

Chiropractic : Opioid Reduction & Avoidance

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- o Wisconsin Chiropractic Association

Alliance Opioid Epidemic Summit

Avoidance is paramount ¹¹

- o 5% of patients given opioids will go on to long term use
- o One refill makes a patient 2.25 times more likely to go on to long term use.
- o 3-4 days supply decreases likelihood of discontinuation by 30%
- o 5-7 day supply decreases likelihood by 52%



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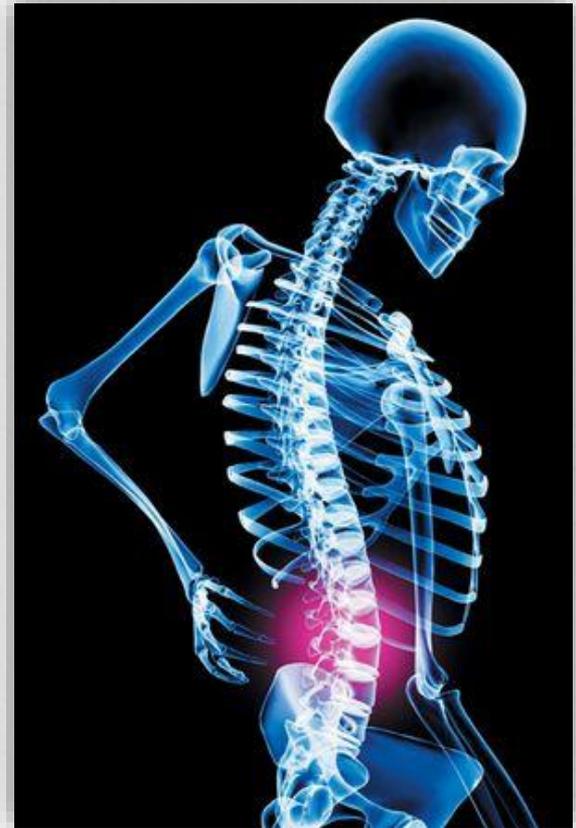
Spine Pain & Opioids: What do we know?



Some Statistical Context

Back pain 84%
lifetime incidence₁

- o 4.8 mil in Wisconsin will experience an episode
- o 15% given opioid
 - o (Optum data)
- o 5% use \geq 365 days
- o **36,510 residents using \geq 365 days**



Neck Pain 67% lifetime incidence₄



- o 3.8 mil in Wisconsin will experience an episode
- o 15% given opioid
 - o (Optum data)
- o 5% use \geq 365 days
- o **28,989 residents using**

\geq



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Do Opioids work for
Chronic Pain?



 Opioids are no better than other medications.





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Improving Spine Pain
management

=

An opportunity to curb opioid
abuse.



American College of Physicians Guidelines₁₅.

- o For acute or sub acute low back pain, superficial heat, spinal manipulation, acupuncture, or massage are recommended as first-line therapy.
- o (NSAIDs) or skeletal muscle relaxants can be offered if patients request pharmacologic treatment for acute or sub acute LBP.
- o For chronic, a range of nonpharmacological therapies should be used initially

Guidelines Cont.

- o If nonpharmacologic therapy is ineffective for chronic LBP, NSAIDs (first line) or tramadol or duloxetine (second line) should be considered



- o Clinicians should consider opioids only when the aforementioned treatments have failed and after consideration of their risks and benefits



Thousands of back pain sufferers given 'harmful' treatments

By Liam Mannix

21 March 2018 – 7:29pm

Hundreds of thousands of Australian back pain sufferers are being given harmful or useless treatments, leading researchers say, prompting them to make an extraordinary plea to protect the public.

Thirty-one of the world's leading back pain researchers have published a call to action in medical journal The Lancet saying lower back pain is being mistreated on an enormous scale.

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Back pain

Lower back pain being treated badly on a global scale, study says

Vast numbers of people receive high-tech interventions that actually worsen the condition



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Lancet treatment recommendations₆

- o Advice to remain active
- o Education
- o Superficial heat
- o Exercise therapy
- o Spinal manipulation
- o Massage
- o Cognitive Behavioral Therapy
- o Acupuncture
- o NSAIDs



Lancet broader recommendations₆

- o Improved training and support of primary care doctors and other professionals engaged in activity and lifestyle facilitation, such as physiotherapists, chiropractors, nurses, and community workers'
 - o could minimize the use of unnecessary medical care.
- o Crucial to changing behavior and improving delivery of effective care
 - o system changes that integrate and support health professionals from diverse disciplines and care settings to provide patients with consistent messages about mechanisms, causes, prognosis and natural history of low back pain, as well as the benefits of physical activity and exercise.

