Transcript from AACIPM Fall Symposium

Equity in Access to Comprehensive Integrative Pain Management for People with Pain - September 24, 2020

22 minute transcript - accompanying video can be found here.

Presenter: Kirk Williamson, MPH, Health Policy Analyst, National Governors Association

Findings from National Governors Association Report

Amy Goldstein, Director, AACIPM (00:02):

So, it is now my pleasure and honor to introduce Cindy Steinberg, who will be moderating the first session. Cindy is the national policy and advocacy director at the US Pain Foundation and the policy council chair at the Massachusetts Pain Initiative, which is where we met many years ago when I was directing that initiative while at the American Cancer Society. So it is just a pleasure for me to continue this important work with Cindy and to have her involved today. And please, don't forget to check out the presenter bios to learn about all of Cindy's accomplishments as well as all the other presenters. And we'll be sending you that link in the chat feature. (https://painmanagementalliance.org/engage/equity-in-access-to-comprehensive-integrative-pain-management-for-people-with-chronic-pain/equity-in-access-presenter-bios/) So I will now turn it over to Cindy. Thank you.

Cindy Steinberg, Moderator (00:47):

Thanks, Amy. Thanks for that great introduction. As you can see, Amy is incredibly organized and has all the materials that you'll need for today. So our first speaker is Kirk Williamson, who is a health policy analyst at the National Governor's Association and the primary author of the really impressive and recently released report expanding access to non-opioid management of chronic pain considerations for governors. So welcome, Kirk.

Kirk Williamson, Panelist (01:17):

Hi, thank you for that introduction. And good morning, everybody. As Cindy just mentioned, I'm Kirk Williamson, and I am a health policy analyst at the National Governors Association's Center for Best Practices. And it's really such a privilege to be here with you all virtually to discuss this critical and timely issue. Next slide, please.

Kirk Williamson, Panelist (01:38):

For those of you who may be unfamiliar, NGA is the oldest bipartisan organization serving all of our nation's governors and we really have two sides of the shop. You can go to the next slide. One side is the office of government relations, which lobbies on behalf of the members to Congress and to the administration, the other, and where I sit is the Center for Best Practices. And we are a nonpartisan think tank that is committed to finding solutions to today's most pressing public policy challenges.

Kirk Williamson, Panelist (02:08):

And the report I will be discussing today, which should be linked in the agenda, it's also linked into the chat is really just one component of our opioid management drug portfolio, which has been assisting governors as they respond to the opioid epidemic since 2014. And just by way of some quick background, in 2016, all 50 governors jointly signed a bipartisan compact to redouble their efforts to combat the opioid epidemic with bold and thoughtful new strategies.

Kirk Williamson, Panelist (02:36):

And as one component, the governors agreed collectively to take steps to equip Medicaid and health plans with the tools they need to promote comprehensive pain management, which includes alternatives to opioids. And this report is really a culmination of an NGA center expert round table, where we convene in the governor's offices payers, regulators, health plans, federal officials, and other stakeholders to discuss the effectiveness of non-opioid therapies and to really map out strategies for governors to increase access to integrated, coordinated, and interdisciplinary non-opioid pain management.

Kirk Williamson, Panelist (03:13):

And as many of you know, numerous states are reporting alarming increases in opioid-related overdoses, and they are particularly concerned about individuals experiencing severe mental distress due to prolong social isolation and disruption and treatment plans that may have long lasting consequences for individuals suffering from substance use disorder in addition to the burden of untreated chronic pain.

Kirk Williamson, Panelist (03:38):

So we thought it would be timely and to provide an overview of strategies that governors can implement to expand access to non-opioid therapies. To help individuals manage their chronic pain independently. And as governors face far more limited state funding and increases in their Medicaid due to prolonged rates of high employments, states will have to think strategically to build on years of progress to address the opioid epidemic while also maintaining financial stewardship of the public programs in their purview so it's really our hope that this report can serve as a useful guide for all stakeholders that will be engaged in these discussions for months and years to come.

Kirk Williamson, Panelist (04:16):

And before I dive into the report, I just want to start out with a couple points of clarification. I use the term non-opioid therapies to encompass both nonpharmacologic and non-opioid pharmacologic approaches. And I want to emphasize, and Amy alluded to this, pain is best understood as a bio-psycho-social condition, which requires a whole person approach to most appropriately address the root causes that may underlie an individual pain experience. And ultimately this approach necessitates the need for states to review their Medicaid benefits to ensure a broad range of physical and behavioral health services are provided to their members. And we focus on Medicaid because they covers 70 million low income adults and children, many of which suffer complex and high-need conditions that would ultimately benefit from targeted approaches that avoid opioids and encourages the use of non-opioid modalities to improve functioning and quality of life.

