

Saving Money and Improving Spine Care in Delaware

Delaware Chiropractic Services Network (DCSN)
Chiropractic Services Network of PA (CSNPA)

Dr. Douglas A. Fasick, President
Dr. George Schreppler, First Vice President
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Who We Are

The Chiropractic Services Network is comprised of two sister companies serving both Delaware and Pennsylvania.

Founded in 1994, the Delaware Chiropractic Services Network (DCSN) administers and provides the chiropractic network for several of Delaware's larger insurance carriers. The DCSN is currently responsible for the chiropractic care given to over one-third of the total Delaware population.

The Chiropractic Services Network of PA (CSNPA) was founded in 2015 in order to fill the growing need and interest for managed chiropractic care in Pennsylvania.

With the triple aim in mind (improved health, lower costs & better care), both of our organizations share the same core philosophy of creating a win-win relationship for the provider and carrier. The bridge we create allows for the best patient outcome and experience, dollar and resource savings for the state/carrier and better working environment for the provider.

Notes:

Our Service

- Expert management/consultation in evidence-based, cost-effective spine care
- Manage chiropractic physician services for insurance companies and third party administrators at no cost to the state or carrier
- Credentials providers
- Follow National Committee of Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) certification guidelines
- Monitors individual provider utilization statistics and works with providers to ensure that care delivered falls within the spirit of the Triple Aim
- Troubleshoots when necessary. DCSN maintains an ongoing record of issue resolution preventing the need for Department of Insurance involvement

Notes:

Who We Serve

- DE Highmark Blue Cross Blue Shield
- DE Coventry
- DE Geisinger Health Plan
- State of Delaware employee plans
- Over one-third of the total Delaware population

Notes:

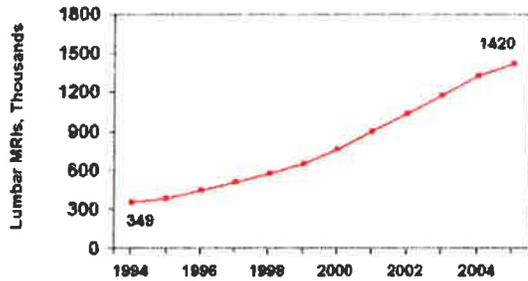
Spine Care in the U.S.

- The U.S. health care system spends about as much each year on spine problems as it does on cancer.
- Journal of the American Medical Association. 2008; 299(6):656–664
- Estimates from 2008 put care related to back pain at \$86 billion per year
- Population Health Management 2013;16:390–396.
- Both back and neck pain are independently in the top 5 diseases that contribute to disability among Americans, outranking other diseases such as diabetes, chronic pulmonary disease, and ischemic heart disease.
- Journal of the American Medical Association. 2013; 310:591–608.
- 75% of spine care expense is associated with surgery, imaging, prescriptions, injections, evaluations and emergency room visits.
- Musculoskeletal conditions, including neck and back pain, make up the largest portion of medical expenses for employer health plans.
- The distribution and analysis of annualized claims data for more than 3.7 million commercial health plan members. Data retrieved from the UnitedHealthcare national commercial claims database, July 1, 2013–June 30, 2014. November 10, 2014.

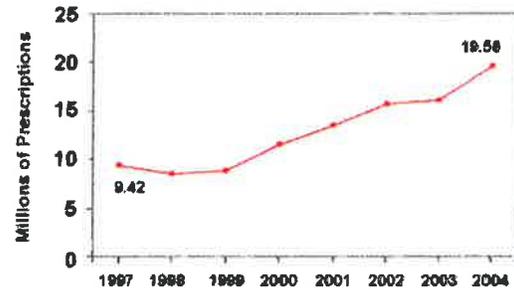
Notes:

Unsustainable Trends Costly Back Pain Overtreatment

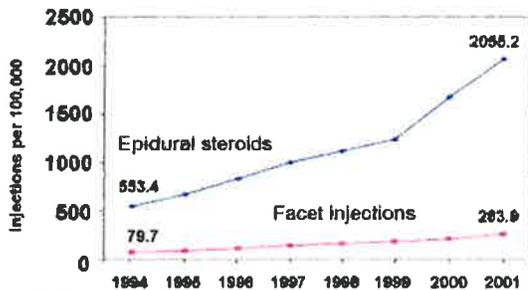
1a. Lumbar spine MR imaging, Medicare



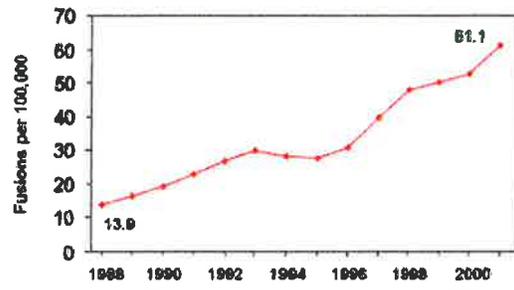
1b. Opioid analgesic prescriptions for spine problems



