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February 14, 2018

The Honorable Orrin Hatch
Chairman
US Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
US Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Re: Feedback on opioid crisis questions

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of the more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) appreciates the opportunity to submit comments to the US Senate Committee on Finance (Committee) in response to its request for policy recommendations to address the opioid epidemic. The mission of APTA is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and enhancement of the physical health and functional abilities of members of the public. Physical therapists perform evidenced-based examinations, screenings, evaluations, and interventions for musculoskeletal, neurological, cardiovascular and pulmonary, and integumentary conditions and provide patient-centered care that focuses on function and mobility to improve the quality of life for children and adults.

APTA is committed to being part of the solution to the opioid epidemic. Physical therapists strive to influence public health and well-being by enhancing prescriber, patient, and legislator understanding of safe and effective pain management through interdisciplinary care to improve movement and function. Physical therapists and other nonphysician providers are uniquely positioned to improve patient access to safe and effective pain management interventions. Physical therapists play an important role in managing acute and chronic pain by administering nonpharmacological treatments. These include therapeutic exercise—a dose-based, patient-specific prescription designed to address musculoskeletal, neuromuscular, and/or cardiovascular dysfunction; manual therapy—a combination of highly skilled techniques designed to promote increased joint flexibility and normal movement patterns; therapeutic activities to ensure safe and efficient performance of functional activities; and mobility training to optimize meaningful movement. Physical therapists also may employ physical agents as adjunctive tools in pain management. Physical therapists

offer an alternative to opioids and other pharmacological options for long-term pain management with a focus on functional improvement and better tolerance for activities of daily living, and helping patients to understand the underlying cause of and factors contributing to their pain.

APTA recognizes the destruction that opioid addiction has caused in communities throughout the United States and is committed to helping fight this public health crisis in any way that we are able. APTA strives to educate policymakers, clinicians, consumers, and other stakeholders on pain management options that best suit patients' needs, goals, and desires, which ultimately can play a major role in turning around our nation's opioid epidemic. APTA is developing and implementing policy strategies that will impact the current crisis in the most effective manner possible. As part of this effort, last year APTA launched the #ChoosePT campaign, which educates consumers on the unique role physical therapy plays in the treatment of pain.

In this request for comment, the Committee has specific questions concerning the way it should approach the opioid epidemic. We have provided our feedback below.

What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid? How can those barriers be addressed to increase utilization of those non-pharmaceutical therapies when clinically appropriate?

We are in a critical time for pain management. As the health care industry moves forward, it is imperative that patients have access to a pain management approach that focuses on nonpharmacological interdisciplinary management of acute pain to decrease the potentially disabling effects of chronic pain. Successful pain management models encompass multiple disciplines—including physical therapy, nursing, pharmacy, primary care, and behavioral health—that encourage providers to work as a unified team in the delivery of care.

We must be committed to giving patients access to the appropriate therapy or treatment for pain. Whether through education or legislation, there must be a broader recognition of the effectiveness of nonpharmacological care, including interdisciplinary treatment methods; otherwise, access to these types of care models will continue to be limited, and opioids will remain the preferred solution. Moreover, reducing the number of barriers to nonpharmacological treatments will help to inform the design of effective strategies for increasing use of these treatments.

APTA recognizes that payment and coverage barriers to nonpharmacological care programs or treatments for chronic pain pose one of the greatest challenges in patient access. For example, many insurers continue to promote the use of medications while restricting access to safer, more cost-effective nonpharmacological therapies. Other barriers include patient attitudes toward pharmacological and nonpharmacological therapies, gaps in clinician knowledge, high copayments, and time and visit limits. Such barriers were acknowledged in a 2017 *JAMA* article by Tom Frieden, MD, MPH, and Andrew Kolodny, MD, who stated that there should be increased insurance coverage of and access to nonpharmacological pain

management treatments.¹ This same sentiment was echoed in a recent letter from 37 attorneys general to America's Health Insurance Plans in which they encouraged the organization to push its members to review and revise payment and coverage policies to encourage health care providers to prioritize nonopioid pain management options over opioids.

