

Current health insurance payment policies discourage collaboration among professionals

VMS concurs with the Report of Unified Pain Management System Advisory Council (2013) to support insurance companies to cover evidence-based alternatives to opioids

**VERMONT MEDICAL SOCIETY RESOLUTION**

**Encouraging Access to Evidence-Based Alternatives to Opioid Prescribing and Endorsing Vermont Board of Medical Practice Policies on Treatment of Chronic Pain and Opioid Addiction**

*Adopted October 25, 2014*

Current payment policies discourage the use of evidence-based CAM treatments like chiropractic

Whereas, the Vermont Medical Society Education and Research Foundation's Whitepaper on *Safe and Effective Treatment of Chronic Pain in Vermont* (2012)<sup>1</sup> (VMSERF Whitepaper) found that insurers' payment policies can have the effect of discouraging (1) physicians from spending time with patients, (2) collaboration among professionals, (3) a team approach, (4) case management and (5) use of evidence-based complementary and alternative medicine treatments, and as a result can have the effect of encouraging prescribing opioids;

Current payment policies can result in encouraging prescribing opioids

and Whereas, the findings in the VMSERF Whitepaper were confirmed in the *Report of the Unified Pain Management System Advisory Council* (2013)<sup>2</sup> which supported "advocacy for prescribers to use and insurance companies to cover evidence-based alternatives to opioid medications."

Whereas, the findings in the VMSERF Whitepaper were further confirmed in a subsequent Department of Health Report on *Non-Pharmacological Approaches to Treatment of Chronic Pain* (2014)<sup>3</sup>, (Department of Health's 2014 Report) from the Unified Pain Management System Advisory Council, a group of clinicians, state officials, and patients who advise the Commissioner of Health on the appropriate use of controlled substances; and

Whereas, the Department of Health's 2014 Report found that "systematic incentives to use pharmacological approaches to pain management exist in the insurance industry as do disincentives to use more time-consuming integrated medicine;" and

Whereas, the Department of Health's 2014 Report found that "there is growing evidence that some forms of CAM [complementary Alternative Medicine], such as chiropractic, and acupuncture and yoga, can be effective interventions for musculoskeletal pain;" and

Chiropractic can be an effective intervention for musculoskeletal pain

Whereas, the Department of Health's 2014 Report found that "disincentives for practicing in a manner that involves more patient interaction and involvement will need to be removed;" and

Disincentives need to be removed

Whereas, in April of 2014 the Vermont Board of Medical Practice adopted a policy on the *Use of Opioid Analgesics to Treat Chronic Pain*,<sup>4</sup> based largely on the Federation of State Medical Boards' (FSMB) *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*;<sup>5</sup>

Whereas, in April of 2014 the Vermont Board of Medical Practice adopted a policy on *Treatment of Opioid Addiction in the Medical Office*,<sup>6</sup> based largely on the FSMB's *Model Policy on Treatment of Opioid Addiction in the Medical Office*;

<sup>1</sup> Report on *Non-Pharmacological Approaches to Treatment of Chronic Pain* (2014), [http://dev.vmsfoundation.org.s145846.gridserver.com/sites/default/files/files/Safe\\_and\\_Effective\\_Treatment\\_of\\_Chronic\\_Pain\\_in\\_VT.pdf](http://dev.vmsfoundation.org.s145846.gridserver.com/sites/default/files/files/Safe_and_Effective_Treatment_of_Chronic_Pain_in_VT.pdf)

<sup>2</sup> Unified Pain Management System Advisory Council Report February 25, 2013 [http://healthvermont.gov/adap/documents/UPM\\_Advisory\\_Council\\_Final\\_Report\\_022513.pdf](http://healthvermont.gov/adap/documents/UPM_Advisory_Council_Final_Report_022513.pdf)

<sup>3</sup> Non-pharmacological Approaches to Treatment of Chronic Pain: <http://www.leg.state.vt.us/reports/2014ExternalReports/295935.pdf>

<sup>4</sup> VBMP Policy on Use of Opioid Analgesics in the Treatment of Chronic Pain: [http://healthvermont.gov/hc/med\\_board/documents/OpioidPainPolicyApril2014withAppendix\\_001.pdf](http://healthvermont.gov/hc/med_board/documents/OpioidPainPolicyApril2014withAppendix_001.pdf)

<sup>5</sup> FSMB Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain: [http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pain\\_policy\\_july2013.pdf](http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pain_policy_july2013.pdf)

<sup>6</sup> VBMP Policy on Treatment of Opioid Addiction in the Medical Office: [http://healthvermont.gov/hc/med\\_board/bmp.aspx#announce](http://healthvermont.gov/hc/med_board/bmp.aspx#announce)

1  
2 Whereas, the FSMB model policies on treatment of chronic pain and opioid addiction are supported by  
3 evidence and each policy was developed by more than 20 physicians with nationally recognized expertise in  
4 treating chronic pain or addiction; and  
5

6 Whereas, the VBMP policies on treatment of chronic pain and opioid addiction were based largely on the  
7 FSMB model policies and were reviewed carefully by the physicians, podiatrist, physician assistant, and  
8 public members who serve on the Vermont Board of Medical Practice; now therefore, be it  
9

10 **RESOLVED, that, consistent with the findings of the VMSERF *Whitepaper on Safe and Effective***  
11 ***Treatment of Chronic Pain*, the VMS will support the work of the Uniform Pain Management**  
12 **Advisory Council to increase access to and coverage for evidence-based non-pharmacological**  
13 **treatment and non-opioid pharmacological treatment for chronic pain; and be it further**  
14

15 **RESOLVED, that the VMS work with the Department of Health, the Vermont Board of Medical**  
16 **Practice, insurers and others to provide physicians tools and education about evidence-based**  
17 **pharmacological and non-pharmacological alternatives to prescription opioids for chronic pain; and**  
18 **be it further**  
19

20 **RESOLVED, that the VMS will endorse and express its support for the policies of the Vermont**  
21 **Board of Medical Practice on the *Use of Opioid Analgesics to Treat Chronic Pain*,<sup>7</sup> and on the *Treatment of***  
22 ***Opioid Addiction in the Medical Office*,<sup>8</sup> and work with the Vermont Board of Medical Practice to educate**  
23 **physicians about these policies.**

VMS supports increased access to  
and coverage for evidence-based  
non-pharmacological treatment for  
chronic pain

---

<sup>7</sup> FSMB Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain:  
[http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pain\\_policy\\_july2013.pdf](http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pain_policy_july2013.pdf)

<sup>8</sup> VBMP Policy on Use of Opioid Analgesics in the Treatment of Chronic Pain:  
[http://healthvermont.gov/hc/med\\_board/documents/OpioidPainPolicyApril2014withAppendix\\_001.pdf](http://healthvermont.gov/hc/med_board/documents/OpioidPainPolicyApril2014withAppendix_001.pdf)

<sup>9</sup> VBMP Policy on Treatment of Opioid Addiction in the Medical Office:  
[http://healthvermont.gov/hc/med\\_board/bmp.aspx#announce](http://healthvermont.gov/hc/med_board/bmp.aspx#announce)