1c. Lumbosacral injection rates, Medicare



1d. Lumbar fusion rates, degenerative spine conditions



Overtreating Chronic Back Pain: Time to Back Off?

Richard A. Deyo, M.D., M.P.H., Sohail K. Mirza, M.D., M.P.H., Judith A. Turner, Ph.D., and Brook I. Martin, M.P.H.

Journal American Board of Family Medicine : 2009; 22(1): 62-68.

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Notes:

Lower Surgical Rates and Costs



- “Even after controlling for injury severity and other measures, workers with an initial visit for the injury to a surgeon had almost nine times the odds of receiving lumbar spine surgery compared to those seeing primary care providers, whereas workers whose first visit was to a chiropractor had significantly lower odds of surgery. Approximately 43% of workers who saw a surgeon had surgery within 3 years, in contrast to only 1.5% of those who saw a chiropractor.”
- “Persons with occupational back injuries who first saw a chiropractor had lower odds of chronic work disability and early receipt of magnetic resonance imaging (MRIs)”... “and higher rates of satisfaction with back care.”

Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State.

Keeney BJ¹, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM.
Spine. 2013 May 15;38(11):953-64

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Notes:

Lower Surgical Rates and Costs

60% of patients with sciatica secondary to lumbar disk herniation benefited from chiropractic spinal manipulation to the same degree as if they underwent surgical intervention.

- “Elective lumbar discectomy is one of the most commonly performed surgical procedures in the United States, now exceeding 250,000 cases per year”
- “spinal manipulation for sciatica has been found to be related to positive patient and cost outcomes when compared to medical management”
- There was no evidence that delay in surgery adversely affected the degree of improvement.

MANIPULATION OR MICRODISKECTOMY FOR SCIATICA?

A PROSPECTIVE RANDOMIZED CLINICAL STUDY

Gordon McMorland, DC, Esther Suter, PhD, Steve Casha, MD, PhD, FRCSC, Stephan J. du Plessis, MD,
and R. John Hurlbert, MD, PhD, FRCSC, FACS
J Manipulative Physiol Ther 2010 Oct;33(8):576-84

Notes:

Lower Spinal Injection Rate and Costs

Comparing self-reported pain and "improvement" of patients with symptomatic, MRI-confirmed, lumbar disk herniation treated with spinal manipulative therapy (SMT) or nerve root injections (NRI).

- 76.5% improvement in the chiropractic SMT group compared to 62.7% in NRI group
- The SMT group care costs were 23% less than the NRI group
- “None of the SMT patients required surgery. Three of the NRI patients received a second injection after the 1-month data collection period, and 3 others went on to have surgery”

Symptomatic Magnetic Resonance Imaging-Confirmed Lumbar Disk Herniation Patients: A Comparative Effectiveness Prospective Observational Study of 2 Age- and Sex-Matched Cohorts Treated With Either High-Velocity, Low-Amplitude Spinal Manipulative Therapy or Imaging-Guided Lumbar Nerve Root Injections.

Peterson CK, Leemann S, Lechmann M, Pfirrmann CW, Hodler J, Humphreys BK.

J Manipulative Physiol Ther 2013 May;36(4):218-25

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Notes:

Opioids – Chiropractic Offers a Safe & Less Costly Drug-Free Alternative

- Nationwide, on average, 82.5 out of every 100 Americans had a prescription written for opioid painkillers in 2012 (DE 90.8:100, Nationwide Average 82.5:100)
-Centers for Disease Control and Prevention
- Use of opioids – most common treatment for low back pain *-Univ. Texas Health Science Center*
- Up to 50 percent of back pain sufferers are prescribed an opioid - “There is no evidence that opioids are effective for long-term treatment of chronic pain” - “Opioid therapy is causing grave harm to patients and to society” - “Opioids are impeding the effective treatment of low back pain” – *The BackLetter: January 2015 –Vol. 30*
- Patients treated with opioid drugs were on average: disabled 69 days longer than and had a 3 times increased risk for surgery *-Spine. 2007; 32:2127-2132.*
- Medicaid patients with opioid abuse/dependence had more comorbidities and higher medical costs in 2002-2003 *-Journal of Pain and Palliative Care Pharmacotherapy. 2010; 24:5-18*
- “When you talk to people who use heroin today, almost all of them will tell you that their opioid addiction began with exposure to painkillers.” *-Dr. Kolodny, president of Physicians for Responsible Opioid Prescribing*