Additional barriers to nonpharmacological care programs or treatments for acute or chronic pain include geography, lack of education and training, and payment and coverage. While opioid addiction has affected all communities, rural and underserved areas have been disproportionately harmed. We believe the Centers for Medicare and Medicaid Services (CMS) should develop policies that will help to increase access in those medically underserved and rural communities and identify ways to incentivize the broader delivery of care, such as expanded student loan repayment programs. Given the seriousness of the opioid crisis (and, more broadly, the chronic pain crisis), CMS should support the delivery of pain management services to patients via telehealth, as this will help to expand the availability of chronic pain treatment options and reduce the likelihood of future opioid addiction. Moreover, more strongly advocating for the development of and access to interdisciplinary, comprehensive pain management models that evaluate and treat the different factors influencing the presence of pain will enhance the effectiveness, efficiency, and safety of care delivered to patients with pain. We believe CMS should publicly support this approach; in its capacity as a regulator, the agency could incentivize the reduction of opioid-based medicine prescriptions.

In its recent Medicare Advantage (MA) and Part D Contract Year 2019 proposed rule, CMS proposed to allow Part D plan sponsors to adopt drug management programs that address the overutilization of frequently abused drugs. In our comments to the agency, we expressed support for CMS's proposal to require that Part D sponsors intending to limit access to coverage for frequently abused drugs provide an initial written notice to the beneficiary that describes the prescription drug abuse resources to which the beneficiary has access. However, while providing beneficiaries with a notice of the available prescription drug abuse services is a step in the right direction, it will not turn the tide on addiction, particularly to opioids. In addition to requiring the description of available drug abuse resources such as counseling, CMS also should require sponsors to include information on the relevant nonpharmacological treatment options that can help resolve the underlying issue(s).

Within the rule, the agency failed to discuss how it intends to increase access to nonpharmacological treatment options while restricting access to frequently abused drugs. As the health care industry moves forward in the shift to value-based care, it is imperative that patients have access to nonpharmacological treatments. CMS indicates within the proposed rule that it is focusing on the opioid epidemic; however, the agency is missing a key opportunity to truly effect change. In conjunction with limiting access to certain drugs, CMS must also develop and promote accompanying policies that increase access to nonpharmacological alternatives. By doing so, CMS will ensure that enrollees have adequate options to receive medically necessary, appropriate care. For example, within the rule, CMS proposes to require the Part D sponsor's clinical staff to conduct case management for each

¹ Kolodny A, Frieden T. Ten steps the federal government should take now to reverse the opioid addiction epidemic. *JAMA*. 2017;318(16):1537-1538.doi:10.1001/jama.2017.14567.

potential at-risk beneficiary and perform a series of related activities. Thus, we recommend that for those at-risk beneficiaries who suffer from pain, CMS should require the sponsor's clinical staff to work with the beneficiary's prescribers to develop a nonpharmacological, multidisciplinary pain-management treatment plan.

The opioid crisis will not be resolved solely by restricting access to drugs. Rather, it requires an interdisciplinary approach that focuses on nonpharmacological, multidisciplinary management and interventions for acute and chronic pain. This sentiment was supported by the President's Commission on Combating Drug Addiction and the Opioid Crisis, which recommended that individuals with acute or chronic pain have early access to nonopioid pain management options, including physical therapy, and that Medicare modify its rate-setting policies that discourage the use of nonpharmacological treatments.

Moving forward, it is imperative that CMS acknowledge the important role that physical therapists and other nonphysician health care professionals play in the prevention and treatment of acute and chronic pain. The solution requires more than limiting access to drugs. Rather, CMS should adopt policies that incentivize collaboration, assessment, and care coordination across multiple disciplines. If CMS continues to remain silent on nonpharmacological treatment options that serve as an alternative to drugs, the agency only reinforces the idea that pharmaceuticals are the only option—an option with significant potential harm.

Additionally, CMS should publicly support and promote team approaches that focus on comprehensive nonpharmacological interdisciplinary pain management. The adoption of interdisciplinary, comprehensive treatment plans that evaluate and treat the different factors influencing the presence of pain, and also the underlying causes of addiction, will enhance the effectiveness, efficiency, and safety of the care delivered. This approach may promote greater patient engagement and educate patients and providers on ways to address pain through increased movement, which can decrease the frequency of overuse of pain medication and prevent abuse. It also could improve outcomes among patients who receive treatment for mental and behavioral health conditions. CMS must ignite the much-needed paradigm shift away from opioid overutilization and toward safe and effective nonpharmacological treatments, when appropriate. Such actions will not only move this nation forward in its efforts to improve pain management but also foster and promote safe opioid prescribing.

