Opioids & Ohio's Healthcare Payers

An Analysis of 2018 Healthcare Payer Policies for Coverage of Non-Pharmacologic Treatment as an Alternative to Opioid Prescriptions as Recommended by Pain Treatment Guidelines

FULL REPORT

Ohio State Chiropractic Association Opioid Task Force

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SUMMARY

The overprescription of opioids for pain has been recognized as a key factor in the growing opioid epidemic in the United States. In response, state and national agencies and organizations have recommended that non-pharmacologic treatments like chiropractic be used for pain as an alternative to opioids. At the same time, government leaders and groups have acknowledged extensive barriers limiting access and coverage of these non-pharmacologic pain treatments. The opioid epidemic continues and 1-2 years have passed since the publication of opioid guidelines recommending non-pharmacologic alternatives. This survey was performed to evaluate whether Ohio's major healthcare payers have responded with improved coverage for these non-pharmacologic treatment options.

Chiropractic physicians actively practicing in Ohio were questioned about coverage provided by Ohio's largest private and public payers (Medical Mutual, Anthem Blue Cross Blue Shield, Aetna, United Healthcare, Medicare, Medicaid, Workers Compensation, Veterans Administration). The results of this survey indicate Ohio's largest healthcare payers have not improved or have only minimally improved coverage for alternatives to opioids as recommended. Most, if not all payers, appear to be continuing to provide better coverage for opioid treatment than for non-pharmacologic alternatives like chiropractic. Survey results indicate this coverage is resulting in increased use of prescription opioids and healthcare payers are therefore contributing to the ongoing opioid epidemic in Ohio.

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BACKGROUND

"Ground Zero" for the Opioid Epidemic

Due to its high rate of opioid overdose deaths and its origins of opioid pill mills, Ohio has been referred to as "ground zero" for the opioid epidemic that has caused an unprecedented death toll across the United States.[1,2] Opioid overdose deaths in Ohio continue to climb every year with actions taken thus far showing limited effectiveness at curbing the epidemic.

Experts have determined a combination of factors contributed to the opioid epidemic in Ohio and around the United States, with a key factor being the overprescription of opioid painkillers marketed to doctors as non-addictive and effective for chronic pain. An analysis of opioid prescriptions and deaths in Ohio concluded that "Ohio could all but predict one overdose death for roughly every two month's worth of prescription opiates dispensed."[2] It's been estimated that 80% of heroin users started with prescription pain medication.[3] Former White House Drug Policy Director Michael Bottocelli noted, "Physicians get little to no [pain treatment] training in general, but particularly around opiate prescriptions. Over the past year, however, you hear more physicians admitting 'We are part of the problem.'"

Opioid Guidelines Recommend Alternatives

In response to the recognition of opioid prescriptions as a significant contributor to the epidemic, multiple state and national organizations have published recommendations supporting chiropractic and non-pharmacologic treatment alternatives to opioids for pain:

- Governor Kasich's Opiate Action Team has released two sets of guidelines related to opiate prescriptions. **Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain**, released in 2013, recommends "providers should first consider non-pharmacologic and non-opioid therapies."[4]
- **Ohio Guideline for the Management of Acute Pain Outside of Emergency Departments**, released in 2016, recommends, "Nonpharmacologic therapies should be considered as first-line therapy for acute pain." The Guidelines recommended chiropractic among other non-pharmacologic options, and recommended that when utilized opioids should be "used as adjuncts to additional therapies, rather than alone."[5]
- The Center for Disease Control released **Guidelines for Prescribing Opioids for Chronic Pain** in 2016. The Guidelines include 12 recommendations, the first being "Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used,

they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate."[6]

- The American College of Physicians released **Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians** in 2017. These Guidelines were an update of previous back pain guidelines, and recommend non-pharmacologic treatment including chiropractic spinal manipulation first for acute, subacute, and chronic back pain. NSAIDs were recommended for back pain only after a trial of non-pharmacologic treatment (due to "gastrointestinal and renal risks").[7]
- The Federal Drug Administration has called for a shift from opioids to non-pharmacologic treatments, and in 2017 released the **FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain**. 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.[8]
- The Joint Commission serves as an accrediting organization for US hospitals and their aggressive pain management guidelines have been recognized as a contributor to the overprescription of opioids. In response, the Joint Commission updated their **Pain Assessment and Management Standard for Hospitals**, effective January 2018. The Standards recommend, "The hospital provides nonpharmacologic pain treatment modalities...The hospital should promote nonpharmacologic modalities by ensuring that patient preferences are discussed and, at a minimum, providing some nonpharmacologic treatment options relevant to their patient population. When a patient's preference for a safe nonpharmacologic therapy cannot be provided, hospitals should educate the patient on where the treatment may be accessed post-discharge. Nonpharmacologic strategies include, but are not limited to: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy."[9]

Treating Back Pain

Back pain, which affects most adults, is a major cause of pain and disability driving opioid prescribing. More than half of regular opioid users report back pain, and opioids are the most commonly prescribed drug class for low back pain.[10] Research clearly supports chiropractic (spinal manipulation) as a safer more effective approach to pain; especially back pain. The *Journal of the American Medical Association* recently published a scientific review on spinal manipulation and concluded that spinal manipulation was associated with statistically significant improvement in pain and function for up to six weeks with no serious adverse effects.[11]

As further emphasis on the importance of choosing non-pharmacologic pain treatments over opioids, recent research has concluded that opioids are not well tolerated and

provide no “clinically important” benefit for chronic low back pain, with unknown efficacy for acute low back pain.[12] Opioids appear to be no more effective than alternative options for moderate to severe back pain, hip pain, and knee pain.[13] Additional research has indicated opioids may actually increase pain through an increased inflammatory response.[14] Opioids are also much more addictive than marketed by pharmaceutical companies and their paid experts. A 2017 CDC study noted of those patients on one day of opioid therapy, 6% were still taking opioids one year later. Of those patients on 31 days of opioid therapy, 29.9% continued opioid therapy one year later.[15]

History seems to be repeating itself as doctors grasp for medication alternatives to opioids for pain treatment. Gabapentin prescriptions are growing. While not as addictive as opioids, gabapentin carries significant risks and is commonly being used off-label to treat pain without long term studies of efficacy.[16] “The use of gabapentinoids specifically seems to be outpacing any proven efficacy and the potential significant harms like addiction and overdose are only beginning to be investigated,” said Dr. Christopher Goodman, a researcher at the University of South Carolina School of Medicine in Columbia. “Nearly one in 25 adults takes a gabapentinoid during a year, which matters because we have little data to support much use of this drug class and minimal data to support the long-term safety of the medications,” said study author Dr. Michael Johansen of the Heritage College of Osteopathic Medicine at Ohio University in Athens.[17] Additionally, common pharmacologic first-line options for back pain like Tylenol and NSAIDs are less effective and carry greater health risks than long believed.[18,19] Effective pain medications that carry risks as low as non-pharmacologic options are hard to find.

Heathcare Coverage and Opioid Alternatives

The message is clear - providers must increase recommendations for non-pharmacologic pain treatments as first-line options before opioid and non-opioid pharmacologic treatment. However, barriers remain. As noted above by FDA guidelines, healthcare providers need to be educated on the use of non-pharmacologic treatment so that appropriate recommendations or referrals may be made. Second, and the focus of this report, healthcare payers need to cover medically appropriate non-pharmacologic treatments rather than severely restricting their coverage as has historically been done. The Ohio Attorney General’s Insurer Task Force on Opioid Reduction recently released their recommendations:

> “**Recommendation 1: Insurers should cover and encourage, where appropriate, the use of both nonopioid pain medications and nonpharmacological treatments for pain.** When treating individuals for pain, providers should determine which treatment provides the greatest benefit to the patient while minimizing the risk of long-term adverse

> consequences...Managed Care Organizations (MCOs) should work with the Department of Medicaid to review their contracts and policies to determine the appropriate coverage for nonopioid therapies. Providing coverage for these services may require a reprioritization or reallocation of current health care spending away from opioids toward alternative treatments. Nonpharmacologic therapies may include: cognitive behavioral therapy, physical therapy, weight loss, massage, meditation, chiropractic services, and acupuncture/acupressure."[20]

Research supports the common sense conclusion that better coverage of treatment improves patient access and utilization of that treatment.[21,22,23] Coverage not only guides patient decisions, but may influence clinical decision making of providers. This kind of non-clinical influence can significantly impair adherence to evidence-based practice and limit integration of these services into medical facilities.[24]

While lack of public awareness may limit patients from choosing non-pharmacologic treatment, interest does not appear to be a barrier. Research indicates that a majority of Americans are interested in alternatives to opioids. A *Gallup* survey reported 78% of Americans prefer to try other options like chiropractic to address their physical pain before they take pain medication prescribed by a doctor.[25] And most patients are highly satisfied with chiropractic treatment. *Consumer Reports* published an article on the safety and effectiveness of chiropractic, and their survey of more than 3,500 back-pain sufferers concluded, "Nearly 90 percent of people who tried spinal manipulation found it helpful."[26]

Some states are actively encouraging or legislating better coverage of chiropractic and non-pharmacologic treatments. A letter was sent in September 2017 to healthcare insurers from the Attorney Generals of 37 states (and Puerto Rico) highlighting the important role insurers play in directing patients and providers to appropriate healthcare:[27]

> "Insurance companies can play an important role in reducing opioid prescriptions and making it easier for patients to access other forms of pain management treatment. Indeed, simply asking providers to consider providing alternative treatments is impractical in the absence of a supporting incentive structure. All else being equal, providers will often favor those treatment options that are most likely to be compensated, either by the government, an insurance provider, or a patient paying out-of-pocket...take proactive steps to encourage your members to review their payment and coverage policies and revise them, as necessary and appropriate, to encourage healthcare providers to prioritize non-opioid pain management options over opioid prescriptions for the treatment of chronic, non-cancer pain...When patients seek treatment for any of the myriad conditions that cause chronic pain, doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to physical therapy, acupuncture, massage, and chiropractic care."

