



Goal of Accountable Care Organizations

- Reduce costs for episodes of care and treatment of medical syndromes
- Incentivize providers and locations of care to search for cost savings through sharing in those savings
- Based on untested theory that this will lead to higher quality and more cost effective care



Achieving Goals of ACOs

- “Low hanging fruit”- reducing care delivered in hospital (ER, OR, and inpatient stays) through emphasis on strategically managed outpatient care
- Interventional Pain Management physicians working with ASCs are uniquely suited to deliver this care for patients suffering musculoskeletal pain



Goals of This Presentation

- Highlight direct and indirect costs of care for acute, subacute, recurrent, and chronic musculoskeletal pain with emphasis on spinal pain
- Define current paradigm of treatment and specific drivers of excessive costs
- Discuss opportunities to change the paradigm and mitigate those drivers



Costs of Musculoskeletal Pain

- Bone, joint and muscle conditions lead to 197 million visits to doctors' offices, ERs, and outpatient surgical facilities annually
- Musculoskeletal disorders cost the US \$254 billion per year
- One in 7 Americans (36.4 million people) have a musculoskeletal impairment that limits or decreases their ability to function at home, work, or at play
- Two thirds of Workers Comp cases involve the musculoskeletal system



Costs of ER and Inpatient Treatment of Lower Back Pain

- 9.4 billions dollars spent on inpatient stays for lower back pain in 2008
- 7.3 million ER visits for lower back pain
- 2.3 million hospital inpatient stays
- Highest rate 18-44 years old
- 1993-2008 number of hospital stays for lower back pain doubled



Costs of Other Sources of Musculoskeletal Pain

- Neck pain, headaches, and other musculoskeletal and chronic pain conditions (diabetic neuropathy, shingles, cancer pain) account for billions more dollars
- Recent study from Ontario- worker's with recurrent neck pain accounted for 40.4% of all lost-time days



Costs of Other Sources of Musculoskeletal Pain

- 14 million people went to doctors' offices for knee pain, 1.4 million emergency room visits for knee pain
- 8.8 million people went to doctors' offices with shoulder pain, 1.1 million emergency room visits for patients with shoulder pain
- 2.9 million physician office visits for hip pain, 733,000 emergency room visits for hip pain



Other Costs of Musculoskeletal Pain

- Treatment of these conditions with opioids also leads to further costs secondary to ER visits for complications, lost productivity, and treatment of substance abuse
- Cost of lost work days and decreased productivity secondary to prescription painkillers estimated to be over 50 billion in recent study in journal of World Institute of Pain



Current Paradigm of Treatment of Spinal Pain

- Confusion reigns regarding appropriate and effective treatment modalities and pathways for spinal pain specifically (lower back or neck pain and associated extremity pain)
- Conservative care frequently directed by orthopedic or neurosurgeons whose expertise and training is in the surgical treatment of pain- not conservative or minimally invasive modalities or medication management



Current Paradigm: Spinal Pain

- Patients see multiple medical specialists without coordination of care, awareness of all treatment options, and understanding of risks and benefits
- Neurologists, physiatrists, pain doctors, neurosurgeons, orthopedists, rheumatologists, etc.
- Blind men and elephant parable



Current Paradigm: Spinal Pain

- Duplicative and/or unnecessary testing frequently performed (especially imaging)
- Delay in appropriate diagnosis and treatment leads to increased risk of chronic pain and disability mindset
- Delays in effective treatment increases risks of prescription drug complications



Outcome of Current Paradigm

- Patients search for alternative non-invasive treatments and receive conflicting/confusing advice
- The lack of standardization and coordination of medical care has been an opening for non-medical providers
- Proliferation of chiropractors, naprapaths, acupuncturists, and other alternative treatments



Epidemic of Opioids

- Opioids used to treat musculoskeletal pain by multiple providers- ER physicians, primary care, orthopedic surgeons, PAs, NPs, pain doctors
- Patients inadequately educated regarding safe usage and risks
- Risks include but not limited to abuse, misuse, diversion, tolerance, physical dependence, driving under the influence, and accidental poisoning



