



Pain & Opioids: How Inappropriate Care is Fueling a National Crisis

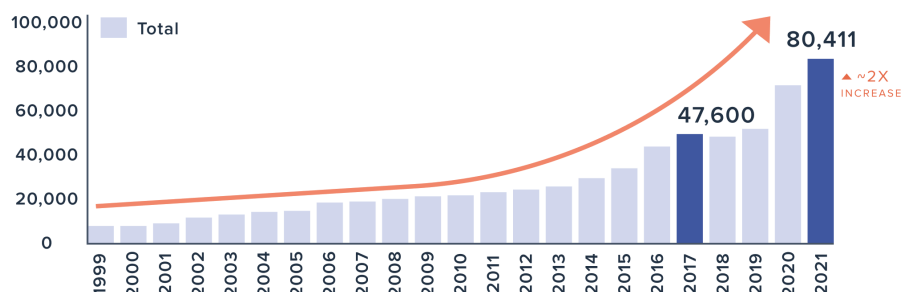
WRITTEN BY Vori Health Team

THE CHALLENGE

The opioid crisis in the early 2000s was marked by colossal narcotic prescription volumes and rampant addiction, leading to unprecedented overdose rates constituting a national emergency. While news headlines made this crisis public knowledge, what many people do not know is how inappropriate care for back and joint pain fueled—and continues to ignite—this public health emergency.

The latest data from the National Center for Health Statistics reveal the urgency of this issue. **Opioid-related overdose deaths have nearly doubled in the last six years** (NCHS, 2023), and the trend is only expected to accelerate, a (Ciccarone, 2021). Until we stamp out the role of inappropriate pain care, we will continue to cause substantial harm instead of helping those in dire need.

Opioid Overdose Deaths in the U.S.

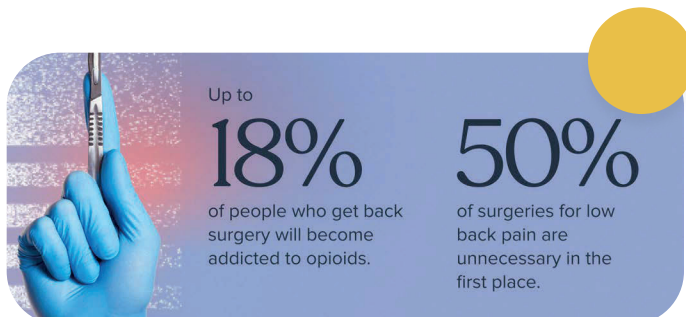


Opioid-related overdose deaths have nearly doubled in recent years.

A ripple effect on bottom lines

From a financial standpoint, employers face major losses at the hands of opioid addiction. What some employers may not know is that opioid use is a pervasive—and revenue-draining—issue that is likely impacting their workforce. A recent survey found that 75 percent of U.S. employers have employees who use opioids, yet only 17 percent feel prepared to deal with the problem (NSC, 2019). **The nature of opioid addiction is all-encompassing**, demonstrated by a 38 percent loss in workplace productivity (NSC, 2019).

Looking at the payer side of the equation, the connection is clear: Opioid use skyrockets the cost of care. One claims analysis found that, in just one U.S. state, the annual expenditure for opioid prescriptions reached well past \$44 million, with nearly half of the financial responsibility falling on the shoulders of commercial payers (Aroke, 2018). Moreover, when use escalates to abuse, payers can expect to cover an additional \$15,000 per member each year (Kirson, 2017). Considering the opioid crisis is only expected to gain velocity in the coming years, payers and employers who fail to take action against these powerful drugs put member health, employee well-being, and bottom lines at stake.



