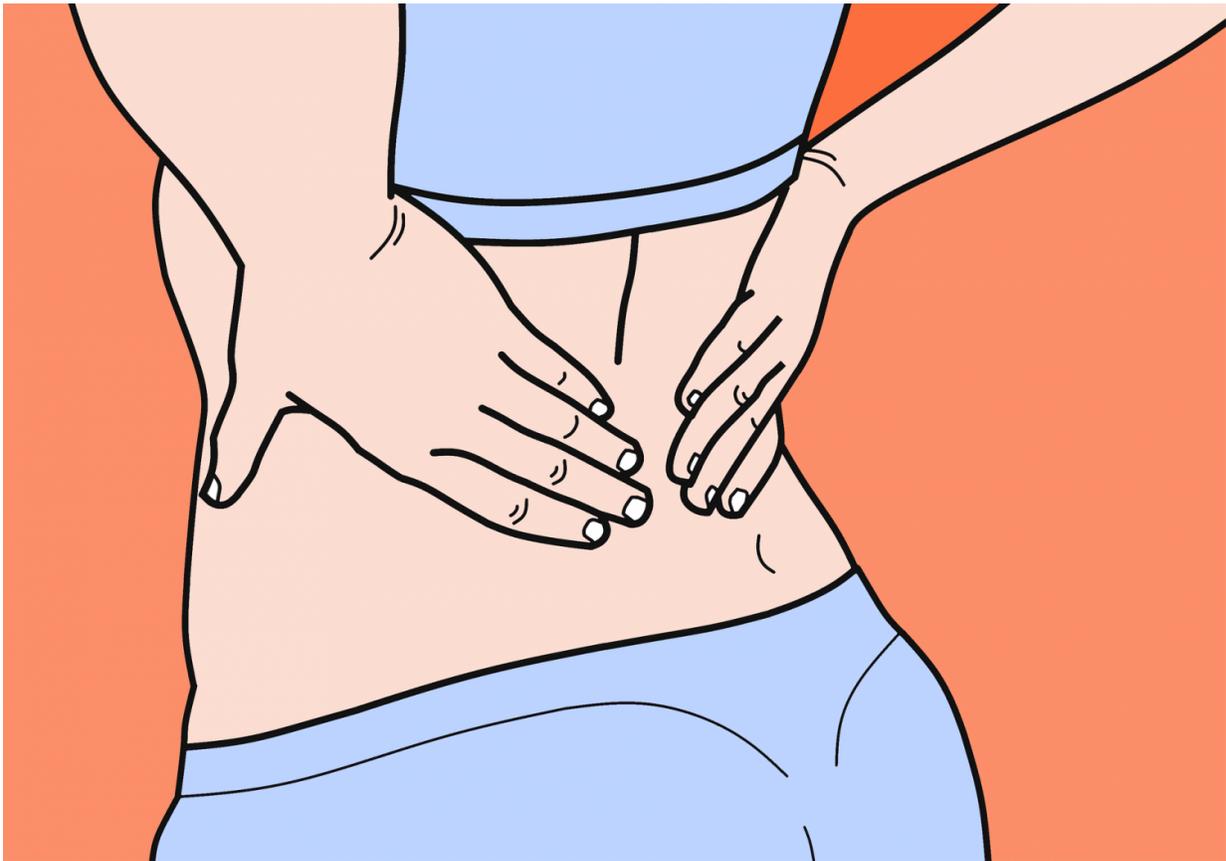


Health insurer policies may discourage use of non-opioid alternatives for lower back pain

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Public and private health insurance policies in the U.S. are missing important opportunities to encourage the use of physical therapy,

psychological counseling and other non-drug alternatives to opioid medication for treating lower back pain, a study led by researchers at Johns Hopkins Bloomberg School of Public Health has found.

The Bloomberg School researchers looked at Medicaid, Medicare and major commercial [insurers'](#) 2017 coverage policies for non-drug options for treating chronic lower back pain—a common pain condition that is often treated inappropriately with [prescription opioids](#). They found that insurers have inconsistent [policy](#) terms for non-drug treatments, and provide little or no coverage for interventions such as acupuncture and psychological counseling, treatments which do have some scientific backing.

A key finding was that insurers did not have clear and consistent coverage policies for several lower back pain treatments that have been found effective in some studies. Acupuncture, for example, was expressly covered by only five of the 45 examined plans.

"This study reveals an important opportunity for insurers to broaden and standardize their coverage of non-drug pain treatments to encourage their use as safer alternatives to opioids," says study senior author Caleb Alexander, MD, MS, associate professor of epidemiology at the Bloomberg School.

The study, to be published Oct. 5 in the online journal *JAMA Network Open*, follows a complementary study by the same research team of major insurers' policies on prescription drugs for pain, published in the same journal in June. The two studies are the most comprehensive of their kind, and were conducted with funding and technical assistance from the U.S. Department of Health and Human Services (HHS), the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC).

CDC officials estimate that 49,031 Americans died from [opioid](#) overdoses in the 12-month period ending in December 2017. In 2016, more than 40 percent of those deaths were due to prescription opioids. This epidemic has been encouraged by a several-fold increase in opioid prescriptions since the turn of the century—most of which are thought to be medically unnecessary. Current CDC guidelines note that "Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care." HHS has urged insurers to design their coverage policies accordingly.

To gauge how far insurers have moved towards this goal, Alexander and colleagues examined 15 Medicaid, 15 Medicare Advantage and 15 major commercial insurer plans for 2017 covering non-drug treatments for lower back pain. The 45 plans were applicable in 16 states, chosen for the diversity of their geography, wealth and opioid-epidemic impact.

Of the fifteen Medicaid plans assessed for psychological coverage, just three plans covered psychological interventions. "We were perplexed by the absence of coverage language on psychological interventions," Alexander says. "It's hard to imagine that insurers wouldn't cover that."

Even for [physical therapy](#), an important and well-established method of relieving lower back pain that was covered by nearly all plans, specific coverage policies were inconsistent. "Some plans covered two visits, some six, some 12; some allowed you to refer yourself for treatment, while others required referral by a doctor," Alexander says. "That variation indicates a lack of consensus among insurers regarding what model coverage should be, or a lack of willingness to pay for it."

The researchers interviewed 43 executives representing the evaluated plans; these individuals indicated that their organizations have been trying to expand access to non-drug therapies in response to the opioid epidemic. Overall, however, their remarks suggested that insurers were

not yet doing enough to coordinate non-drug and drug coverage policies, such as requiring patients to try physical therapy for their lower back [pain](#) before covering long-term opioids.

Alexander emphasizes that while many of the covered non-drug therapies, such as acupuncture and chiropractic interventions, might seem untested, there is significant evidence for their effectiveness in treating [lower back pain](#).

The findings, to Alexander and colleagues, suggest that there is still a lot of room for improvement in coverage policies, particularly an expansion and standardization of non-drug [treatment](#) coverage and policy terms—a change that should encourage more use of non-drug treatments by patients before they resort to opioid painkillers.

"In the last few years we have seen many insurers modifying their policies to reduce the vast overuse of opioids, but clearly we still have a long way to go," says Alexander.

More information: "Coverage of Non-Pharmacologic Treatments for Lower Back Pain Among Public and Private Insurers in the United States" *JAMA Network Open* (2018).

Provided by Johns Hopkins University Bloomberg School of Public Health

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