AMERICAN CHIROPRACTIC ASSOCIATION

1701 Clarendon Blvd
Suite 200
Arlington, VA 22209

TEL 703 276 8800
FAX 703 243 2593
WEB acatoday.org

ACA CHIROPRACTORS Hands down better™

March 29, 2019

Vanila M. Singh, M.D., MACM
Chair, Pain Management Best Practices Inter-Agency Task Force
Chief Medical Officer
Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Ave., S.W., Room 736E
Washington, DC 20201

Re: HHS-OS-2018-0027: Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Dear Dr. Singh and Task Force Members:

The American Chiropractic Association (ACA), the largest organization in the United States representing doctors of chiropractic (DCs), is leading the chiropractic profession in the most constructive and far-reaching ways – by working hand in hand with other health care professionals, by supporting meaningful research, and by using that research to inform chiropractic practice. ACA members pledge to adhere to the highest standards of ethics and patient care, contributing to the health and well-being of the estimated 35 million individuals across the country who seek chiropractic care each year. ACA applauds the Task Force for its work to date as well as its recommendations, which we believe will meaningfully address the opioid epidemic in the United States by increasing patient access to non-opioid therapies.

Below are ACA's observations, remarks, and recommendations on specific sections of the Task Force draft. Specific language additions to the draft are <u>underlined</u>.

Section 2. Clinical Best Practices

2.1.1 Acute Pain

ACA supports non-pharmalogical, non-surgical treatment options as first-line therapies for the management of painful musculoskeletal (MSK) disorders. As point-of-entry providers, chiropractic physicians are skilled at creating treatment plans with a multimodal and transdisciplinary, team-based approach. DCs recognize the strong relationship between chronic pain and mental health and offer a collaborative model for care. Increasing use of integrative healthcare providers specializing in physical medicine and musculoskeletal care provides team-based physical medicine care and a safer alternative to opioids and other higher risk medical procedures. ACA agrees with the report that multi-modal, non-opioid therapies are underutilized; however, we believe this goes beyond the perioperative setting. The focus on the perioperative period puts the entire focus on surgery, while we believe providers who specialize in physical medicine and musculoskeletal care can provide a safer option for pain management. The Centers for Disease Control and Prevention, the National Institutes of Health, the Joint Commission, and the American College of Physicians all support primary conservative care incorporating exercise and

chiropractic, which has been proven effective at mitigating pain and treating musculoskeletal conditions without the risks and expense associated with prescription drugs and invasive procedures.

2.3 Restorative Therapies
Gap Recommendation 1b: We suggest the following language: For those modalities where there are clear indications for benefits in the treatment of chronic pain syndromes (e.g., DC; OT; PT; aqua therapy; TENS; movement-based modalities, including tai chi, Pilates, and yoga), there should be minimal barriers to accessing these modalities as part of a recommended multidisciplinary approach to the specific pain condition. Quick access for pain management is a critical first step in preventing opioid addiction.

2.6 Complementary and Integrative Health
ACA generally supports this section of the report but would suggest the inclusion of language related to chiropractic physician services. The section briefly mentions chiropractic manipulation; however, we urge you to consider including a separate section for chiropractic therapy. We suggest using the following language: As point-of-entry providers, chiropractic physicians specializing in physical medicine and musculoskeletal care provide team-based physical medicine services and a safe, non-narcotic/non-opioid, option to pain management.

Section 3. Cross-Cutting Clinical and Policy Best Practices
3.2.1 Public Education
ACA supports public education campaigns to inform the public about non-pharmacologic, non-surgical approaches to addressing pain such as acupuncture, chiropractic services, physical therapy, massage therapy, and exercise therapy. We suggest that the report includes language that reflects this and provides an avenue for the public to receive more detailed information.

3.2.2 Patient Education
ACA supports the inclusion of language that identifies the patient as part of a shared decision-making approach to care, enabling the patient to be an active participant in their own recovery and to address biopsychosocial barriers to healing. This approach takes into consideration the whole person, meeting them where they are, to address recovery goals, the neuroscience of pain, and the biological and physiological processes involved in their pain experience.

3.2.3 Provider Education
ACA recommends the inclusion of additional language regarding integrative health as a first-line approach to MSK disorders. We believe there is a lack of understanding regarding the use of non-pharmacologic options to address pain as part of a multimodal and transdisciplinary approach to acute and chronic pain management. In Recommendation 1B, we support the use of language that would reflect the early use of complementary and integrative health services outlined in the report.