MSK pain & opioids: a slippery slope

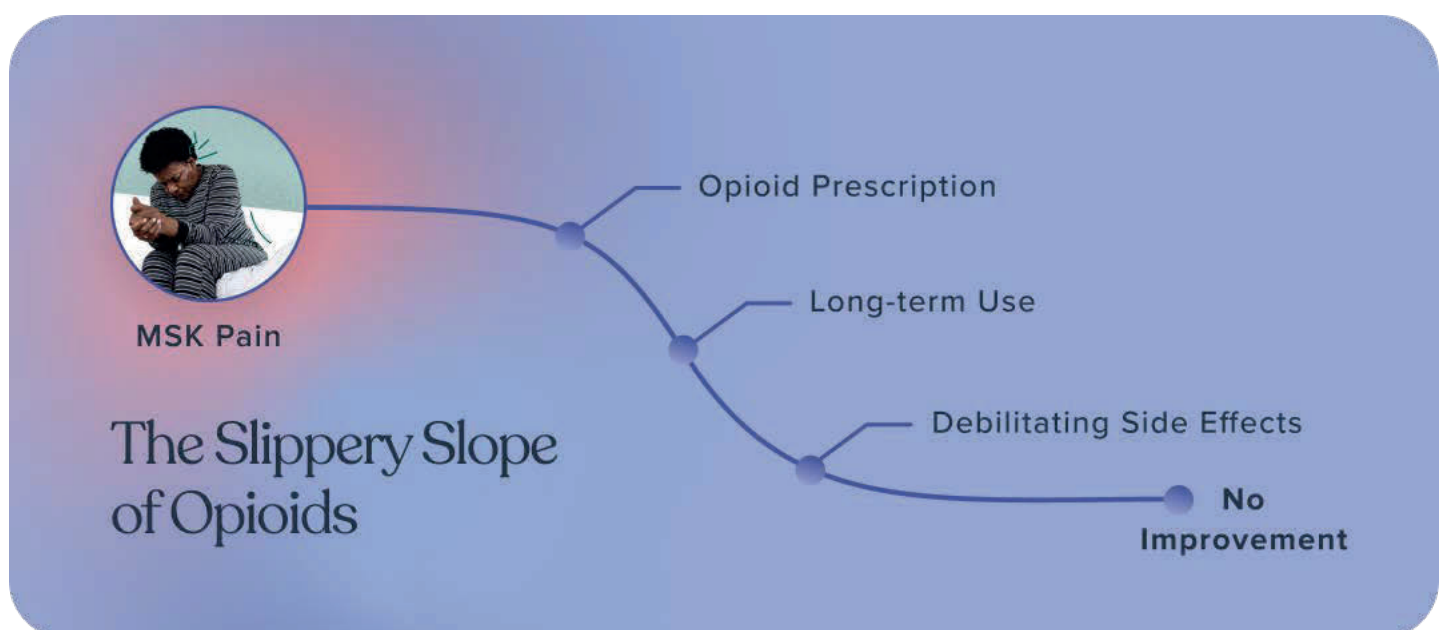
Even from a quick glance, it's abundantly clear that excessive opioid prescriptions for musculoskeletal (MSK) pain play a key role in fueling the epidemic. Currently, over 21 percent of patients are prescribed opioids during their initial visit for MSK pain ([Feldman, 2020](#)). One national survey found that opioids accounted for almost 19 percent of prescriptions for chronic low back pain, with an estimated 77 percent of prescriptions indicated for long-term use (at least one year) ([Shmagel, 2019](#)).

Despite these rampant prescription rates, **opioids have yet to deliver net positive outcomes** for MSK patients. One 12-month trial evaluating opioid and non-opioid outcomes found no significant difference in pain-related function for chronic back, hip, and knee pain—in fact, pain intensity was significantly improved in the non-opioid group ([Krebs, 2018](#)).

In addition, once individuals develop a high tolerance for opioids, they are more likely to suffer from hyperalgesia, a condition where opioids have the opposite effect on pain. With this condition, opioids “rewire” the pain system, causing individuals to experience more intense and frequent pain sensations ([Stoicea, 2015](#)). In the end, individuals are left to face the consequences of long-term opioid use while still searching for an effective solution to treat their MSK pain.

Every single opioid prescription carries a risk for developing these longer-term problems.

