JNP

Pain and Opioids: Call for Policy Action

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ABSTRACT

Opioids were once the cornerstone in treating severe disabling pain and are now known to underlie an epidemic of substance use disorders and overdose deaths. Nurse practitioners are in key positions to influence opioid and pain management policy. As clinicians in primary care and specialty settings, nurse practitioners frequently encounter patients in pain. A white paper developed through the Nurse Practitioner Healthcare Foundation titled *Managing Chronic Pain with Opioids: A Call for Change 2017* offers a multifaceted approach to pain management and provides timely recommendations to move policies and practices forward. Key recommendations from the white paper are highlighted.

Keywords: clinical practice, nurse practitioners, opioid crisis, pain, policy

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Pain is a leading reason why patients seek primary care or specialty services. An estimated 23 million Americans endure high-impact chronic pain that substantially restricts their ability to participate in work, social interactions, and self-care activities.[1] Once thought of as a cornerstone to treat severe and disabling pain, opioids are now known to underlie an epidemic of substance use disorders and overdose deaths. Recent years have seen unprecedented changes in practice and policy in pain management and opioid prescribing with escalating rates of overdose death, while simultaneously chronic pain patients were being denied access to care in practices around the United States. Like the proverbial "Gordian knot," this seemingly unsolvable problem demands creative thinking and bold action by nurse practitioners (NP) as contributing members of the interprofessional team and leaders in the nursing profession.

The dual crises of escalating rates of chronic pain and drug abuse that health care providers face needs to be addressed through policies that reflect sound clinical judgment and experience and are aligned with the best available evidence to promote the highest possible quality of care. There will likely be poor outcomes when there is either a lack of policy to guide practice when potentially harmful therapies are used or when policy is based on unproven assumptions and supersedes the judgment of clinicians trying to provide individualized evidence-based care. Thus, the interplay of practice, policy, and research needs to be aligned for health care providers to optimally treat pain while minimizing risk for opioid abuse.

A STAGGERING HEALTH PROBLEM

Recurrent pain affects 126 million Americans with 25 million adults enduring daily chronic pain,[1] costing our nation $600 billion per year in health care and disability costs.[2] Just as costly, over 22 million Americans use illegal drugs each year, with an estimated 20 million having a substance use disorder involving alcohol and/or drugs.[3] An estimated 2 million of these individuals have an opioid use disorder involving illicit or prescription drugs. Among those with legitimate prescriptions treated for over a year, 0.6% to 8% of pain patients were subsequently diagnosed with opioid abuse.[4] The US has experienced increases in nonmedical use of prescription opioids and the diversion of prescription opioids from the patient to people for whom the prescription was not intended.[5-7] Even more frightening is the trajectory of nonmedical use of prescription opioids leading to heroin. Tragically, there have been dramatic increases in death-related overdoses involving heroin and synthetic and

prescription opioids in recent years.[8] The nonmedical use of prescription and illicit opioids, often combined with other drugs, is an important driver of these overdoses.[8] It is currently unknown what percentage of abused opioids was prescribed for chronic pain, but the prevention and resolution of these related public health problems defy simplistic answers.

NATIONAL EMERGENCY IN THE US

The need to devote resources to combat the public health crises of substance use disorders and overdose death has received bipartisan attention and support, a rarity in our current political environment. Both Democrats and Republicans agree that the opioid problem is a crisis that demands swift action. On August 10, 2017, President Donald Trump declared the opioid epidemic a national emergency in the US and a worldwide problem as well.[9] As a result of this announcement, the executive branch will direct funds toward expanding treatment facilities and training for naloxone administration. Furthermore, it supports the Comprehensive Addiction and Recovery Act legislation signed into law by President Obama a year earlier that will eventually expand funding for addiction treatment.[10] This Comprehensive Addiction and Recovery Act legislation also recognizes NPs as valuable resources, expanding their role in the treatment of addiction, including the ability to prescribe buprenorphine.

MOBILIZING NPs TO BE ADVOCATES FOR CHANGE

As clinicians working in primary care and specialty settings, NPs frequently encounter patients in pain and are constrained by regulatory and payer policies that limit appropriate treatment options. Despite a substantial body of research supporting multimodal and nonpharmacologic therapies for pain that NPs could provide, many barriers to access exist.[11] Barriers include geographic and socioeconomic factors (rural location, no transportation, and no gas money) or payer policies that have traditionally favored opioid monotherapy. NPs are further burdened by prior authorization, "fail first" requirements in payer and practice policies. Often, this limited coverage supporting only brief visits and monotherapy has precluded a full biopsychosocial workup and implementation of an integrated, multimodal, and interdisciplinary treatment plan that is opioid sparing.[3,4,11-14]

Historically, the NP movement has influenced policy work to help NPs gain leverage in practice. We stand on the shoulders of giants as we provide care based on exemplary policy that supports our practice. Our professional obligation is to be involved in venues in which organizational, payer, and public policies are decided to support high-quality care and social justice. It is now our time to become highly engaged in the full health policy arena. The dual crises of opioid abuse and chronic pain provide a unique opportunity to advance practice, research, and policy in a way that supports a targeted research agenda and more comprehensive assessment and treatment for chronic pain and/or substance use disorders. NPs are in a key position to influence state and federal health policies because we have firsthand experience and can articulate the impact policy has on clinical practice. Our patient-centered, team-based, holistic perspective allows us to broaden the dialogue of policy beyond that of a biomedical model that oversimplifies complex problems, such as opioid abuse and chronic pain.

RECOMMENDATIONS

The intent of this article is to convey the interrelationship between policy and clinical outcomes. Restrictive policies intended to prevent harm can improve clinical care by preventing harm from one therapy but, without policies that facilitate access to better therapies, can inadvertently result in poorer clinical outcomes. The white paper[15] developed through the Nurse Practitioner Healthcare Foundation titled *Managing Chronic Pain with Opioids: A Call for Change 2017* offers a multifaceted approach to pain management and provides comprehensive recommendations to move our policies and practices forward. To support high-quality care and social justice, NPs need to be involved in refining organizational, payer, and public policies.[16] A more balanced and holistic approach to treating chronic pain in a sustainable, compassionate way is needed. The recommendations in the white paper provide details and key references, and we urge NPs to be familiar with this to support needed changes to improve the way pain is treated through clinical

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