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Responsible Opioid Prescribing

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Notes:

Lower Cost - Care Substitution

- 17.7 million Medicare patients aged 66 to 99 years old as of January 1, 2011
- “chiropractic care may be used as a substitute for (rather than in addition to) medical care”
- “we estimate that chiropractic care may reduce the number of visits that would have otherwise be made to PCPs for back and/or neck pain by 0.37 million, at a cost of \$83.5 million per year”
- “this estimate does not account for any potential effects on other medical services such as specialty care or diagnostic imaging”
- “The evidence for potential substitution of PCP services with chiropractic care (and potential cost savings associated therewith) should be considered when evaluating the overall value of Medicare's chiropractic care benefit”

Regional Supply of Chiropractic Care and Visits to Primary Care Physicians for Back and Neck Pain
Matthew A. Davis, MPH, DC, PhD, Olga Yakusheva, PhD, Daniel J. Gottlieb, MS, and Julie P.W. Bynum, MD, MPH
Journal American Board of Family Medicine : July–August 2015 Vol. 28 No. 4



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Notes:

Alignment with Treatment Guidelines and Lower Spinal Care Costs

UnitedHealth Group (2010 & 2012)

- Data from OptumHealth (United Health Care) indicate that a more efficient treatment path typically begins with a patient consulting a chiropractic physician!
- This path tends to lead to interventions more closely aligned with recommended treatment guidelines and ultimately more favorable solutions at lower costs.

Conservative Spine Care: The State of the Marketplace and Opportunities for Improvement; OptumHealth (UnitedHealth Group) White Paper, 2010

Optum. Conservative Care: Ensuring the Right Provider for the Right Treatment, 2012.

Notes:

Reduced Disability Recurrence and Costs

- Study Objective: To compare occurrence of repeated disability episodes across types of health care providers who treat claimants with new episodes of work-related low back pain (LBP)
- Chiropractic manipulation for chronic non-specific LBP in injured workers results in a decreased disability recurrence when compared to care provided by physical therapists or medical physician services

Health Maintenance Care in Work-Related Low Back Pain and Its Association With Disability Recurrence

Manuel Cifuentes, MD, PhD, Joanna Willetts, MS, Radoslaw Wasiak, PhD, MA, MSc

Journal of Occupational and Environmental Medicine March 14, 2011; Vol. 197 [epub]

Notes:

Lower Costs - Prevention of Iatrogenesis & Associated Costs

The orthopedic journal, *Spine*, reaffirms and supports Chiropractic manipulation as a safe treatment for the 65 to 99 age group

“Conclusion. Among Medicare beneficiaries aged 66 to 99 years with an office visit risk for a neuromusculoskeletal problem, risk of injury to the head, neck, or trunk within 7 days was 76% lower among subjects with a chiropractic office visit than among those who saw a primary care physician.”

Risk of Traumatic Injury Associated With Chiropractic Spinal Manipulation in Medicare Part B Beneficiaries Aged 66 to 99 Years

Whedon, James M. DC, MS*; Mackenzie, Todd A. PhD*; Phillips, Reed B. DC, PhD†; Lurie, Jon D. MD, MS*
Spine: 15 February 2015 - Volume 40 - Issue 4 - p 264-270

Notes:

20% Back Pain Cost Reduction

Blue Cross Blue Shield of Tennessee Study (2010)



The researchers concluded that insurance companies that restrict access to chiropractic care for low back pain treatment may inadvertently pay more for care than they would if they removed such restrictions.

