Helping Employees

by Jeff Krauss, M.D.

Reproduced with permission from Benefits Magazine, Volume 56, No. 5, May 2019, pages 42-47, published by the International Foundation of Employee Benefit Plans (www.ifebp.org), Brookfield, Wis. All rights reserved. Statements or opinions expressed in this article are those of the author and do not necessarily represent the views or positions of the International Foundation, its officers, directors or staff. No further transmission or electronic distribution of this material is permitted.
Traditional treatment options have proven ineffective in resolving chronic pain for many people. The author states that an approach that incorporates education, behavioral and physical therapy has proven to be more effective than options such as opioids and surgery.
More than half of adults in the United States suffer from chronic pain,¹ which is pain that lasts longer than three months. Lower back pain alone affects more than a quarter of people in the U.S. for at least a full day every three months,² with rates of knee and neck pain trailing closely behind.

People who live with chronic pain are both less productive and costlier for their employers. The average workforce experiences a 13% loss in productivity due to chronic pain conditions.³ Some of these people actively pursue treatment options, but others suffer in silence. Even those who reach out for help are often not pursuing the right treatment because of the constraints of the health care system's delivery of care for chronic pain.

This article describes the challenges employees may face in finding the right treatment for chronic pain and discusses some of the available solutions health plan sponsors can provide, including digital programs.

The Health Care Landscape for Chronic Pain

Two of the most common treatment options for someone who has chronic pain are surgery and opioids. Surgery is useful for many acute injuries, but pain neuroscience has shown that chronic pain persists in the brain well after tissue damage has healed, so surgery is unlikely to provide a benefit. Similarly, while opioid painkillers are an appropriate treatment for acute pain, there is a lack of medical evidence to support their effectiveness for chronic pain. In fact, opioids can even worsen pain perception by causing a heightened sensitivity to pain. Despite this, one in five patients with pain is prescribed opioids.⁴

Leading medical bodies such as American Medical Association (AMA), American Pain Society (APS), and Centers for Disease Control and Prevention (CDC) all recommend that people pursue a combination of exercise therapy, behavioral health and education before turning to surgical intervention and opioids.⁵

The problem is that the current health care system is not set up to educate people around these options or easily provide this type of treatment for chronic pain. Patients quickly get overwhelmed with internet research, and it becomes unclear which recommendations are actually evidence-based. Surgery and prescriptions offer financial incentives to institutions with regard to both reimbursement and ease of delivery. Alternative options of treatment require a new type of treatment model that our health care system can’t currently provide in a scalable way.

The Perception of Pain—Education Can Help

Employers searching for ways to help their employees better manage their pain and find the right treatment may consider a program that starts with education. Educating employees on their pain helps them understand why they are feeling pain and how to reduce it.

Understanding the perception of pain is similar to watching a scary movie. The first time you watch the movie you jump every time the protagonist turns a corner or enters a dark room. By your third time watching the movie, you no longer find it as scary—it’s predictable. The experience is the same with chronic pain. People who suffer from chronic pain often feel scared about when the pain is going to hit, why they are suddenly in pain or how to get better. However, over time, behavioral coaching helps people understand the why and how of their pain, ultimately making it predictable and manageable. Educating people on pain allows them to go from something that is unpredictable and frightening to something that is tangible.

The Why

The first step to understanding pain is teaching people that the way they perceive and think about pain influences how they feel it. Even the language used around pain can influence the perception. Using the word persistent instead of chronic acknowledges that the pain is real, but that it is temporary and can be managed. How patients perceive their pain directly influences their inclination to actively cope through movement and exercise.

The How

Consider the last time you stubbed your toe: You felt pain because your body communicated to you that your toe
Takeaways

- Two of the most common treatment options for chronic pain—surgery and opioids—have proven to be ineffective.
- The American Medical Association (AMA), American Pain Society (APS), and Centers for Disease Control and Prevention (CDC) all recommend a combination of exercise therapy, behavioral health and education for chronic pain before turning to surgical intervention and opioids.
- Educating employees about their pain through behavioral coaching can help them better cope with chronic pain.
- Digital care programs, which can include information exchanges between members and care providers via app, web, wearable sensors or video, have shown some advantages over other delivery methods. Digital programs provide increased convenience and include health coaching and education.

Outside of a digital program, there are a range of alternatives for both treating and educating people about their pain. While opioids are not an effective solution for chronic pain, some alternative medications have shown limited success in reducing pain. Oral medications, such as NSAIDs, muscle relaxants, antidepressants and even antiseizure medications may have benefits when used correctly. Some procedures, such as steroid injections, also can provide short-term pain relief. Medications and procedures do not resolve pain, but they can open a window of opportunity by creating a temporary reduction in pain that allows patients to start exercising and doing therapies, which in turn may provide long-term pain relief.