The President's Commission on Combating Drug Addiction and the Opioid Crisis made similar recommendations that Medicare and private insurers remove cost-prohibitive restrictions for chiropractic and other alternatives to opioids:[28]

> "Although in some conditions, behavioral programs, acupuncture, chiropractic, surgery…have been proven to reduce the use of opioids, while providing effective pain management, current CMS reimbursement policies, as well as health insurance providers and other payers, create barriers to the adoption of these strategies...The Commission recommends CMS review and modify rate-setting policies that discourage the use of non-opioid treatments for pain, such as certain bundled payments that make alternative treatment options cost prohibitive..."

Rhode Island passed a law in July 2017 that requires insurers to cover non-opioid based chiropractic and osteopathic treatments for pain for people with substance abuse disorders. State Representative Gregg Amore noted, "For many patients, particularly those with substance abuse problems, opioids are the wrong choice to manage pain. This bill will ensure that other proven treatments for pain are covered by insurance, hopefully lessening the impact of opioid abuse in our state."[29] The state has also started an innovative pilot program providing improved access to non-pharmacologic treatment for Medicaid patients (more details below).

West Virginia passed similar legislation as a solution to haulting an opioid epidemic on the same scale as Ohio's. In May 2018, a new law was passed that set limits on opioid prescriptions, and mandates that healthcare practitioners prescribe or recommend chiropractic, acupuncture, physical therapy, occupational therapy, and massage for chronic pain before starting opioid treatment. The law requires insurance providers, Medicaid and the Public Employees Insurance Agency to provide coverage for a minimum of 20 visits per event when ordered by a healthcare practitioner for pain. The law also limits excessive deductibles, co-pays, and coinsurance on these non-pharmacologic services.[30,31]

Ohio has taken steps to restrict opioid prescriptions, monitor prescribing, increase opioid overdose treatment, and increase addiction treatment. As noted above, Ohio has published guidelines for alternative treatment options. However, little has been done to actively increase use of non-pharmacologic treatments.

Why Chiropractic?

Chiropractic physicians are in a unique position to spearhead non-pharmacologic alternatives to opioids as they have done for years, and provide a window into analyzing current healthcare coverage of these options.

1. As trained and licensed physicians in Ohio, doctors of chiropractic can examine and perform necessary diagnostic testing to appropriately diagnose and manage complex neuromusculoskeletal conditions without a referral required. This compares to other licensed providers of non-pharmacologic treatment that are limited from providing patient diagnostic and management services (e.g. physical therapists, massage therapists, etc.)
2. Spinal manipulation is a leading non-pharmacologic treatment option with some of the strongest evidence of effectiveness for acute, subacute, and chronic neuromusculoskeletal pain, especially for spine-related conditions. Some doctors of osteopathy perform manipulation. However, chiropractic physicians perform about 90% of all spinal manipulation treatment, utilizing it as their primary form of treatment.
3. Chiropractic physicians commonly provide education and access to multiple non-pharmacologic treatment options in their clinics or through referral. These include physiotherapy modalities, rehabilitative exercises, massage therapy, heat and cold therapy, acupuncture, nutrition recommendations, lifestyle coaching and others. As a gateway to common non-pharmacologic treatments, chiropractic physicians are also familiar with current healthcare payer coverage of these options.
4. Chiropractic physicians most commonly treat painful musculoskeletal conditions that trigger opioid prescriptions, with spine pain being most common.
5. Research supports the effectiveness, safety, and cost-effectiveness of chiropractic treatment, as well as its value in reducing the use of opioids.

Less Opioid Use and Lower Healthcare Costs

Studies have reviewed chiropractic and opioid prescription data to demonstrate a significant reduction in opioid use for those patients under chiropractic care. Research has even found fewer opioid prescriptions in those communities with more chiropractic physicians:

- An analysis was performed on New Hampshire All Payer Claims Database of roughly 33,000 adults registered as having low back pain. The authors measured likelihood of opioid prescription fill among recipients of services delivered by doctors of chiropractic compared with nonrecipients. Likelihood of filling a prescription for an opioid analgesic was 55% lower in the chiropractic-using population."[32]
- A study examining very large Medicare datasets found that in geographic locations with more spinal manipulation use, there were fewer patients taking opioid drugs. The study authors also found a correlation between areas with more chiropractic physicians and lower opioid use.[33]
- Rhode Island initiated a pilot program to lower opioid use and pain-related healthcare costs in the Medicaid population. High-risk users—defined as those who had four or more ER visits in the prior 12-month period—were eligible to receive acupuncture, chiropractic, and massage services. The pilot program resulted in a 27% reduction in

total average medical costs, 61% fewer average ER visits, 63% fewer average total prescriptions, and an 86% reduction in average number of opioid scripts. Every $1 spent on CAM services and program fees resulted in $2.41 of medical expense savings.[34]

Reports have cited the extensive financial costs associated with the opioid epidemic in Ohio[35] and around the country with costs totalling billions of dollars in Ohio, and passing a trillion dollars nationally.[36,37] To make matters worse, the costs appear to be accelerating in the most recent years studied. The model of treatment for opioid addiction is moving toward lifelong medication assisted treatment to avoid relapse, accumulating expenditures well into the future. Additional costs include the far-reaching impacts of addiction, such as lost work productivity and increased foster care for children of addicts. A change in pain treatment away from opioids will significantly reduce this cost burden.

Opponents to expanded coverage of chiropractic and non-pharmacologic treatments have often cited increased healthcare costs as a reason to limit coverage. However, non-pharmacologic treatments, with a focus on chiropractic treatment and management in particular, have demonstrated potential to reduce healthcare costs (even beyond those associated with opioid addiction) in studies involving private and public healthcare payers:

- Medicare patients with chronic low back pain and other medical problems who received spinal manipulation from a chiropractic physician had lower costs of care and shorter episodes of back pain compared to patients in other treatment groups.[38]
- A 2015 cross-sectional study of 17.7 million older adults enrolled in Medicare indicated that greater availability of chiropractic care in some areas may be offsetting Primary Care Provider services for back and/or neck pain among older adults. Researchers estimate that chiropractic care may reduce the number of Medicare patient visits to primary care medical physicians for back and/or neck pain resulting in $83.5 Million in annual savings.[39]
- For older adults with chronic mechanical neck pain, spinal manipulative therapy plus home exercise and advice (HEA) resulted in better clinical outcomes and lower costs versus supervised rehabilitative exercise plus HEA, according to a study published by researchers from the University of Minnesota in Minneapolis.[40]
- Findings from a study utilizing data from the North Carolina State Health Plan collected between 2000-2009 show that care by a doctor of chiropractic (DC) alone or DC care in conjunction with care by a medical doctor (MD) incurred “appreciably fewer charges” for uncomplicated lower back pain than MD care with or without care by a physical therapist.[41]
- Houweling et al., in a study to identify outcomes, patient satisfaction and related health care costs for the treatment of spinal, hip, and shoulder pain, compared patient initial

first-contact care with a medical vs. doctor of chiropractic. The mean costs per patient over four months were significantly lower in patients initially consulting DCs.[42]

- An analysis of health care costs associated with the use of complementary and alternative medicine (CAM) by patients with spine problems determined that seeing a chiropractor resulted in an estimated $424 lower adjusted annual healthcare cost for spine-related costs when compared to nonCAM users. Additionally, those who used complementary and alternative providers, including doctors of chiropractic, had significantly lower hospitalization expenditures.[43]
- Low back pain initiated with a doctor of chiropractic (DC) saved 40 percent on health care costs when compared with care initiated through a medical doctor (MD), according to a study that analyzed data from 85,000 Blue Cross Blue Shield (BCBS) beneficiaries in Tennessee over a two-year span. Researchers estimated that allowing DC-initiated episodes of care would have resulted in an annual cost savings of $2.3 million for BCBS of Tennessee. The authors conclude that insurance companies that restrict access to chiropractic care for low back pain treatment may inadvertently pay more for care than if they removed such restrictions.[44]
- Niteesh Choudhry, MD, PhD of Harvard Medical School, and Arnold Milstein, MD, Chief Physician at Mercer Health and Benefits and Medical Director of the Pacific Business Group on Health, coauthored the 2009 report, *Do Chiropractic Physician Services for Treatment of Low-Back and Neck Pain Improve the Value of Health Benefit Plans*? An Evidence-Based Assessment of Incremental Impact on Population Health and Total Healthcare Spending. Using data from high-quality randomized controlled trials, this report combined a rigorous analysis of direct and indirect costs with the evidence concerning clinical effectiveness of chiropractic care. Including both the clinical effectiveness and cost, chiropractic care was far more valuable than medical treatment for neck and low back pain. These authors found that for neck pain, chiropractic care decreases annual spending compared to medical physician care, and spending was comparable for low back pain though likely understated: “Because we were unable to incorporate savings in drug spending commonly associated with U.S. chiropractic care, our estimate of its comparative *cost-effectiveness is likely to be understated*...when considering effectiveness and cost together, chiropractic physician care for low back and neck pain is highly cost effective, represents a good value in comparison to medical physician care and to widely accepted cost-effectiveness thresholds.”[45]
- A study of an insurance plan utilizing doctors of chiropractic as primary care physicians instead of medical doctors found significant cost savings over a 7-year period. Chiropractic patients experienced 60.2% fewer in-hospital admissions, 59% fewer hospital days, fewer outpatient surgeries and procedures, and 85% lower pharmaceutical costs compared to similar medical patients.[46]
- A 4-year retrospective review of claims from 1.7 million health plan members were analyzed to determine the cost effects of the inclusion of a chiropractic benefit in an HMO insurance plan. The data revealed that members with a chiropractic benefit had lower overall total annual health care costs. Back pain episode-related costs were 25% lower for those with chiropractic coverage.[47]

