

May 2016



**A Call for  
Understanding and  
Greater Access to  
Balanced Pain  
Management**



ALLIANCE FOR  
Balanced Pain  
Management

[www.AllianceBPM.org](http://www.AllianceBPM.org)

# Overview

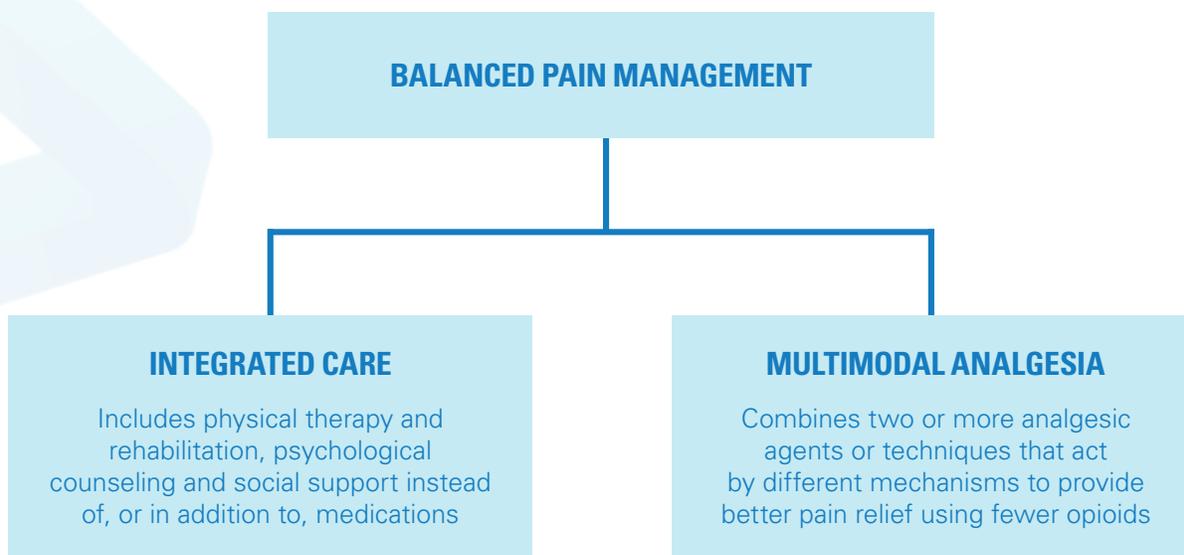
Balanced pain management is a comprehensive approach to diagnosing, treating and controlling pain that ensures practitioners and their patients, not insurance companies or other outside parties, drive treatment decisions. It better alleviates pain by giving people access to the full range of effective treatment strategies. When practiced in coordination with policies that facilitate access and encourage the proper use and disposal of prescription medications, balanced pain management can help address the serious and growing issues of drug abuse and addiction. Balanced pain management encompasses multimodal analgesia for the treatment of acute pain as well as integrated care for the treatment of chronic pain.

Pain affects all of us at some point in our lives, and approximately 100 million adults in the United States live with chronic pain.<sup>1</sup> There are many effective methods of treating pain, but far too often patients and their practitioners find their choices are limited by hurdles such as insurance, cost or policy decisions.

They may be compelled to rely solely on the opioid class of drugs which, by itself, might not be the best way to manage an individual patient's pain. Using an opioid-only therapy may be the right choice in some instances but, in others, alternative therapies should be on the table for practitioners and their patients as well. Overreliance on an opioid-only approach, combined with undertreatment and underfunding for addiction, has also exacerbated national problems with drug misuse, abuse and addiction. Alarming, more than seven out of 10 hospitalized patients treated with intravenous (IV) analgesia receive IV opioids alone.<sup>2</sup>

This widely recognized issue has led to calls for limits on opioid supply and prescriptions. In March 2016, the Centers for Disease Control and Prevention issued their first ever guidelines for dispensing opioids, recommending physicians to use caution when prescribing them for chronic pain.<sup>3</sup> Yet not enough alternatives to opioids are available to prescribers and their patients to effectively and comprehensively treat pain through other means.

