

**COLLECTIVE
IMPACT**



**IMPROVE
VALUE**



Who we are...



Who we are...



What we do...



TRUSTED CONVENER



TRANSPARENT REPORTING

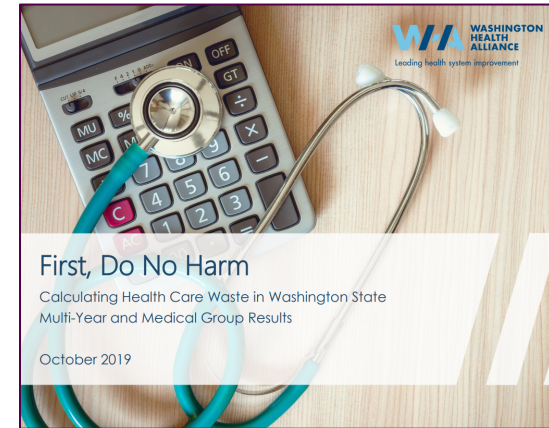
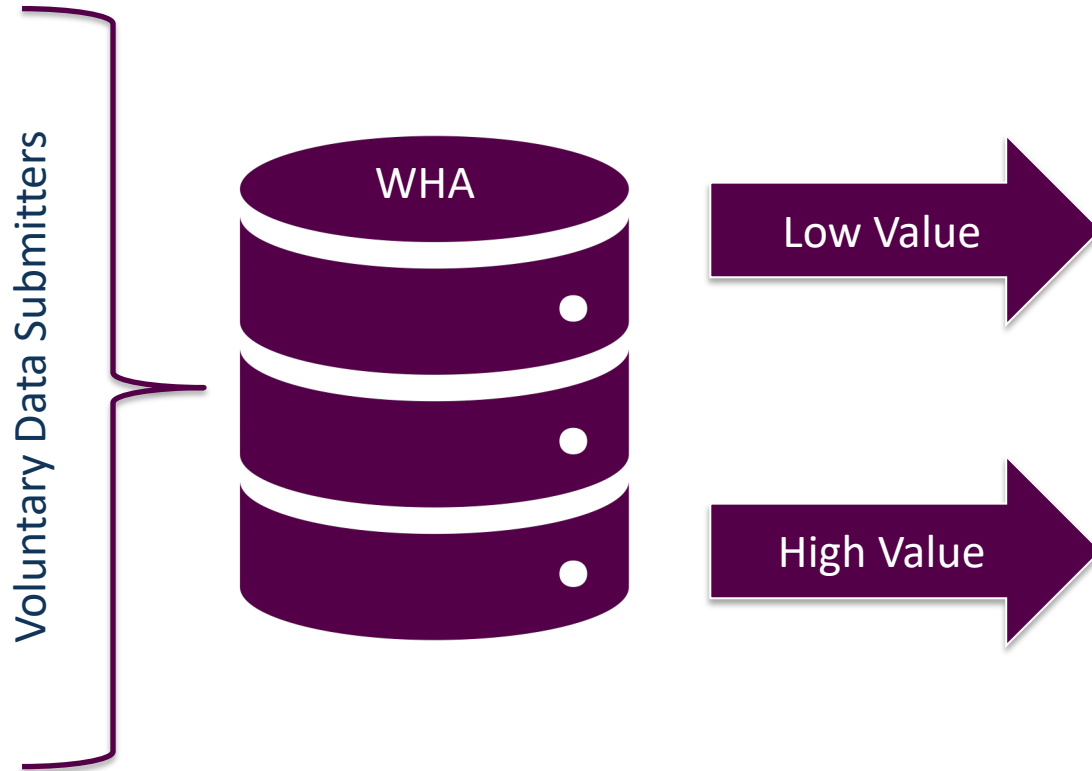


