



Business case (EXAMPLE)

RE: Reducing utilization of imaging services for non-specific, acute low back pain in the first six weeks of onset.

Executive Summary

Imaging for nonspecific acute low back pain can result in direct harm and avoidable expenditures. The following document details the potential business case for adopting new policies to restrict or change benefits for these services among our employees. The case will address:

- *Why low back pain?*
- *What is the current burden and how would we benefit?*
- *What are the available tools*
- *What are the costs associated with reducing these services?*
- *What are the risks?*

Introduction

The [Task Force on Low-Value Care](#), a multi-stakeholder collaboration of leaders across the health care ecosystem, carefully established a list of low-value services for purchaser action. This effort complements and draws from international work of other campaigns, such as [Choosing Wisely](#). One of these services is “imaging the first 6 weeks of low back pain,” which involves the use of computed topography (CT), magnetic resonance imaging (MRI), and x-rays in the first 6 weeks of acute, but uncomplicated low back pain. Imaging of the low back and the resulting delay in recommended treatment as a result is widely known by the [clinical community](#) to be overused.

VBID Health estimates that spending on unnecessary low back imaging is around [\\$500 million](#). Specific, actionable tools exist to reduce expenditures on this service that offers no clinical benefit, and could even lead to further harm. We propose taking steps to work with our third-party administrator/carrier to limit these expenditures.

Why address acute low back pain in the first 6 weeks? What are the benefits?

The Task Force intentionally chose low-hanging fruit with solid evidence bases and clear levers for which purchasers could advocate. To learn more about how the Top Five were chosen, see the Top Five press release from October 2017.

For acute low back pain specifically, the condition affects our employees and the tools to address it could reduce harm and expenditures. In the absence of clinical [“red flags.”](#) imaging can be a waste of time and money. Low back pain is a common condition that significantly affects working-age men and women. Research shows that low back pain is a pervasive problem that affects three quarters of adults at some point in their lives, and ranks among the [most common and expensive reasons](#) for work disability in the US. Unfortunately, however, paying for unnecessary imaging or x-ray services in the first 6 weeks:

- Does not provide additional clinical information or change treatment management;
- Will only delay treatment with proven efficacy, such as physical therapy, movement, over-the-counter analgesics, and lifestyle changes);
- Will *NOT* help reduce missed sick days, nor increase productivity;
- Exposes Americans to unnecessary radiation (CT and x-ray) and incidental findings, which can lead to unnecessary surgery or other harm, and;
- Consumes precious health care dollars that can be used to purchase other, high-value services that will have measurable, positive effects on the employee’s well-being.

What is the current burden of low back pain at our company or organization?

Calculating the amount that the company spends on low-value care can be challenging, and has direct implications for the benefits and risks. Any project to reduce spending on low back pain should start with assessing the burden in order to determine the benefits.

- The amount that the company spends on low-value care has direct implications for the benefits and risks of reducing low back pain imaging.
- [Data specifications](#) are available for the Task Force on Low-Value Care’s Top Five low-value care services.
- External tools such as the [Health Waste Calculator](#) can help organizations measure and produce reports on low-value care.

What are the tools available to reduce low back pain and how can we use them?

- Prior authorization/claims edits (see the model RFI language below for more)
- [Advanced Payment Model \(APM\) measures](#)
- [Physical therapy bundling](#)
- [Value-based insurance design](#)

The Low-Value Care Task Force has also developed [model RFI language](#) to guide discussions with our TPA around some of these levers. [See the Task Force on Low-Value Care’s toolkit](#) to explore levers, review model RFI language, and talking points for your administrator.

What are the costs associated with reducing imaging for low back pain?

- Calculating current burden either internally or through consultants.
- Other costs will depend on the levers used.

What are the risks and how can we mitigate them?

- Member experience risk
 - The primary concern for most business will be how their covered employees will react to changes in their health insurance.
 - The Low-Value Care Task Force's Top Five mitigates this risk – these services were chosen by a multi-stakeholder group of health care leaders specifically for their propensity to be low-value and also that many people would be unlikely to contact Human Resources over a denial, especially when tangible clinical alternatives are available (such as physical therapy in this case).
- Other risks vary by the lever used to address any given service.
 - For example, prior authorization programs can cause employees to believe they are not getting the care they need.
 - To mitigate these types of risks, a strong communication plan which [emphasizes the physical risk and harm](#) associated with low-value care is critical.

Conclusion

The harms and cost of low back pain imaging far outweigh the benefits. We should take steps immediately to negotiate with our TPA and reduce the use of these services, which will ultimately lower our health care costs.