**FIGURE 1. BALANCED PAIN MANAGEMENT**



# About Pain

## Acute and Chronic Pain

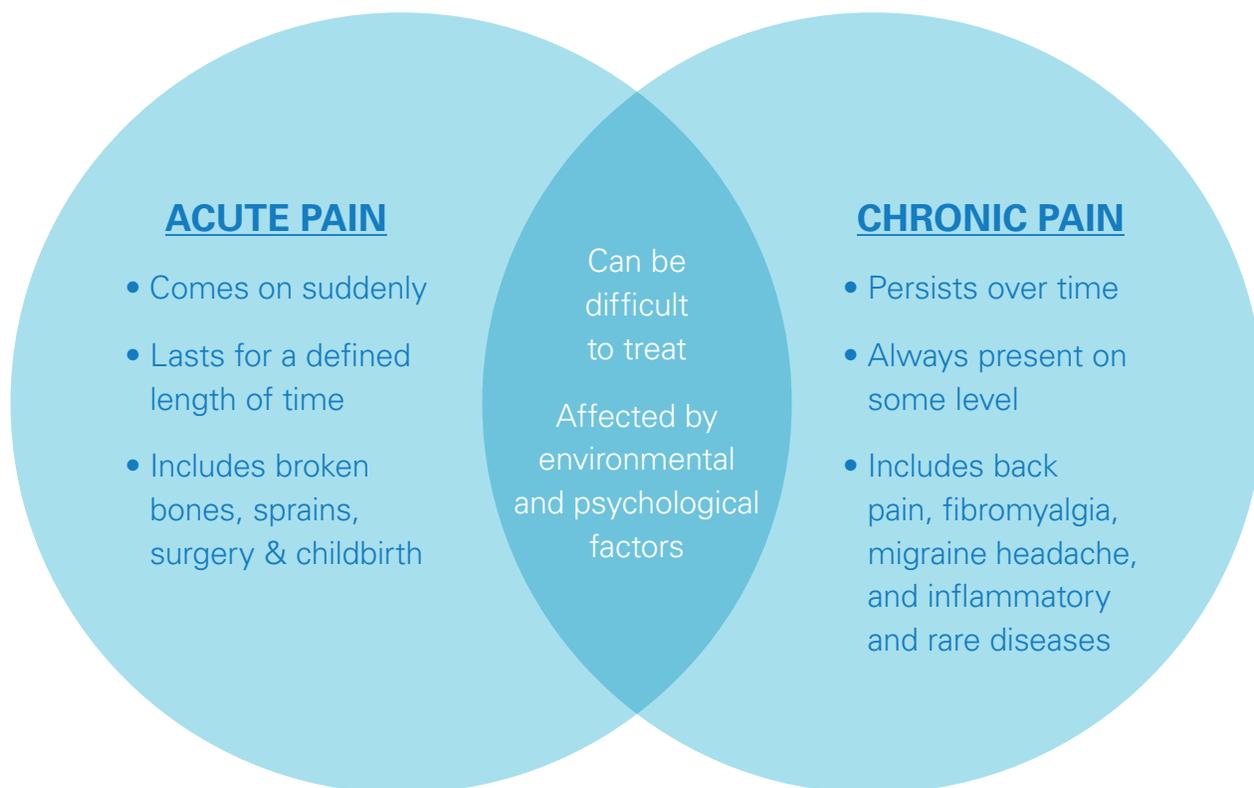
Pain is an extremely complex issue and is commonly divided into two categories – acute and chronic. Acute pain comes on suddenly, lasts for a defined length of time and then dissipates. Broken bones, burns, sprains, surgery, dental procedures and childbirth can all cause acute pain, and these are the types of issues that prompt the majority of visits to hospital emergency rooms.<sup>4</sup>

Acute pain differs physiologically from chronic pain. Chronic pain persists over time, perhaps rising and falling in intensity, but always present on some level. Like acute pain, environmental and psychological

factors can affect chronic pain, and it can be difficult to treat. Approximately 100 million Americans suffer from chronic pain.<sup>5</sup> People with chronic pain may suffer from back pain – the leading cause of disability for Americans under the age of 45 – or migraine headaches, fibromyalgia, inflammatory diseases or even rare conditions.