Chronic low back pain₃

- Systematic review and Meta-analysis of manipulation and mobilization for chronic low back pain.
- Manipulation significantly reduced pain and disability, compared with other active comparators including exercise and physical therapy.
- Manipulation continued to provide benefit at 3 and 6 month follow up.



Do Patients use fewer opioids when patients see these types of providers?



The Following six slides were provided by Optum Health.



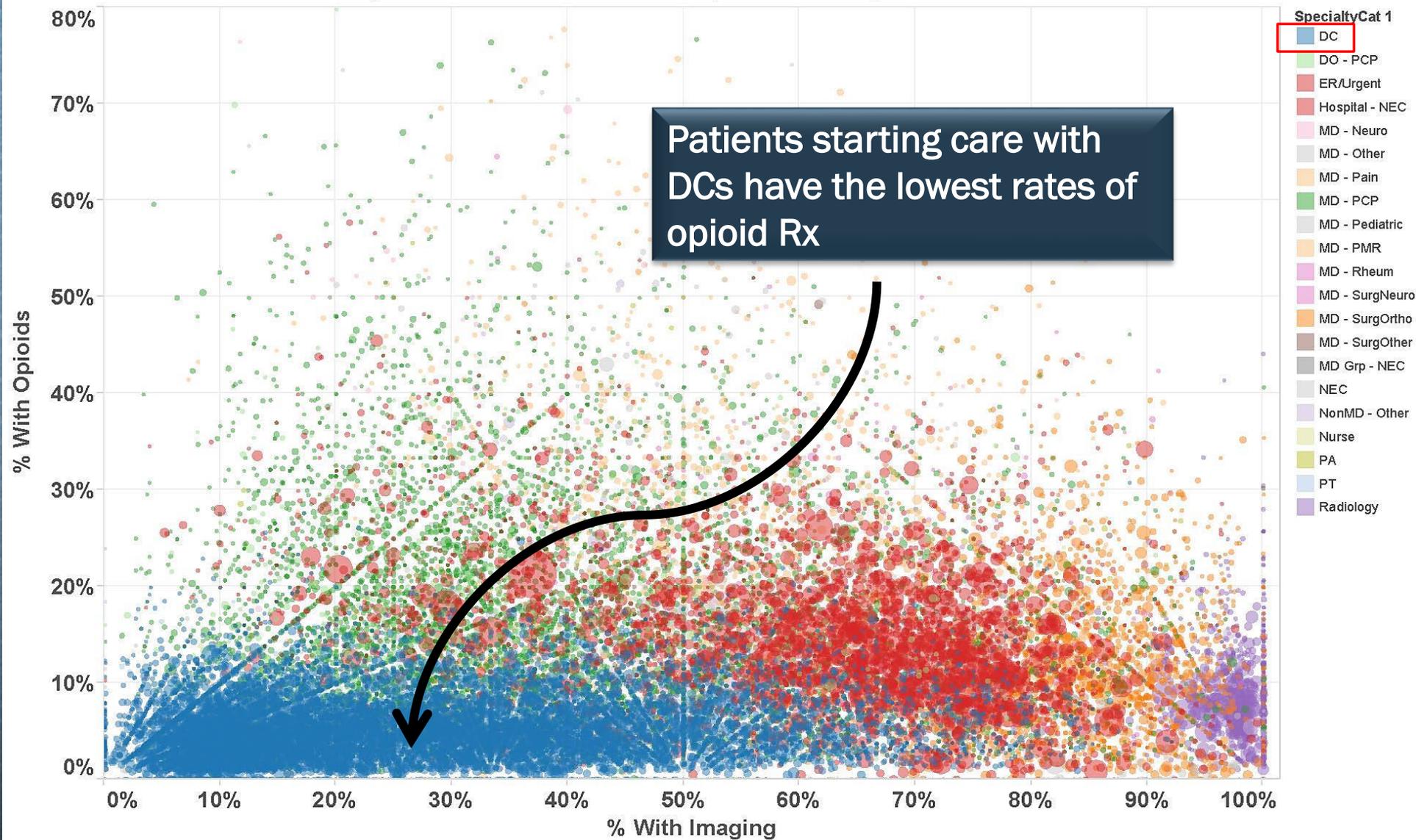
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Variability In Practice – Imaging & Opioids