- A Texas Workers' Compensation Report found significantly reduced costs of treatment with chiropractic. "The average cost of [low back injury] claims is $15,884. When a worker with a lower back injury receives at least 75% of their care from a chiropractor, that cost decreases to $12,202 and when they receive at least 90% of their care from a chiropractor the average cost declines even further to $7,632."[48]
- Ontario published a well-known Manga report on chiropractic and healthcare costs. The report concluded, "The doubling of the proportion of the public that visits chiropractors in Ontario from 10% to 20%...will lead to a very substantial net savings in direct and indirect costs. Direct savings to Ontario's health care system may be as much as $770 million…"[49]

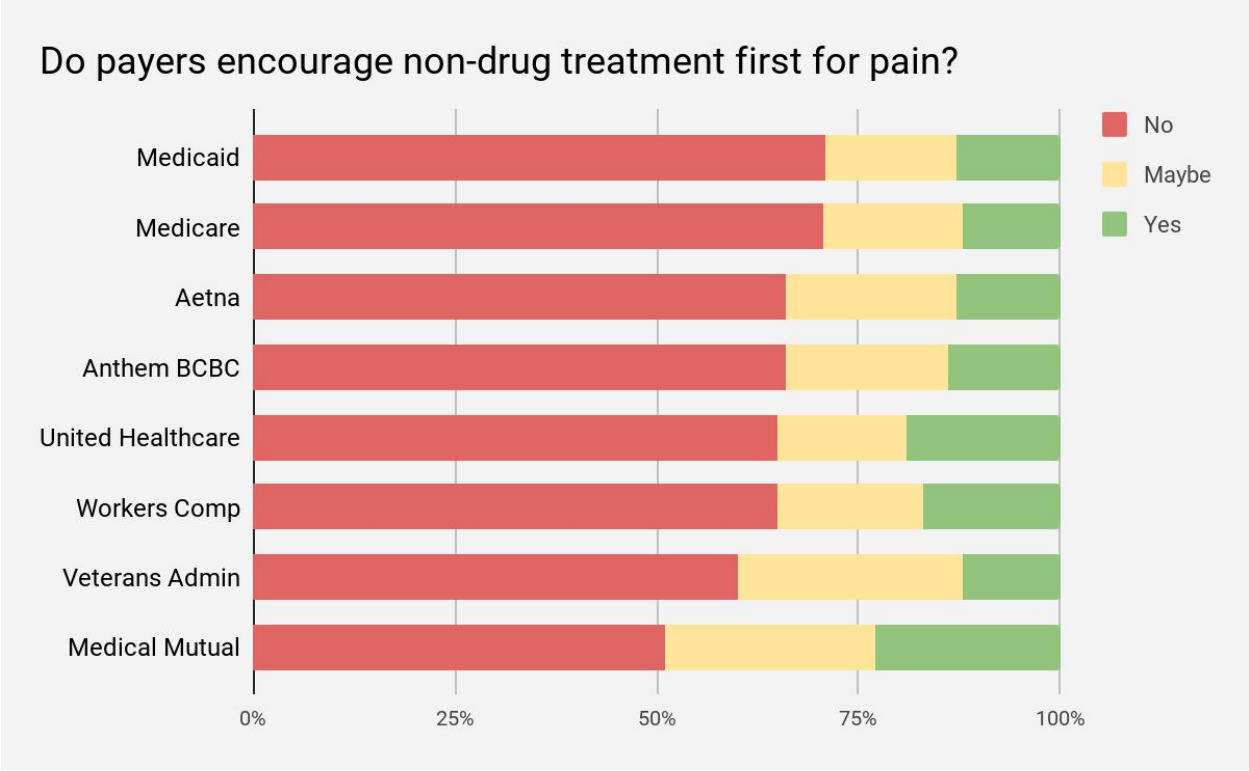
Total U.S. healthcare costs have continued to increase faster than the rate of inflation, placing growing burdens on employers and American families. The opioid epidemic has accelerated this trend. Though there is now significant evidence supporting non-pharmacologic treatment like chiropractic as safer and more cost-effective than standard medical care, healthcare payers appear reluctant to change policies to shift treatment models toward these options.

This analysis looks specifically at the clinical experience of chiropractic physicians currently practicing in Ohio and treating patients with the relevant healthcare coverage. Chiropractic physicians were asked through a series of questions to determine by specific payer if healthcare coverage is overly restrictive or covers appropriate treatment consistent with published guidelines noted above. Chiropractic physicians were asked whether chiropractic coverage is improving in recent years (as a response to the epidemic and new guidelines); and to what degree Ohio's healthcare payers may be contributing to the ongoing epidemic. "Unknown" responses for those unfamiliar with a payer's coverage are not charted.

RESULTS

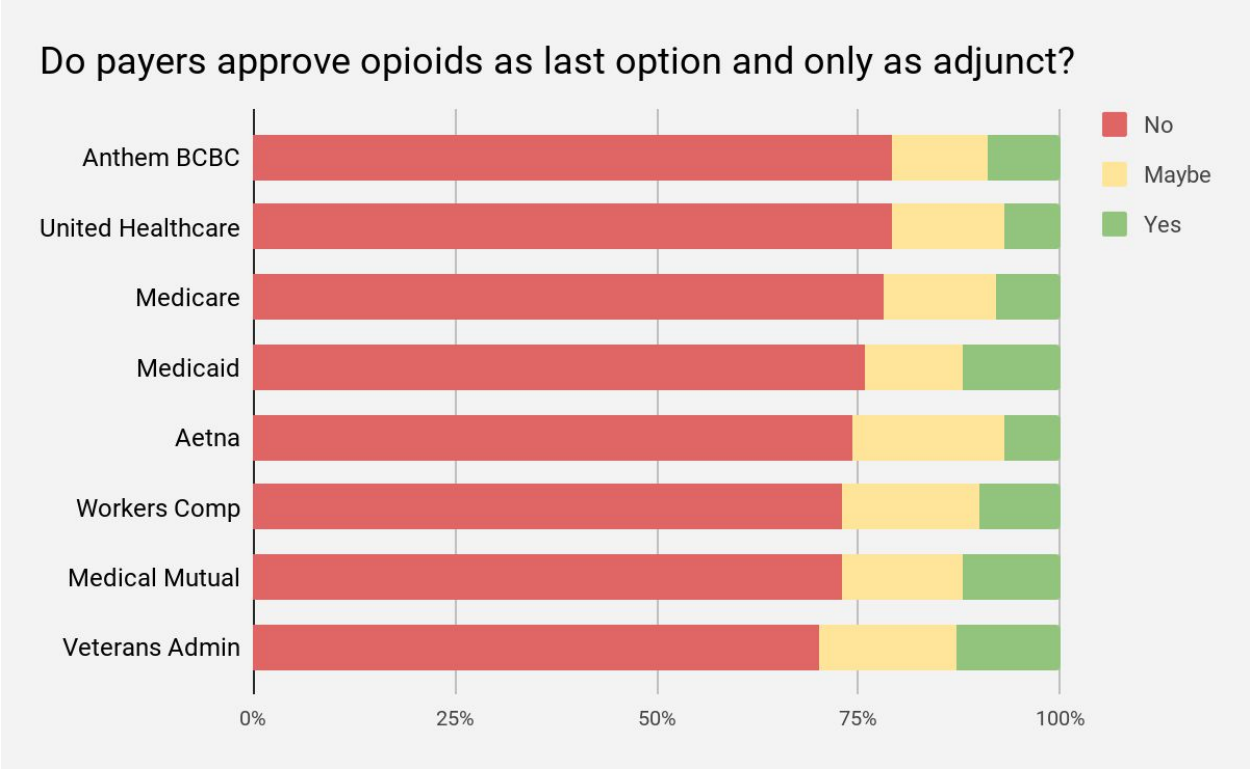
Based on their treatment coverage, do the following healthcare payers appear to encourage non-drug treatment like chiropractic for pain first?

Medicaid and Medicare ranked the worst for encouraging non-drug treatment, with 71% and 70% of responses indicating these payers do not encourage non-drug treatments for pain first. Aetna and Anthem Blue Cross Blue Shield ranked worst among private payers with 66% of those surveyed responding that Aetna and Anthem do not encourage non-drug treatment for pain first. Medical Mutual was ranked as the most likely of Ohio's largest healthcare payers to encourage non-drug treatment for pain compared to other payers. However, only 23% of responses indicated Medical Mutual encourages non-drug treatment, while over twice as many still indicated Medical Mutual does not encourage non-drug treatment. Survey results indicate all of Ohio's largest healthcare payers are most likely not to encourage non-drug treatment, which directly conflicts with current treatment guidelines developed to reduce opioid abuse. This result is consistent with historic limited coverage of non-drug treatment, and indicates coverage has not changed to reflect current treatment guidelines.