Kirk Williamson, Panelist (05:14):

Next slide, please. For the purposes of today's discussion, I'll quickly do some level setting, provide some context for how we got here. I'll briefly touch on the evidence for non-opioid therapies, and then I'll highlight best practice models and innovator states for expanding access to non-opioid therapies and Medicaid programs. And I should also note just at the outset, I do not represent the views of any one governor or the governors as a collective. So any opinion that I may share today, it should not be directly attributed to governors or their state staff.

Kirk Williamson, Panelist (05:48):

Yeah, next slide please. So the graph you see on the left, I'm sure everyone has seen it, it's the scary hockey stick slide, we referred it as that, and it shows the alarming increasing death rate attributed to commonly prescribed opioids. And this predates the year 2000 that had just began to level off in 2016 and even briefly decline in 2018 as death attributed to other synthetic opioids, such as fentanyl, began driving much of today's accidental overdose deaths.

Kirk Williamson, Panelist (06:20):

And much of what we know about pain management today and pain management models really grew out of workers' compensation programs that were designed to help injured workers strike a balance between restoring function to safely go back to work and guarding against addiction to pain management. And not all pain management programs predating and into the nineties are perfect, but these programs are really pioneering and integrated an multidisciplinary care model at the time and they duly face enormous financial and operational pressures as opioids began flooding the market, despite all the progress that had been made and sadly, a lot of this work stalled out.

Kirk Williamson, Panelist (06:59):

And so fast forward to where we are today, low back pain is one of the most common reasons people go into their physician and it is the leading cause of job-related disability and workplace absenteeism. And according to federal data recently released in 2019, opioid-related overdoses rose nearly 4.6% despite having trended downward in 2018. And so governors have taken a range of approaches to reduce inappropriate opioid prescribing. However, those approaches must be accompanied with demand side policies that are meaningful and help alleviate chronic pain and the burden of untreated chronic pain.

Kirk Williamson, Panelist (07:40):

And so one of the biggest levers and main tool in the toolbox for governors is to leverage the Medicaid program which provides, as I said, coverage to 70 million adults and children, and a broad swath that often face several co-morbidities and limited access to healthcare services that are generally available or more broadly available in the commercial market. And so for many state Medicaid programs, non-opioid therapies, such as acupuncture or cognitive behavioral therapy, those are optional benefits that are not typically covered under traditional fee for service. However, there are several flexibilities built into the Medicaid program for state to add those benefits.

Kirk Williamson, Panelist (08:22):

So, as I mentioned at the outside of today's discussion, we convene in a round table that brought together governor's policy advisors, health plans, academics, national pain specialists, and federal officials to discuss how states were leveraging the Medicaid program to expand

access to non-opioid therapies and strengthened their pain management delivery system. And importantly, we wanted to understand how state leaders were considering or thinking about the best available evidence, and for which pain conditions they believed Medicaid could have an immediate impact.

Kirk Williamson, Panelist (08:56):

So next slide. Our first main finding is that while the existing evidence base is mixed, the strongest evidence suggests that active therapies such as exercise combined with psychotherapy services, such as cognitive behavioral therapy, is the most efficacious for individuals experiencing chronic pain. And in this section in the report, we reviewed the existing evidence base, assessing non-opioid therapies and the impact on pain and function. And assessing the evidence is often the first step of any decision-making process to add new benefits to Medicaid coverage. And while the evidence may be mixed, the definitive long-term consequences of prolonged opioid use really warrant special considerations for covering non-opioid therapies to help individuals self manage their chronic pain without ever initiating opioid use. And during the round table, some experts called for more randomized control trials.

Kirk Williamson, Panelist (09:54):

There are practical issues with this type of research approach to evaluate, evaluate these types of therapies. These therapies are more effective when they're combined than they are alone and isolated, which is the nature of randomized control trials. And other experts were convinced by the evidence to support expanding coverage, and they pointed to the recent systematic reviews and also expert organizational guidelines like those issued by the American College of Physicians recommending non-opioid therapies as first-line treatment for low back pain. And we point to recent systematic reviews conducted by the Institute for Clinical Effectiveness Research and the Agency for Healthcare Research and Quality that examine a broad range of academic literature on non-opioid therapies which we distilled into the chart, which you can see on the screen and it's also in the report. And again, on the whole, the evidence was most widely available for low back pain, suggesting that more research is needed for other pain conditions, including centralized pain conditions and neck pain.

