Congression against opioids:  
The efficacy of an integrative approach to managing pain  

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Background

The epidemic nature of opioid misuse is a health provider-driven narrative involving characters across all demographics, and it is not the typical stereotype of illicit drug users. From the effects of aging experienced by the geriatric population to the traumatic injuries experienced by high school athletes, pain is an inevitable aspect of being human. For providers, opioids effectively reduce patients’ pain at a relatively low financial cost, yet the shift to high prescribing rates of these drugs came with a number of unintended consequences, including abuse, addiction, and overdose, that are currently plaguing the nation. In 2012, more than 259 million prescriptions for opioids were written, and in 2016, retail pharmacies dispensed approximately 215 million prescriptions for opioids (Dowell, Haegerich, and Chou, 2016; CDC, 2017). Since synthetic opiates were first introduced in 1999, the rate of overdose deaths uninhibitedly increased three-fold (Hedegaard, Warner, and Miniño, 2017). The ultimate struggle here is trying to align the missions of stakeholders so that the health outcomes of patients can be maximized.

Methods

Policy and social science research methods along with informal stakeholder interviews were used to analyze the root causes of the opioid epidemic and identify recommendations to address. The role and limitations of the authority of the Food & Drug Administration in opioid distribution was assessed. The Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids were also analyzed to evaluate their compellability. These guidelines provide clear instructions to health providers regarding minimizing the use of pain medication, but they are not necessarily surveilled or enforced. In the context of policy change and practice patterns, reviewing the guidelines identified the barriers to implementing the alternative methods of pain management.

Through concept-mapping and storylining methods, an extensive literature review examined the healthcare experiences and health outcomes of patients affected by pain. This data was strengthened with interviews of a nurse practitioner, physician assistant, and physical therapist to understand their perspectives on the behaviors that exacerbated effects of opioids.

Results

The research illustrated how the medical model insufficiently services patients and how financial incentives drive health care service consumption patterns. Insurance companies confound the costs of medical services, leaving patients to make medical decisions based on the few known rates. Copayments for pain medications may be $10 while the copayments for a four-week series of physical therapy appointments amount to $320. Similarly, copays for a year of weekly counseling session totals around $1,300. The financial burden of treatments incentivized patients to choose lower quality and less effective treatments.

The recommendations for alternative and supplemental treatments for pain include: rehabilitation services like physical therapy, psychological support services like counseling, and educational services in community institutions. These recommended modalities have been
statistically proven to decrease pain and improve health outcomes, yet they have not been effectively utilized. CDC guidelines prioritize nonpharmacological interventions for chronic pain over opioids, and the #ChoosePT movement by the APTA demonstrated how pain-mitigating and function-improving effects of therapeutic exercise lasted up to six months post-treatment (APTA, 2018). Furthermore, the lack of adherence to CDC guidelines suggests the need for accountability programs in healthcare systems.

Discussion

The statistics suggest that everyone who seeks medical help for pain is at risk for being prescribed with an inappropriate and addictive course of treatment. It also overlooks other remedies, such as physical therapy which can provide equally beneficial outcomes though not at the convenience of taking pills. As seen by the positive correlation between increasing sales of opioids and deaths by overdose, the medical model of prescribing pharmaceuticals to suppress pain inadequately services the dynamic needs of individuals.

Compliance with CDC guidelines must increase. The outsourcing of pain management treatments to the pharmaceutical industry ultimately results in additional health issues associated with pharmaceuticals. If providers utilized the allied health professions to a greater capacity, they could ensure that patients’ pain is being actively addressed without the need for addictive pharmaceutical interventions. In order to make these services more accessible, the reimbursement rates of allied health professionals must improve.

Opioid addiction and abuse do not discriminate, putting the entire nation at risk if practice patterns continue in the same manner. Breaking down barriers to effective care on the epidemiologic scale necessitates multidisciplinary collaboration.

Works Cited