Rate of Imaging and Opioid Use for Non-Surgical Spine Episodes

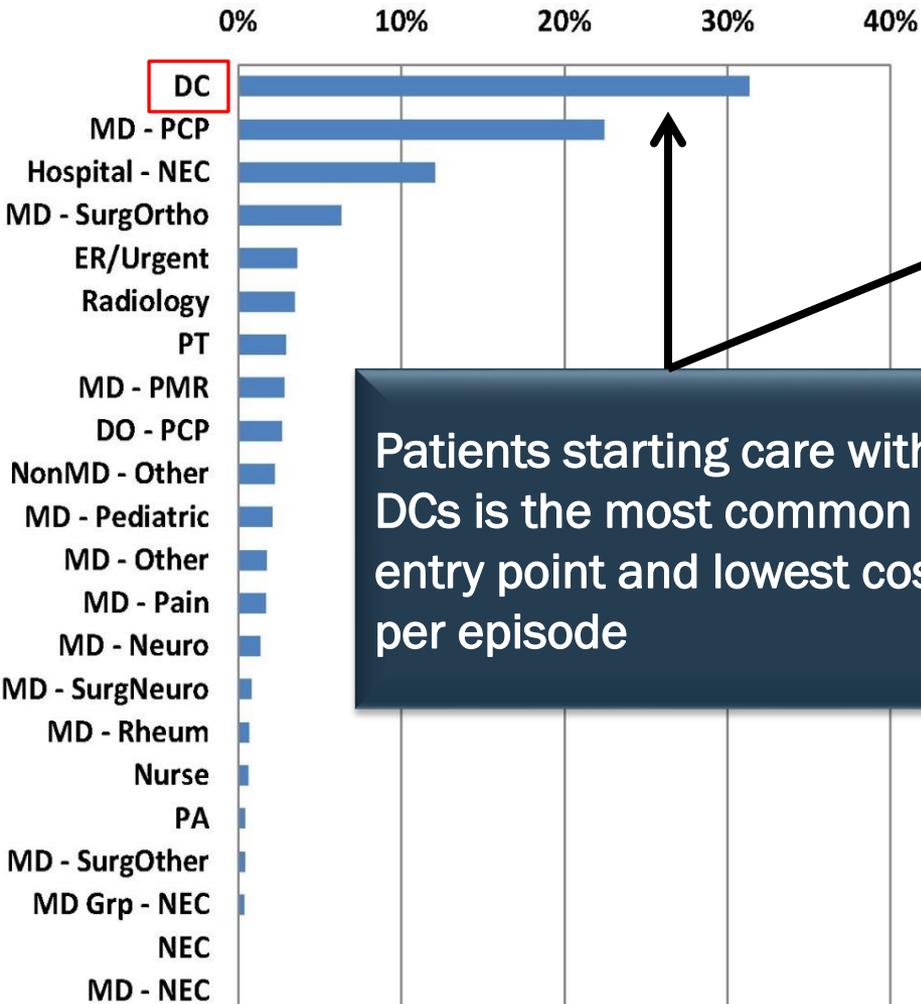
35,647 Providers Who Were Portal of Entry For At Least 25 Episodes



1st Provider Seen for SRD May be most Important Decision - National

Non-Surgical Spine First Provider Seen

Nat'l (n=4,148,996)

