

# 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

## SUMMARY REPORT

### Ohio State Chiropractic Association Opioid Task Force

Co-Chair Pat Ensminger, DC, Co-Chair Debra Skrznecki, DC, RN  
Lead Author Aaron McMichael, DC, Judson Sprandel, DC, Dipl. Ac., Ron Vargo, DC, DACRB

## INTRODUCTION

The overprescription of opioids for pain has been recognized as a key factor in the growing opioid epidemic in the United States, with Ohio among the worst states in overdose deaths. In response, state and national agencies and organizations have recommended non-pharmacologic treatments like chiropractic be used first for pain as an alternative to opioids. However, extensive barriers remain limiting access to these 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 the survey indicate Ohio's largest healthcare payers have not improved or have only minimally improved coverage for alternatives to opioids as recommended, and coverage largely continues to favor opioids over non-pharmacologic treatments. 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.

For more in-depth background, references, data and analysis, view our full report: [oscachiro.org/page/opioidtfresource](https://oscachiro.org/page/opioidtfresource)

## BACKGROUND

Ohio has been referred to as "ground zero" for the opioid epidemic that has caused an unprecedented death toll across the United States. Opioid overdose deaths in Ohio continue to climb every year with actions taken thus far showing limited effectiveness at curbing the epidemic.

As an important solution to the opioid epidemic, multiple state and national organizations have published recommendations supporting chiropractic and non-pharmacologic treatment alternatives to opioids for pain: Ohio Guidelines for Acute and Chronic Pain, CDC Guidelines for Prescribing Opioids for Chronic Pain, American College of Physicians Guidelines for Acute, Subacute, and Chronic Low Back Pain, FDA Education Blueprint for Pain Treatment Providers, and Joint Commission Pain Assessment and Management Standards for Hospitals among others.

Recent research indicates opioids are far riskier and less effective than assumed, while evidence for chiropractic (spinal manipulation) as a safe and effective treatment continues to grow. Rather than follow treatment guidelines recommending chiropractic and non-pharmacologic options for pain, medical providers appear to be turning to non-opioid medications that lack sufficient evidence of safety and efficacy. Gabapentin is increasingly used for pain as an alternative to opioids, but carries significant risks and has no long term studies of efficacy. Even common pharmacologic first-line options for back pain like Tylenol and NSAIDs are less effective and carry greater health risks than long believed.

Access to non-pharmacologic treatment, not *interest* in non-pharmacologic treatment, appears to be the primary barrier preventing appropriate usage. 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. 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.”

Ohio has fallen behind other states that have taken the lead on actively encouraging or legislating better coverage of chiropractic and non-pharmacologic treatments. West Virginia, Rhode Island, and Oregon have enacted legislation or made changes in Medicaid programs to improve coverage and reduce restrictions on chiropractic and non-pharmacologic treatment. Attorney Generals of 37 states (and Puerto Rico) sent a letter asking health insurance companies to improve coverage and increase provider education on alternatives to opioids including 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. Even the Ohio Attorney General’s Insurer Task Force on Opioid Reduction recommended insurers cover and encourage non-pharmacologic treatments for pain.

Chiropractic physicians are in a unique position to spearhead non-pharmacologic alternatives to opioids as they have done for years; and they provide a window into analyzing current healthcare coverage of these options for the purposes of this study. As trained and licensed physician level providers in Ohio, doctors of chiropractic can examine and perform necessary diagnostic testing to appropriately diagnose and manage complex musculoskeletal conditions without a referral required. Chiropractic physicians are the primary providers of spinal manipulation, a leading non-pharmacologic treatment option for acute, subacute, and chronic neuromusculoskeletal pain; as well as commonly providing education and access to multiple

non-pharmacologic treatment options in their clinics or through referral. Chiropractic physicians most commonly treat painful musculoskeletal conditions that trigger opioid prescriptions, with spine pain being most common.