How can Medicare or Medicaid better prevent, identify, and educate health professionals who have high prescribing patterns of opioids?

The overprescription of opioid-based medications has been one of the primary drivers of the current opioid crisis. Far too often, health care professionals prescribe opioids, not cognizant of the very real risks of addiction or overdose that these medications pose. In many cases, a nonopioid, interdisciplinary treatment plan for pain management is the superior option, avoiding the potential side effects that opioids have. One roadblock to the broader implementation of an interdisciplinary comprehensive pain-management approach is that many prescribing physicians are unaware that such an approach even exists. While we

believe that prescription of opioid-based medicine sometimes is appropriate, overprescription is a common problem. Health care professionals, as well as their patients, often lack sufficient knowledge about the range of available therapies for acute or chronic pain, which therapies may be helpful for pain treatment, and when a nonpharmacological therapy should be used as part of an interdisciplinary approach to pain management.² Without sufficient education on nonpharmacological pain management solutions and how such options may suit patients' needs, providers will neither discuss nor offer treatments that address the biological, psychological, and social needs of the patient. This not only places patients at a significant disadvantage during the course of treatment but also encourages overuse of opioids to treat pain.

As discussions evolve related to what federal efforts should be undertaken to address the opioid epidemic, APTA recommends that CMS provide resources necessary to support training and education to prescribers and others who are directly involved in the management or support of patients with pain, on the value of nonpharmacological treatments and how to recognize when such therapy options are the safer, more effective option for the patient's condition. It is imperative that providers understand when a patient's signs and symptoms may warrant this type of treatment. Moreover, the message that successful pain management requires an interdisciplinary approach that incorporates nonpharmacological therapies must be conveyed and reinforced to clinicians, as well as to patients, payers, and the general public.

Additionally, CMS should work with other federal agencies to implement a mandatory education program for all health care professionals who prescribe opioids. This program's curriculum should include education on prescribing patterns, signs of opioid dependency, and treatment options for opioid addiction. Without sufficient education on pain management solutions that are nonpharmacological, and how such options may suit patients' needs, treatments such as physical therapy will neither be discussed nor offered to patients. This not only places patients at a significant disadvantage during the course of treatment but also encourages the overutilization of opioids to treat pain.

To ensure that all treatment options are considered, clinicians must be equipped with the knowledge and resources necessary to examine the variety of existing treatments for pain management and provide a well-informed recommendation on the best treatment, specific to the needs of each patient. In turn, by receiving adequate information from their care providers, patients will feel more empowered and better able to articulate their needs, goals, and desires, which will lead to more effective treatment plans. Dissemination of information and education about valuable alternatives to opioids for the treatment of pain, such as physical therapy, will help to move this nation forward in its efforts to improve pain management and promote safe opioid prescribing.

As previously stated, APTA believes that a nonpharmacological, interdisciplinary, pain-approach to treating pain is a safe, effective, and proven option. Promoting this approach will

²Relationship of Opioid Prescriptions to Physical Therapy Referral and Participation for Medicaid Patients with New-Onset Low Back Pain: <https://www.ncbi.nlm.nih.gov/pubmed/29180553> (Accessed February 8, 2018)

significantly reduce the financial toll that the opioid crisis has had on our country and will save lives.

Conclusion

APTA thanks the Committee for the opportunity to provide comments, and we look forward to working together to develop policies and initiate actions to prevent and treat opiate abuse and addiction. We stand ready to present testimony before the Committee in the future and are committed to partnering with Congress to improve the safety and quality of patient care. Should you have any questions or would like additional information, please do not hesitate to contact Kara Gainer, director, regulatory affairs, at karagainer@apta.org or 703/706-8547.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, reading "Sharon L. Dunn". The signature is fluid and cursive, with the first name "Sharon" being more prominent and the last name "Dunn" following in a similar style.

Sharon L. Dunn, PT, PhD
Board-Certified Orthopaedic Clinical Specialist
President

SLD: krg