DRIVING ACTION

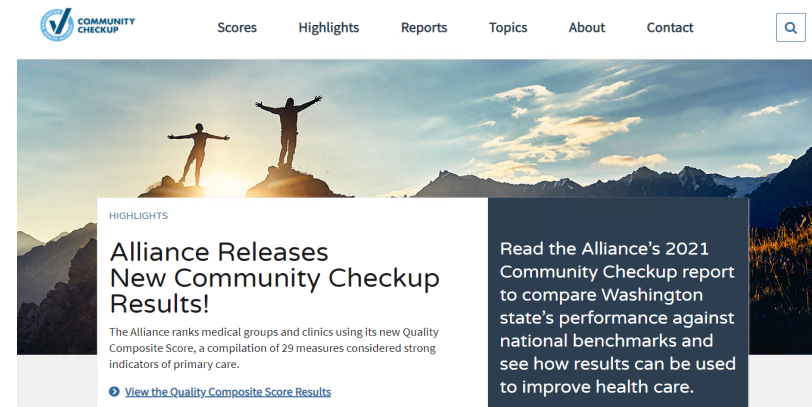
The journey to improve value...



Using data to identify opportunities...



*Produced using the Milliman MedInsight Health Waste Calculator™

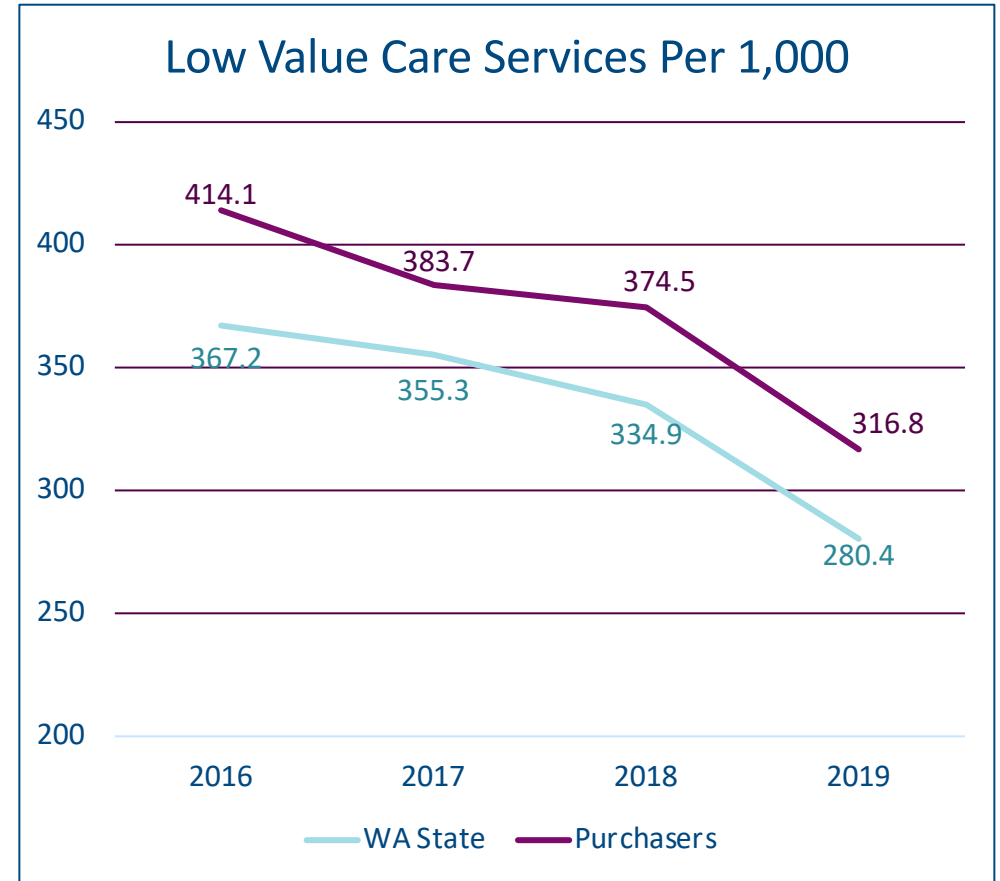


What we found in the data...

There are encouraging indicators

Large self-insured purchasers need to pay attention

The most prevalent low-value care services are deeply entrenched



The top ten is the top ten...

