

Back Surgery Pre-cert Checklist:

Dates of Chiropractic care _____, number of visits _____

Dates of Physical Therapy care _____, number of visits _____

Medications used incl. dates and provider:

Spinal Injections date and provider:

Enclose affidavits from each provider:

Chiropractor

Physical Therapist

Prescription doctor/ pharmacy

Spine Injection doctor

STATE EMPLOYEES HEALTH PLAN TASK FORCE

Where is the \$\$\$ going? What **conditions** cost the most?

How can we **reduce** their costs? If not same problem in 5 yrs...

Need to evaluate by **CONDITION**, **NOT** by provider.

INS. Model - **short-term** goals. (pm/pm) Why?

STATE Model - **Long-term** goals -to evaluate **top 5-6** (by cost) conditions

LONG-TERM GOALS:

1. Prevention

2. Replace/ Encourage more effective **less** costly treatment (tx), **discourage more** expensive less effective tx.

3. Get Healthier Employees

Current Inefficiencies:

Ex. Plantar Fasciitis:

Ex. of top **5-6** (by cost) conditions:

Heart- Obesity (BMI), Smoking, BP

Cancer- Mammograms and colorectal screening not on schedule, Smoking, Environment

Pulmonary – Smoking, Obesity (BMI), BP

Diabetes – Obesity (BMI)

Back Pain/ Joint Replacement- Obesity (BMI), Smoking, High cost/ inefficient pathways

SOLUTIONS:

1. **REWARD** Good Behaviors!

All volunteer, following ACA recommendations, **pt.** is responsible

Ex. Raise rates \$100/ mo. However, if you prove:

BMI < 30 \$20/mo. reduction

BP < 140/90 \$20/ mo. reduction

Non-smoker \$20/ mo. reduction

Mammogram/ Colonoscopy on schedule or N/A

\$20/ mo. reduction, Do Programs **“Take 5 get 5”**

Colon Cancer Awareness and **paid day off**

Preventative/ Maintenance Care covered for back

Therefore, only a **\$20** increase if healthier lifestyle! At little or no cost to **STATE**

2. **Improve** current **inefficient/ high cost** pathways and

embrace **new** technologies

A. **Pathways**-Use **better** pathways to **SHIFT** costs to **less**

expensive/ **more** efficient treatment

Ex. **Back Pain (#1 for Disability):**

Best results with lowest cost:

1. **Chiropractic with home exercises-** \$
2. **Physical Therapy-** \$
3. **Medication-** \$\$- \$\$\$ (watch Opioids)
4. **(MRI imaging-** \$\$)
5. **Spinal Injection-** \$\$\$
6. **Spine Surgery-** \$\$\$\$\$ (watch repeat surgery a few yrs.), **Disability-** \$\$\$\$\$

Currently the **MOST restricted is # 1 and #2** which are the **best treatment!** (Ins. Policies). This leads to a **SHIFT in costs** to the State of **more expensive treatments.**

Ex. MRI pre-cert-

Solution:

1. **Encourage low** cost tx with low copays and more **use of cost effective** Chiro/PT. **Allow/encourage preventative care** of 1-2X/ month. Recent Ins. Policies opposite.
2. **Discourage high** cost tx. with **increased** copays/ deductible and **redo** the **MRI/surgery pre-cert.** criteria (which don't even include the **#1** treatment!) and require **proof** by the patient.
3. **Reduce deductible** –if you do **all** the **steps** in pathway, you pay less **deductible.**
Ex. injection (\$200 w/o all steps) and surgery (\$1000).

B. New technology

Ex. Joint Replacement:

New technology: Ins. companies label as **“experimental”**

and will take **years** to start paying

PRP – Cost is \$800-\$1000 (Experimental) (WC approved)

Stem Cell- Cost is \$ 3000 (Experimental)

Vs. Traditional Joint Replacement - \$40,000+

Solution:

Do Pilot Studies – Pay for a certain number to be covered and track **by provider** to evaluate quickly and efficiently if the results are favorable, begin to cover way before INS. Co. save approx. **\$30,000+/joint!**