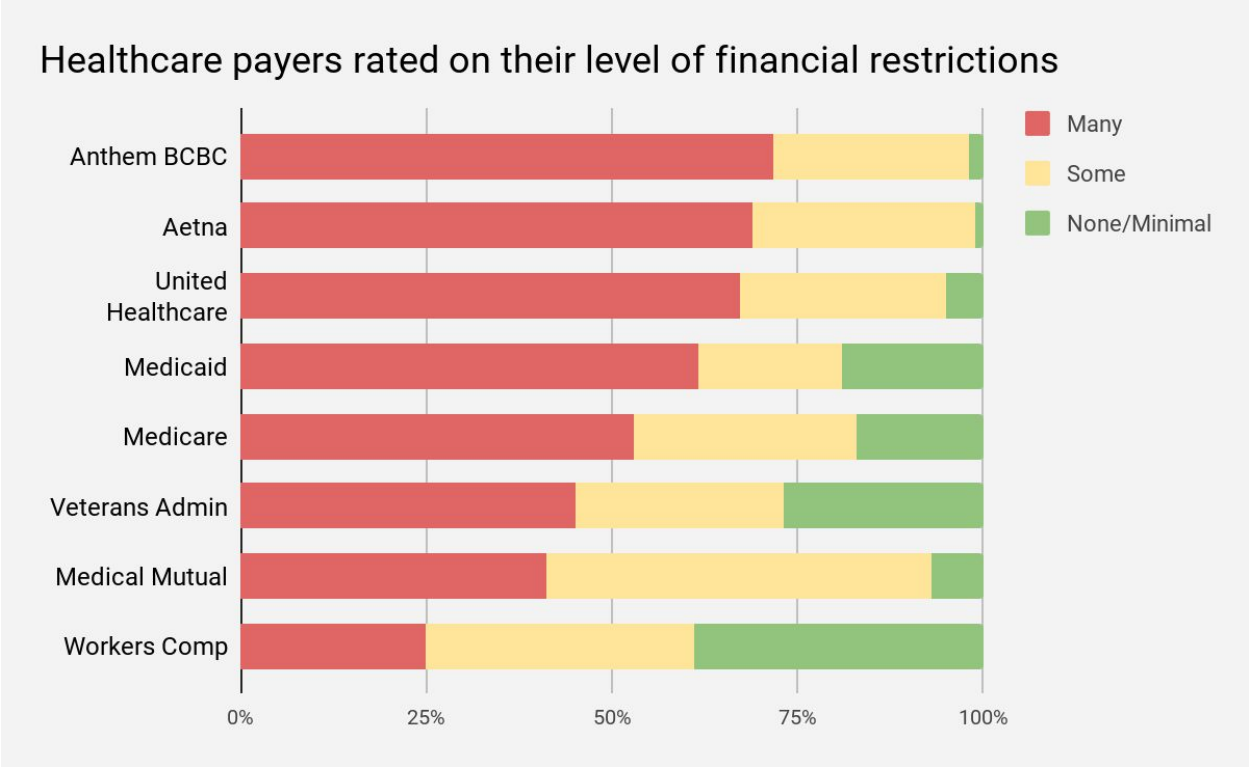
Based on their treatment coverage, do the following healthcare payers appear to approve opioid treatment ONLY as a last option for non-terminal pain and ONLY used in addition to non-drug treatment like chiropractic (consistent with treatment guidelines)?

Anthem Blue Cross Blue Shield and United Healthcare (UHC) ranked the worst at approving opioid treatment consistent with medical guidelines, with 79% of responses indicating that Anthem and UHC do not follow guidelines for opioid prescribing. Medicare and Medicaid once again ranked poorly, with 78% and 75% of responses indicating that these payers do not follow guidelines for opioid prescribing. Based on the survey, all payers were rated as most likely not to follow opioid prescribing guidelines. This indicates that Ohio's largest healthcare payers continue to approve opioids for pain before non-drug treatment and/or approve opioids for pain without requiring non-drug treatment at the same time. This result again indicates Ohio's largest healthcare payers have not made recommended changes to opioid prescribing to follow current treatment guidelines.



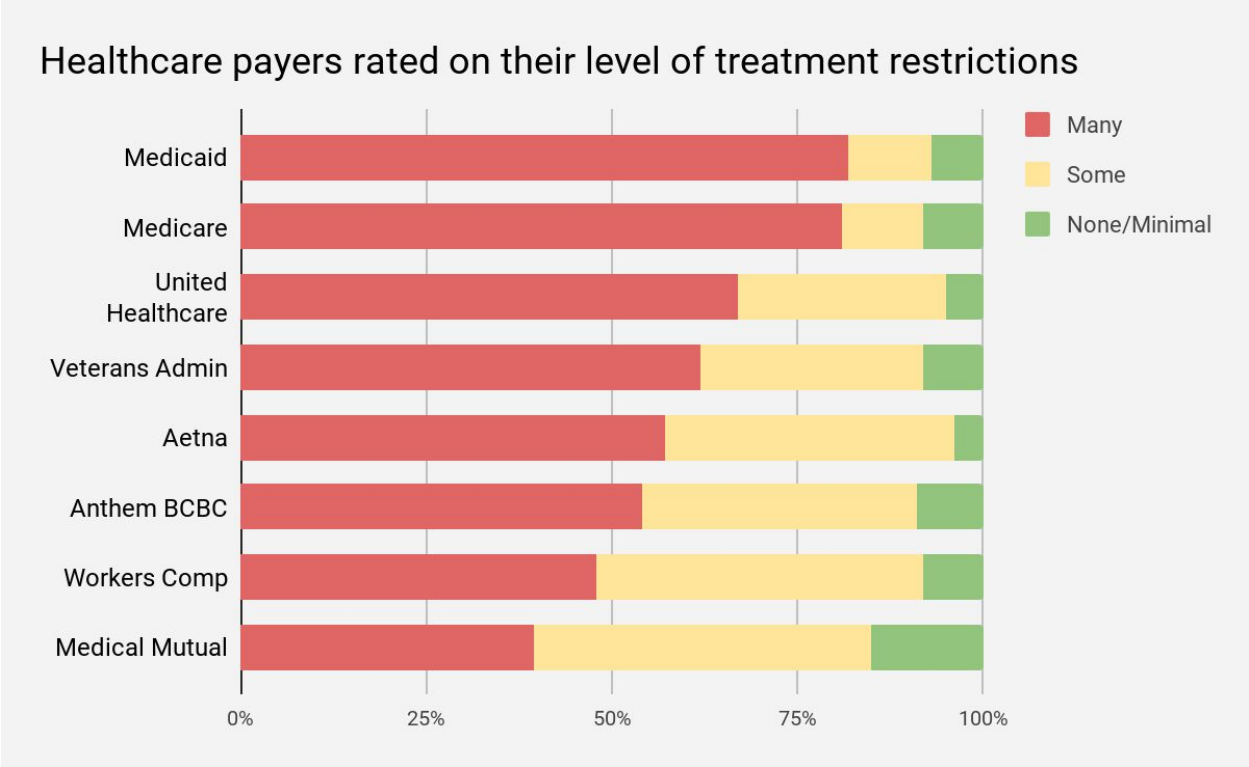
Rate the following healthcare payers on their level of *financial* restrictions (high deductible, high co-pay/co-insurance, low reimbursement, etc.) for medically necessary chiropractic and non-drug care:

Private payers Anthem, Aetna, and United Healthcare ranked worst as most likely to have “many” financial restrictions (71%, 69%, 68%) on chiropractic and non-drug treatment. Medicaid and Medicare again ranked the worst among public payers with 61% and 53% of responses indicating they have “many” financial restrictions. All of Ohio’s largest healthcare payers except the Bureau of Workers Compensation were most likely to have “many” to “some” financial restrictions on chiropractic and non-drug treatment based on the survey results. Private payers on average were significantly more likely to have “many” financial restrictions compared to public payers (62% vs. 46%). These findings are consistent with private vs. public healthcare models, with public healthcare coverage intended to minimize or eliminate patients’ financial burden. Considering public healthcare models, financial restrictions would be expected to have been rated “none/minimal” for public payers. Yet it appears that their coverage also has significant financial restrictions for chiropractic and non-drug treatment. This may be due to low reimbursement levels to providers from some public payers, or restrictions on non-drug treatment that result in patients paying more for needed treatment that is not well-covered by public payers. Further study should explore this topic.



