently discourage their use. To help chronic pain patients access the integrated treatment they need, we must restructure the payment system to focus on patient outcomes, broaden insurance coverage to include integrated care, and develop policies that encourage team-based treatment at the primary care level.

ABOUT THE AUTHORS & THE IFPA

David Charles, MD is a neurologist practicing and conducting clinical research in Nashville, Tennessee. Dr. Charles has chaired both the Public Policy Committee of the American Neurological Association and Government Relations Committee of the American Academy of Neurology. Dr. Charles has served as a Health Policy Fellow in the United States Senate on the staff of the Labor Subcommittee for Public Health and Safety, and is National Chairman of the Alliance for Patient Access.

Mary Ann Chapman, PhD, is a scientific communications writer based in Mead, Washington.

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