Accountable Disease Management of Spine Pain:

an opportunity for PM&R

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Introduction

- Current factors
  - Demographics

- Low Value Care
  - Potentially Avoidable Complications

- What works
  - Interdisciplinary Rehab with a Cognitive Behavioral Component

- High Value Care and the Law
  ***Opportunity for PM&R***
  - Integrate, collaborate
  - Team management
  - Amateur psychologists
  - Goal evaluation

- Summary
Current Factors--Demographics

- 80% of population with low back pain at some point
- 90% resolve in 6 weeks
  - 95% by 12 weeks
- Only 2% elect for surgery
  - 10-20% in surgery clinics
- LBP 4th leading cause of presentation to physicians’ offices (Routine exam, post-op check, upper respiratory infection (URI))
- Cost $50 billion/yr
  - 75% of the total cost due to 5% of patients
Trends in Utilization for LBP

**a** Lumbar spine MR imaging, Medicare

**b** Opioid analgesic prescriptions for spine problems

**c** Lumbosacral injection rates, Medicare

**d** Lumbar fusion rates, degenerative spine conditions
Injections

• moderate evidence that facet joint injections with corticosteroids are not significantly different from placebo injections for short-term pain relief and improvement of disability

• no evidence for diagnostic or therapeutic facet joint interventions

• fair evidence of moderate benefit compared with placebo injection for short-term pain relief in patients with radiculopathy
Low value care

Fragmented
Fee-for-procedure
Episodic
Goal:

High value care

Vertically integrated organization with longitudinal management approach
What does work?

• Guidelines of the American Pain Society (Chou, 2009):

  "RECOMMENDATION 2: In patients with nonradicular low back pain who do not respond to usual, noninterdisciplinary intervention, it is recommended that clinicians consider intensive interdisciplinary rehabilitation with a cognitive/behavioral emphasis (strong recommendation, high-quality evidence). Chronic back pain is a complex condition that involves biologic, psychological, and environmental factors. For patients with persistent and disabling back pain despite recommended noninterdisciplinary therapies, clinicians should counsel patients about interdisciplinary rehabilitation (defined as an integrated intervention with rehabilitation plus a psychological and/or social/occupation component) as a treatment option."
Source: Agency for Healthcare Research and Quality
Technical Brief – Multidisciplinary Pain Programs for Chronic Non-Cancer Pain
Published online July 28, 2010
(Final—September 30, 2011)
www.effectivehealthcare.ahrq.gov
Medical / surgical review

Interdisciplinary team assessment

- Team meetings weekly
- Custom treatment plan from 4 hours 2d/wk x 4-8 wks to 8 hours daily x 4-8 wks

Behavioral Medicine

Education

Societal reintegration

Physical reconditioning
High-Value Care

ISPC’s
- Clinically effective
- Cost effective

CBT
- Clinically effective
- Cost effective
Think tanks ➔ Politicians ➔ HR3590

- RAND corporation
- Galen institute
- Brookings Institute
- Center for Healthcare Strategies
- Kaiser Family Foundation
- Institute for Health Policy Solutions
- Patient Protection and Affordable Care Act
Aspects of care measured by NCQA for recognition as a patient-centered medical home

1. Access and communication
2. Patient tracking and registry functions
3. Care management
4. Patient self-management support
5. Electronic prescribing
6. Test tracking
7. Referral tracking
8. Performance reporting and improvement
9. Advanced electronic communications

NCQA, National Committee for quality assurance. From physician practice connections to patient-centered medical home [44].
One Hundred Eleventh Congress
of the
United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday,
the fifth day of January, two thousand and ten

An Act

Entitled The Patient Protection and Affordable Care Act.
Patient Protection and Affordable Care Act
HR--3590

• § 3021. Establishment of Center for Medicare and Medicaid Innovation Within CMS.
  • § 3506. Program to Facilitate Shared Decision Making.

• §3022. Medicare Shared Savings Program.

• §3023. National Pilot Program on Payment Bundling.
"Sorry, but TLC wasn't approved by your HMO."
Performance Incentives in the 2011 AQC

As quality improves, provider share of surplus increases/deficit decreases

- Quality Performance Incentive
- Provider Share of Surplus (increases as quality improves)
- Provider Share of Deficit (decreases as quality improves)

Linking Quality and Efficiency
The 2011 AQC ensures that providers have a strong incentive to focus on both objectives.

PMPM Quality Dollars
The 2011 AQC also allows groups to earn PMPM quality dollars regardless of their budget surplus or deficit. High quality groups earn more PMPM quality dollars.
Accountable Care Organizations: Avoiding Pitfalls of the Past

December 2010
“(B) APPLICABLE CONDITION.—The term ‘applicable condition’ means 1 or more of 8 conditions selected by the Secretary. In selecting conditions under the preceding sentence, the Secretary shall take into consideration the following factors:

– mix of chronic and acute presentations
– mix of surgical and medical treatments
– opportunity to improve the quality of care while reducing total expenditures
– variation in resource utilization
– high-volume and has high post-acute care expenditures
Diet, Exercise, Sleep, Self Image

Active Therapies
- some PT
- strategies
- Teachers

Passive Therapies
- some PT
- chiropractic
- massage
- acupuncture
- reiki, etcetera
- bracing

Medications
- pills
- patches

Injections
- in the clinic
- x-ray-guided

Surgery
"Because you never get any exercise, I'm going to give you the runaround."
Summary

• Low value vs. high value care

• Physiatrist’s role in value-based pain management
  – Function based, multi-faceted treatment approach
  – Integration—Together Everyone Achieves More
  – Accountability, goals
  – Administrative Role
  – Psychological experience
  – Societal level, injury-to-wellness paradigm