Kirk Williamson, Panelist (10:58):

And so on the one hand, the evidence base for many of these therapies alone may be mixed and it is growing. But however, on the other hand, there is a definitive evidence base that shows long-term opioid therapy often and does lead to opioid use disorder and overdose particularly at higher doses. And so with that in mind, a single therapy alone may not be sufficient to address the drivers that underlie an individual's pain experience, which is why the onus of comprehensive pain management is to deliver integrated coordinated care that really meets the patient where they're at.

Kirk Williamson, Panelist (11:33):

So next slide, please. Our second finding is really rooted in best practices. So during the round table, in our discussions with experts, they routinely underscored the best approach to improving functionality and generating a return on investment is to incentivize integrated, coordinated care that pulls together physical and behavioral health to take a whole person approach to pain management. And the best practices that we outline in the report really can serve as a guidepost or an ideal state for providing high-quality pain care for individuals with non-cancer chronic pain.

Kirk Williamson, Panelist (12:11):

Integrated pain management delivery models, there are a lot of them existing out there in isolation, but they all share common elements of leveraging multiple non-opioid therapies, maintaining a focus on function and coordinating care across a multi-disciplinary physician-led care team. And so for Medicaid programs, collaborating with health systems, regulators, providers, managed care plans and their pain community will be an important first step to facilitate the advancement of integrated and coordinated pain management.

Kirk Williamson, Panelist (12:44):

This often requires states to rigorously assess network and engage provider awareness of the availability of existing benefits or newly available benefits and the Medicaid program so that physicians that are enrolled in the program can provide appropriate referrals outside of their routine practice.

Kirk Williamson, Panelist (13:03):

And one innovative model really comes out of Oregon. Oregon's Medicaid program allocates global budgets to regional managed care entities and these are called Coordinated Care Organizations or CCOs, and they provide flexible funding and meet the needs of their populations. And so some CCOs have used their flexible funding to cover a wide range of non-opioid therapies, such as PT, chiropractic services and acupuncture, and even supportive services such as transportation to and from a gym.

Kirk Williamson, Panelist (13:36):

State leaders and providers both expressed during the round table an interest in developing daily rates or bundled payments that could support this type of coordinated care model. But to our knowledge, no state has implemented a payment mechanism to do this. And in the report, we don't discuss at length all the various financing mechanisms that were under discussion, but we do know the possibilities of being creative here and offer a few examples about ways to use value-based approaches to coordinate care.

Kirk Williamson, Panelist (14:08):

And so with all of that in mind, there's a lot of nuance that goes into any decision-making at the state level over how to best provide alternatives to opioids that best meet the needs of patients experiencing chronic pain where opioids are not clinically indicated that recognizes there's imperfect evidence. And so next slide. Beyond financing and the evidence-based thing next, there are other practical barriers that need to be overcome for these efforts to be successful, and informants that were interviewed for this report frequently cited three common challenges beyond evaluating the evidence. This includes a lack of ongoing pain management education in medical schools, a shortage of behavioral health care providers and substantial geographic variation and access to non-opioid therapies. And that necessitates it to take a systems level approach to reorienting their pain management delivery system in the context of their Medicaid program, recognizing those constraints.

Kirk Williamson, Panelist (15:11):

So next slide, please. Despite these challenges, perhaps the most feasible approach states have taken and will continue to take is to incrementally expand access to non-opioid alternatives while taking a staged approach that assesses the current evidence and coverage gaps, engages the necessary stakeholders, implements the chosen policy and selected benefits and

monitors and evaluates data to inform course corrections or to think creatively about opportunities to incentivize and accelerate high quality integrated pain management across provider types.

Kirk Williamson, Panelist (15:47):

So next slide, please. And finally, our third main finding is rooted in understanding the Medicaid policy vehicles and innovative alternative payment models states have, or could use, to expand access to non-opioid pain management modalities. We found that states had primarily used state plan amendments to incrementally expand access to certain non-opioid benefits such as chiropractic services and physical therapy to assist individuals with self managing their chronic pain to avoid the use of opioids.

Kirk Williamson, Panelist (16:19):

And while most states cover non-opioid services, as a benefit, there is substantial variation in the limits that are placed on those services and the degree of coordination provided to the patient to target the most appropriate services and to make the necessary adjustments to their treatment plan. Limits on non-opioid services, such as annual limits on physical therapy or low reimbursements may deter providers from participating in the Medicaid program altogether, which duly creates barriers and access for patients with chronic pain.