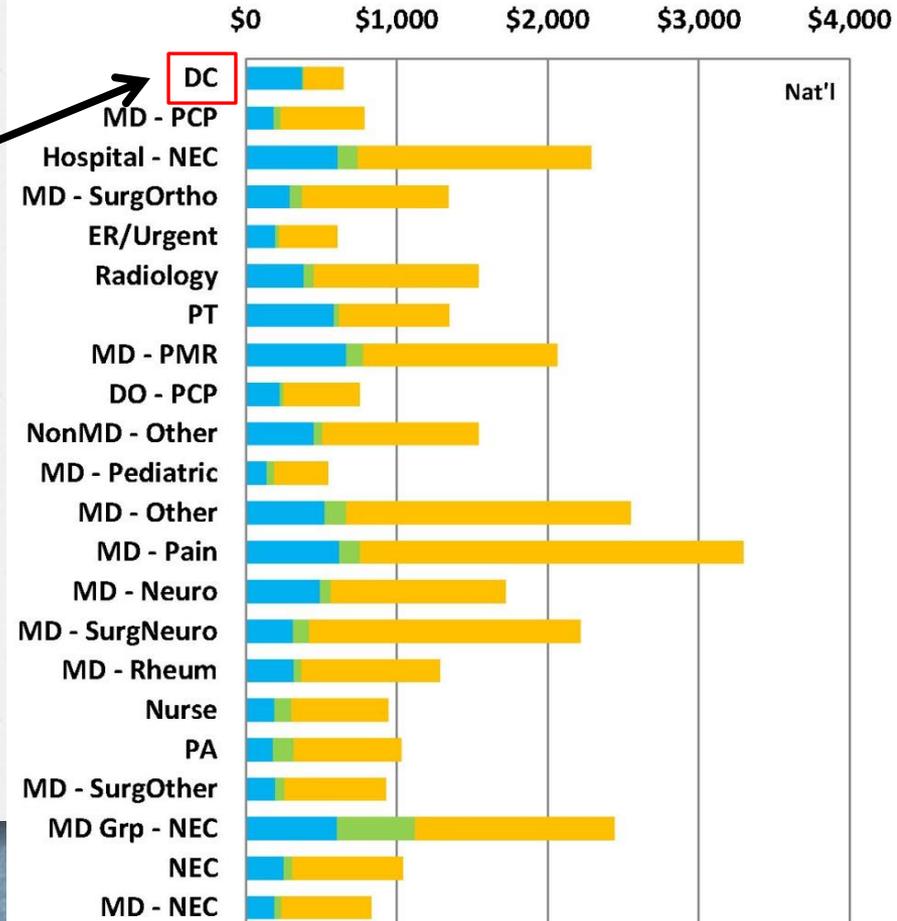


Patients starting care with DCs is the most common entry point and lowest cost per episode