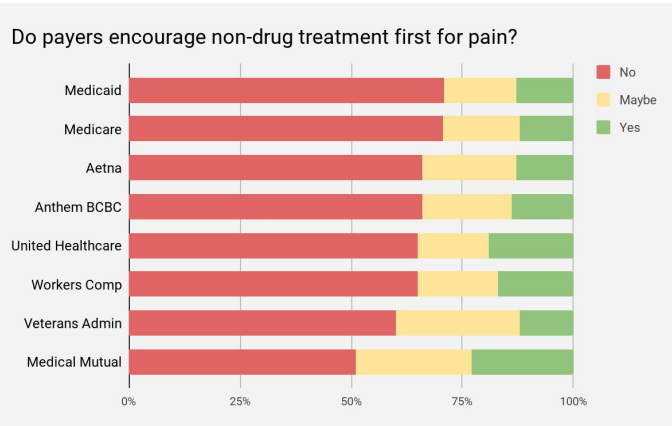
Studies have linked chiropractic to significant reductions in opioid use. An analysis of New Hampshire data on 33,000 adults with low back pain found the likelihood of filling a prescription for an opioid analgesic was 55% lower in the chiropractic-using population compared to those not seeing a chiropractor. A large Medicare study found that in geographic locations with more spinal manipulation use, there were fewer patients taking opioid drugs; and there was a correlation between areas with more chiropractic physicians and lower opioid use. A Rhode Island pilot Medicaid program that included chiropractic treatment demonstrated 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.

Reports have cited the extensive accelerating financial costs associated with the opioid epidemic in Ohio and around the country with costs totalling billions of dollars in Ohio, and passing a trillion dollars nationally. 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 significantly reduce healthcare costs (even beyond those associated with opioid addiction) in studies involving private and public healthcare payers. (see studies in the full report)

This analysis looks specifically at the clinical experience of chiropractic physicians currently practicing in Ohio and treating patients with the relevant healthcare coverage.

## RESULTS & ANALYSIS

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 changes in coverage to comply with state and national treatment guidelines.



### Medicaid and Medicare

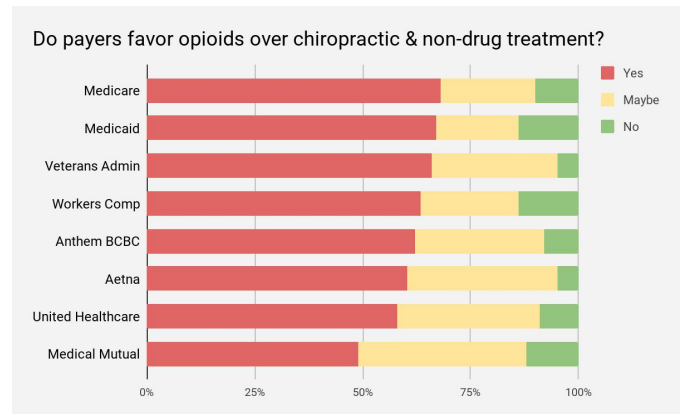
Considering responses to all questions, Ohio Medicaid ranked the worst and Medicare ranked the third worst on average for providing coverage that is consistent with opioid and pain treatment guidelines. Based on their clinical experience, a majority of chiropractic physician responses indicate Medicaid and Medicare are the worst at encouraging non-pharmacologic treatment first for pain, and instead approve opioids inappropriately, actually favoring opioid use. Medicaid and Medicare ranked worst for treatment restrictions on chiropractic and non-pharmacologic treatment, 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.

Ohio Medicaid and Medicare plans provide similarly restrictive coverage that does not cover examinations, diagnostic testing, or non-pharmacologic treatment other than spinal manipulation when performed by doctors of chiropractic (DCs). These exams are medically necessary to diagnose a patient’s condition before treatment may be provided, so the cost must be paid by the patient. 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. These restrictive policies lead to greater use of unrestricted invasive procedures and medications like opioids.

The low cost of reimbursement and high demands of medical documentation for services also discourages DCs from accepting Medicaid and Medicare patients. Treating this patient population can be a cost-prohibitive prospect for chiropractic clinics.

