

Integrative Medicine Subcommittee Recommendation: Expansion of Medicated Assisted Treatment Options

Original Date 2013, revised 2022

Recommendation Statement ²⁰¹³ The Human Service Department/Medical Assistance Division should consider expanding medically assisted treatment options for persons living with opioid addiction as well as expand reimbursement options for alternative treatment modalities for chronic pain (chiropractic physician, massage therapist, doctors of Oriental medicine, pharmacists, and pharmacist clinicians).

1. The purpose of this proposed recommendation is to:

- a. These expansions will support increased numbers of providers treating persons with opioid addiction and could reduce the frequency of opioid prescription for persons living with chronic pain.

2. Rationale for this proposed recommendation:

#1. Workers whose first health care visit for the injury was to a chiropractic physician had substantially better outcomes.

#2. Paid costs for episodes of care initiated with a chiropractor physician were almost 40% less than episodes initiated with an MD.

#3. Spinal, hip, and shoulder pain patients had similar pain relief, greater satisfaction, and lower cost if they started care with chiropractic physicians, compared with medical doctors.

#4. For occupational low back pain, chiropractic patients had the shortest compensation duration, and the physiotherapy patients had the longest.

#5. Seeing a chiropractic physician first for new back or lower body pain was associated with lower odds of receiving an opiate prescription.

#6. About 43% of workers who first saw a surgeon had surgery within 3 years, compared to only 1.5% of those who first saw a chiropractic physician.

#7. Among older adults who initiated long-term care of chronic low back pain with opioids, the rate of adverse drug events was substantially higher than those who initially chose spinal manipulation.

#8. The choice of initial health care provider matters when it comes to spine related disorders. Favorable health and economic outcomes can be achieved by incorporating evidence-informed decision criteria and guidance about entry into conservative low back care such as the care provided by chiropractic physician.

#9. Having a chiropractic physician as the initial provider was associated with a reduced likelihood of early MRI.

#10. Early engagement of conservative therapists (e.g. chiropractic physicians) may decrease initial opioid prescriptions in association with MD visits by providing the opportunity to incorporate evidence-based non-pharmacological interventions.

#11. People with neck pain who initially saw acupuncturists or chiropractic physician had the lowest odds of an opioid fill within 30 days and 1 year compared to physical therapists and medical doctors.

#12. Initial treatment pattern by the chiropractic group had the lowest prescription medication rates, least costs per episode of LBP, and least guideline-incongruent use of medications and imaging. (*NOTE: this paper looked across treatment groups as initial treatment pattern - the design was not specifically looking at first provider per se.)

#13. Total cost of care was lowest when starting with a chiropractor (\$5093) or primary care physician (\$5660), and highest when starting with an orthopedist (\$9434) or acupuncturist (\$9205). There were no differences in delays in diagnosis of serious illness. "...our study gives confidence that care beginning with more conservative providers (e.g., PT, Chiro, and Acu) may in fact significantly lower use of potentially unnecessary and costly imaging services and prescription opioids." MY ADD: Patients who chose Chiropractic and Acupuncture first for a musculoskeletal injury were least likely to be hospitalized, least likely to have back surgery.

#14. Optum insurance findings: Chiropractic care is more cost effective and can reduce opioid prescribing by 26%. Findings from Optum, the health services subsidiary of UnitedHealth Group: Data shows patients, 70% of the time, choose primary care providers (PCPs) and specialists to treat their lower back pain compared to 30% who choose conservative care. The data shows conservative care: Chiropractic/Physical Therapy/Acupuncture can save \$230 million in annual medical expenditures and can reduce opioid prescribing by 26%. Goal for Optum in the next two years: Increase the use of conservative care in two years: 2020: Raise the referrals to DCs from MDs from 2% to 10%: Raise the use of conservative care pathway, which is increasing patient access to DCs, from 31% to 50%.

#15. The Workers Compensation Research Institute (WCRI) is an independent, not-for-profit research organization founded in 1983. Its recent report on Chiropractic Care for Workers with Low Back Pain reveals a number of important factors relating to the use of chiropractic for LBP in physical medicine within worker's comp in 28 states. The article compared to non-chiropractic care for pain management, chiropractic-only care and E&M resulted in: 47% lower treatment costs per claim, 35% lower indemnity payments, 26% shorter disability periods, 79% less paid for non-pain-management medical services. Much lower use of opioid prescriptions, MRI and pain management injections.

#16. BMJ Open recently published a study of over 200 thousand patients with new-onset lower back pain. The study determined that the patients who saw a chiropractic physician FIRST were 90% less likely to make use of opioids within the first thirty days and significantly less likely to use them in the long term compared to patients who saw a PCP first. The study suggested that the public should be incentivized to see doctors of chiropractic FIRST as a means to reduce opioid use. Medical research journal recently published a study of over 200 thousand patients with new-onset lower back pain, The patients who saw a chiropractic physician FIRST were 90% less likely

to make use of opioids within the first thirty days and significantly less likely to use them in the long term.