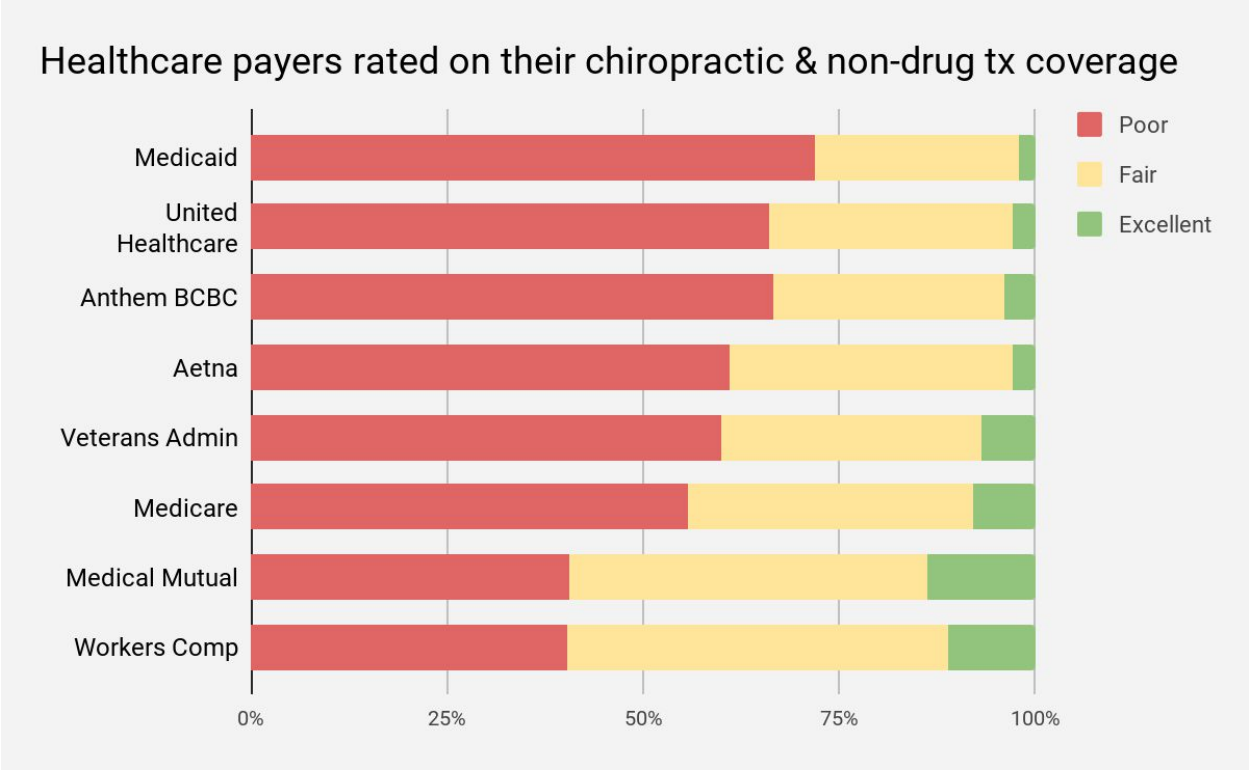
Rate the following healthcare payers on their level of *treatment* restrictions (pre-authorization, visit limits, spine only, manipulation only, non-covered services, no chronic care, etc.) for medically necessary chiropractic and non-drug care:

Medicaid and Medicare ranked the worst for the most treatment restrictions on chiropractic and non-drug care, with 81% and 80% of responses indicating that these payers have “many” treatment restrictions and 11% of responses indicating “some” restrictions. United Healthcare ranked worst among private payers, with 67% of responses indicating UHC has “many” treatment restrictions. The Bureau of Workers Compensation and Medical Mutual were the only payers that did not have more than 50% of responses indicating “many” treatment restrictions. Survey results indicate all of Ohio’s largest healthcare payers tend to have significant treatment restrictions, and are unlikely to have “none/minimal” restrictions on chiropractic and non-drug treatment. These findings are consistent with healthcare coverage trends that have increasingly restricted chiropractic and non-drug treatments.



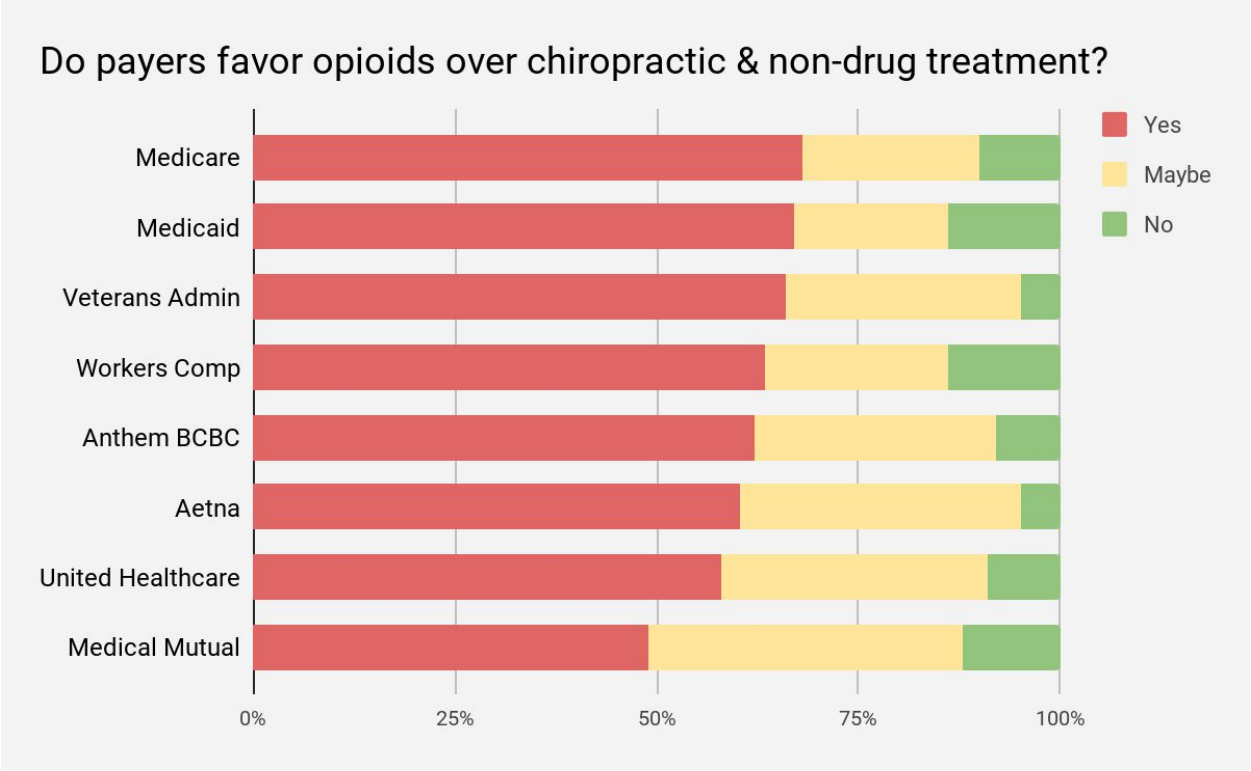
Rate the following healthcare payers on their level of coverage for chiropractic and non-drug treatment (consistent with state and national pain treatment guidelines that recommend these treatments first as an alternative to opioids):

Medicaid ranked the worst with 72% of responses indicating that Medicaid provides “poor” coverage for chiropractic and non-drug treatment. United Healthcare, Anthem, and Aetna followed with 66%, 66%, and 61% “poor” coverage responses. Medical Mutual and the Bureau of Workers Compensation were the only payers without more than 50% of responses indicating “poor” coverage for chiropractic and non-drug treatment, but their coverage was about four times more likely to be judged only “fair” rather than “excellent.” All other payers were most likely to have their coverage judged as “poor” and few responses indicated “excellent” coverage of chiropractic and non-drug treatment for any of Ohio’s largest healthcare payers. Based on these results, it may be unlikely for Ohians to have a healthcare plan that provides appropriate coverage of chiropractic and non-drug treatment. Further study of plans beyond Ohio’s largest healthcare payers could determine whether there are plans with excellent non-pharmacologic coverage or how rare these plans may be in Ohio.



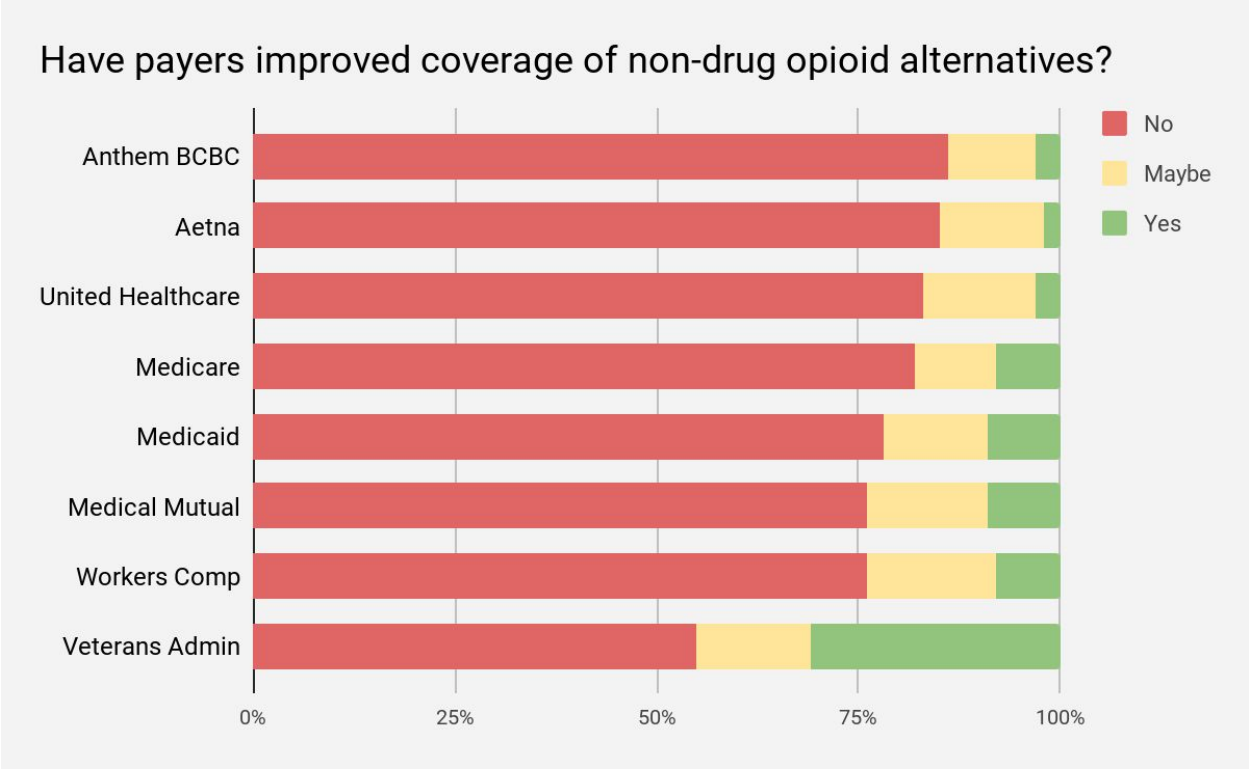
Do the following healthcare payers appear to favor opioid treatment over chiropractic and non-drug treatment for pain based on their treatment coverage?

