Improving Treatment of Spine Related Disorders
What are Optum and United Healthcare Doing?

3rd Annual Allina Spine Consensus Conference

11/9/2018

david.elton@optum.com

OPTUM

Context

Return to Society

NPS

UNITEDHEALTH GROUP

Mission: *Help people live healthier lives*
Role: *Make healthcare work for everyone*

Clinical Outcomes
Cost of Care
Patient Experience
Provider Experience

UnitedHealthcare OPTUM

Return to Shareholders

EPS

Consistent with our Mission and Role, we are very focused on helping people with pain, and particularly pain associated with spine related disorders, live healthier lives

Thank you for the invitation to share some of what we are working on

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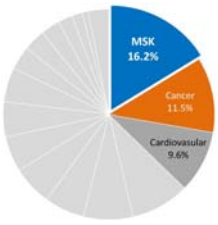
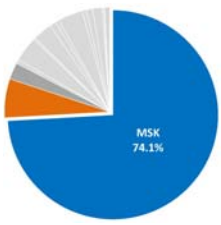
Why Back Pain?

% of Total $



% of Total MME



Source and Definitions:

- MSK = Musculoskeletal Episodes
- MME = Morphine Milligram Equivalent
- ***Data excludes dental claims**, which are often carved out and processed through different claims platforms. Estimated to be ~10% of scripts and ~5% of MME*
- UHC Commercial Self and Fully Insured Members
- Continuously eligible members with full pharmacy data
- Complete episodes ending in 2017
- Episodes defined through Symmetry ETG Grouper
- **33.4M** episodes, **$34.6B** covered **$**, **1.7B** MME, **38.7M** days supply

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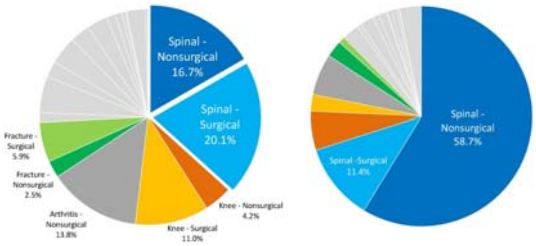
Why Back Pain?

% of MSK $ | *% of MSK MME*



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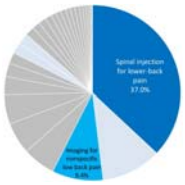
Why Back Pain?

Low Value Care

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0953
http://www.medpac.gov/docs/default-source/default-document-library/measuring-low-value-care_apr-2017_public.pdf?sfvrsn=0
https://www.nihcm.org/topics/health-care-delivery?task=download
JAMA Intern Med. 2016;176(10):1567-1571. doi:10.1001/jamainternmed.2016.5031

***Definition**: Tests or procedures that offer no or unclear benefit, but also expose patients to risk and expense*



Imaging for non-specific low back pain

MSK accounts for **>50%** of Low Value Care

Spinal **injections** and **imaging** account for **~45%** of all Low Value Care

"Rarely alters clinical management or identifies serious conditions, but:

- *Exposes patients to radiation and expense*
- *May find clinically-irrelevant abnormalities that lead to: further tests, referrals, invasive procedures that offer limited benefits and carry risks"*

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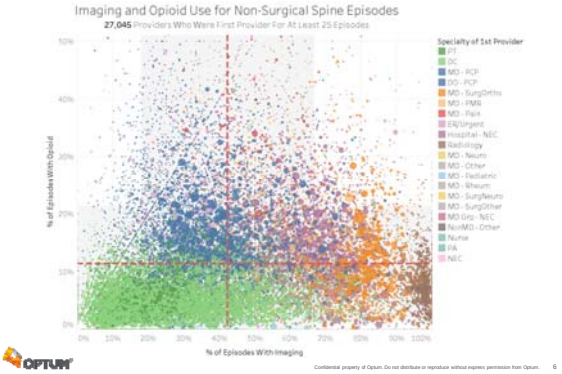
Are There Any Guidelines?