Key



Non-Surgical Spine Total Episode Cost



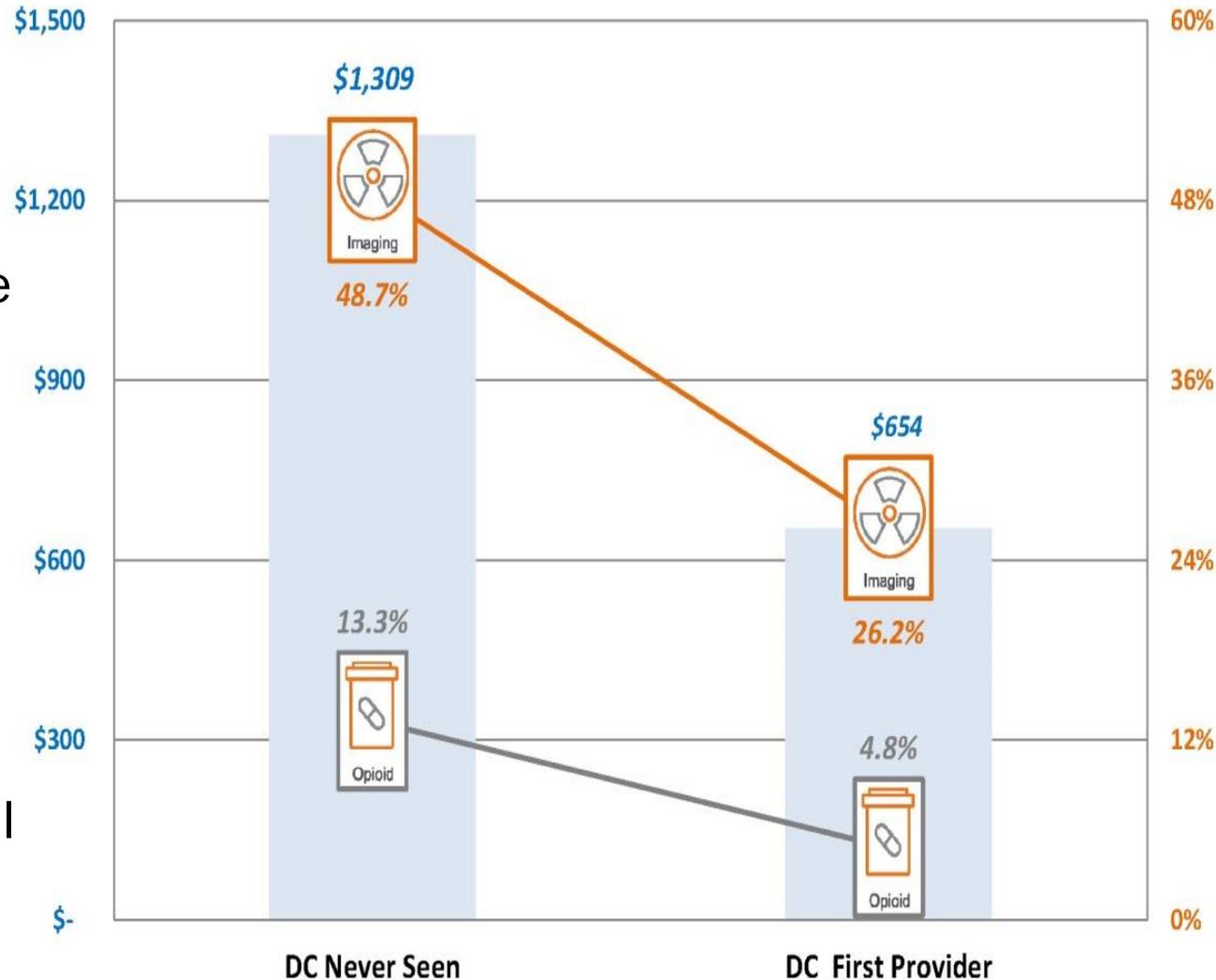
Current Practice

Optum data demonstrates:

- Patients who never see a DC have twice as great total episode cost
- Patients are much more likely to receive guideline-discordant care (opioids and/or advanced