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Editorial

DON'T PENALIZE DOCTORS FOR USING NON-OPIOID PAIN TREATMENTS

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The opioid crisis forced policymakers to acknowledge that people in pain need diverse treatment options. They need safe and effective non opioid treatment plans created thoughtfully with both doctor and patient input. Policymakers can and must do better to prevent opioid addiction

The proposal is tucked away in a publication from the Centers for Medicare and Medicaid Services about a seemingly unrelated issue – how physicians are reimbursed for Medicare Part B drugs. These are medications typically injected or infused in a physician's office or in surgical settings.

The change that the agency suggests could severely limit the use of opioid alternatives due to cost issues.

The policy would combine different types of drugs into a single lump group for payment purposes. One type of drugs, called 505(b)(2) for their description in the U.S. Food, Drug and Cosmetics Act, are innovative and higher cost. These are drugs that build on the research used to approve past medications, meaning that they offer new technology but at a quicker pace than medications created from scratch. The other drugs in this lump group are primarily generics with much lower costs.

The proposal would reimburse physicians and surgery centers based not on the cost of the medication their patient actually uses but on the average cost of the entire group of drugs.

If a doctor administers a 505(b)(2) medication but gets paid based on the average cost of primarily generic medications, he or she will not be able to recoup the entire cost of the medication used. Some doctors may take the loss so patients can get the treatment they need. Others simply cannot if they are to continue paying staff, overhead costs and keeping their practices financially viable.

Part B drugs already present a financial challenge for doctors. They often require special storage and handling, as well as supervision or direct administration. This adds cost. On top of that, doctors frequently pay upfront for Part B drugs through what's known as "buy and bill." They purchase the drugs ahead of time, assuming the cost burden based on their estimate of future patient need. It can be an expensive guessing game.

How does all this relate back to pain?

a Dr. Scott A. Sigman is a board-certified orthopaedic surgeon providing comprehensive care to patients at Orthopedic Surgical Associates of Lowell since 1996. Specializing in Sports Medicine, Dr. Sigman possesses the skills and experience to diagnose and treat sports injuries and conditions affecting the knee and shoulder. In addition to his practice duties, he has served as the Team Physician for the US Ski Jump Team, and serves for the last 20 years as the Team Physician at UMASS Lowell, and is the past Chief of Orthopaedics at Lowell General Hospital.

Dr. Sigman graduated cum laude with his Bachelor's degree in Biology from Tufts University, where he played varsity lacrosse and was President of the Alpha Epsilon Pi fraternity. He then received his medical degree as a cum laude graduate of the University of Maryland School of Medicine and member of the prestigious Alpha Omega Alpha medical honor society.

Upon graduating with his medical degree, Dr. Sigman completed his postgraduate internship in General Surgery at St. Agnes Hospital, followed by a residency in Orthopaedic Surgery at Tufts Medical Center. Dedicated to furthering his training, Dr. Sigman also completed a fellowship in Sports Medicine at the prestigious Kerlan-Jobe Orthopaedic Clinic, during which he was responsible for the orthopaedic care of the Los Angeles Lakers, Los Angeles Dodgers, LA Angels, LA Kings, Anaheim Mighty Ducks, LA Galaxy and USC football.

In addition to his extensive training and practice experience, Dr. Sigman has also contributed to numerous publications and research studies regarding advances in the field of orthopaedic surgery. He takes great pride in remaining informed of the latest state-of-the-art arthroscopic techniques for both knee and shoulder surgery. He also gives presentations and lectures and instructional courses to fellow surgeons throughout the world in new shoulder and knee surgery techniques.

In 2019, Dr. Sigman was elected as a Fellow of the Royal College of Physicians of Ireland, Faculty of Sports & Sports Medicine. This certificate is a culmination of his ongoing efforts to change the paradigm of postoperative pain management.

Visit the Open Payments Data Page for Dr. Sigman

Conflicts of Interest Statement for Dr. Sigman

Figure 1

Many of the innovative drugs that have, and continue to, offer patients alternatives to opioid-only pain treatment are categorized as 505(b)(2). These are treatments like injected steroids for chronic pain and non-opioid alternative medications used for post-surgical pain. They are the very medications that offer patients personalized opioid free pain management that's safe and effective. As I look toward the future, I anticipate other pain treatments will also be 505(b)(2).

But if the Centers for Medicare and Medicaid Services implements what amounts to a financial penalty for using them, their availability may soon become limited.

The opioid crisis forced policymakers to acknowledge that people in pain need diverse treatment options. They need safe and effective non opioid treatment plans created thoughtfully with both doctor and patient input. Physicians need the autonomy to incorporate the pharmacologic as well as the traditional, to explore options as ancient as acupuncture or as innovative as nerve stimulation.

Imposing a financial disincentive on non-opioid pain medications is not acceptable. Policymakers can and must do better to prevent opioid addiction.

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