3. The data supporting this proposed recommendation:

National and state guidelines have recommended evidence-based non-drug treatment: full scope chiropractic care before medications. These guidelines provide good support for using chiropractic manipulative therapy (CMT), exercise therapy, acupuncture, massage and yoga, first for pain relief. However, these guidelines have been *ignored*.

[Ohio Guidelines for The Management of Acute Pain Outside of Emergency Rooms](#) - Governor Kasich's Opiate Action Team created these guidelines that recommend non-drug treatment first, including chiropractic manipulative therapy.

[Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain](#) recommends "providers should first consider non-pharmacologic and non-opioid therapies." Specifics not given.

[American College of Physicians Back Treatment Guidelines](#) - The ACP updated prior guidelines, recommending non-drug treatment first for back pain, including chiropractic manipulative therapy (CMT), osteopathic manipulative therapy (OMT), exercise therapy, acupuncture, massage and yoga.

[FDA Education Blueprint for Health Providers Involved in Pain Management](#): The Blueprint recommends "The [health care provider] should be knowledgeable about which therapies can be used to manage pain and how these should be implemented." Chiropractic and acupuncture are specifically noted as non-pharmacologic therapies that can play an important role in managing pain.

[Updated Joint Commission Standards for Pain Assessment & Management at Hospitals](#) requires patient education on and access to non-drug pain treatments (effective 1/1/18).

The CDC released Guidelines for Prescribing Opioids for Chronic Pain in 2016. The Guidelines include 12 recommendations, the first being, "non-pharmacological therapy and non-opioid pharmacologic therapy are preferred for chronic pain."

"Nearly 80 percent of heroin users first become addicted through prescription pills," Beshear said in the release. "If we can reduce opioid prescriptions and use other forms of pain management treatment, we will slow or even reverse the rate of addiction."

Attorneys general contend incentives promoting use of non-opioid techniques will increase practicality of medical providers considering treatments including physical therapy, acupuncture, massage, manipulative therapy and non-opioid medications, the release said.

It added that reliance on alternatives will combat a significant factor contributing to the epidemic - the over prescription of opioid painkillers.

"Strategies such as ongoing education about evidence-based approaches for pain management, knowing the risks involved with the use of opioids, and careful patient monitoring will be key. By working together, doctors, hospitals, health plans, and policy leaders can provide people with better pathways to healing - without putting their lives in danger because of opioids."

The National Governors Association (NGA) Center for Best Practices; Expanding access to non-opioid paper. (Released August 2020. Report completed June 2018).

The National Governors Association (NGA) Center for Best Practices; Expanding access to non-opioid paper. (Released August 2020. Report completed June 2018). The roundtable included representatives from five states (Arizona, Delaware, Indiana, Oregon and Washington), federal officials, industry representatives and national pain specialists to discuss the opportunities for and challenges in improving access to non-opioid pain management through the Medicaid program. They identified:

Expanding the use of non-opioid therapies and multimodal approaches which can help prevent the adverse consequences of inappropriate opioid prescribing while advancing reforms to help patients manage chronic pain.

Lack of coverage of these services between Medicaid and private payers - and with few provider networks offering these services - has limited patient access.

Increasing access to effective non-opioid* forms of pain management are important strategies states can use to confront the opioid overdose epidemic.

Only 12 of 41 responding states indicated they had implemented programs or policies to encourage or require the use of non-opioid pain management therapies.

Collaborative care models have been shown to be more efficacious and cost-effective than usual care for common mental health disorders, but traditional fee-for-service payment approaches can be a barrier to widespread implementation.

4. Current statute, rules, regulations, or recently proposed legislation related to this recommendation:
 - a. To accomplish this, statute Section 27-2-12 NMSA 1978 Medical Assistance Program would need to be changed to read; "consistent with the federal act and subject to the appropriation and availability of federal and state funds, the medical assistance division **shall** by rule provide medical assistance, including the services of licensed doctors of oriental medicine, licensed chiropractic physicians, licensed massage therapists, pharmacists and pharmacist clinicians."
5. Chapter [61](#), Article [4](#) NMSA 1978 the "Chiropractic Physician Practice Act".
6. Chapter [61](#), Article [12C](#) NMSA 1978 the "Massage Therapy Practice Act".

7. This act [[61-11B-1](#) to [61-11B-3](#) NMSA 1978] the "Pharmacist Prescriptive Authority Act".
8. Sections 4 through 14 [[61-12F-1](#) to [61-12F-11](#) NMSA 1978] the "Naprapathic Practice Act".
9. Chapter [61](#), Article [14A](#) NMSA 1978 the "Acupuncture and Oriental Medicine Practice Act".

Implementation requirements of this proposed recommendation include:

- A. The HSD has been working to include chiropractic medicine benefits in 2024 as a pilot project in Centennial Care. Thank you to Secretary David Scrase and Deputy Cabinet Secretary Kari Armijo for their work toward these efforts.
- B. Similar Pilot projects can be implemented for each of the professions, however some would require legislative action in order to be part of the Medicaid Act.

10. References

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