Pain has a significant impact on patients' lives. A 2006 survey of people with chronic pain found that 77 percent of them reported feeling depressed. Pain is a serious public health problem that costs our society an estimated \$560-\$635 billion a year, the equivalent of \$2,000 for every person living in the United States.<sup>6</sup>

**FIGURE 2. PAIN: ACUTE AND CHRONIC**



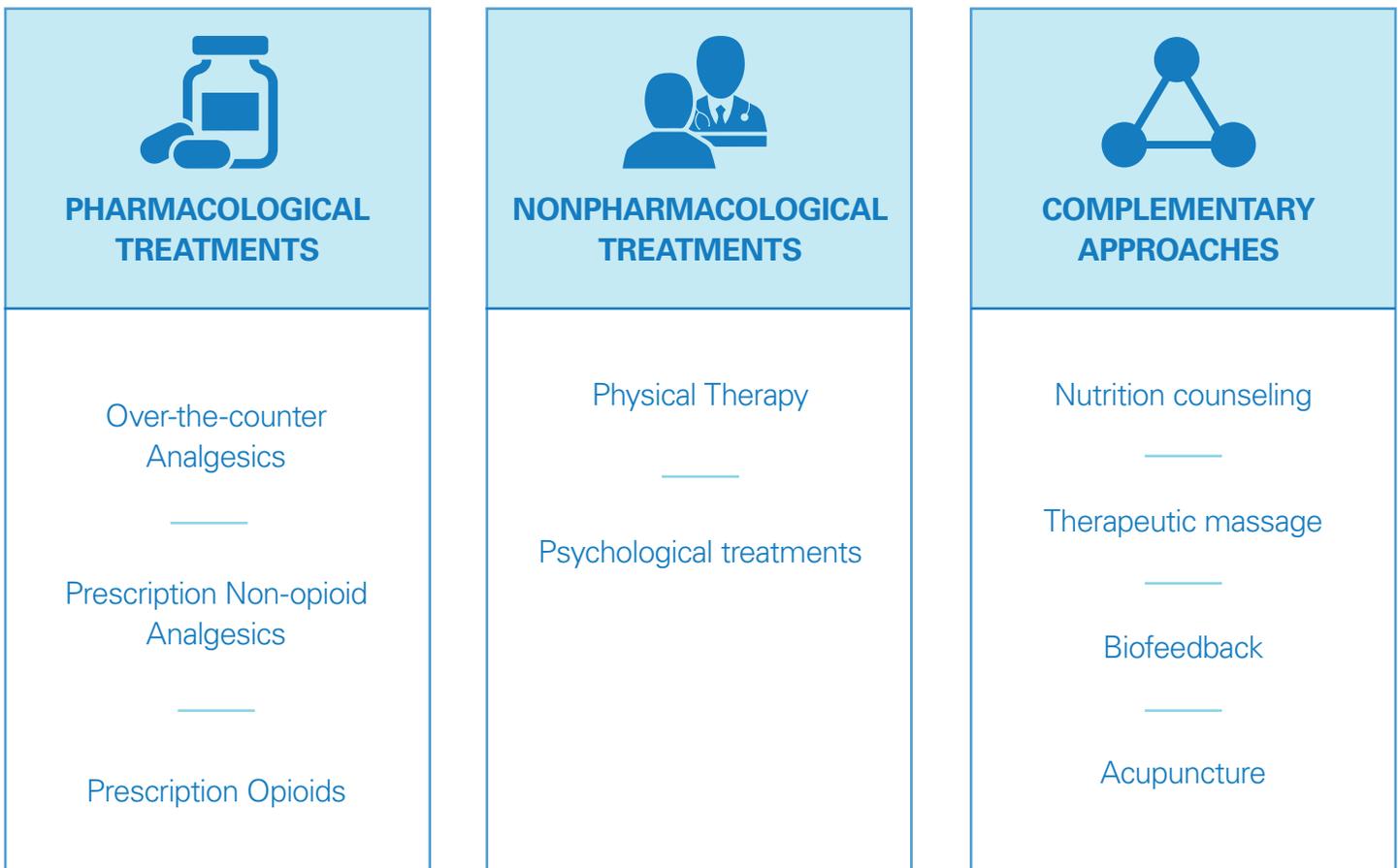
## Pain Treatments

Just as there are different types and degrees of pain, there are different ways to treat it. Practitioners can use medications, including non-prescription analgesics, non-opioid analgesics such as IV acetaminophen that are available in hospital settings, and prescription opioids. Topical analgesics, such as over-the-counter heat rubs, prescription or over-the-counter capsaicin, and custom compounded topicals, can also help. In addition, health care providers can employ non-pharmacological strategies such as physical therapy or psychosocial treatments to address the emotional, social and psychological issues that can worsen pain.

Complementary approaches can also address both the physical and non-physical aspects of pain. Used alone or augmenting other therapies, these can include acupuncture, therapeutic yoga, self-hypnosis, biofeedback, therapeutic massage, nutrition counseling, art therapy and music therapy.

Any or a combination of these approaches can be effective in certain situations and should be accessible to patients and their physicians. But sadly, healthcare plan designs and insurance coverage issues often compel practitioners to prescribe therapies – typically low initial-cost opioids – that might not be the most appropriate treatment strategy for an individual patient.

**FIGURE 3. MULTIPLE APPROACHES TO PAIN TREATMENT**



# Opioids and Related Challenges

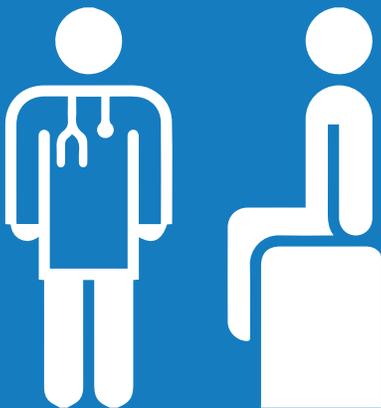
Sometimes a single opioid drug is the optimal treatment for a patient in pain. But in other instances, physicians may use an opioid-only approach not because it is the ideal choice but because this low initial-cost treatment is the only option covered by a patient's health plan. This sometimes happens even with patients who should not receive an opioid, such as those identified by the Joint Commission as high risk.<sup>7</sup>