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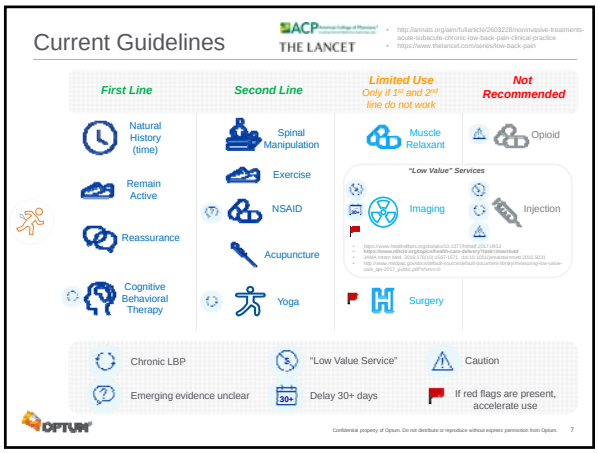
Current Guidelines
ACP
THE LANCET
First Line
Second Line
Limited Use
Only if 1st and 2nd line do not work
Not Recommended
Natural History (time)
Remain Active
Reassurance
Cognitive Behavioral Therapy
Spinal Manipulation
Exercise
NSAID
Acupuncture
Yoga
Muscle Relaxant
Opioid
"Low Value" Services
Imaging
Injection
Surgery
Chronic LBP
"Low Value Service"
Caution
Emerging evidence unclear
Delay 30+ days
If red flags are present, accelerate use
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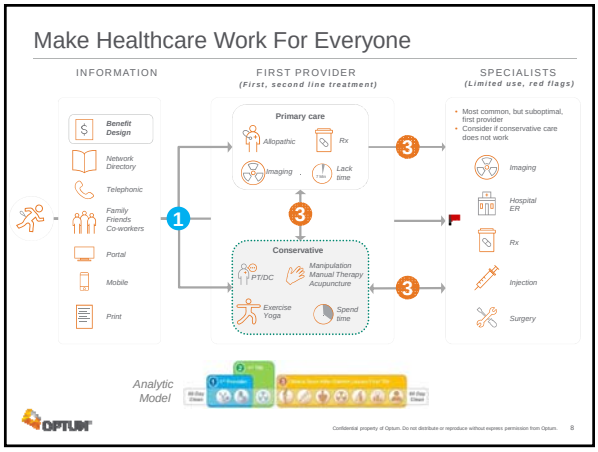
Make Healthcare Work For Everyone
INFORMATION
FIRST PROVIDER
(First, second line treatment)
SPECIALISTS
(Limited use, red flags)
Benefit Design
Network Directory
Telephonic
Family Friends Co-workers
Portal
Mobile
Print
Primary care
Allopathic
Rx
Imaging
Lack time
Conservative
PT/DC
Manipulation Manual Therapy Acupuncture
Exercise Yoga
Spend time
Most common, but suboptimal, first provider
Consider if conservative care does not work
Imaging
Hospital ER
Rx
Injection
Surgery
Analytic Model
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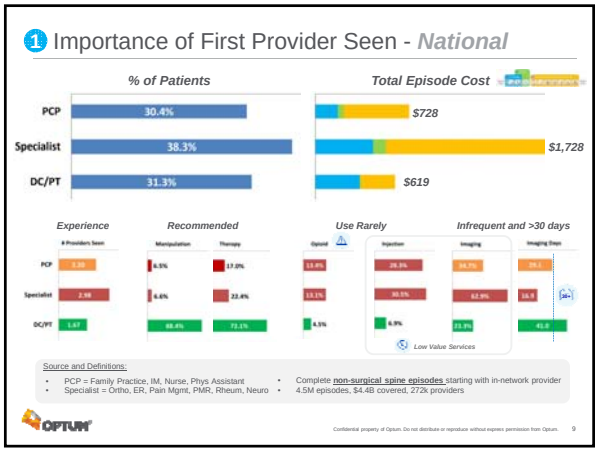
1 Importance of First Provider Seen - National
% of Patients
Total Episode Cost
PCP
30.4%
$728
Specialist
38.3%
$1,728
DC/PT
31.3%
$619
Experience
Recommended
Use Rarely
Infrequent and >30 days
Low Value Services
Source and Definitions:
PCP = Family Practice, IM, Nurse, Phys Assistant
Specialist = Ortho, ER, Pain Mgmt, PMR, Rheum, Neuro
Complete non-surgical spine episodes starting with in-network provider
4.5M episodes, $4.4B covered, 272k providers
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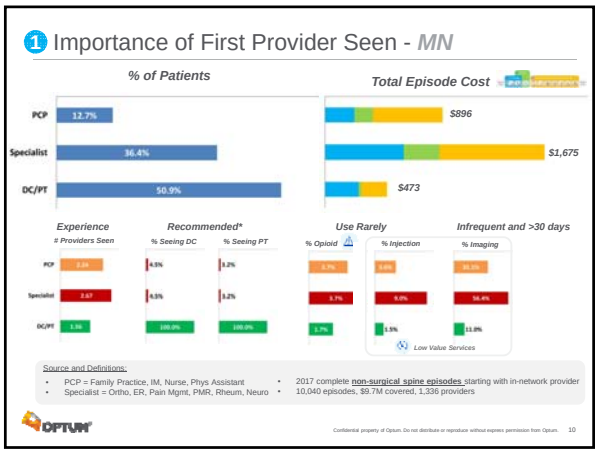
1 Importance of First Provider Seen - MN