imaging) than patients who see a DC as the initial provider

Non-Surgical Spine Attributes By DC Involvement

n=4,148,996 complete episodes

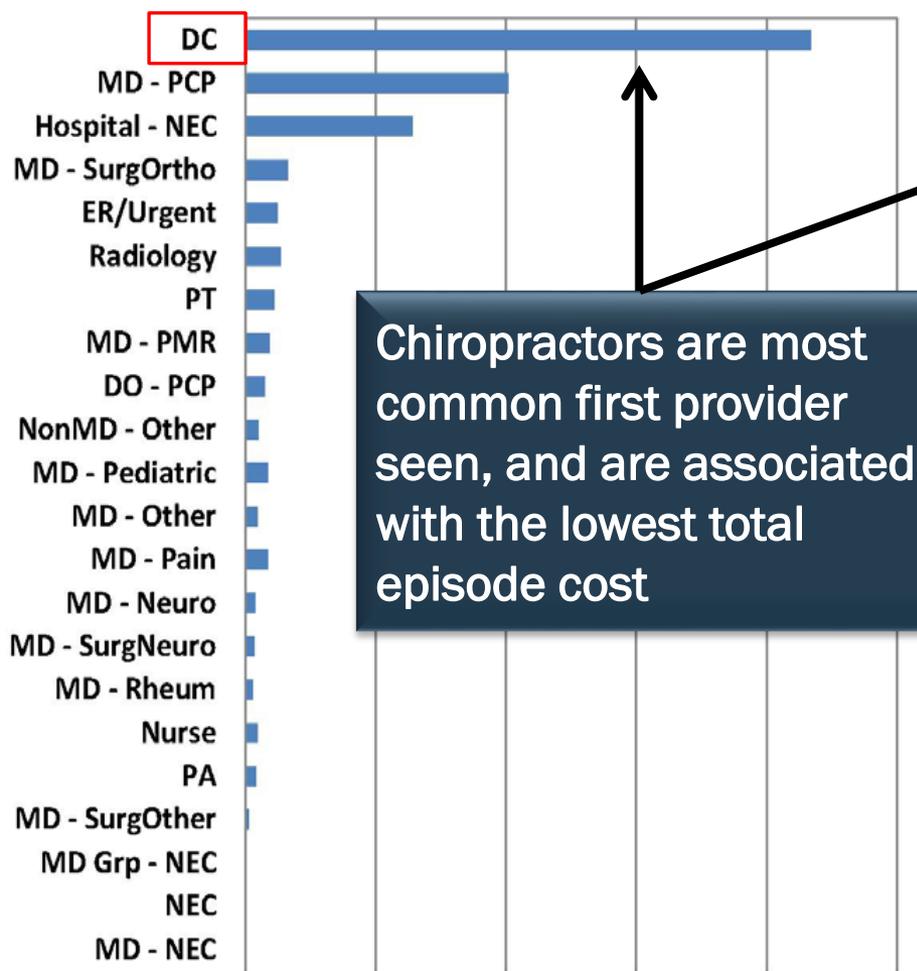


1st Provider Seen for SRD May be most Important Decision - Wisconsin

Non-Surgical Spine First Provider Seen

WI (n=175,002)