Opioids can be effective, but they are hardly the only treatment strategy that should be considered. When practitioners do select opioids, they often work best in conjunction with other methods of pain relief and in lower doses than would be given if using opioids alone.

Yet opioids can also be problematic. If not used properly, they can cause side effects including death and serious respiratory depression, with as many as one out of every 10,000 patients experiencing life-threatening respiratory issues.<sup>8</sup> Opioid-related adverse events can also include nausea and vomiting, hypotension, slowing heart rhythm and constipation.

Negative outcomes tied to opioids are not only harmful to patients; they are also costly. One study found that opioid-related adverse events among post-operative patients lengthen hospital stays by 55 percent and increase the risk of readmission in the first 30 days after surgery by 36 percent. Opioid-related adverse events drive up total cost of care by 47 percent and, most alarmingly, result in a risk of death 3.4 times greater than that for patients who do not experience such an adverse event.<sup>9</sup>

A Joint Commission Sentinel Event Alert found that opioid analgesics "rank among the drugs most frequently associated with adverse drug event."<sup>10</sup> Concerns over the widespread use of opioid-only therapies in perioperative pain management, and the accompanying issues of adverse reactions and increased opioid abuse, led the National Institutes of Health and the Institute of Medicine to release a National Pain Strategy in 2016 that urged providers to customize pain treatment therapies to each individual patient.<sup>11</sup>



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## Opioid Abuse

People living with pain are not the only ones who face problems stemming from opioid use. Prescription opioids in a patient's home are frequently misappropriated by friends, visitors or – very commonly – the patient's own children.