Even with a one-day prescription—yes, just one-day—patients are already at a six percent chance of still using opioids one year later ([Shah, 2017](#)). After eight or more days of opioid therapy, this risk surpasses 13 percent ([Shah, 2017](#)). If patients receive a prescription for more than one month, the likelihood of long-term use and addiction skyrockets to approximately 30 percent ([Shah, 2017](#)).



Identifying the culprits

While high-volume opioid use in the MSK space is a multifaceted issue, there are **two key players** working behind the scenes to drive inappropriate usage:

- **Primary care physicians.** When MSK pain begins, primary care physicians (PCPs) are often the go-to medical professionals for many patients. However, a lack of specialized MSK training and the desire to provide fast relief may push many PCPs to prescribe opioids as the first line of treatment. One study found that, among the top one percent of high-prescribing clinicians, 24 percent are family medicine physicians prescribing for back pain and other connective tissue diseases (Kiang, 2020).
- **Inappropriate surgery.** If patients reach the point where their physicians think surgery is the best option, access to opioids almost becomes a guarantee. Approximately 98 percent of patients are prescribed opioid medications after surgery (Berardino, 2021). Many clinicians over-prescribe these medications, illustrated by the staggering 88 percent of patients receiving more pills than they need after knee replacement surgery (Berardino, 2021). Excess medication not only increases the chances of addiction but also puts family members at risk of abusing unused medication (Berardino, 2021). One study discovered that 40 percent of patients fail to properly dispose of their medications after orthopedic surgery (Sabatino, 2018).

With the opioid crisis growing worse by the day, employers and payers must evaluate their role in helping individuals access the right MSK care that decouples pain management from opioid use.



98%

of patients are prescribed opioids after orthopedic surgery.



88%

of patients are prescribed more opioids than they need after knee surgery.



40%

of surgery patients expose family members to unused opioids.



THE SOLUTION

Urgent action is needed across the healthcare system to make non-opioid pain management the norm for chronic conditions. To address the widespread risk of harm caused by opioids, the new clinical practice guidelines from the Centers for Disease Prevention and Control (CDC) strongly suggest that clinicians always start with non-opioid therapies—especially for chronic pain ([Dowell, 2022](#)). At Vori Health, integrated doctor-led care teams are leading this charge with effective, non-opioid strategies that **place patient outcomes above everything else**.

Access to the right care from the start

For many individuals, the decision to see a PCP for MSK pain can lead to a destructive cycle of inappropriate opioid prescriptions, referral to a surgeon, unnecessary surgery, and other costly and ineffective treatments. However, if the right care team can intervene first with appropriate, evidence-based care, patients are much more likely to see long-term improvement in their symptoms.

Vori Health's approach to MSK pain is the first nationwide solution to support every patient with a holistic care team led by non-operative doctors. Working together, Vori's integrated teams of specialty doctors, physical therapists, registered dietitians, and certified health coaches address each individual's pain from all possible angles.

With specialty training in therapeutic neuroscience, Vori Health clinicians treat not only the physical causes of discomfort, but also mental health aspects such as stress and anxiety, as well as an individual's thoughts and beliefs about pain. As a result, Vori's care teams successfully uncover and treat the multifactorial causes of back and joint pain—improving outcomes and restoring function for members **without a single opioid prescription**.

By providing the right care from the start, Vori Health eliminates new opioids from the equation, reduces chronic usage, and dramatically cuts the need to escalate to surgery. A recent claims-analysis shows that **42 percent of patients previously on opioids** for at least two months prior to receiving care from Vori Health **are no longer taking opioids**. Additionally, as validated by Vori Health's low back pain program, **over 91 percent of patients see significant improvements in pain**, with less than 3 percent referred for surgery ([VI, 2023](#)).



Less than 3 percent
of Vori Health patients are
referred for surgery.

By partnering with Vori Health, employers and payers now have the opportunity to combat the opioid crisis by making **whole-person care the first-line treatment** for their employees and members suffering from MSK pain.



Want to learn how Vori Health can transform your MSK outcomes without opioids or surgery?