% of Patients
Total Episode Cost
PCP
12.7%
Specialist
36.4%
DC/PT
50.9%
$896
$1,675
$473
Experience
Providers Seen
Recommended*
% Seeing DC
% Seeing PT
Use Rarely
% Opioid
% Injection
Infrequent and >30 days
% Imaging
Low Value Services
Source and Definitions:
PCP = Family Practice, IM, Nurse, Phys Assistant
Specialist = Ortho, ER, Pain Mgmt, PMR, Rheum, Neuro
2017 complete non-surgical spine episodes starting with in-network provider
10,040 episodes, $9.7M covered, 1,336 providers
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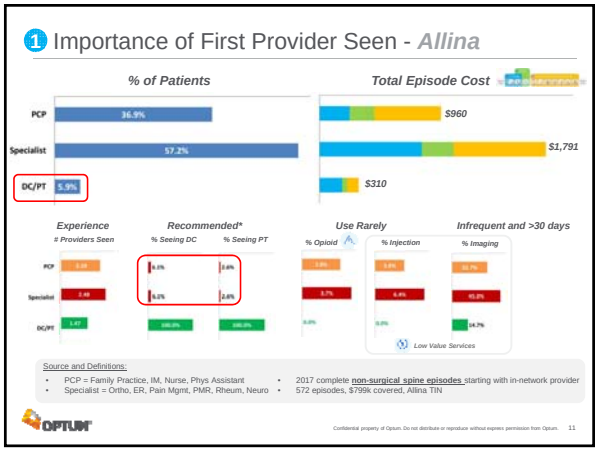
1 Importance of First Provider Seen - Allina
% of Patients
Total Episode Cost
PCP
36.9%
Specialist
57.2%
DC/PT
5.9%
$960
$1,791
$310
Experience
Providers Seen
Recommended*
% Seeing DC
% Seeing PT
Use Rarely
% Opioid
% Injection
Infrequent and >30 days
% Imaging
Low Value Services
Source and Definitions:
PCP = Family Practice, IM, Nurse, Phys Assistant
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2017 complete non-surgical spine episodes starting with in-network provider
572 episodes, $795k covered, Allina TIN
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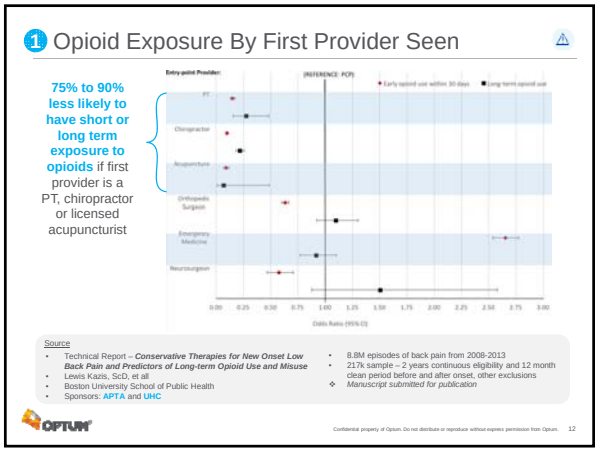
1 Opioid Exposure By First Provider Seen
75% to 90% less likely to have short or long term exposure to opioids if first provider is a PT, chiropractor or licensed acupuncturist
Source
Technical Report – Conservative Therapies for New Onset Low Back Pain and Predictors of Long-term Opioid Use and Misuse
Lewis Kazis, ScD, et al
Boston University School of Public Health
Sponsors: APTA 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
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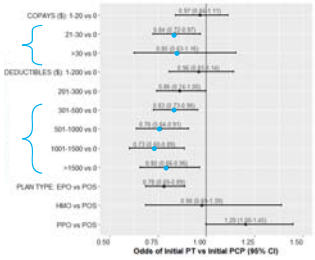
1 Impact of Benefit Design on First Provider