0% 10% 20% 30% 40% 50%

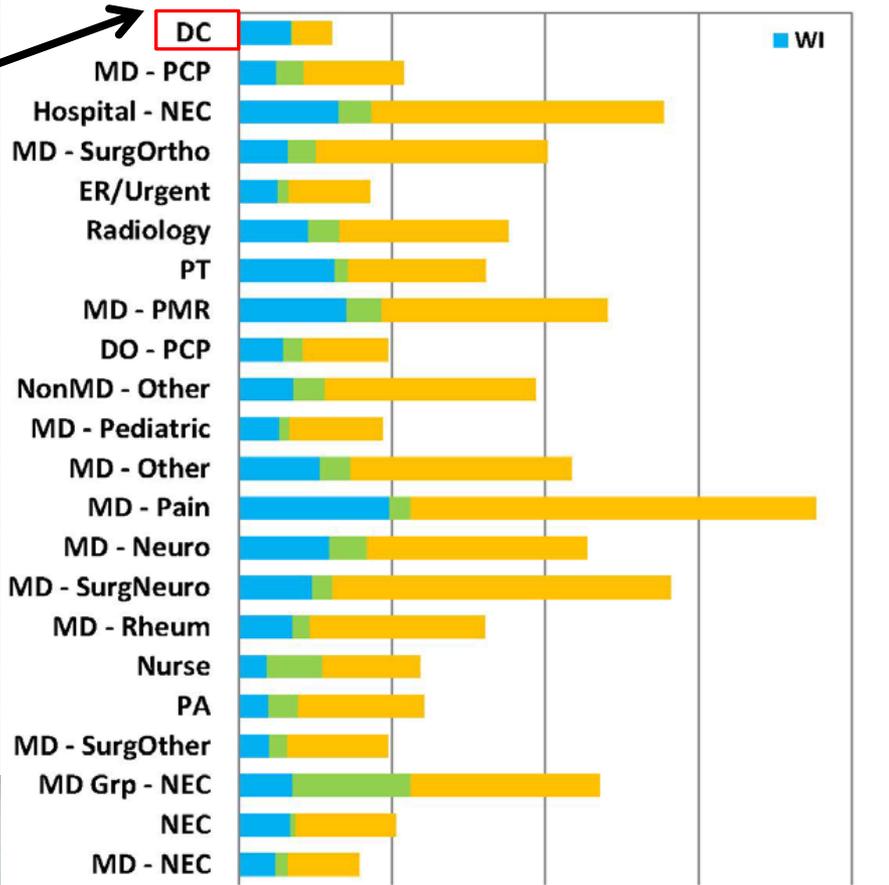


Key



Non-Surgical Spine Total Episode Cost

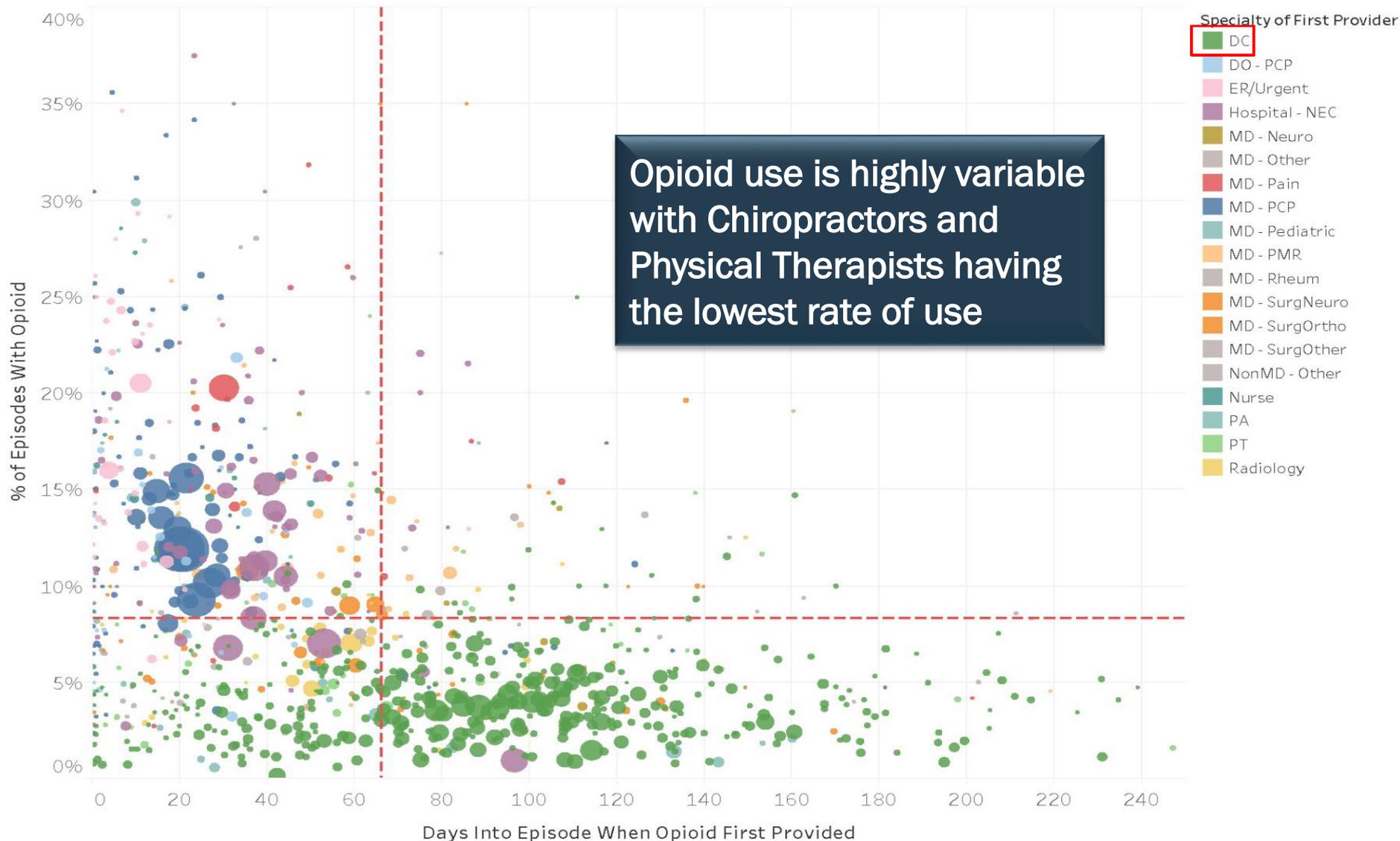
\$0 \$1,000 \$2,000 \$3,000 \$4,000



Chiropractors are most common first provider seen, and are associated with the lowest total episode cost

Opioid Use For Back Pain - Wisconsin

Rate and Timing of Opioid Use for Non-Surgical Back Pain - Wisconsin
(n=980 TINs that were first provider seen for at least 20 episodes)