Schedule a demo today



REFERENCES

- NCHS, 2023: Drug Overdose Death Rates. (January 2023). National Center for Health Statistics
- Ciccarone, 2021: Ciccarone D. The Rise of Illicit Fentanyl, Stimulants and the Fourth Wave of the Opioid Overdose Crisis. *Curr Opin Psychiatry*. 2021;34(4):344-350.
- NSC, 2019: Poll: 75% of Employers Say Their Workplace Impacted by Opioid Use. (2019, March 17). National Safety Council
- Aroke, 2018: Aroke H, Buchanan A, Wen X, Ragosta P, Koziol J, Kogut S. Estimating the Direct Costs of Outpatient Opioid Prescriptions: A Retrospective Analysis of Data from the Rhode Island Prescription Drug Monitoring Program. *J Manag Care Spec Pharm*. 2018;24(3):214-224.
- Kirson, 2017: Kirson NY, Scarpatti LM, Enloe CJ, Dincer AP, Birnbaum HG, Mayne TJ. The Economic Burden of Opioid Abuse: Updated Findings. *J Manag Care Spec Pharm*. 2017;23(4):427-445.
- Shmagel, 2019: Shmagel A, Ngo L, Ensrud K, Foley R. Prescription Medication Use Among Community-Based U.S. Adults With Chronic Low Back Pain: A Cross-Sectional Population Based Study. *J Pain*. 2018;19(10):1104-1112.
- Krebs, 2018: Krebs EE, Gravely A, Nugent S, et al. Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain: The SPACE Randomized Clinical Trial. *JAMA*. 2018;319(9):872-882.
- Dowell, 2022: Dowell D, Ragan KR, Jones CM, et al. CDC clinical practice guideline for prescribing opioids for pain — United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.
- Feldman, 2020: Feldman D, Carlesso L, and Nahin R. Management of Patients with a Musculoskeletal Pain Condition that is Likely Chronic: Results from a National Cross Sectional Survey. *J Pain* 2020;21(7-8):869-880.
- Shah, 2017: Shah A, Hayes C, et al. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use – United States, 2006-2015. *MMWR* 2017;66(10):265-269.
- Stoicea, 2015: Stoicea N, Russell D, Weidner G, et al. Opioid-induced hyperalgesia in chronic pain patients and the mitigating effects of gabapentin. *Front Pharmacol*. 2015;6:104. Published 2015 May 27.
- Kiang, 2020: Kiang MV, Humphreys K, Cullen MR, Basu S. Opioid prescribing patterns among medical providers in the United States, 2003-17: retrospective, observational study. *BMJ*. 2020;368:l6968. Published 2020 Jan 29.
- Berardino, 2021: Berardino K, Carroll AH, Kaneb A, Civiletti MD, Sherman WF, Kaye AD. An Update on Postoperative Opioid Use and Alternative Pain Control Following Spine Surgery. *Orthop Rev (Pavia)*. 2021;13(2):24978.
- Sabatino, 2018: Sabatino MJ, Kunkel ST, Ramkumar DB, Keeney BJ, Jevsevar DS. Excess Opioid Medication and Variation in Prescribing Patterns Following Common Orthopaedic Procedures. *J Bone Joint Surg Am*. 2018;100(3):180-188.
- VI, 2023: 2023 Validation Report. Validation Institute

ABOUT VORI HEALTH

Vori Health is a specialty medical practice delivering a virtual-first musculoskeletal (MSK) solution to help members get back to their lives faster. As the only nationwide MSK practice with doctor-led care teams, Vori Health is the most convenient way to access appropriate care for back, neck, and joint pain without bouncing around the healthcare system. Whether members need a diagnosis, non-opioid prescription, personalized physical therapy, and/or health coaching, they can turn to Vori Health for evidence-based care and effective end-to-end support. Learn how this holistic model reduces unnecessary surgeries, enables faster recoveries, and lowers MSK spend with up to a 4:1 ROI.



Let's connect!

- 🔗 vorihealth.com
- ✉️ go@vorihealth.com
- ☎️ (949) 290-6932