According to this analysis, had all of the low back cases initiated care with a Doctor of Chiropractic, this would have led to an annual cost savings of

\$2.3 million for BCBS of Tennessee

(study based on 85,000 Blue Cross Blue Shield beneficiaries over a two-year span)

J Manipulative Physiol Ther 2010;33:640-643

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Notes:

Spine Care Cost Comparison

Journal Population Health Management 2013

Health Manag

EPISODE EXPERIENCE

Specialty	Age (yrs)	Female (%)	Risk	Duration (days)	Providers (total/episode)	Surgery (%)	Radiology (%)	Pharma (%)
Chiropractor	40	55	1.8	102	1.6	0	25	14
PCP	42	56	2.0	61	2.1	0	37	37
Ortho Sports	41	56	2.5	81	2.6	0	80	31
ER Urgent Care	37	55	2.1	51	3.2	0	47	33
Neurology	47	58	3.5	114	3.3	0	60	38
PM&R	45	57	2.9	120	3.0	0	59	40
Multispecialty	42	57	2.4	76	2.8	0	48	33
PT OT	45	63	2.9	152	4.1	0	54	43
Other	32	58	2.2	69	2.4	0	40	24
Average	41	56	2.1	84	2.1	0	38	26

Popul Health Manag

PCP, primary care physician. Ortho=orthopedist. ER, emergency room. PM&R, physical medicine and rehabilitation specialist. PT, physical therapist. OT, occupational therapist.

Conservative spine care: opportunities to improve the quality and value of care.

Kosloff TM, Elton D, Shulman SA, Clarke JL, Skoufalos A, Solis A.

Population Health Management 2013;16:390-396.

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Notes:

Journal Population Health Management – Cont'd

- Manipulation, which is supported by most guidelines, is recommended by PCPs in only 2% of the acute nonspecific LBP cases. This gap in adherence to evidence-based practice recommendations by clinicians has become popularly known as the “know-do gap”—the gap between what is known and what is done in practice.
- The treatment options recommended for persons at “medium risk” are manual therapy (eg, manipulation) and specific exercises. Optimally, the management of patients at “high risk” should be overseen by providers such as chiropractors, who are skilled in providing behavioral therapy in addition to the same strategies targeted for patients at medium risk.
- One opportunity to facilitate compliance with clinical guidelines is to assure that the first health care provider seen is best able to administer the treatment likely to benefit a particular patient. This can be achieved, in part, by implementing a triage approach for the early referral of well-defined subgroups of patients into appropriate clinical pathways.

Conservative spine care: opportunities to improve the quality and value of care.

Kosloff TM, Elton D, Shulman SA, Clarke JL, Skoufalos A, Solis A.

Population Health Management 2013;16:390–396.

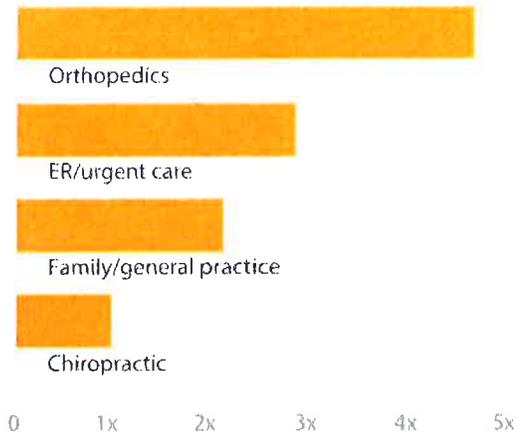
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Notes:

Cost impact by first provider seen for spine care treatment

Total cost per patient



Did you know?

More than 30% of Americans have a musculoskeletal condition that requires medical attention.¹

The **U.S. health care system** spends about as much each year on spine problems as it does on cancer.²

Spinal patients starting with a chiropractor see an average of 1.7 different providers compared to 3.2 different providers for spinal patients starting with other specialties.³

Notes:

Conclusion

Delaware has one of the highest rates of opioid drug use; it has become a common front-line therapy for lower back pain. Chiropractic care offers effective, drug-free alternatives.

A plan design that encourages patients to opt for chiropractic care, when appropriate, helps achieve the nationally recognized Triple Aim of improved health, better care and lower costs. This concept is embraced by the State's State Innovation Model project currently underway with the Delaware Health Care Commission.

Savings will be reached through fewer surgeries, reduced prescription drug use and, for many, less time spent in treatment.

