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Eli's Rehab Report

OPPS: Opioid Crisis: Rehab Providers Are On the Front Lines

The recently released 2017 outpatient prospective payment system (OPPS) implements several changes for the rehab world, one of them being the elimination of questions about pain management from patient satisfaction surveys.

> During this hospital stay, did you need medicine for pain?
> During this hospital stay, how often was your pain well controlled?
> During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Problem: Today's payment model reimburses hospitals based on their ability to demonstrate the quality of care they deliver in part through patient satisfaction surveys the current surveys may give physicians an incentive to overprescribe, regulators reason.

Solution: In 2017, the **Centers for Medicare & Medicaid Services** removes these questions from the CMS patient satisfaction survey, as many believe that they encourage doctors to overprescribe opioid pain medication in an attempt to increase their hospital's scores.

The CMS ruling is just one regulatory response to the opioid epidemic in the United States. The U.S. is comprised of less than 5 percent of the world's population ... and it consumes 80 percent of the world's opioid supply, says a study in Pain Physician. And according to the CDC, nearly half a million people died from opioid overdose between 2000 and 2014.

How did the country get into this mess in the first place, and how do we get out of it? "The modern medical industrial complex created, promoted, and sustained this epidemic in pain," says orthopedic physical therapist and opioid expert **Dr. Timothy Flynn, PT, PhD**.

It all started in the late 90s when pain was viewed as a vital sign, like heart rate or blood pressure, Flynn tells Rehab Report. That led to doctors beginning to treat pain in the same fashion as every other factor, creating an overemphasis on pain management. Though intentions were good (doctors wanted to get patients out of pain), the focus on pain management created a pendulum effect, wherein patients were being monitored, and if their pain intensity was high, they were frequently given an opioid drug.

That brings us up to today, when writing prescriptions is easy for physicians to do, taking drugs requires little effort from patients, and institutional barriers, such as rising copays and inconvenient locations, make it hard for patients to access other modalities, like physical therapy.

So what's the answer? Educating the medical community and the patients themselves is key, says Flynn. "Something as simple as educating patients in the exam room that an opioid prescription is highly addictive, that it's designed for short-term use, and that 25 percent of patients who receive that prescription become addicted, give patients a chance to pause and think about whether they want to take it," he says.

When patients experience pain, they need to be incentivized to see a physical therapist first. "Large studies show that if the first person you see is a PT, the likelihood of getting a prescription for opioids goes down dramatically," Flynn says. "Who you see first will often determine your treatment plan."

Other ways that Flynn would like to see the public educated include direct marketing campaigns, such as an ad during the Superbowl about the opioid epidemic, and the inclusion of the nonfiction book, Dreamland: The True Tale of America's Opiate Epidemic in book clubs, reading lists, and casual conversation.

Pharmaceuticals are highly effective in eradicating infectious disease. But pain is not an infectious disease. Pain is complex. It's a multi-system problem that affectsevery patient differently. It cannot be treated with one sweeping, addictive modality. As Flynn says about the opioid epidemic, the medical community has "made some serious errors and we need to get ourselves out of it." Creating ongoing educational opportunities for patients and medical professionals

like some organizations are already doing will get us out and save lives.