2022 ABPM Survey of Pain Medicine Specialists Highlights Continued Plight of Patients With Pain, and Barriers To Providing Multidisciplinary, Non-Opioid Care

Pain medicine specialists and their patients continue to experience the ramifications of restrictive policies that limit access to a wide range of pain treatments, including both opioid and non-opioid care. Policies enacted by states, health insurers, pharmacy benefit managers and worker compensation programs to limit opioid medications and require hours of prior authorization for non-opioid care have significant negative health consequences for pain patients.

"As pain medicine physicians, it is our responsibility to ensure we provide our patients with the best and most appropriate care," said Ken Finn, MD, President of ABPM. "Part of that is active engagement in the effort to ensure appropriate opioid prescribing. This most recent survey again shows that while our patients are having opioid medications reduced or denied, they are left with few options and many barriers to receiving the care they require. It is imperative that all stakeholders work with us to revise policies
to create more flexible and nuanced policies that address the complexities of individualized patient-centric pain care
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The American Board of Pain Medicine (ABPM), a specialty board that has been certifying physicians in pain medicine since 1992, surveys its Diplomates annually to monitor how the nation's opioid epidemic is affecting patients with pain and the pain medicine specialists who treat them. ABPM Diplomates are specialists trained to utilize a multi-disciplinary, team-based approach to pain care. The survey results continue to shine a revealing light on an aspect of the opioid overdose and death epidemic that rarely is discussed--the negative health consequences to patients resulting from overly restrictive opioid policies and inadequate insurance coverage of non-opioid treatment modalities.

According to the ABPM survey , pain medicine specialists report that many patients, who were effectively managing their pain on a well-established opioid regiment, have been forced to taper

their medications as a result of policies that limit the duration of opioid prescriptions or set maximum dose of morphine milligram equivalents (MME) per day.
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Seventy-three percent of pain medicine specialists surveyed said that they, or their patients, have been required to reduce the quantity or dose of medication they have prescribed. As a result, these patients are going into withdrawal, experiencing anxiety and depression and suffering with increased pain as a result of these restrictions.

Clinical outcomes are additionally compromised by onerous prior authorization policies that delay, and in some instances prevent, access to non-opioid treatment modalities. Eighty-two percent of pain medicine specialists report that they have been required to submit a prior authorization for non-opioid pain care, with physicians and their staff spending hours per day on such requests. In fact, seventy percent of pain medicine specialists said that they have had to hire additional staff to handle the prior authorization requirements.

Respondents to the survey listed a wide range of non-opioid therapies that have been subject to prior authorization, including:

- Physical therapy limits, psychiatric services, occupational therapy
- Pain creams and patches (e.g. lidocaine, Lidoderm, Voltaren, topical NSAIDs)
- Non-opioid prescription medications (e.g. Cymbalta, Lyrica, Celebrex)
- Non-opioid pain treatments (e.g., TENS, facet blocks, spinal cord stimulators, Botox and epidural injections)

Policy Solutions

ABPM embraces the responsibility to ensure that patients receive optimal pain care, including being part of the effort to ensure appropriate opioid prescribing. This survey makes clear that patients who are having opioid medications reduced or in some instances denied, continue to be left with few options and many barriers to care.

While ABPM is encouraged by the updated 2022 CDC Guideline for Prescribing Opioids, there is more work to be done. ABPM calls on policymakers, health insurance companies and pharmacies to re-evaluate the unintended consequences of well-meaning policies that are causing pain patients to needlessly suffer and work more closely with the pain medicine community to ensure our patients receive the individualized, comprehensive and compassionate care they deserve.

ABPM offers the following recommendations to policymakers and payers to remove barriers and improve access to pain care:

 Amend opioid-restriction policies to align with the updated 2022 CDC Guideline for Prescribing Opioids allowing for individualized, compassionate patient care. This would allow for exceptions that enable physicians, when in the physician's judgment to be medically necessary, to exceed statutory, regulatory or other thresholds;

 Expand reimbursement policies to cover non-opioid treatment options including pharmaceutical pain care options, physical and occupational therapy, interventional pain management procedures, CAM, psychological support, mindfulness and substance abuse treatment (and place on the lowest cost-sharing tier for the indication of pain);

 Remove administrative barriers to non-opioid pain care such as prior authorization;

 Extend COVID-19 policies that allow for greater use of telemedicine to ensure increased flexibility for patients with pain to obtain necessary medications and other treatments; and

 Recognize ABPM Board certification as a valued and respected designation for physicians practicing pain medicine that is equivalent to ABMS and AOA certification.

Survey design and methodology

A 10 question, web-based survey of ABPM Diplomates was conducted by ABPM in November 2022. The survey was completed by 100 practicing pain medicine specialists in the United States to help identify how the nation's opioid epidemic is affecting patients with pain and the physicians who treat them.

About ABPM

The American Board of Pain Medicine's mission is to serve the public by improving access to comprehensive, high quality pain care in the U.S. through a rigorous certification process for Pain Medicine physician specialists. ABPM believes in an integrated approach to pain care that includes demonstrated clinical experience and substantive expertise in the full spectrum of pain treatment therapies, including pharmacologic, psychological, interventional and complementary therapies. Successfully passing ABPM's examination demands that applicants demonstrate thorough knowledge in all areas of pain medicine, including but in no way limited to expertise in safe and appropriate prescribing of opioids, which are often over-prescribed by practitioners who do not understand the additional modalities of effective pain treatment. Certified ABPM Diplomates now number over 2,300 physicians across all 50 states.

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[1] As of March 2022, at least 39 states have enacted legislation with some type of limit, guidance or requirement related to opioid prescribing laws. See:

https://www.networkforphl.org/wp-content/uploads/2021/05/50-State-Survey-Laws-Limiting-the-Prescribing-or-Dispensing-of-Opioidspf-CSD_FINAL.pdf Accessed December 21, 2022.