Kirk Williamson, Panelist (16:52):

And so in the report, we highlight Colorado, which use the physical therapy and related services benefit to increase payment rates and remove limits on physical therapy services. Colorado in its determination, they found that physical therapists, they existed in the state, but the reimbursement for those providers was too low to incentivize participation in the program. So by increasing the rates and removing annual limits, the state was able to mobilize participation in the state Medicaid program to expand access to physical and occupational therapy to improve patient's function and quality of life.

Kirk Williamson, Panelist (17:29):

One other flexibility for states under their state plan is a rehabilitation services option, which is also known as the rehab option. And states have used this option traditionally to provide a range of mental health and substance use disorder services, things like supported employment, home-based services, even peer support services, and nearly all states in DC now offer some form of psychotherapy services such as cognitive behavioral therapy through this benefit option.

Kirk Williamson, Panelist (17:59):

For more complex patients with multiple comorbidities, a few states have used the health homes option. This was established as a state plan option under the Affordable Care Act and its intent is to promote better care coordination and provide long-term services and support for individuals suffering from multiple chronic conditions, including musculoskeletal pain through Medicaid.

Kirk Williamson, Panelist (18:23):

South Dakota is the best example we were able to find of this, Washington has a similar model. The state convened a working group with their providers to find a solution to better care for their chronic pain populations and the group decided on the health home options and included musculoskeletal conditions as a qualifying condition for eligibility in the program. And that was novel because states typically use health homes manage patients with substance use disorders,

asthma or diabetes. And since that time, the program has expanded to include more than 120 health homes and generated roughly $6 million in savings during state fiscal year 2016.

Kirk Williamson, Panelist (19:06):

And then a substantial minority have used waivers such as 1915(c) Home and Community-Based Services waivers, and 11.15 demonstrations to provide services and community-based settings and to also pilot new models of financing pain treatment in the context of broader healthcare transformation efforts. So Montana is a great example of using a home and community-based services waiver. They provide non-opioid therapies through this waiver to adults with severe mental illness that can be offered in the community rather than in institutional settings.

Kirk Williamson, Panelist (19:43):

And we are also aware of at least three states that had included pain management initiatives as part of their broader 11.15 demonstration waiver, and it's a mechanism that gives states the flexibility to test new approaches that would otherwise not be permissible under federal law. And I should note, 11.15 demonstrations are very labor-intensive and they included budget neutrality requirements. So, we don't expect many states to go this route for instituting comprehensive pain management reform itself, but it is an avenue to include expanded access and coordinate integrated pain management in the context of broader healthcare transformation.

Kirk Williamson, Panelist (20:25):

And as all of you know, COVID-19 has stressed state budget and it may not be feasible in the near term to immediately increase rates or to pilot new funding models during a time of limited general funding, but there is a pragmatic calculus here that requires states to weigh their unique risks and benefits. And we also touch in the report on partnering with MCOs, managed care organizations, to pilot new approaches to financing, coordinated care. And MCOs do this very well. Maryland is one example of partnering with their MCOs to align delivery reform efforts and we discussed that more in more depth in the report.

Kirk Williamson, Panelist (21:09):

And next slide, please. So to round all of this out, some of the ways which we highlight how a governor may consider catalyzing action in this space is to direct to their health officials, health policy advisors, Medicaid directors, and staff to examine the current evidence base, coverage and access for non-opioid therapies that are cost effective and clinically appropriate. They can establish a vision for improving pain management delivery by convening provider groups, relevant state agencies, the pain management community to explore integrated coordinated care models that can be implemented through value-based pain management approaches. They can also identify opportunities to accelerate cross-sector collaboration between physical and behavioral health providers.

Kirk Williamson, Panelist (21:55):

So I hope I left you all with something that you want, you all are the experts in the field experiencing the lived reality of the system on the ground. And as all of you know, this is a very complex topic, and it's really an honor to share the findings of this report with all of you today. There's a lot in the report that I did not touch on, so if there's something that you're hoping I would speak to please raise that during the panel discussion. And so with that, I'll turn it over to Cindy. Thank you again to AACIPM and the US Pain Foundation for hosting such a wonderful event. Thank you.

Cindy Steinberg, Moderator (22:25):

Thanks, Kirk, for a really great presentation, and I really recommend people look at Kirk's report because it has much more detail on some of the examples that he gave.