

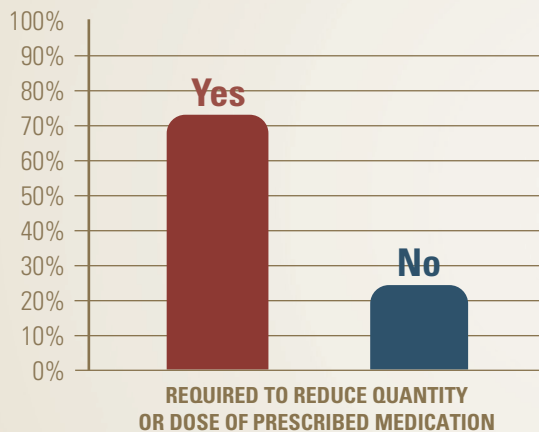


Fourth Annual Survey of Pain Medicine Specialists Highlights Continued Plight of Patients with Pain, and Barriers to Providing Multidisciplinary, Non-Opioid Care

Pain medicine specialists and their patients are experiencing first-hand the ramifications of restrictive policies that limit access to a wide range of pain treatments, including both opioid and non-opioid care. Patients are going into withdrawal, experiencing anxiety and depression and suffering with increased pain as a result of these restrictions.

Opioid Prescription Limits

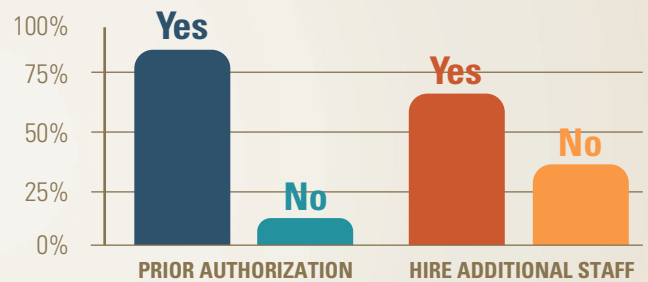
Q: When prescribing opioid analgesics for chronic pain, have you or your patients been required to reduce the quantity or dose of the medication?



73% of pain medicine specialists said that they – or their patients – have been required to reduce the quantity or dose of medication they have prescribed

Requirement of Prior Authorization for Non-Opioid Therapies

Q: When prescribing a non-opioid medication or treatment, have you ever been required to submit a prior authorization for the patient to receive such treatment?



82% of pain medicine specialists said that they have been required to submit a prior authorization for non-opioid pain care – with the physicians and their staff spending hours per day on such requests; and

70% of pain medicine specialists said that they have had to hire additional staff to handle the prior authorization requirements

Impact of Prior Authorization for Non-Opioid Therapies on Clinical Outcomes

Q: What non-opioid medications or treatments, specifically, have you had denied by a health insurance company or been subject to Prior Authorization?

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



Non-opioid prescription medications (e.g. Cymbalta, Lyrica, Celebrex)



Pain creams and patches (e.g. lidocaine, Lidoderm, Voltaren, topical NSAIDs)



Non-opioid pain treatments (e.g., TENS, facet blocks, spinal cord stimulators, epidural injections)

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The ABPM offers the following policy recommendations 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;
- Amend opioid-restriction policies to 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); and
- Remove administrative barriers to non-opioid pain care such as prior authorization.
- Recognize ABPM Board certification as a valued and respected designation for physicians practicing pain medicine that is equivalent to ABMS certification.
- Continue 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.

“ As pain medicine physicians, it is our responsibility to ensure we provide our patients with the best and most appropriate care. 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. ”

– Ken Finn, MD President of ABPM

Survey Design and Methodology

A 10 question, web based survey of ABPM Diplomates was conducted by ABPM in November, 2022 and was completed by 100 practicing pain medicine specialist in the United States.



The survey was conducted 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.



For more information, visit [ABPM.org](https://www.abpm.org).