3.3.2 Insurance Coverage for Complex Management Situations
Recommendation 1b: ACA supports this recommendation: The Centers for Medicare and Medicaid Services (CMS) and private payors should investigate and implement innovative payment models that recognize and reimburse holistic, integrated, multimodal pain management, including complementary and integrative health approaches. ACA agrees with the section that outlines the barriers patients face as they try to access non-pharmacologic, non-surgical approaches to pain management. We recommend CMS and commercial payors allow primary-based musculoskeletal providers to act as the point-of-entry for back pain

management. This would reduce risks of opioid dependencies, provide quick access for pain management, minimize fragmentation, avoid unnecessary surgery, and lower total episode costs. Thousands of Americans suffering from MSK disorders have been caught up in the nation's opioid epidemic because they were not offered non-pharmacologic treatment options as first-line therapy. ACA supports changes to Medicare and Medicaid that can help achieve these goals.

Reducing barriers for Medicare beneficiaries to early conservative care intervention should be a central goal for legislators and other policy makers. Antiquated statutes such as current law that restricts Medicare coverage to spine-only disorders and manipulation services, need to be updated to allow coverage of all musculoskeletal disorders and patient access to the full scope of Medicare-covered services, such as exams and therapies, allowed under a chiropractic physician's state licensure. Research has shown that the likelihood of patients filling an opioid prescription when treated with conservative care is reduced. (Whedon et al (2018) JACM) and the conservative care first approach has been shown to reduce total cost of care for musculoskeletal disorders. (Liliedahl et al (2010) JMPT).

For the same reasons, ACA supports expanding the Medicaid benefit to include evidence-based integrative health services at the state level. Eliminating this barrier would help Medicaid beneficiaries access conservative, evidence-based, non-pharmacologic options and lower the total cost of care for the management of musculoskeletal disorders.

Conclusion

During a presentation last year by Optum Health/UnitedHealthcare, a spokesperson for the company talked about ideas they are exploring to help reduce healthcare costs and opioid usage. United used non-surgical back pain as a basis for one of its studies: here they found that 30 percent of beneficiaries with this condition currently seek initial care from their primary care provider, 40 percent seek initial care from a medical specialist and 30 percent seek care initially from a chiropractor, physical therapist (PT) or acupuncturist (LAc). When data was compared, the results revealed a dramatic *decrease* in costs, as well as opioid usage, when patients sought **initial** care from the conservative cohort (DC, PT, LAc). The findings compelled United to investigate incentives for patients with non-surgical back pain to choose a chiropractor, PT or acupuncturist **first.** United projects that if it could increase the percentage of patients with non-surgical back pain who choose a conservative provider first from 30 percent to 50 percent, it could save $230 million and *decrease* opioid usage by 25 percent. (The Role of Nonpharmacological Approaches to Pain Management: A Workshop, National Academies of Sciences, Engineering and Medicine (2018)).

Recent reports from the U.S. Food and Drug Administration, the Joint Commission, the Centers for Disease Control and Prevention, and the President's Commission on the Opioid Crisis have all come to similar conclusions. In addition, the National Association of Attorneys General (NAAG) has stated, "When patients seek treatment for any of the myriad of conditions that cause non-cancer related chronic pain, doctors should be encouraged to explore effective non-opioid alternatives including physical therapy, acupuncture, massage and chiropractic care." (NAAG letter (2017) to America's Health Insurance Plans).

Further, studies in Rhode Island and New Hampshire found that when patients who presented with chronic pain were referred for non-pharmacologic care, such as chiropractic and acupuncture treatments, they had positive outcomes. Findings show that emergency room visits were reduced by 13-42 percent, total prescriptions were reduced by 21-60 percent, opioid prescriptions were reduced by 33-77 percent, and

costs of care were reduced by 12-30 percent. The studies also found a large reduction in inpatient days, outpatient procedures, and an *85 percent reduction* in pharmaceutical utilization. (Neighborhood Health Plan of Rhode Island Clinical Practice Guideline, Complementary and Alternative Medicine (2014); Whedon et al (2018) JACM).

Most recently, a study presented at the American Academy of Pain Medicine's annual conference showed that chiropractic services for musculoskeletal pain are associated with a significant reduction in opioid prescriptions compared with patients who do not utilize chiropractic services. In this meta-analysis and systematic review, patients who visited a chiropractor for musculoskeletal pain conditions were 49 percent less likely to receive an opioid prescription compared with patients who went to other health providers (Corcoran, Lisi et al. (2019) AAPM).

Taking the above as well as other current research into consideration, it is ACA's strong position that the Task Force should fully support access to non-pharmacological options for comprehensive integrative pain management in any plans to improve pain management and reduce opioid use.

ACA again thanks the Task Force for its work on the Draft Report on Pain Management Best Practices and appreciates your consideration of our comments. If you should have any questions, please contact John Falardeau, ACA Senior Vice President for Public Policy and Advocacy, at (703) 812-0214 or jfalardeau@acatoday.org. Thank you.

Sincerely,

Robert C. Jones, DC
President