All public healthcare payers ranked worse than private payers for favoring opioid treatment over chiropractic and non-drug treatment for pain, with Medicare and Medicaid ranked the worst at 68% and 67% of responses indicating coverage favors opioid treatment. Anthem was the worst private payer with 62% of responses indicating coverage favors opioids, while Medical Mutual was the only payer with less than half of responses indicating its coverage favors opioids. Survey results indicate Ohio's largest healthcare payers are much more likely to favor opioid treatment over chiropractic and non-drug treatment, rather than favoring non-drug treatment as recommended by medical guidelines. These results are consistent with reports that public healthcare payers especially have allowed high opioid prescription rates and higher rates of overdose deaths. These results are concerning, indicating Ohio's largest healthcare payers continue to favor opioids over chiropractic and non-drug treatment at this stage in the opioid epidemic.



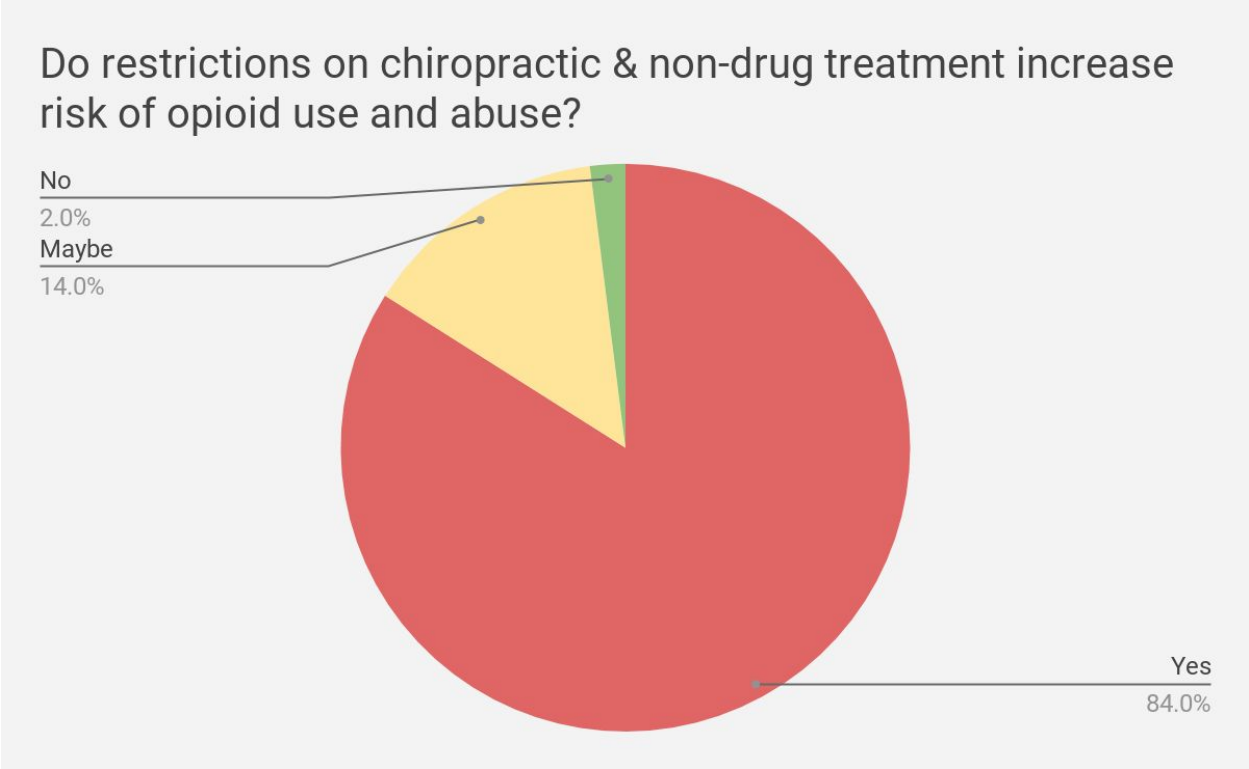
In recent years have the following healthcare payers improved coverage for chiropractic and non-drug treatment for pain (as an alternative to opioids)?

Anthem, Aetna, and United Healthcare ranked the worst with 85%, 83%, and 82% of responses indicating no improved coverage for chiropractic and non-drug treatment for pain as an alternative to opioids. Medicare and Medicaid followed closely behind with 82% and 78% of responses indicating no improved coverage. The VA was the only payer with a significant number of responses indicating improved coverage (31%), though responses were still much more likely to indicate no improvement (51%). All of Ohio's largest healthcare payers were significantly more likely to have not improved coverage for chiropractic and non-drug treatment for pain as an alternative to opioids. These results confirm our other survey results that indirectly indicated little has changed to improve coverage of chiropractic and non-drug treatment for pain.



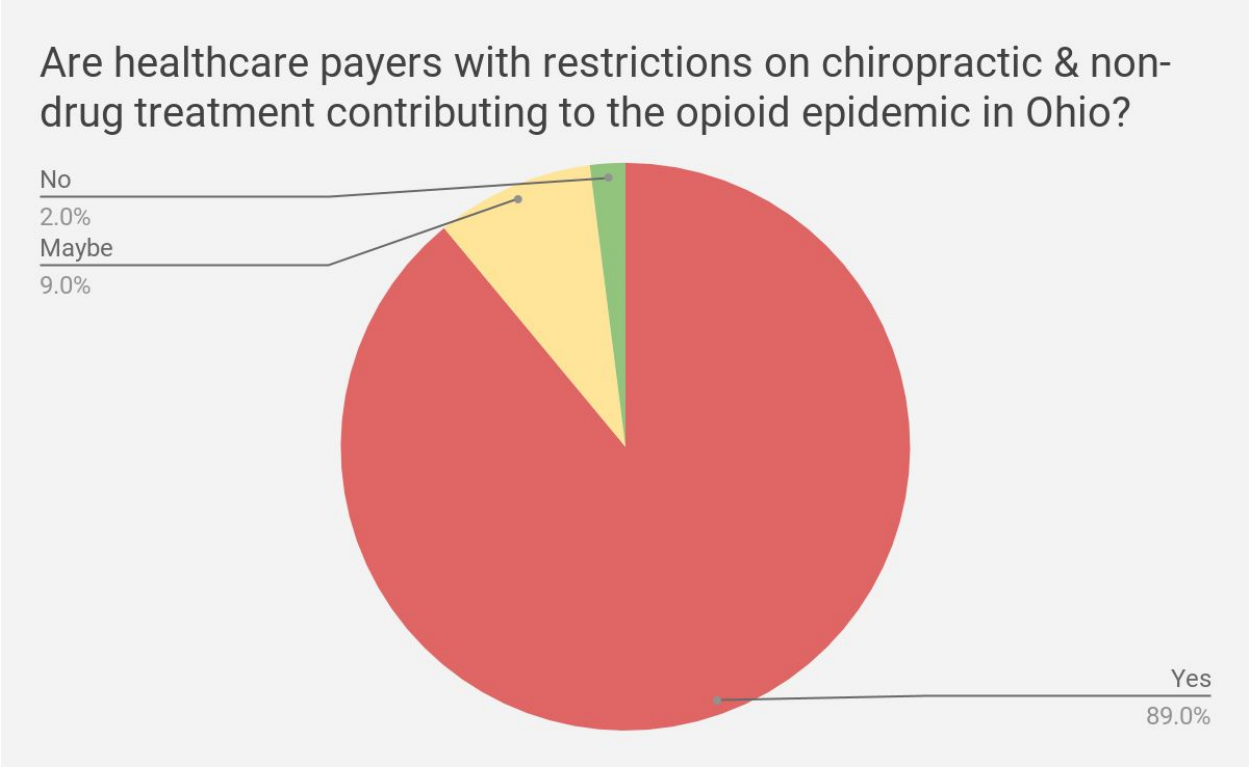
Based on your clinical experience, do patients with more restrictions on chiropractic and non-drug treatment have a higher risk of opioid use and abuse?

84% of responses indicated that restrictions on chiropractic and non-drug treatment increase the risk of opioid use and abuse. Only 2% of responses indicated no association. This result is consistent with research that associates significantly less use of opioids and other medications for patients under chiropractic care. This may partly but not completely reflect treatment preference of those seeking chiropractic care. Further study could provide additional useful information on the link between chiropractic care and reduced opioid use.



Based on your clinical experience, are healthcare payers that have more restrictions on chiropractic and non-drug treatment contributing to the opioid epidemic in Ohio?