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



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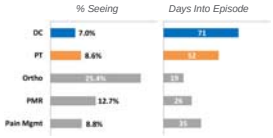
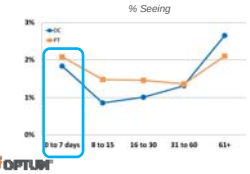
3 Importance of Referral Timing

Start With PCP

Start With Specialist



Start With PCP or Specialist – Timing of DC or PT Involvement



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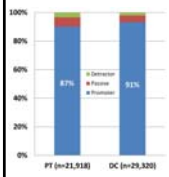
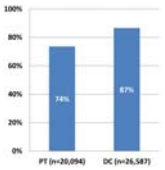
Consumer Perception

Net Promotor Score



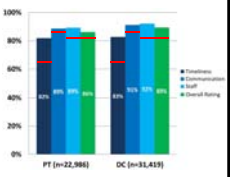
Global Perceived Effect

% "Better" or "Much Better"



AHRQ CAHPS

Top Box Score



Source
- Optum Consumer Satisfaction Survey Process
- Survey tools use
  - AHRQ CAHPS Clinician and Group Survey – https://www.ahrq.gov/cahps/index.html
  - Global Perceived Effect
  - Net Promotor Score

Overall CAHPS comparative data

Timeliness: 58-67%
Communication: 81-88%
Office Staff: 77-82%
Overall Rating: 77-82%

Source: AHRQ 2016 CAHPS Clinician & Group Survey Database – 2016 Chartbook: What Patients Say About Their Health Care Providers and Medical Practices (most recent published data)

