Back Pain Project

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Partnership HealthPlan of California
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Goals of the Project

- Improve care of acute and chronic back pain patients
- Decrease underuse, overuse, and misuse of related services
- Appear to be significant opportunities to improve efficiency and quality of care

Partnership Health Plan of Ca.

- County Organized Health System
- ~88,000 Medi-Cal members in Solano, Napa,
 & Yolo counties
- Full range of available aid codes
- 30% disabled most of the rest TANF
- 2006 Healthy Kids
- Began Medicare Advantage plan in 2007

Background on the Project

- PHC asked by the California Health Care Foundation's Chronic Disease Coordinator, Sophia Chang, to work health plans interested in improving efficiency and quality.
- Ingenix looked at two years of C/E data
- Focus Medical Analytics focused on variations of care to identify opportunities.
- Collectively, we identified back pain as our number one issue.
- Two ETGs acute back problems(749.08) and chronic back problems (722.08).
- Concerns around muscle relaxants, opioids, imaging, and spinal injections

Prework

- Extensive literature review by CMO
- Coincidental publication of CPG by ACP
- Excellent assistance from FMA
 - Practice site reports
 - Technical assistance to measure results
 - Coaching non-judgmental approach
- Expert faculty input at collaborative meeting
- Suggestions and inputs from practices very much a WIP.

How

- Focused academic detailing visits with PCP sites
- Messages:
 - Risks of long-term muscle relaxant therapy outweigh benefits
 - Benefit of long term opioid therapy limited
 - LBP >90-120 days should be evaluated by specialist
 - MRI generally should not be done until ~4-6 weeks after onset of LBP episode in the absence of "red flags"
 - MRI likely overused
 - Limited evidence for long-term effectiveness of ESI and facet injections
- Practice site packet includes
 - messages and site performance
 - ACP clinical guideline
 - Pt. handout
 - Sample drug contracts

The Visit

- Background and practice site specific data
- Each presenter will have their own style
- Deliver the messages clearly and factually
- Maintain focus on improving pt care
- Try to listen with understanding
- Offer options of how other practitioners and sites manage common issues
- Audience forms their own conclusions and action plan
- Solicit feedback



Partnership HealthPlan of California

Back Pain Services

Provider: Riviera, Nick

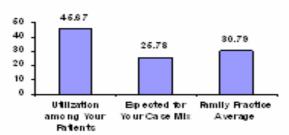
PHC ID: 9999AB

Dates of services Aug. 1, 2004 - July 31, 2006

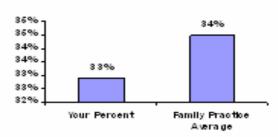
Episodes: 95

Unique Patients:76

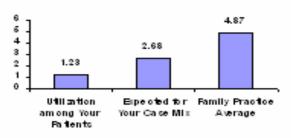
Opioids Days Supplyper Episode



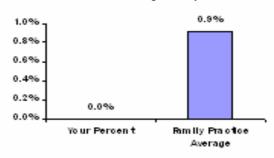
Muscle Relaxants Days Supply > 14 days



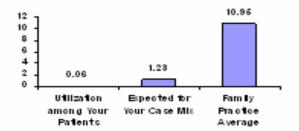
MRI Per 100 Episodes



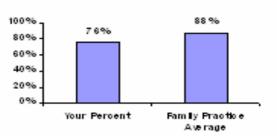
MR lin First 42 Days of Episode



Spinal Injections Per 100 Episodes



Episodes over 90 Days Without Specialist Visit



Early Results

- 10 site visits 42 practitioners
- 39 surveys
 - 100% said visits were relevant/helpful
 - 87% said they would modify their practice patterns
- Comments
 - Take carisoprodol (Soma) off the formulary
 - Share sample drug contracts
 - Return with follow up data

Measures

- Reduce CT/MRI <=42 days of onset of episode to .3% of episodes (10th%ile of 66 sites)
- Reduce spinal injections procedures by 50%
- Reduce opioid days supply per episode to 8.3 (10%ile of 66 sites).
- Reduce # Rx for muscle relaxants >14 days to 8.5% of episodes (10%ile of 66 sites).
- Increase episodes with referral to specialist within 120 days to 30% (10th%ile of 66 sites) interim goal
- Balancing measure Patient QOL survey

Challenges

- Finding consensus in the literature
- Getting local buy in
- Figuring out the measurement piece
- Defining a goal that is realistic
- Showing an ROI
- Surprisingly, support from our PCP network has not been much of an issue

Tips

- Do your homework up front literature review
- Use the local expertise
- Script the messages in a clear non-judgmental way
- Be prepared to share ideas and listen to suggestions
- Get support of IT