



PAIN RELIEF / PREVENTION

Chronic Pain: Become Part of the Solution

YOUR PROFESSIONAL & ETHICAL OBLIGATION TO ADDRESS THE CRISIS.

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I have lectured to more than 7,000 chiropractic physicians over the past five years regarding the chronic pain and opioid epidemic in this country. When I ask an audience of chiropractors if they have treated a patient with chronic pain within the previous week, many hands are raised; yet when I ask if they listed chronic pain as the diagnosis when submitting to the third-party reimbursement organization, the overwhelming answer is no.

When I ask why not, the answer is always the same: The insurance company will not pay for chronic pain! So, in reality, the third-party data demonstrates that chiropractic physicians do not treat chronic pain, but subluxations and other acute diagnoses. What a shame...

Insurance and Chronic Pain

It is time for the chiropractic profession to move forward and assume the professional and ethical responsibilities necessary to provide chiropractic services to patients with chronic pain and opioid addictions. Of course, insurance companies pay for the treatment of chronic pain, and there are ICD-10 codes for the diagnoses of acute and chronic pain:

- G89.4 Chronic Pain Syndrome
- G89.21 Post-Traumatic Chronic Pain
- G89.11 Acute Pain

Resources That Support the Role of Chiropractic Care

There has never been a better time to be a chiropractic physician in the United States of America! Chiropractors can become part of the solution to chronic pain care. I believe the following valuable sources of chronic pain information demonstrate the need for chiropractic care of patients with

chronic pain.



The National Institutes of Health (NIH) reported as far back as 1998 that chronic pain caused a significant economic burden in the U.S. A decade later, *A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform*, claimed poorly assessed, unrelieved chronic pain can rob individuals and family members of a high-quality life, and profoundly burdens society as a whole. [This report](#) discussed the lack of adequate training within the current health care system and primary care necessary to meet the challenge of treating pain as a chronic illness.¹

The 2010 Patient Protection and Affordable Care Act required the Department of Health and Human Services (HHS) to enlist the Institute of Medicine (IOM) in examining pain as a public health problem. Acting through the National Institutes of Health, HHS asked the IOM to assess the state of the science regarding pain research, care and education, and to make recommendations to advance the field. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* presents the IOM study committee's findings and recommendations.

The IOM reported that pain represented a national challenge requiring a cultural transformation in order to prevent, assess, treat and understand pain of all types. The IOM also promulgated a comprehensive plan with specific goals, actions and time frames to address pain as a public health challenge. [This plan](#) recommends primary care providers deliver coordinated, evidence-based, interdisciplinary pain assessment and care for patients with complex pain; and the use of chiropractic spinal manipulation for the treatment of musculoskeletal pain conditions including neck and low back pain.²

Effective Jan. 1, 2015, the Joint Commission [clarified](#) the pain management standard including the use of chiropractic therapy and osteopathic manipulative treatment:³

The identification and management of pain is an important component of [patient]-centered care. [Patients] can expect that their health care providers will involve them in their assessment and management of pain. Both pharmacologic and non-pharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following:

Non-pharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy.

Pharmacologic strategies: non-opioid, opioid, and adjuvant analgesics.

On March 18, 2016, the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services released a [National Pain Strategy](#) outlining the federal government's first coordinated plan for reducing the burden of chronic pain. According to Dr. Karen B. DeSalvo, HHS acting assistant secretary for health:

"Chronic pain is a significant public health problem, affecting millions of Americans and incurring significant economic costs to our society. This report [*National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain*] identifies the key steps we can take to improve how we prevent, assess and treat pain in this country."⁴

Become Part of the Solution

My experiences as a chiropractic specialist (chiropractic orthopedics) caring for chronic pain patients within a Federally Qualified Health Center since 2012 permit me to have specific opinions regarding the evaluation and management of chronic pain patients:

- Chronic pain illness may be related to neuromusculoskeletal conditions.
- Patients suffering with chronic pain due to neuromusculoskeletal conditions may benefit from chiropractic evaluation and management.
- Chronic pain patients deserve access to evidence-based and patient-centered chiropractic care.
- Chiropractic specialists may provide evidence-based and patient-centered care within a coordinated and integrated primary care environment as valuable members of the primary care team.
- Chiropractic care is part of the solution to chronic pain care in America.

If chiropractic care is going to be available to chronic pain patients, chiropractors must integrate into

community health centers and other Federally Qualified Health Centers. Prior to your approaching these health care centers, I suggest you become familiar with chronic pain illness in America. The above-mentioned resources, which are available without cost, provide significant information regarding chronic pain in the U.S. Patient-centered care and evidence-based practice require health care providers to be aware of the current literature, which improves quality of care.

Will you become part of the solution to chronic pain care in America?

References

1. *A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform.* The Mayday Fund, Nov. 4, 2009; amended March 4, 2010.
2. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.* Institute of Medicine, June 29, 2011.
3. "Clarification of the Pain Management Standard." *Joint Commission Perspectives*, November 2014;34(11).
4. *National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain.* Department of Health and Human Services, March 18, 2016.

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