1. Annual EKG or cardiac screening in individual who are low-risk and without symptoms (3)
2. Opiates for acute low back pain (1)
3. Antibiotics for URI and ear infections (2)
4. Pre-operative baseline lab studies prior to low-risk surgery in healthy individuals (5)
5. PSA-based screening for prostate cancer in men without specific indications (7)
6. Imaging tests for eye disease in the absence of significant eye disease (4)
7. Too frequent cervical cancer screening in women (8)
8. Routine general health checks in adults 18-64 (no other diagnosis) (N/A)
9. Screening for Vitamin D deficiency (9)
10. NSAIDS prescribed for adults with hypertension, heart failure or chronic kidney disease (10)

92%
of all low
value care

Choosing what to work on together...

- Actionable
- Doable
- Meaningful

Choosing what to work on together...

- ✓ Actionable
- ✓ Doable
- ✓ Meaningful



Improving care for low back pain...

- Increase reliance on evidence-based non-opioid, non-surgical alternatives
- Reduce inappropriate opioid prescribing
- Avoid unnecessary surgery

One of our key learnings...



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DRIVING ACTION



IDENTIFY THE PROBLEM

One of our key learnings...



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TRANSPARENT REPORTING



APPLYING EVIDENCE



DRIVING ACTION



IDENTIFY THE PROBLEM



INFORM ACTION

Applying the evidence for addressing low back pain...



Bree Collaborative

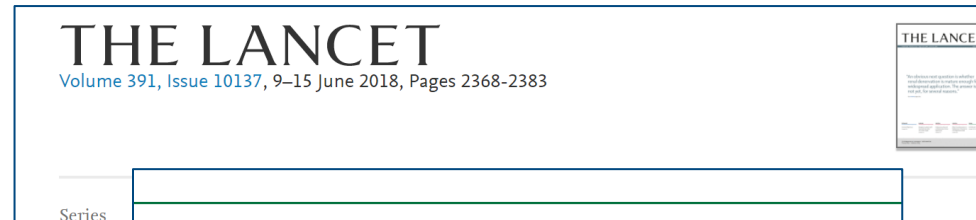
Spine/Low Back Pain Topic

Report & Recommendations

November 2013

Produced by the Foundation for Health Care Quality, home of the Bree Collaborative, for the Washington State Health Care Authority. Contract No. K529

Available at: www.hta.hca.wa.gov/bree.html



JAMA Clinical Guidelines Synopsis

August 22/29, 2017

Treatment of Low Back Pain

Hannah C. Wenger, MD¹; Adam S. Cifu, MD¹

Topical Review

PAIN

Transforming low back pain care delivery in the United States

Steven Z. George^{a,*}, Christine Goertz^a, S. Nicole Hastings^{b,c}, Julie M. Fritz^d

1. Background

Low back pain (LBP) is a nearly ubiquitous human experience second only to upper respiratory infection as a reason for a primary care office visit in the United States.²⁶ Back pain is the leading cause of disability worldwide and in the United States,²⁵ and rates of chronic LBP and resultant disability continue to increase.^{28,54} The societal impact of LBP cannot be attributed to undertreatment. Low back pain and neck pain were the costliest health condition in the United States for 2016, with an estimated \$134.5 billion spending paid across private (57%), public (34%), and out-of-pocket payers.²⁰ Surgical management of LBP is costly but incurred by a relatively small percentage of LBP cases, whereas the majority of costs are still incurred by those receiving care in the ambulatory setting.⁴⁶ Current ambulatory care practices are characterized by overutilization of low-value services including advanced imaging,

overcome.¹⁸ Improvement efforts in the United States, such as the Choosing Wisely campaign, targeted towards both patients and clinicians, focuses on practices within a particular care setting (eg, primary care and emergency department) leading to varying impact.^{41,50} Given the multitude of practitioners and settings involved in LBP care, it can be argued that the need to transform delivery models spans across and between disciplines²⁷ with the goal of creating pathways that better align with guideline recommended care.²⁶ Individuals with a misperception of the need for identifying a definitive cause of LBP contribute to this paradox by increasing resource utilization for imaging.^{51,49} Therefore, existing pathways often facilitate unwarranted, premature escalation of care for LBP due to converging forces from provider, patient, and health system stakeholders. This occurs despite mounting evidence that opioid pain management, invasive procedures and advanced