Chiropractic Spine Care:

- Is recommended as a front-line treatment for spine pain
- Costs less than standard medical care
- Is drug-free and decreases opioid use/abuse
- Lowers surgical and spinal injection rates and associated costs

Notes:

Addendum

Notes:

Archives of Internal Medicine (2004)

- Back pain leading cause physician visits;
2nd to childbirth for hospitalizations
- Claims data analysis California MCO found
 - Lower total health care expenditures
 - Less back surgeries
 - Lower average back pain episode related costs

Notes:

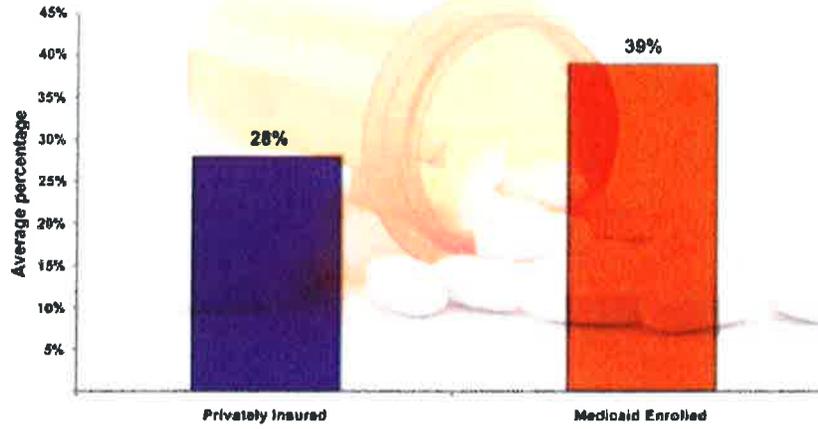
Archives of Internal Medicine (con't)

Authors concluded:

- Access to managed chiropractic care will reduce overall health care expenditures by:
 - ❖ substitution of chiropractic care for medical care, especially for spine conditions
 - ❖ more conservative, less invasive care
 - ❖ lower costs

Notes:

Women aged 15-44 years who filled a prescription for an opioid medication, 2008-2012



Centers for Disease Control and Prevention
January 22, 2015

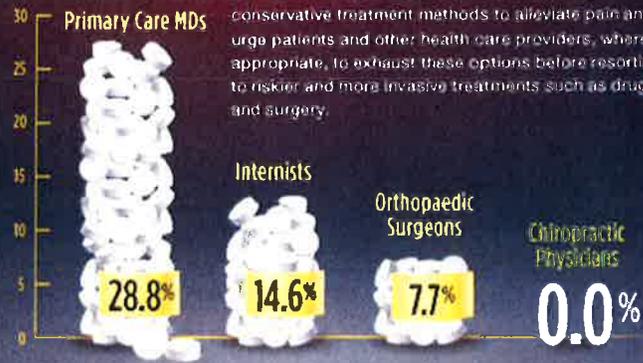
Notes:

The Prescription Painkiller Epidemic

Opioid painkiller drugs mask pain. They do not cure it. Prescription drugs that numb pain in some cases may convince a patient that a musculoskeletal condition is less severe than it is, or that it has healed. This misunderstanding can lead to over-exertion and a delay in the healing process, or even to permanent injury.

Prescribers of Opioid Painkillers in the United States

Chiropractic physicians are skilled in the most conservative treatment methods to alleviate pain and urge patients and other health care providers, where appropriate, to exhaust these options before resorting to riskier and more invasive treatments such as drugs and surgery.



© American Chiropractic Association

Source: Practice Analysis of Chiropractic 2015. NBCE. www.nbce.org/practiceanalysis.
J. Morris, H. R. Mir. The Opioid Epidemic: Impact on Orthopaedic Surgery. *Journal of the American Academy of Orthopaedic Surgeons*, 2015; 23 (5), 267 DOI: 10.5435/JAAOS-D-14-00163

Notes:

Effective Care

“In patients with chronic spinal pain syndromes, spinal manipulation, if not contraindicated, may be the only treatment modality of the assessed regimens that provides broad and significant long-term benefit.”

Long-term follow-up of a randomized clinical trial assessing the efficacy of medication, acupuncture, and spinal manipulation for chronic mechanical spinal pain syndromes.

Muller R, Giles LG.

J Manipulative Physiol Ther. 2005 Jan;28(1):3-11

“Chiropractic was more beneficial than placebo in reducing pain and more beneficial than either placebo or muscle relaxants in reducing GIS [Global Impression of Severity Scale]”

A randomized clinical trial comparing chiropractic adjustments to muscle relaxants for subacute low back pain.

Hoiriis KT, et al.

J Manipulative Physiol Ther. 2004 Jul-Aug;27(6):388-98

Notes:

Effective Care

“In a subgroup of patients with acute nonspecific LBP (low back pain), spinal manipulation was significantly better than nonsteroidal anti-inflammatory drug diclofenac and clinically superior to placebo.”