Almost one in four teens in America say they have misused or abused a prescription drug; after alcohol and marijuana, prescription drugs are the most common drugs teenagers abuse,<sup>12</sup> and they are the drugs of choice for 12- and 13-year-olds.<sup>13</sup> Many teens who abuse a prescription medication get it from their parents' medicine cabinet. Opioids taken from the home are also a major source of drugs on the street, where they can end up in the hands of addicts or recreational users.

In 2010, one in 20 Americans aged 12 or older used prescription painkillers nonmedically (without a prescription or for the "high" they caused). Prescription painkiller overdoses killed almost 15,000 people in the United States in 2008 (triple the number that died in 1999) and, in 2009, triggered roughly 500,000 trips to hospital emergency rooms. Nonmedical use of prescription painkillers annually creates more than \$72 billion in costs for insurers.<sup>14</sup>

## Safe and Responsible Use

In conjunction with the practice of balanced pain management, practice and policy should include strategies that ensure pain medications are safely and responsibly prescribed, stored, and disposed of.

Resources on safely using opioids are available. The Centers for Disease Control and Prevention issued guidelines for prescribing opioids for chronic pain, though patient advocates expressed concerns that the guidelines were overly prescriptive and might impede patient access. Several states have established their own rules as well. Pharmacists and practitioners in some states are required to attend continuing education classes that cover potential abuse issues.

Proper labeling, also known as prescribing information, enables practitioners to be sure they are prescribing drugs safely. Moreover, opioid medications can be offered in abuse-deterrent formulations that are harder to crush or dissolve, making them less attractive to recreational users.

Patients are also important partners in defending against the diversion and misuse of prescription medications. Storing medications in locked cabinets, conducting regular medicine cabinet inventories to identify and discard medications that are out-of-date or no longer needed, and disposing of medications in ways that minimize the risk of them being retrieved and misused are all essential steps in fighting drug abuse and addiction.

**FIGURE 4. COMPONENTS OF SAFE USE, STORAGE AND DISPOSAL**



Storing medications  
in locked cabinets



Conducting regular  
medicine cabinet inventory



Disposing of medications  
in ways that minimize risk

# Unlocking the Value of Balanced Pain Management

Balanced pain management is a pain treatment strategy that does not limit patients and their practitioners to opioid-only therapies or any other one-size-fits-all treatment. Balanced pain management stresses access to a full range of both pharmacological and non-pharmacological treatments for pain.

For example, in addition to or in place of opioids, pain issues following surgery can be addressed through a specific form of balanced pain management known as multimodal analgesia. This approach combines two or more analgesic agents or techniques that act by different mechanisms to provide better pain relief using fewer opioids. Multimodal analgesia uses IV acetaminophen, antidepressants, anticonvulsants, steroids, nerve blocks, epidurals and prescription-strength forms of anti-inflammatory drugs.<sup>15</sup> It may also include local injections of analgesia such as bupivacaine and ibuprofen.

Many physicians supportive of a multimodal approach to pain management endorse a “pain ladder” that begins with non-opioid analgesics and supporting treatments, working up to stronger drugs and more aggressive complementary pain relief strategies when necessary.

Similarly, people suffering from chronic or extended pain may benefit from an integrated care approach that includes physical therapy and rehabilitation, psychological counseling, and social support instead of or in addition to medications. For all types of pain, balanced pain management emphasizes a multi-pronged personal pain relief program, tailored to the specific needs of the individual patient and controlled by the patient’s health care team. These individualized treatment plans can better address the physical, emotional, social and psychological aspects of pain.