Alternatively, some employers have provided on-site physical therapy, which allows employees to get exercise therapy without the time restraints and inconvenience associated with in-person physical therapy visits.

A clinical trial published in Spine shows the long-term effects of a combined exercise and motivational program on disability and pain reduction. Patients with lower back pain were as-
signed to either a control group with standard exercises or a group that combined exercise and a motivational program including extensive counseling, reinforcement techniques and education. In the first four months, pain was reduced in both groups. However, after one year, the program with only exercise showed little impact on pain reduction. Exercise initially reduced pain, but it was not enough alone for significant long-term effects. That is why it is important—no matter the delivery—that when addressing pain, employers need an approach that incorporates not only exercise therapy but also behavioral health and education.

Case Study: Vail Resorts

In 2017, Vail Resorts, a mountain resort company with more than 33,000 employees, was spending close to $9 million per year on musculoskeletal conditions, and most of the costs were related to surgery. Across 12 ski resorts, Vail Resorts had a mix of office- and service-based employees who had jobs varying from retail clerks to chefs to ski instructors. The company was looking for a digital program that went beyond just physical therapy that could reach a dispersed and sometimes remote and hard-to-reach workforce.

In the first year, Vail Resorts enrolled 415 members in digital back and knee pain care programs that combine sensor-guided exercise therapy with health coaching and education.

One program participant, Shelly, a barber at Vail Resorts, suffered from both back and knee pain. She was on her feet all day and knew that she should be doing exercises but couldn’t find the time. Her perception was that she would always have pain. Tired of not being able to fully participate in life and lacking an understanding of her pain, Shelly was on the road to surgery. Although Shelly wanted to reduce her pain, she lacked a level of accountability to complete weekly exercises. The ease of access provided by the digital program combined with the support of a health coach not only kept Shelly accountable for her weekly exercise therapy sessions but allowed her to gain a greater understanding of the benefits of exercise.

Within weeks, Shelly saw a reduction in pain and an increase in her range of motion. Through a combination of at-home exercise therapy, health coaching and education, the digital delivery of care enabled Shelly to understand the “whys” and “hows” surrounding her pain. With a changed perception of pain, Shelly started moving and exercising and can now stay on her feet all day.

Similar results have been reported by digital care programs. Researchers at Stanford and the University of California, San Francisco conducted two randomized control clinical trials to see the impact a digital program designed by Hinge Health compared with more traditional methods of care.11,12 People who completed the chronic knee program averaged a 60% reduction in pain compared with a 21% reduction in pain for the control group that received care as usual. Putting that in context, opioids research shows an average pain reduction of 30%. On average, the study said two in three surgeries were avoided, which translated to a $1.5 million savings from avoided surgeries based on a medical claims analysis. Prescription claims analysis also revealed a 23% reduction in opioid claims.

What to Look for When Evaluating a Solution

Providing employees with accessible tools to understand and manage their pain can help employers prevent unnecessary surgeries and reduce overall medical costs. No matter the type of program, whether it’s on-site or digital, it is important to take a few key items into consideration in order to effectively select a solution.
**Member Experience**

No two workforces are exactly alike. It is important to consider how care will be delivered and whether it is right for plan members. When evaluating musculoskeletal solutions, employers should compare each program’s engagement levels, completion rates and overall member satisfaction ratings. Implementing a musculoskeletal program should not be a burden on the employee benefits team, so employers should make sure that marketing is both easy to implement and that the solution has a track record of activating the right employees and keeping them motivated for the duration of the program.

**Evidence-Based Care**

What kind of care is being delivered? Best practice care has three pillars: exercise therapy, behavioral health and education. In order to see sustainable results, a musculoskeletal program should go beyond physical therapy and combine technology with high-touch behavioral coaching.

**Scalability**

How is care being delivered? Today’s workforces are diverse and dispersed. Some workforces don’t have emails or have employees who prefer communication via text messages. Employers should look at whether the program can address the communication needs of the entire workforce, regardless of where they work. Plan sponsors should ask how many Fortune 500 company deployments have been successfully completed, how the program integrates with claims billing and what is the client renewal rate. Convenience and accessibility of care as well as overall results should be taken into consideration.

**Validated Outcomes**

In evaluating programs, employers should consider the return on investment (ROI)—how a reduction in health care costs compares with money spent on the program. They should look for programs that offer shared risk, provide guarantees of performance and ROI, and have results published in peer-reviewed journals. Effective outcomes should be based on overall population and demonstrated consistently across multiple studies.

**Conclusion**

Understanding pain can ultimately lead to preventing unnecessary surgeries and opioid prescriptions. By empowering employees to move and understand the social aspects that influence pain, participants can positively change their perception of pain, which can have immediate effects on pain reduction, physical performance and cognition. Aside from the physical and emotional benefits, education helps people with pain recognize that surgery and opioids may not be the answer, reducing the burden of health care visits and overall costs.

**Endnotes**