Though 8% of responses indicated improvement, Medicare has made no known changes in its restrictive coverage to date. 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.



### Private Insurers

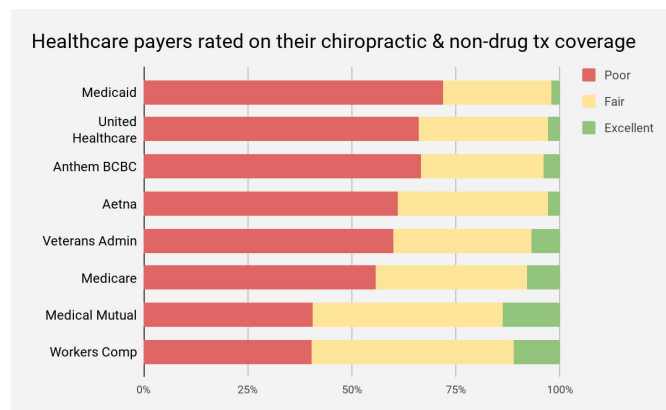
Among private insurers, Anthem Blue Cross Blue Shield, United Healthcare (UHC), and Aetna ranked the worst on average for providing coverage consistent with opioid and pain guidelines. Based on their clinical experience, a majority of those surveyed believe Ohio’s largest private insurers do not encourage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

Anthem, Aetna, and UHC 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.

UHC 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.

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. 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, while allowing opioid treatment indefinitely without the scientific evidence to do so.

All private payers were most likely to be judged to favor opioid treatment over chiropractic and non-pharmacologic treatment, and few responses indicated improving coverage of chiropractic and non-pharmacologic treatment as an alternative to opioids. Medical Mutual was the only private payer more likely to have "fair" than "poor" coverage of chiropractic and non-pharmacologic treatment.



### 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 denials targeting non-pharmacologic treatment.

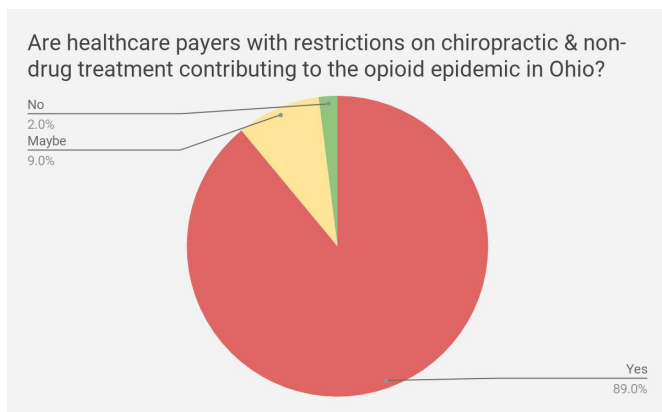
While the BWC was rated poorly among most questions, responses indicate it may not be as bad as other healthcare payers. The worst comparative result for the BWC was related to favoring opioids over chiropractic and non-pharmacologic treatment, with 64% of responses indicating the BWC favors opioids. 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.

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.

76% of responses indicated that the BWC has not improved coverage of chiropractic and non-pharmacologic treatments. 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. 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. 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. This step should be applauded. However, the reduction should be acknowledged as a very small start to the progress that needs to be made.



### **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. The VA generally scored poorly on providing coverage consistent with opioid and pain guidelines. 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.

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. 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%). High restrictions on approval of chiropractic and non-pharmacologic treatment are likely causing veterans to go outside the VA for care, leaving them with more expenses.

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 and out 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. Further steps should be taken to reduce ongoing barriers.

### **Contributing to the Opioid Epidemic**

Most of the blame for the opioid epidemic has fallen on: 1) drug companies, 2) medical providers, 3) The Joint Commission and its requirements 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 we need to take more aggressive action to end the opioid epidemic. Payers should be held responsible for their role and make immediate changes to cover and encourage non-pharmacologic treatment.

## 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.