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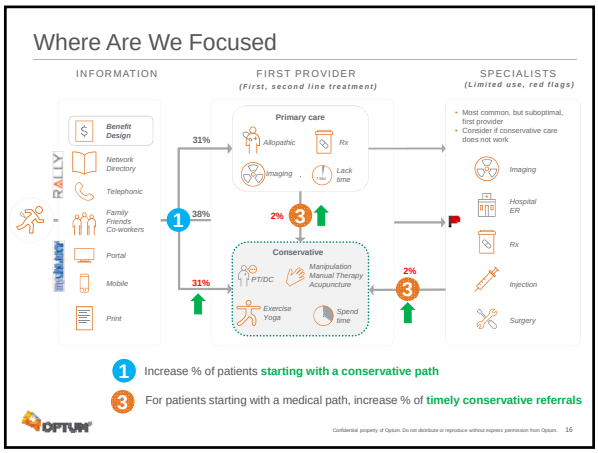
Where Are We Focused
INFORMATION
FIRST PROVIDER
(First, second line treatment)
SPECIALISTS
(Limited use, red flags)
Benefit Design
Network Directory
Telephonic
Family Friends Co-workers
Portal
Mobile
Print
31%
38%
31%
Primary care
Allopathic
Rx
Imaging
Lack time
2%
Conservative
PT/DC
Manipulation Manual Therapy Acupuncture
Exercise Yoga
Spend time
2%
Most common, but suboptimal, first provider
Consider if conservative care does not work
Imaging
Hospital ER
Rx
Injection
Surgery
Increase % of patients starting with a conservative path
For patients starting with a medical path, increase % of timely conservative referrals
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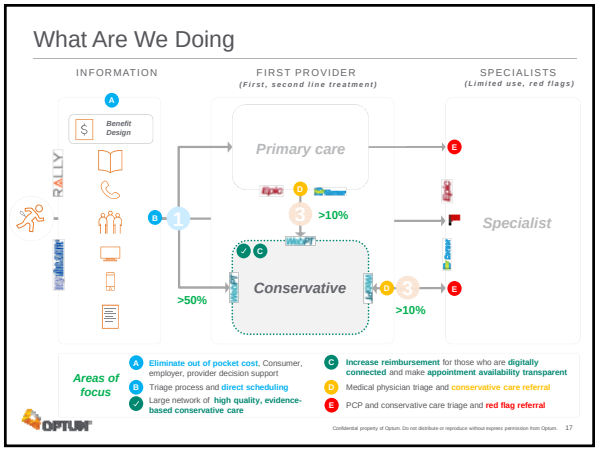
What Are We Doing
INFORMATION
FIRST PROVIDER
(First, second line treatment)
SPECIALISTS
(Limited use, red flags)
Benefit Design
Primary care
>10%
Specialist
Conservative
>50%
>10%
Areas of focus
Eliminate out of pocket cost, Consumer, employer, provider decision support
Triage process and direct scheduling
Large network of high quality, evidence-based conservative care
Increase reimbursement for those who are digitally connected and make appointment availability transparent
Medical physician triage and conservative care referral
PCP and conservative care triage and red flag referral
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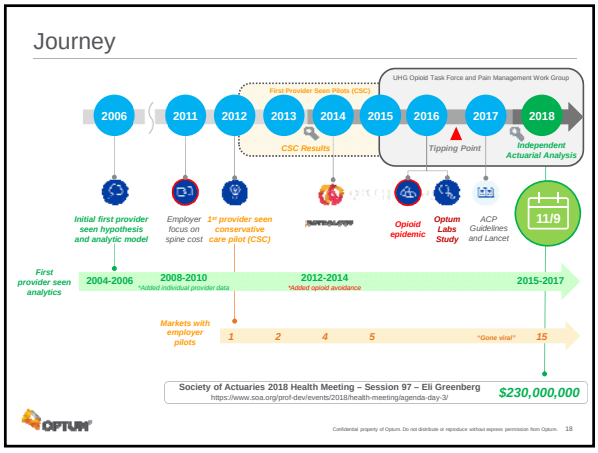
Journey
UHG Opioid Task Force and Pain Management Work Group
First Provider Seen Pilots (CSC)
2006
2011
2012
2013
2014
2015
2016
2017
2018
CSC Results
Tipping Point
Independent Actuarial Analysis
Initial first provider seen hypothesis and analytic model
Employer focus on spine cost
1st provider seen conservative care pilot (CSC)
Opioid epidemic
Optum Labs Study
ACP Guidelines and Lancet
11/9
First provider seen analytics
2004-2006
2008-2010
*Added individual provider data
2012-2014
*Added opioid avoidance
2015-2017
Markets with employer pilots
1
2
4
5
"Gone viral"
15
Society of Actuaries 2018 Health Meeting – Session 97 – Eli Greenberg
https://www.soa.org/prof-dev/events/2018/health-meeting/agenda-day-3/
$230,000,000
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