

Conservative back treatment
maximizes quality and affordability



One of the most important factors determining the cost and outcome of an episode of back pain is the first provider seen by a patient.

When a back pain patient's first visit is with a physical therapist or chiropractor whose clinical decision-making is aligned with current clinical evidence, the severity-adjusted total episode cost, including all treatment provided by any type of provider in any setting, is approximately **30 percent lower** than the overall average total episode cost for treatment of back pain. Today, only 11 percent of back pain patients' initial visit for treatment is with a physical therapist or chiropractor whose treatment decisions are aligned with current clinical evidence. Helping more patients access treatment from these evidence-based conservative providers will not only result in better clinical outcomes, but will also save millions of dollars in direct medical expenses.

The high costs of back pain

One of the factors driving the high cost of back pain treatment is the sheer prevalence of back pain problems. Approximately 50 percent to 85 percent of the population will experience low back pain at some point in their lives.¹⁻⁴ Three- to twelve-month back pain prevalence estimates range from 26 percent to 76 percent.⁵⁻⁹ At any point in time, between 15 percent and 37 percent of us are experiencing back pain.^{1,6,7}

The direct costs of treating back pain add up to billions of dollars per year.¹⁰ There are also significant indirect costs associated with lost productivity. The treatment of back pain accounts for 6 percent of the total medical expense incurred by commercial health plans on an annual basis, exceeding the annual costs for other condition categories such as dermatology, obstetrics and endocrinology.

When analyzing opportunities to improve the quality and affordability of back pain treatment, the focus often turns to surgical treatment, with its average total episode cost in excess of \$15,000. However, only about 2 percent of annual back pain episodes actually involve surgery. While avoiding unnecessary back pain surgery is important, the larger opportunity for patients, providers and health care purchasers is associated with the remaining 98 percent of back pain episodes that don't involve surgical intervention, **because they account for more than 67 percent of total back pain treatment costs.**

Clinical evidence supports conservative treatment

According to current clinical evidence,¹¹ the goals for managing back pain should be to:

- Empower patients to take responsibility for their own recovery
- Avoid rest and maintain activity
- Provide a rational explanation for back pain
- Address fears and misconceptions by promoting coping skills.

Given the natural tendency for recovery and remission, and the lack of clear indications for surgical intervention, a conservative approach to treatment of back pain is currently considered to be the primary management option.^{12,13} In addition to stressing the general management goals described above, conservative back pain treatment emphasizes spinal manipulation, therapeutic exercise, non-prescription analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs).¹⁴⁻¹⁶ Additionally, the clinical evidence is becoming increasingly clear that in the absence of "red flags" indicating a complicated back pain episode, the use of imaging studies, such as an X-ray or MRI, is not supported for the management of uncomplicated back pain.^{17,18}

Variability in back pain treatment

While the clinical evidence regarding back pain treatment is fairly straightforward, actual treatment is not well aligned with the current evidence. For example, the Optum analysis of the distribution of medical expense for treatment of more than 290,000 complete episodes of non-surgical back pain ending in 2005 indicates that spinal manipulation and therapeutic exercise accounted for only 16 percent of total expenditures. By contrast, more than 40 percent of treatment costs were for services with little support in the current evidence, e.g., radiology, pharmacy and passive therapies. Radiology costs alone accounted for greater than 20 percent of non-surgical back pain expense.

These data suggest that providers who are skilled in the administration of manipulation and exercise therapies, who emphasize patient education, and who use radiology and passive therapy services judiciously, have an important and currently underutilized role to play in the treatment of back pain.

The two provider specialties with a conservative approach to back pain treatment that would appear to be most aligned with the current clinical evidence are physical therapists and chiropractors. As with virtually all provider specialties, the practices of physical therapy and chiropractic are characterized by a high level of variability among providers with the same professional degree. As a result, improving the quality and affordability of back pain treatment is not simply a function of directing more patients to a provider with a physical therapy or chiropractic degree. This is where transparency into provider-level performance data and associated information provided by designation programs are becoming increasingly important for consumers, practitioners and health care purchasers.

When a patient seeks treatment from a physical therapist or chiropractor whose decision-making is aligned with current evidence, the severity-adjusted total episode cost is 35 percent lower than if the patient visited a physical therapist or chiropractor whose decision-making is not aligned with best evidence in one or more areas. Decision-support resources that guide consumers experiencing uncomplicated back pain to physical therapists and chiropractors practicing in alignment with current clinical evidence is one important way to improve the quality and affordability of back pain treatment.

Summary

Whether you are a consumer, practitioner, purchaser or insurer of health care services, it is likely that you have dealt with the issue of back pain sometime within the past year. Accelerating the adoption of current best evidence into consumer decision-making resources, clinical practice and coverage policies is essential to enhancing the quality and affordability of back pain treatment. Helping more back pain patients obtain their initial treatment from evidence-based physical therapists and chiropractors will help improve the quality and affordability of back pain treatment.

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