National Academies of Sciences

The Role of Nonpharmacological Approaches to Pain Management

Session 3: Policies to Promote Evidence-based Nonpharmacological Approaches

What policies would help reduce major barriers to change?

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Context

% of Patients

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>30.4%</td>
</tr>
<tr>
<td>Specialist</td>
<td>38.3%</td>
</tr>
<tr>
<td>DC/PT</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

Total Episode Cost

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Total Episode Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$728</td>
</tr>
<tr>
<td></td>
<td>$1,728</td>
</tr>
<tr>
<td></td>
<td>$619</td>
</tr>
</tbody>
</table>

Experience

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># Providers Seen</th>
<th>Manipulation</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>2.20</td>
<td>6.5%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Specialist</td>
<td>2.98</td>
<td>6.6%</td>
<td>22.4%</td>
</tr>
<tr>
<td>DC/PT</td>
<td>1.67</td>
<td>88.4%</td>
<td>72.1%</td>
</tr>
</tbody>
</table>

Recommended

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Opioid</th>
<th>Injection</th>
<th>Imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>13.4%</td>
<td>28.3%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Specialist</td>
<td>13.1%</td>
<td>30.5%</td>
<td>62.9%</td>
</tr>
<tr>
<td>DC/PT</td>
<td>4.5%</td>
<td>6.9%</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

Use Rarely

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Imaging Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.1</td>
</tr>
<tr>
<td></td>
<td>16.9</td>
</tr>
<tr>
<td></td>
<td>41.0</td>
</tr>
</tbody>
</table>

Infrequent and >30 days

Source and Definitions:

- PCP = Family Practice, IM, Nurse, Phys Assistant
- Specialist = Ortho, ER, Pain Mgmt, PMR, Rheum, Neuro
- Complete non-surgical spine episodes starting with in-network provider
- 3.7M patients, 4.5M episodes, $4.4B covered, 272k providers
What Are We Doing

**INFORMATION**

- Benefit Design

**FIRST PROVIDER**

*Primary Care*

- Practice Management System
- $729 (13%)
- (Limited use, red flags)
- First, second line treatment

**SPECIALISTS**

*Specialist*

- Practice Management System
- $1,728 (13%)
- (Red flag referral)

**Areas of focus**

- A: Eliminate out of pocket cost, Consumer, employer, provider education/decision support
- B: Triage process and direct scheduling
- C: Increase reimbursement for those who are digitally connected and make appointment availability transparent
- D: Medical physician triage and conservative care referral
- E: PCP and conservative care triage and red flag referral

**Conservative**

- Large network of high quality, evidence-based conservative care
- Practice Management System
- $619 (4%)
- >50%

**Practice Management System**

- $729 (13%)
- >10%
- $1,728 (13%)
- >10%

- $619 (4%)
- >50%
- $1,728 (13%)
- >10%

- $729 (13%)
- (Limited use, red flags)
- $1,728 (13%)
- (Red flag referral)
Appendix
Are There Any Guidelines?

Imaging and Opioid Use for Non-Surgical Spine Episodes

27,045 Providers Who Were First Provider For At Least 25 Episodes

% of Episodes With Opioid

% of Episodes With Imaging
Impact of Benefit Designs

10% to 25% less likely to see a PT, rather than PCP, if copay >$20 or deductible >$300

Source
• Technical Report – *Conservative Therapies for New Onset Low Back Pain and Predictors of Long-term Opioid Use and Misuse*
• Lewis Kazis, ScD, et all
• Boston University School of Public Health
• Sponsors: APTA, Optum and UHC

• 8.8M episodes of back pain from 2008-2013
• 217k sample – 2 years continuous eligibility and 12 month clean period before and after onset, other exclusions
• Manuscript submitted for publication