Prescription Painkillers and Musculoskeletal Pain

- Musculoskeletal pain now almost uniformly treated with opioids following efforts of Big Pharma and other advocates with minimal scientific basis for such use and drastic implications for individuals, families, and society
- Over 95% of patients presenting to pain management centers have been treated with opioids by others



Prescription Painkillers and Musculoskeletal Pain

- We are in midst of prescription drug abuse epidemic
- Rates of abuse, misuse, diversion, ER visits and hospital admissions for prescription drug abuse and addiction treatment skyrocketing
- Prescription drug abuse and accidental poisoning now leads to more deaths than cocaine and heroin combined



Prescription Painkillers and Musculoskeletal Pain

- In some states the death rate from accidental poisoning with prescription drugs exceeds that from MVAs
- Nationally, 75 people die from accidental poisoning with prescription drugs on a daily basis
- 5/13 hockey defenseman Derek Boogaard died from mixture of Oxycodone and alcohol



Epidemic of Opioids

- There is lack of appropriate follow up, monitoring (urine toxicology, querying state level, internet based, prescription monitoring programs, regular visits), and knowledge of when to intervene
- In short, opioids are a high risk treatment option for pain and should be prescribed with utmost care and appropriate training and safeguards



Other Consequences of Current Paradigm

- Many physicians and non-physicians performing interventional pain management procedures without appropriate training- family practice, neurologists, CRNAs, PAs
- Besides lack of awareness of appropriate treatment pathways there is now a greater element of danger to patient
- IPM procedures are minimally invasive but maximally dangerous- incidence of paralysis, quadriplegia, and death increasing



Other Consequences of Current Paradigm

- Other pain management doctors have technical proficiency but provide pain management as consultants only, performing procedures part time
- They serve as technicians and do not necessarily follow appropriate algorithms and rarely provide medication management, education of the patient, or care for exacerbations



Other Consequences of Current Paradigm

- The confluence of inadequately trained physicians and non-physicians performing interventional procedures has led to overutilization, fraud and abuse, and consequent backlash
- IPM procedures now on radar screen and access to care being restricted by 3rd party payors, workers comp, and governmental agencies



Current Paradigm

- This approach has led to multiple doctors and other care providers involved in treatment without coordination of care
- Patients visit ER for exacerbations of pain, duplicative imaging performed, and treated with narcotics
- Hospitalizations frequently occur when ER not able to control pain



Current Paradigm

- Surgery for spinal pain is truly the last ditch option because of both perioperative risks and long term risks of failure or worsening of pain
- Peri-operative complications occur 8% of time according to most recent study
- Leading cause of death after fusion surgery- narcotic overdose



Current Paradigm

- Efficacy of surgery for spinal pain extremely controversial- North Carolina BCBS has put hold on fusions for DDD
- Failed Back Surgery Syndrome a common and devastating consequence
- Even if patient initially responds well, future problems (epidural scar, pain from surrounding spinal levels) extremely common and difficult to treat



New Paradigm

- Obviously, a new paradigm is required to reduce costs and improve outcomes
- Care needs to be guideline and algorithm driven by a physician with expertise in all areas of conservative and minimally invasive techniques
- Care needs to be patient focused and responsive to changes especially worsening of symptoms



New Paradigm

- Once a patient's pain is not resolving in expected time period (acute and sub acute), they need to be quickly assessed by highly qualified Interventional Pain Management Physician
- Care needs to be tailored to the individual, the amount of pain they are experiencing, co-morbidities, and where they are in lifecycle



New Paradigm

- Causes of spinal pain well known- facet joints, disc joint, sacroiliac joints, and nerve inflammation (sciatica, radicular pain) secondary to proximity of nerve roots to these spinal joints
- Well defined interventional treatment pathways for each source of pain



New Paradigm

- Well trained IPM doctor serves as cardiologist of the spine
- Spinal pain a chronic problem with quiescent periods and exacerbations like cardiovascular disease
- Treatment should be rendered based on knowledge of risk/benefit ratio of each intervention and cost effectiveness



New Paradigm

- Spinal pain, like cardiovascular disease, is managed with lifestyle adjustment, behavioral modification, medication management, utilizing minimally invasive procedures when required for diagnosis and treatment
- IPM physicians are uniquely qualified to manage care of spinal pain



Definition of the Subspecialty of Interventional Pain Management

- According to National Uniform Coding Committee (NUCC) Interventional Pain Management (IPM) is the discipline of medicine devoted to the diagnosis and treatment of pain-related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments.