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***Balanced pain management allows the physician-patient relationship to drive decisions instead of health plan designs, insurance coverage limitations or hospital formularies.***

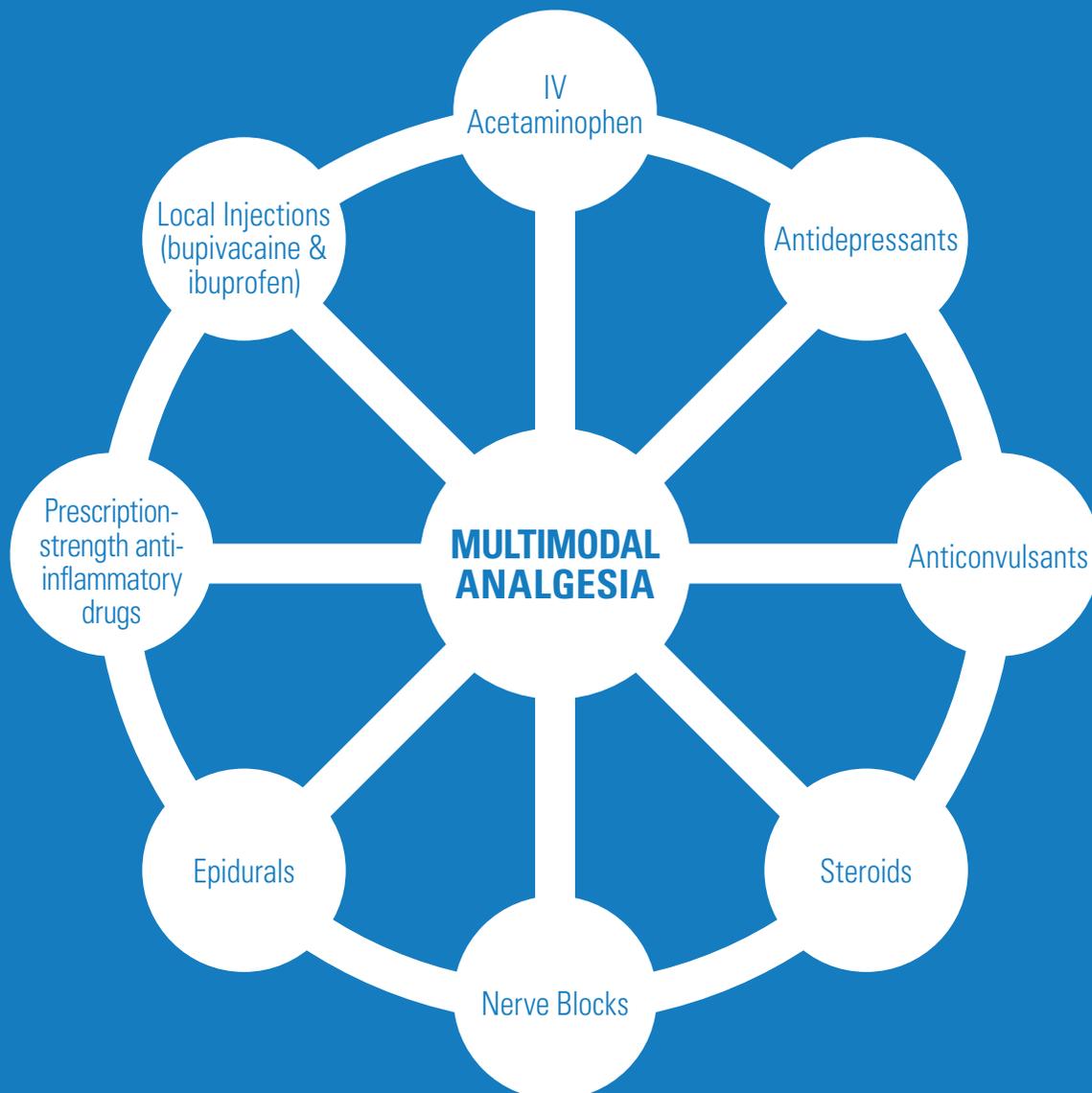
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Balanced pain management also provides treatments for pain-related conditions. These can include sleep disorders, depression, anxiety, and other ailments that are brought about by or related to pain. Alleviating these disorders directly contributes to positive outcomes for people with chronic pain, enhancing their wellbeing and quality of life.