¹ The management of LBP depends on clinical examination findings.² Most cases are self-limiting and do not require medical care.³ Low back pain is a leading cause of disability worldwide and in the United States.²⁵ Low back pain is a leading cause of disability worldwide and in the United States.²⁵ Because non-pharmaceutical interventions are preferred, low back pain is a leading cause of disability worldwide and in the United States.²⁵ Because non-pharmaceutical interventions are preferred, low back pain is a leading cause of disability worldwide and in the United States.²⁵ Because non-pharmaceutical interventions are preferred, low back pain is a leading cause of disability worldwide and in the United States.²⁵

Using the tools in the toolbox...



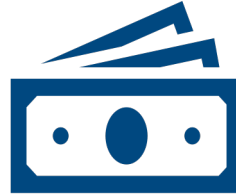
Quality Measurement

Clinical
Appropriateness
= High Quality



Practice Culture

Changing Practice
Patterns



Provider Payment Models

Reward Smart
Choices



Benefit Designs

Reward Smart
Choices



Patient Engagement

Empower with tools
and resources

Value-Based Framework = Aligned Incentives

Translating the evidence for purchasers....

- Non-invasive treatment options help 95% of people with low back pain recover after 12 weeks. Many recover with minimal intervention after 6 weeks.
- Where an individual seeks care is associated with differences in utilization and outcomes
- Benefit design influence on choice of provider

“The door you walk through matters”

Deciding what to do...

MEMBER STRATEGY



Increase the uptake of evidence-based treatment alternatives for low back pain

- Develop and deploy consistent education and communication across stakeholders
- Design benefits that encourage the use of evidence-based treatment alternatives (non-surgical, non-opioid)

PROVIDER STRATEGY



Implement new payment models that address low back pain in evidence-based non-surgical non-opioid care pathways using aligned multi-payer approach:

- Low Back Pain Bundle
- Advanced Primary Care Payment

Deciding what to do...





MEMBER
STRATEGY







PROVIDER
STRATEGY



A role for everyone...

	 Practice Culture	 Payments / Incentives	 Benefit Design	 Patient / Member Engagement
Purchasers		<ul style="list-style-type: none"> ✓ Consider expanding coverage provisions to include payment for evidence-based alternative treatments (e.g., acupuncture, massage therapy) for low back pain 	<ul style="list-style-type: none"> ✓ Remove any potential barriers (higher copays, visit limits, etc.) to seeking a broad range of evidence-based treatment alternatives (e.g., manual, cognitive, and/or integrated therapies) 	<ul style="list-style-type: none"> ✓ Prepare and deploy synchronized, proactive communication about the experience of low back pain and what path to take to resolve it.
Providers	<ul style="list-style-type: none"> ✓ Integrate clinical decision support systems ✓ Form strong referral relationships with non-traditional providers 			<ul style="list-style-type: none"> ✓ Highlight the evidence on the effectiveness of non-surgical, non-opioid alternatives
Health Plans	<ul style="list-style-type: none"> ✓ Support the integration of patient information into the provider workflow 	<ul style="list-style-type: none"> ✓ Incentivize the use of clinical decision support systems and evidence-based referral relationships/actions ✓ Consider expanding coverage provisions to include payment for evidence-based non-traditional treatment alternatives for low back pain. 	<ul style="list-style-type: none"> ✓ Remove any potential barriers (higher copays, visit limits, etc.) to seeking a broad range of treatment alternatives that are consistent with the evidence 	<ul style="list-style-type: none"> ✓ Encourage individuals to “walk through the right door” when seeking care and support for their low back pain

A role for everyone...

	LEVERS FOR CHANGE			
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MAPPING EVIDENCE TO ACTION

Sharing our learnings...

Trust-building is a foundational and essential element of collective action. It takes time

Be willing to adjust the plan as you go. Sometimes you must go slow to go fast.

Data is useful for identifying the problem. The evidence is essential for knowing what to do.

Do not recreate the wheel. Rely on existing work and connect the dots.

Having a mix of purchaser perspectives is essential to drive broad market action.

Questions?

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High Value Care

Project participants compared to:

- Washington state average
- National 90th percentile