89% of responses indicated that healthcare payers with more restrictions on chiropractic and non-drug treatment are contributing to the opioid epidemic in Ohio. This is the highest rate of agreement among responses to all survey questions, indicating a strong consensus among those surveyed. This topic has received little attention or discussion and should be thoroughly explored by researchers and policy experts.



The results of this survey, paint a bleak picture of current coverage policies of Ohio's largest healthcare payers. Chiropractic physicians utilizing this coverage indicate overwhelmingly that healthcare coverage does not follow state and national treatment guidelines that recommend non-drug treatment first. In fact, all payers reviewed appear to favor opioid treatment over non-drug treatment with little to no change made in their policies since the opioid epidemic was recognized. All payers appear to maintain significant financial and treatment restrictions that can discourage non-drug treatment. **Study results indicate that restricted coverage of chiropractic and non-drug treatment is highly likely to be associated with more opioid use and abuse, and healthcare payers are contributing to the ongoing opioid epidemic in Ohio.**

DISCUSSION

Results of this survey of practicing chiropractic physicians indicate that Ohio's largest healthcare payers, both private and public, continue to significantly restrict non-pharmacologic treatments like chiropractic without making significant coverage changes to comply with state and national treatment guidelines. While most payers have increased some restrictions on opioid prescriptions, few have reduced restrictions on chiropractic or non-pharmacologic treatment alternatives. Encouragement of these alternatives to opioids by Ohio's healthcare payers is extremely rare. Guideline recommendations made for chiropractic and non-pharmacologic alternatives to opioids will have little effect on patient care until payers modify their policies to be consistent with medical guidelines. Our discussion looks more closely at individual payers in light of the survey results.

Medicaid and Medicare

Considering responses to all questions, Ohio Medicaid ranked the worst and Medicare ranked the third worst on average for providing coverage that is consistent with opioid and pain treatment guidelines. Based on their clinical experience, a majority of chiropractic physician responses indicate Medicaid and Medicare are the worst at encouraging non-pharmacologic treatment first for pain, and instead approve opioids inappropriately. Medicaid and Medicare were likely to have the highest level of treatment restrictions for chiropractic and non-pharmacologic treatment compared to all other payers, and had more financial restrictions than other public healthcare payers. Their coverage of chiropractic and non-pharmacologic treatment was judged as "poor" by most responses and appears to favor the use of opioids.

Ohio Medicaid and Medicare plans provide similar coverage that is very restrictive on chiropractic and non-pharmacologic treatment. Due to highly unusual decisions, Medicare and Medicaid require but do not cover examinations performed by doctors of chiropractic (DCs). These examinations are medically necessary to diagnose a patient's condition and determine appropriate treatment; the cost then must be paid by the patient. Both payers also fail to pay for effective, low-cost, non-pharmacologic treatments commonly performed by DCs other than spinal manipulation (rehab exercises, physiotherapies, extremity manipulation/mobilization, ice, heat, electric stimulation, etc.). Ohio Medicaid plans restrict chiropractic visits to 15 per year for adults and Medicare does not allow chiropractic treatment intended to stabilize or maintain a chronic painful condition beyond providing initial relief. Medicaid plans have communicated that additional visits could be requested, but the authors of this study are

unaware of any cases when further chiropractic visits have ever been approved by Medicaid plans. These restrictive policies lead to greater use of unrestricted invasive procedures and medications including opioids in complex cases that require more care.

The low cost of reimbursement and high demands of medical documentation for services also discourages DCs from accepting Medicaid and Medicare patients. Some Medicaid plans limit reimbursement to less that $15 for a visit that can require significant time, documentation, and case management. Treating this patient population can be a cost-prohibitive prospect for chiropractic clinics.

Medicare and Ohio Medicaid ranked poorly for no improvement in coverage for chiropractic and non-drug treatment for pain as an alternative to opioids. Though 8% of responses indicated improvement, Medicare has made no known changes in its restrictive coverage to date. Future studies could examine why a few chiropractic physicians indicated there was an improvement in Medicare coverage. Ohio Medicaid has started allowing a limited number of acupuncture treatments, but severely restricts acupuncture treatment to back pain and migraine patients only. Medicaid continues to significantly restrict chiropractic visits, limit chiropractic treatment to only spinal manipulation, and provide no examination coverage when performed by a licensed DC.

Medicare and Ohio Medicaid plans should immediately modify their policies to reimburse for medically necessary examinations, diagnostic testing, and non-pharmacologic treatment within the scope of licensed Ohio chiropractic physicians, and reimburse for services at an appropriate rate. Increased utilization of chiropractic services has been shown to improve outcomes, save on total healthcare spending, and improve worker productivity. Policies should require a trial of non-pharmacologic treatment including chiropractic before opioid treatment. A significant portion of opioid overdoses come from those patients within Ohio's Medicaid system, so improvement of this coverage should be a priority.

Private Insurers

Among private insurers, Anthem Blue Cross Blue Shield, United Healthcare, and Aetna ranked the worst on average, competing with Medicaid and Medicare for providing coverage that is least consistent with opioid and pain guidelines. Based on their clinical experience, a majority of those surveyed believe Ohio's largest private insurers do not encourage non-pharmacologic treatment first for pain, and instead prefer to approve opioid use inappropriately.

Anthem, Aetna, and United Healthcare ranked the worst among Ohio's largest healthcare payers as having the most financial restrictions on chiropractic and non-pharmacologic treatment. These plans tend to have high deductibles and/or patient co-pays that leave the patient responsible for most of their healthcare expenses. This results in what has been called "phantom benefits," with payers marketing that their plans cover treatment that patients ultimately have to pay for themselves. Restricted treatment coverage plus reimbursement rates that can be lower than Medicare in some cases also limit patients' ability to find a network provider in their area, causing them to pay higher out of network fees.

United Healthcare was also ranked among the top three worst on treatment restrictions. United Healthcare plans often include low visit limits, and require pre-authorizations for treatment that make it nearly impossible for patients to utilize their total number of plan visits. Additional restrictions were just released in a United Healthcare policy update that considers chiropractic treatment of "neurological (e.g., headaches)" "unproven and/or not medically necessary," and thus not payable.[50] Unexplainably, this new policy actually cites two studies that demonstrate significant benefit from chiropractic manipulation for patients with headaches.

Private payers usually include coverage for a variety of non-pharmacologic treatments commonly provided by DCs, but often limit the number of visits. Some additionally restrict treatment to spine only with no coverage of extremity treatment. Like Medicare and Medicaid, it is common for private payers to define medical necessity in a way that restricts chiropractic and non-pharmacologic treatment of chronic painful conditions beyond providing initial relief. This compares to coverage that often allows opioid treatment indefinitely without the scientific evidence to support doing so.

Medical Mutual was Ohio's only healthcare payer that was not judged to have "poor" chiropractic and non-pharmacologic treatment coverage by most of those surveyed. 46% of responders rated Medical Mutual coverage as "fair," followed by 41% rating it "poor." While not exactly a rose among thorns, it compares favorably to most payers that were more likely to be rated "poor."

All private payers were most likely to be judged to favor opioid treatment over chiropractic and non-pharmacologic treatment, and few responses indicated that these payers have improved coverage of chiropractic and non-pharmacologic treatment as an alternative to opioids. Anthem, Aetna, and United Healthcare ranked the worst with some of this survey's most definitive results indicating no improvement in coverage.

Private payers should immediately reduce restrictions on chiropractic and non-pharmacologic treatment coverage and limit opioid use until these alternative treatments have been attempted. Some of these payers have already published studies that indicate increased utilization of chiropractic services could improve outcomes and significantly reduce healthcare costs (Anthem Blue Cross Blue Shield[43], Optum/United Healthcare[51]). Private payers' unwillingness to provide better coverage of chiropractic and non-pharmacologic treatment consistent with medical guidelines and despite their own positive data, should call into question their business models that may rely on higher healthcare costs for greater profit. Legislators should be ready to take timely action if private payers continue favoring opioid treatment over non-pharmacologic treatment. Large employers may need to use their leverage to encourage these changes, which research indicates could lower their healthcare costs and improve the health and productivity of their workforce.

Ohio Bureau of Workers Compensation

Considering responses to all questions, Ohio's Bureau of Workers Compensation (BWC) showed mixed results but generally scored poorly on providing coverage consistent with opioid and pain guidelines. This is likely related to coverage that on paper is excellent, but in practice can be poor due to increasing denials targeting non-pharmacologic treatment.

While the BWC was rated poorly among most questions, reponses indicate it may not be as bad as other healthcare payers. The worst comparative result for the BWC was related to favoring opioids over chiropractic and non-pharmacologic treatment, with 64% of responses indicating the BWC favors opioids and 23% of responses indicating "maybe" the BWC favors opioids. This finding is consistent with the BWC statistics that note Ohio's injured workers are three times more likely to die from drug overdose than the general public, and rates of prescription opioids for Ohio's injured workers are extremely high.[52] The Ohio State Chiropractic Association and the BWC have received reports on numerous patient cases where chiropractic care is denied while ongoing opioid treatment is approved.

The BWC was most likely to be judged to have "many" or "some" treatment restrictions (48% and 44%), while responses on financial restrictions were more mixed (39% "none/minimal," 36% "some," 25% "many"). When the system operates as designed, medically necessary treatment of a work injury is appropriately approved with minimal financial or treatment restrictions. However, there is increasing utilization of BWC managed care organizations and reviewers that reportedly deny appropriate chiropractic

and non-pharmacologic treatment (against BWC guidelines), resulting in increased financial and treatment restrictions for injured workers.