Simply put, balanced pain management allows practitioners to use pain treatment strategies that fully consider the unique needs of each patient. It lets the practitioner-patient relationship drive decisions instead of health plan designs, insurance coverage limitations, or hospital formularies. All of these third-party influences can impede access to optimal treatments for pain.

**FIGURE 5. COMPONENTS OF MULTIMODAL ANALGESIA**



## Barriers to Balanced Pain Management

Fully implementing balanced pain management will require changes to the status quo.

Too many health care plans do not provide insurance coverage for alternative pain relief strategies such as acupuncture or physical therapy. Meanwhile, hospital and clinic formularies often dictate which medications a physician may or may not prescribe.

For instance, some health plans require practitioners to use step therapy in an effort to control costs. This treatment strategy ignores the prescriber's recommendation and forces patients to progressively take other medications – and fail on them – before payment is granted for the medication originally prescribed.

One example is treatment for migraine headaches, a debilitating form of chronic pain. Insurance companies often require step therapy before approving preventive botulinum toxin type A therapy for headache patients, even though it is the only preventive treatment approved by the FDA for adults suffering from chronic migraines.<sup>16</sup> Even when the best course of therapy is botulinum toxin type A therapy, insurance companies sometimes demand extensive documentation showing that other, less expensive migraine preventives such as anti-hypertensives, anticonvulsants, or antidepressants have first been tried and proven ineffective.<sup>17</sup>

**Step therapy** interferes with the practitioner-patient relationship, burdens clinics with administrative tasks that distract from patient care, delays access to medications that could successfully treat chronic and painful conditions, and allows for disease progression as patients wait for their prescribed medication. This frequently counterproductive strategy results in nearly one patient in five receiving no treatment at all.<sup>18</sup>

In hospital settings, **formulary restrictions** may limit the use of multimodal analgesia for addressing acute pain. Hospital formularies often favor options with low up-front costs, such as generic opioids. They may prohibit the use of lower-risk but higher-cost treatments such as IV acetaminophen, IV NSAIDs or local injections of ibuprofen and bupivacaine. These treatments can carry higher up-front costs but may help physicians reduce the risk of opioid-related adverse events and minimize overall opioid exposure.

**Cost-driven policies** often overlook what's best for patients in pain. Moreover, the expected cost advantages of forced treatment strategies that rely on low-cost opioids often fail to materialize. Any short-term cost savings are frequently outweighed by the long-term value that more effective balanced pain management treatments can produce.

Overreliance on opioids has evolved in a relatively short period of time. Many advocates of integrated care point to changes in the health care system since the late 20th century – when team-based treatment strategies were a more widely accepted practice. As coverage for these strategies has decreased, the number of prescriptions written for opioids such as hydrocodone and oxycodone has risen from around 76 million in 1991 to 207 million in 2013. Meanwhile, overdose deaths due to prescription opioid pain relievers has more than tripled in the last 20 years, according to the National Institute on Drug Abuse.<sup>19</sup>



# Clearing the Way for Balanced Pain Management



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***Balanced pain management offers an opportunity to better manage pain, control rising costs and reduce the potential for opioid abuse.***

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To provide more patients with access to balanced pain management strategies, we must take on the challenges of creating more comprehensive formularies and insurance coverage, educating providers on the benefits of multimodal analgesia and integrated care, and fostering complementary policies on safe

use and disposal. Better understanding of balanced pain management and its value will not only create better health outcomes for patients suffering from pain, but also reinforce the fundamental importance of having patients and health care practitioners lead patient care.

## About the Alliance for Balanced Pain Management

The Alliance for Balanced Pain Management brings together organizations and individuals who share a common goal to reduce pain, reduce medicine abuse and improve care. This can be accomplished through multi-pronged approaches that address the physical, emotional, and social components of pain.

By addressing all of these components, most pain can be safely managed. When medications are required, patients and practitioners must also prioritize responsible prescribing, dispensing, consumption, storage and disposal.



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