Spinal High-Velocity Low Amplitude Manipulation in Acute Nonspecific Low Back Pain: A Double-Blinded Randomized Controlled Trial in Comparison With Diclofenac and Placebo

von Heymann, Wolfgang J. Dr. Med[†]; Schloemer, Patrick Dipl. Math[†]; Timm, Juergen Dr. RER, NAT, PhD[†]; Muehlbauer, Bernd Dr. Med^{*}

Spine. 2013 Apr 1;38(7):540-8

"the first reported randomized controlled trial comparing full CPG [clinical practice guidelines]-based treatment, including spinal manipulative therapy administered by chiropractors, to family physician-directed UC [usual care] in the treatment of patients with AM-LBP (acute mechanical low back pain)."

"treatment including CSMT [chiropractic spinal manipulative therapy] is associated with significantly greater improvement in condition-specific functioning" than usual care provided by a family physician.

The Chiropractic Hospital-based Interventions Research Outcomes (CHIRO) Study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain.

Bishop PB, Quon JA, Fisher CG, Dvorak MFS.

Spine Journal. 2010;10:1055-1064

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Notes:



“about 40-50% of the patients in the medical care group showed moderate or substantial improvement at four weeks. However, manual-thrust manipulation group achieved substantially more improvement; 50-90% showed moderate or substantial improvement at four weeks. This suggests that manual-thrust manipulation should be considered a front-line treatment option for patients with acute or sub-acute low back pain.”

Michael Schneider, DC, PhD
School of Health and Rehabilitation Sciences,
University of Pittsburgh, Pittsburgh, PA
Feb 23, 2015

Notes:

Mercer Health Benefits (2009)

“When considering effectiveness and cost together, chiropractic physician care for low back and neck pain is highly cost effective [and] represents a good value in comparison to medical physician care and widely accepted cost-effectiveness thresholds.”

Do Chiropractic Physician Services for Treatment of Low Back and Neck Pain Improve the Value of Health Benefit Plans?

An Evidence-Based Assessment of Incremental Impact on Population Health and Total Health Care Spending

Arnold Milstein, MD, MPH (Mercer Health Benefits), and Niteesh Choudhry, MD, PhD (Harvard Medical School)
Mercer Health Benefits (2009)

Notes:

Delaware Chiropractic Services Network (DCSN)

State Employee Benefit Plan Cost Savings

- The U.S. health care system spends about as much each year on spine problems as it does on cancer (*Journal of the American Medical Association. 2008*) \$86 billion per year (*Population Health Management. 2013*)
- Back pain is the leading cause of physician visits (2nd to childbirth for hospitalizations) (*Archives of Internal Medicine. 2004*)
- Inadequate utilization and restrictive management of chiropractic physician care drives patients into more costly care (emergency room, opioids, surgery, etc.)
- A Blue Cross Blue Shield of Tennessee Study of 85,000 members concluded that increased usage of chiropractic care for the treatment of back pain would save the Tennessee plan \$2.3 million per year. Chiropractic costs 20% lower for back pain care. (*J Manipulative Physiol Ther. 2010*)
- Multiple studies confirm value and cost-effectiveness of conservative chiropractic physician care (example: from the *orthopedic Journal Spine: surgical rate if surgeon is 1st seen is 43% compared to 1.5% if a doctor of chiropractic is first seen*).
- Chiropractic physician care reduces expenditures, especially back and neck pain by:
 - ❖ Reducing rates of surgery
 - ❖ Providing a conservative alternative to costly opioid drugs and spinal injections
 - ❖ Aligning with the objectives the Triple Aim (*Improve the health of the population, better patient experience and lower costs*)

Proposal:

- Adopt similar models used in other regions requiring conservative care trials prior to spinal surgery
- Lower rates of surgery, injections and opioid use through primary care provider, specialist and state employee education
- Target: state employee benefit and state work-comp plans

The Delaware Chiropractic Services Network has overseen chiropractic care for state plans since 1994 and currently administers the State's Highmark chiropractic benefit.

A plan design that encourages patients to opt for chiropractic care when appropriate helps achieve the nationally recognized Triple Aim of improved health, better care and lower costs, a concept embraced by the State's State Innovation Model project currently underway with the Delaware Health Care Commission.

Savings will be reached through fewer surgeries, reduced prescription drug use and, for many, less time spent in treatment.

The booklets we are leaving offer back-up information in an easily-read PowerPoint format. We are available to meet with you individually or as a group and will gladly share our expertise and experience in producing a better spine care program at lower costs.

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