Attributes By First Provider Seen - Wisconsin

First Provider	Episodes	# of Different Providers Seen	% >1 Provider	Total Cost	Manipulation %	Therapy %	Rx %	Rx - Opioid		Imaging - MRI		Imaging - Xray		Chiropractic				
								%	Days	%	Days	%	Days	%	Days			
DC	75,969	●	1.61	26.5%	\$ 607	98.4%	50.6%	10.3%	●	3.7%	95.05	●	3.2%	113.81	22.6%	26.87	100.0%	-
MD - PCP	35,312	◐	2.47	55.9%	\$ 1,077	9.8%	23.3%	30.3%	◐	12.4%	22.68	◐	11.5%	55.21	29.9%	23.01	9.9%	56.92
Hospital - NEC	22,411	●	3.47	83.0%	\$ 2,774	10.2%	35.5%	24.7%	◐	11.0%	37.22	◐	21.0%	43.77	46.1%	19.16	10.6%	66.98
MD - SurgOrtho	5,739	◐	3.13	66.1%	\$ 2,012	8.9%	31.7%	23.1%	◐	8.5%	47.52	●	28.9%	39.24	58.3%	14.03	9.2%	74.78
Radiology	4,724	◐	2.89	60.6%	\$ 1,758	10.5%	27.1%	16.8%	◐	6.4%	59.06	●	34.9%	24.07	70.7%	5.56	11.1%	64.18
ER/Urgent	4,374	◐	2.73	67.3%	\$ 855	8.6%	14.9%	32.4%	●	16.7%	9.23	●	6.3%	39.73	26.5%	14.57	8.6%	33.12
PT	3,906	◐	2.53	46.3%	\$ 1,612	10.3%	97.2%	19.0%	◐	6.5%	68.25	◐	10.8%	109.11	16.0%	90.03	10.4%	79.23
MD - PMR	3,301	◐	3.31	68.7%	\$ 2,408	13.2%	39.8%	35.0%	◐	12.0%	54.07	◐	21.9%	69.18	25.5%	68.18	13.7%	74.42
MD - Pediatric	3,076	◐	2.25	48.8%	\$ 938	4.8%	15.7%	8.6%	●	2.6%	60.51	●	6.0%	40.48	43.3%	11.70	5.4%	45.86
MD - Pain	2,989	●	3.87	81.9%	\$ 3,768	9.4%	23.2%	34.6%	●	18.8%	38.11	◐	21.9%	98.79	17.7%	122.18	9.9%	100.03
DO - PCP	2,613	◐	2.34	52.2%	\$ 975	9.9%	19.6%	30.7%	◐	12.2%	25.12	◐	11.6%	47.39	27.1%	25.64	10.1%	54.95
NonMD - Other	1,740	◐	3.27	71.0%	\$ 1,936	20.2%	30.5%	22.4%	◐	8.9%	60.41	◐	14.4%	91.32	26.8%	63.44	20.3%	67.60
MD - Other	1,635	◐	2.87	63.1%	\$ 2,171	15.5%	19.0%	21.3%	◐	8.1%	57.32	◐	11.0%	83.96	20.1%	77.02	15.7%	69.90
Nurse	1,602	◐	2.62	57.7%	\$ 1,185	10.6%	19.5%	34.5%	◐	14.8%	23.75	◐	9.6%	56.05	24.7%	27.95	10.8%	46.82
PA	1,444	◐	2.76	60.9%	\$ 1,206	9.5%	20.5%	33.9%	◐	15.9%	20.45	◐	13.9%	53.04	34.4%	17.36	9.6%	46.90
MD - Neuro	1,308	◐	3.16	64.9%	\$ 2,272	12.9%	31.0%	28.4%	◐	9.6%	72.64	●	30.1%	43.69	18.3%	82.82	13.6%	69.92
MD - SurgNeuro	1,232	◐	3.39	74.7%	\$ 2,820	7.3%	33.0%	24.2%	◐	8.7%	80.50	●	29.1%	61.75	35.3%	53.31	8.0%	109.37
MD - Rheum	953	◐	3.15	71.5%	\$ 1,606	14.0%	23.5%	24.0%	◐	8.2%	73.65	◐	16.8%	101.50	44.7%	40.67	13.9%	80.60
MD - SurgOther	516	◐	2.33	49.8%	\$ 974	11.6%	22.7%	17.2%	◐	7.9%	63.68	◐	10.1%	61.31	19.4%	29.54	11.8%	60.25
MD Grp - NEC	60	●	3.77	81.7%	\$ 2,357	8.3%	28.3%	33.3%	●	20.0%	7.17	◐	20.0%	11.17	53.3%	8.38	8.3%	35.60
MD - NEC	53	◐	2.42	58.5%	\$ 784	15.1%	18.9%	24.5%	●	17.0%	46.89	●	9.4%	65.80	20.8%	23.00	17.0%	33.78
NEC	45	◐	2.78	66.7%	\$ 1,027	8.9%	42.2%	31.1%	◐	13.3%	12.17	◐	13.3%	102.17	26.7%	19.17	8.9%	34.25



Chiropractors have episodes most well aligned with current guidelines resulting in the least fragmented and most affordable episodes.

If an episode does not start with a chiropractor, a chiropractor is involved in <10% of episodes and when involved is typically >60 days into the episode which is too late to have a beneficial impact on opioid use.





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Examples of Opioid Avoidance



Workers compensation in Washington State₇

o odds of long-term
opioid use were
substantially lower for
workers who saw a
chiropractor first
(11.3%)



General population opioid avoidance₁₆

- **Likelihood of filling a prescription for an opioid analgesic was 55% lower for recipients of chiropractic care compared with non-recipients.**



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Younger Medicare beneficiaries₁₄

- o **Strong inverse correlation** between the per-capita supply of DCs and spending on CMT and the proportion of younger Medicare beneficiaries who filled opioid prescriptions.

Low back pain in the general population₁₀

- 60% less likely to take narcotic drugs within 7 days after services compared to those without chiropractic services.
- “Chiropractic care appears to be a substitute treatment to pain medication and other health care services in patients with LBP “

General population neck pain₈

- o Opioid exposure decreases when consulting DC or PT first over the following year (~50% reduction)
- o Seeing DC first decreases advanced imaging and injections.
 - o This should lower costs



Summary

- o Likelihood of long term opioid use increases after very short duration of use.
- o Strong evidence supports chiropractic care is a linked with opioid reduction and more importantly avoidance
- o Chiropractors provide guideline congruent care both through treatments provided and avoidance of unnecessary imaging
- o This type of care is effect in both the acute and chronic stages of care.

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