



IHPI BRIEF

Improving Access to Primary and Pain Care for Patients Taking Opioids for Chronic Pain in Michigan



Drug-related overdoses continue to climb in the U.S. Preliminary data show that overdose deaths climbed to over 93,000 in 2020, up from 70,000 in 2019.¹ To combat the ongoing opioid crisis, state and federal agencies and health systems across the country instituted policies to reduce inappropriate opioid prescribing.

Though these policies have been shown to reduce prescribing, stakeholders are concerned that policies to reduce prescribing may unintentionally restrict care for an estimated five to eight million adults in the U.S. who are receiving long-term opioid therapy for chronic pain.^{2,3} As physicians reduce or stop opioid prescriptions, and some retire, the “forgotten population” of patients who have developed physical dependence on opioids can struggle to find new providers willing to treat them.⁴

In addition, national working groups have found that existing reimbursement models, a lack of care coordination, provider stigma around opioid use, and racial inequities affect access to effective pain care and patient outcomes. National guidelines recommend that pain care be multimodal, involving a combination of medications, physical therapies, interventional procedures, and behavioral health approaches.^{3,5}


For patients receiving opioids for chronic pain, barriers to both primary and specialty pain care could lead to uncontrolled pain and other unintended consequences, such as conversion to illicit substances or poor management of mental and physical comorbidities.


Takeaways from our research

A University of Michigan research team studies access to evidence-based treatments for patients with chronic pain who are taking prescription opioids. The team’s findings include:

Many patients taking opioids for chronic pain are likely not receiving the care they need due to barriers to accessing primary care and specialized pain care services.

In audit studies in which researchers called primary care clinics simulating as patients taking opioids for chronic pain:^{7,8}

 Over 40% of clinics in Michigan and nationally were unwilling to accept new patients taking opioids for chronic pain.

 Acceptance rates did not differ by insurance type.

Through qualitative interviews with clinicians to better understand barriers to primary care access, they reported factors such as:⁹

- 1 administrative burdens related to managing prescribed opioids
- 2 fear of liability
- 3 lack of reimbursement for multimodal care and coordination between providers
- 4 stigma of opioid use
- 5 poor availability of effective non-opioid treatments

Patients also experienced barriers in access to pain clinics and effective, multimodal pain care. In an audit study of pain clinics in Michigan:¹⁰

48% did not accept Medicaid.

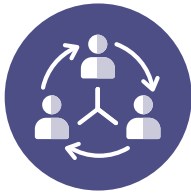
51% required a referral for care, which may be difficult for patients who experience challenges in accessing primary care.

90% did not offer multimodal chronic pain treatment.

How can stakeholders in Michigan improve access to care for patients with chronic pain on prescription opioids?

The U-M research team convened a panel of 24 experts from across Michigan to discuss policies, interventions, or research agendas that could potentially improve access to care. The expert panel represented a broad range of perspectives, including policymakers, insurers, providers, patient advocates, and researchers. The group met twice between September 2020 and January 2021, and provided multiple rounds of feedback between meetings.

The panel generated the following policy options and opportunities, grouped by theme:



Develop new care models to better support patients taking opioids for chronic pain

- Create a collaborative care model expanding on the existing Michigan Medicaid Health Home⁶ to include patients with chronic pain.
- Establish reimbursement models for chronic pain to provide appropriate compensation for all care providers, such as psychologists and physical therapists, who treat and manage patients with complex pain.
- Improve dissemination of evidence related to multimodal and non-pharmacological treatments for pain to inform insurance coverage.



Enhance provider training to strengthen chronic pain management, encourage patient-centered care, and reduce stigma

- Make providers aware of how Michigan's Prescription Drug Monitoring Program (PDMP) data is used in investigating and disciplining providers.
- Deliver an educational curriculum that explains the continuum between addiction and physical dependency on long-term opioid therapy to all personnel who interact with patients to encourage patient-centered care and reduce stigma.
- Improve health provider education on chronic pain and multimodal and non-pharmacological therapies, both in health professional schools and continuing medical education.
- Train members of the clinical team, such as social workers, to help address biopsychosocial factors and ongoing management of chronic pain treatment.



Implement practices to address racial biases and inequities

- Evaluate and describe where individuals belonging to minority racial and ethnic groups prefer to receive health-related information and which community institutions they look to for support in healthcare decisions.
- Implement standardized pain management protocols that include mandatory reporting to provide objective data on pain management across races and ethnicities.
- Increase recruitment and retention of providers from underrepresented racial and ethnic minorities across all clinical roles, including by providing appropriate financial compensation and incentives if practicing in under-resourced communities.
- Develop implicit bias training to improve patient-provider communication around pain management.

View the full report with findings from the expert panel discussions:¹¹
<http://dx.doi.org/10.7302/1699>.

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Our published research

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