New Paradigm

- Patient needs to be educated from day one regarding the causes of their pain and their diagnostic findings need to be put in perspective to reduce fear/avoidance behavior
- 90% of 50 yr olds have bulging or herniated discs, 10-14% have pain
- You can work and function with pain and with disc abnormalities- it is not a sign of impending doom



New Paradigm

- Medications, especially narcotic pain killers, used judiciously by doctors trained in their usage and risks and patients monitored closely
- There is emphasis is on adjuvant medications, conservative treatment options, and judicious use of interventions to reduce reliance on opioids



New Paradigm

- Physical therapy by specially trained therapists who understand the spine, the causes of pain, and emphasize education of the patient is integral to accomplishing goals
- PT and physician must share open and frequent communications to avoid prolonged ineffective treatment and reduce risk of chronic pain and disability



New Paradigm

- Goals of new paradigm- reduced ER visits, reduction in excessive and unhelpful diagnostic testing, reduced surgical rates, reduced hospitalizations and rehospitalizations
- Other goals- reduced costs, disability, and death secondary to indiscriminate use of prescription drugs through carefully monitored of narcotic use, early treatment of substance abuse



New Paradigm

- This approach to musculoskeletal pain relies on expertise in diagnosing and treating painful disorders conservatively and minimally invasively to reduce symptoms and educate the patient
- It relies on expertise and special training in the therapeutic use and management of opioids



Expertise in IPM and Opioid Management

- Currently, only the American Board of Interventional Pain Physicians (ABIPP) provides certification in Interventional Pain Management and managing controlled substances
- Conceived in 2005, tests technical expertise, algorithmic treatment of spinal pain, and knowledge of opioids, their risks and benefits and safe and effective management



New Paradigm in Action: Pain Specialists of Greater Chicago

- Currently consists of 3 full-time, board certified, Interventional Pain Management (IPM) physicians and physician extenders
- Practicing IPM in a multi-disciplinary setting including fully integrated PT
- Patient population in collar around Chicago ranging from Wisconsin to Indiana and Michigan. Patients from 474 zip codes
- The group collectively performs over 4,000 ASC procedures per year



Pain Specialists of Greater Chicago

- Our mission statement: We are committed to the cost effective, outpatient, treatment of pain through minimally invasive treatments and medication management combined with lifestyle adjustments and behavioral modifications



Pain Specialists of Greater Chicago

- This goal is accomplished through early recognition, early pathway driven interventions, accessibility, and responsiveness to exacerbations or lack of improvement
- We function as a subacute ER, counseling/adjusting medications for patients over phone with physician extenders and seeing patient in 1-2 days for acute exacerbations



Pain Specialists of Greater Chicago

- Seamless and rapid communication essential to provide this kind of timely and responsive care
- Fully integrated EMR, full time IT support, and physician adaptation of latest wireless technology, smartphones, and tablets allow information flow required



Pain Specialists of Greater Chicago

- Our goal has always been to reduce ER visits and hospitalizations for chronic musculoskeletal pain and for pain exacerbations
- We are now focused on treating acute and subacute musculoskeletal pain to prevent chronicity and disability and overutilization of resources



Recap

- Current paradigm of treatment of musculoskeletal pain is costly, ineffective, and inefficient
- Costs are direct (treatment costs) and indirect (lost work days, disability)
- Other indirect costs are associated with prescription drug abuse and misuse and its consequences and treatment



Recap

- Drivers of excessive costs can be identified: fractured, redundant, and ineffective care and misunderstanding of causes and treatment options
- Surgery clearly not a cost effective option and one that often leads to greater pain and disability
- Treatment with opioids has led to drastic unintended consequences and has not improved outcomes



Recap

- A new paradigm led by well trained, board certified, and motivated interventional pain management physicians can reduce costs and improve outcomes
- This is achieved through taking responsibility for all of patient's care and being available and accessible to treat exacerbations and counsel patient



Pain Specialists of Greater Chicago



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