76% of responses indicated that the BWC has not improved coverage of chiropractic and non-pharmacologic treatments as an alternative to opioids, with only 8% indicating improvement. Effective January 2018, the BWC did announce a new policy that requires a 60-day trial of chiropractic or other non-pharmacologic treatment before lumbar spinal fusion surgery could be considered. This policy resulted from an analysis that demonstrated poor outcomes with spinal fusion surgery, including higher rates of disability and increased opioid usage.[53] This change in policy is an appropriate step, but only affects a very small portion of injured workers with lumbar disc injuries. It's likely that most chiropractic physicians have not yet seen a patient case where this new policy has been enforced. While the BWC has published opioid prescribing guidelines to limit opioid utilization, there has otherwise been no effort to encourage chiropractic and non-pharmacologic treatments first, before opioids are prescribed.

The BWC has reported a reduction of injured workers on opioid prescriptions from 75% to 68% between 2007 and 2016.[53] This step should be applauded. However, the reduction should be acknowledged as a very small start to the progress that needs to be made. The BWC has far to go to get opioid prescriptions under control and down to medically reasonable levels so that drug overdose deaths of injured workers come to an end.

The BWC should immediately make policy reforms that encourage chiropractic and non-pharmacologic treatment before opioid treatment consistent with opioid and pain guidelines. These treatments are already covered when performed by BWC certified providers. Steps need to be taken to recognize and remove inappropriate barriers to this care. The BWC and employers should educate Ohio's workers that they have the freedom to choose a chiropractic physician for non-pharmacologic treatment of work injuries. As with private payers, large employers may need to use their leverage to encourage these changes which research indicates could lower their healthcare costs, and improve the health and productivity of their workforce. On the other side, employers remain largely unaware of the benefits of encouraging non-pharmacologic treatment over opioids, and the BWC needs to educate employers on this issue. Should the BWC and employers fail to take action to improve the treatment of Ohio's injured workers, legislators need to be ready to take timely action if necessary.

Veterans Administration

The Veterans Administration (VA) is another payer known for overprescribing opioids, with their patient population dying from overdose deaths at twice the rate of the average American.[54] Similar to the BWC, the VA showed mixed results but generally scored poorly on providing coverage consistent with opioid and pain guidelines. Once again, this is likely related to coverage that on paper is excellent, but in practice can be poor due to difficulty with approval of non-pharmacologic treatment.

Similar to the BWC, the survey question where the VA ranked its worst was for favoring opioids, with 66% of responses indicating the VA favors opioid treatment over chiropractic and non-pharmacologic treatment, and 29% responding “maybe” it favors opioid treatment. The responses to other survey questions indicate the VA is not the worst at providing coverage consistent with treatment guidelines. However, those surveyed were still more likely to rate VA coverage as “poor” for chiropractic and non-pharmacologic treatment (60%), indicate VA coverage does not encourage non-pharmacologic treatment first for pain (60%), and indicate the VA does not approve opioids only as a last option and only as an adjunct treatment (70%).

Based on survey results, the VA is more likely to have “many” treatment restrictions (62%) than “many” financial restrictions (45%). With the VA covering medically necessary treatment at no cost to veterans, financial restrictions should be “none/minimal.” Similar to other coverage discussed, high restrictions on approval of chiropractic and non-pharmacologic treatment are likely causing veterans to go elsewhere for care that leaves them with a greater financial burden. In these cases, treatment restrictions tend to result in financial restrictions as well.

In response to the high rates of veteran opioid prescriptions and drug overdose deaths, the VA has publicized improvements in coverage of chiropractic and non-pharmacologic treatment in VA facilities and outside of VA facilities. Those surveyed were more likely to acknowledge some improvement in VA coverage (31% “yes”, 55% “no”) compared to other healthcare payers. Publicized coverage changes appear to be a positive step in the right direction. Like most changes in coverage, results have been slow to appear to the healthcare providers involved and further steps should be taken. The VA system requires treatment outside of VA facilities to be pre-authorized, and the Ohio State Chiropractic Association has received numerous reports of VA providers unwilling to approve chiropractic services or even unaware these services are a covered benefit.

The VA should continue with coverage improvements and reduce barriers that are preventing chiropractic and non-pharmacologic treatment from being accessed as

intended. Congress recently passed legislation to increase access to doctors of chiropractic within VA facilities. Until this is done at a level that meets patient demand, the VA needs to continue improving the process for veterans to access community doctors of chiropractic in order to fill the gap. The VA also needs to educate VA medical providers to increase the approval of appropriate chiropractic referrals, as well as educate veterans on their ability to access chiropractic and acupuncture services.

Contributing to the Opioid Epidemic

While there has been extensive reporting on parties at fault for the opioid epidemic, most of the blame has fallen on: 1) pharmaceutical companies and their paid experts, 2) medical providers and their lack of training in pain treatment, 3) The Joint Commission and its requirements for physicians to aggressively treat pain, and 4) pharmacy benefit managers who ignored unexplainable levels of opioid prescriptions. Healthcare payers have largely been left out of the conversation. 84% of survey responses indicate payer coverage that restricts chiropractic and non-pharmacologic treatment for pain increases the risk of opioid use and abuse. Research noted above certainly supports this common sense conclusion. That also explains why 89% of responses indicate healthcare payers with restrictions on chiropractic and non-pharmacologic treatment are contributing to the opioid epidemic.

Drug overdose deaths continue to rise in Ohio and it's time to expand the scope of our response and take more aggressive action to end the opioid epidemic. We are not doing enough. Pain treatment guidelines have recommended an important solution: utilize non-pharmacologic pain treatments first before opioids. Yet, we wait for Ohio's healthcare payers to take significant action. Healthcare payers play an important role in both covering and encouraging the most appropriate treatment consistent with treatment guidelines. Payers should be held responsible for the role they have played in the opioid epidemic and strongly encouraged to make immediate changes in coverage of chiropractic and non-pharmacologic treatment to help stop the epidemic.

LIMITATIONS

This survey includes only Ohio's largest healthcare payers. The results should fairly represent the current coverage status for chiropractic and non-pharmacologic treatment across the state for most Ohioans. However, there is variability in private insurance plans and there are some plans that have significantly better or worse coverage than that of the largest payers included in this survey.

Survey results provide a good overall look at current coverage status and potential issues with each payer. Follow-up with more detailed surveys designed for each payer or payer type could provide a more detailed analysis and offer a deeper understanding of responses to some survey questions.

CONCLUSION

State and national opioid and pain treatment guidelines recommend chiropractic and non-pharmacologic treatments as first-line options for pain to avoid opioid use. Despite these recommendations and other data supporting improved outcomes and lower healthcare costs, Ohio's largest healthcare payers currently provide poor coverage for chiropractic and non-pharmacologic treatments, and continue to favor opioid treatment for non-terminal pain. Ohio's largest payers maintain significant financial and/or treatment restrictions on chiropractic and non-pharmacologic treatment and have made little to no improvement in coverage to provide care consistent with treatment guidelines as an alternative to opioids. The poor coverage of chiropractic and non-pharmacologic treatments for pain among Ohio's healthcare payers is likely increasing opioid use and abuse, and contributing to Ohio's opioid epidemic.

To reverse the current state of Ohio's healthcare coverage and reduce the risk of opioid use and abuse, several steps need to be taken:

- **Recommendation 1:** The state of Ohio should take action, as other states have, to require all private insurers and Medicaid plans to include appropriate chiropractic and non-pharmacologic treatment coverage for acute and chronic pain prior to opioid prescriptions, without inappropriate financial or treatment restrictions. Medicaid plans should immediately modify their policies to reimburse for examinations, diagnostic testing, and non-pharmacologic treatment within the scope of Ohio chiropractic physicians and other licensed providers at an appropriate rate. This has been shown to improve outcomes and save on healthcare spending.
- **Recommendation 2:** The state of Ohio should take action, as other states have, to require healthcare practitioners to recommend and provide access to chiropractic and non-pharmacologic treatment for pain prior to opioid prescriptions, with disciplinary action for non-compliance.
- **Recommendation 3:** The state of Ohio should take action to ensure injured workers can access appropriate chiropractic and non-pharmacologic treatment for their painful work injuries prior to opioid prescriptions. Managed Care Organizations (MCOs) and

reviewers working in the Workers Compensation system should be educated on current treatment guidelines and held accountable for adhering to them.

- **Recommendation 4:** Private insurers should take action to improve their coverage of chiropractic and non-pharmacologic treatment first for pain to be consistent with current treatment guidelines. Financial and treatment restrictions should be minimized to allow all medically necessary care. Private insurers should provide ongoing education to medical providers on appropriate chiropractic and non-pharmacologic care.
- **Recommendation 5:** Ohio VA facilities should take action to promote chiropractic and non-pharmacologic treatment before opioid treatment. Ohio VA facilities need to remove procedural restrictions and educate staff that are preventing injured veterans from receiving the non-pharmacologic treatment that is a covered benefit.
- **Recommendation 6:** Employers and the general public should take action to demand better coverage of chiropractic and non-pharmacologic treatments for pain as an alternative to opioids. Employers should use their leverage with private insurers, BWC, and BWC MCOs to encourage more appropriate treatment of their injured workers consistent with current treatment guidelines, which research indicates could lower their healthcare costs, and improve the health and productivity of their workforce.
- **Recommendation 7:** Medicare should take action to immediately modify their policies to reimburse for examinations, diagnostic testing, and non-pharmacologic treatment within the scope of chiropractic physicians at an appropriate rate.

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