

ATI Physical Therapy: Healthcare Experts Discuss Alternatives to the Opioid Crisis

Inaugural ATI Forum assesses the opioid epidemic and alternative treatments to chronic pain

BOLINGBROOK, Ill., (Jan. 29, 2018) – Experts from cross-sections of the U.S. healthcare industry met on January 26th in Chicago at the **ATI Forum: Opioid Edition, Presented by ATI Physical Therapy**, to discuss key influencers in the emergence of the opioid epidemic. Panelists explored alternative options for addressing management of pain and long-lasting solutions to help prevent opioid dependencies and ultimately save lives.

Industry experts on the **ATI Forum** included: Wajde Dabah (M.D., Pain Therapy Associates), Matthew Belcher (attorneyAleksy & Belcher Law), Tom Allen, (M.D., BCBSIL), and Thomas Denninger (DPT, ATI Physical Therapy). Steven Ross Johnson (healthcare reporter, *Modern Healthcare*) moderated the panel discussion. Dr. Chris Stout, (vice president, research & development, ATI Physical Therapy) opened the Forum as the keynote, highlighting the declining life expectancy of those addicted to opioids.

Experts weighed in specifically on the lack of education, access to alternative treatments, and mismanagement of patient cases and how these variables have led to the increases in opioid misuse.

“Education and making other [treatment] options known and readily available to patients are certain things we need to look at,” said Dabah. “Many patients don’t realize the negative side effects and the problems that result of an opioid addiction. There are alternative innovative technologies to opioids with less addictive properties that can help. It’s really just a matter of getting these chronic patients early to a pain specialist who can offer these new innovative tools. The closer you can get the gap to initial diagnosis to treating the pain, the more likely you are able to prevent chronic pain from developing.”

Touching on the need for continued treatment and the role a patient’s mental health plays in the cycle, experts are urging the medical community take a more comprehensive approach to treatment.

“Opioid dependence is like any other chronic disease in that it needs continual treatment and attention - it’s not something that you can fix and it goes away,” said Allen. “A huge barrier in this situation is stigma. When you hear of someone who is opioid dependent, we associate it with someone on the street and get a picture of someone that is not like us, so it’s easy for us to assume it’s someone else’s problem. It’s stigmas like this that may prevent people from getting treatment.”

“With this, it’s also important to focus on mental health,” added Dabah. “The correlation of depression and chronic pain is a 60% to 80% correlation because you can’t treat one without treating the other, so reaching out to ancillary [treatment] services to get everyone involved at the same time is the best way to combat this.”

Advocating for a more sustainable approach to documenting a patient’s succession through treatment, Belcher believes chart notes are a key component to helping a patient get the therapy they need.

“For medical professionals, it’s important to document in the chart notes the progress being made,” said Belcher. “Certain guidelines exist that are supposed to fit everyone, so if you write down that a patient has level 8 pain and after six weeks of PT (physical therapy), they have level 8 pain. I can guarantee you, that next course of PT is not going to be authorized. So you have to document in the medical chart notes that PT or these alternative modalities are helping the patient. If it’s not documented in the chart notes, the continued care is not going to be authorized.”

From an ease-of-care and patient satisfaction perspective, ATI’s Denninger shared his thoughts on promoting an effective means to treatment rather than working towards an approval rating.

“When a patient goes to a medical provider, they expect something to be done,” said Denninger. “Sometimes it may be easier and best for a practice to make sure their patients feel satisfied on the way

out. However, active care and time-to-care is crucial in helping a patient combat their pain. These people do need treatment, because left to their own devices, they will go into a persistent pain state, which puts them very much on a track for dependence. We need to hear these people. They need to receive care, but it should not be the easiest thing, which is a prescription. They should be put in a clear direction where they know they are being taken care of.”