

# Avoiding low-value, ineffective care for Acute Low Back Pain

## Executive Summary

In early 2022, the Washington Health Alliance, a health care not-for-profit organization focused on driving change in the state's health care system, brought together a group of 32 stakeholders and a number of subject matter experts to explore how to avoid low-value, often ineffective care for acute low back pain, which impacts tens of thousands of Washington state residents a year.

For more than a year, the collaborative, which involved health care providers including physicians, acupuncturists, physical therapists, chiropractors, along with representatives from health plans and health care purchasers, explored the issue through a structured series of collaborative convenings with the guidance and input of nationally recognized subject matter experts on low back pain and payment reform.

Through this process, a clear picture was developed of a need to change our approach to the management of acute low back pain in order to avoid setting patients on a pathway toward unnecessary opioid prescriptions, imaging, and surgical interventions.

# \$134.5 billion

*Per year health care spending on low back and neck pain, making it one of the costliest ailments to treat.*

## Scope of the Problem

Low back pain is an exceedingly common condition, both in the United States and globally. Studies show that between 50 and 80% of all people will experience low-back pain during their lives. And it is shown that working-age adults are most likely to experience low-back pain, remaining a leading cause of disability globally.<sup>1</sup>

Though most people with acute low back pain recover quickly, studies show that 4% to 25% of acute low back pain patients eventually develop chronic low back pain.<sup>2</sup> However, research has shown that those suffering from acute low back pain typically recover within a matter of weeks with the right interventions and treatment.<sup>3</sup>

Low back pain also leads to staggering health care costs. Reviews of health care spending by condition show that low back pain combined with neck pain is the costliest at \$134.5 billion per year with private payers incurring most of the bill (57%), followed by public insurance (34%), and individuals (9%).<sup>4</sup>



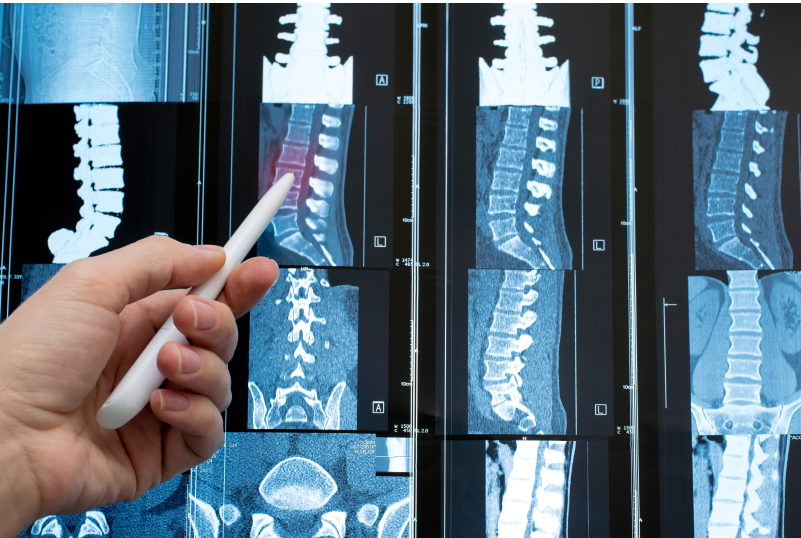
With the high potential prevalence of low back pain for many adults, there is an increased opportunity for those suffering from acute low back pain to receive unnecessary, low-value care that can be ineffective at treating the condition and can lead to adverse outcomes, such as opioid addiction.

For the purpose of our initiative, the Alliance looked at low-value care by weighing quality, cost, and appropriateness of the care. A prime example of low-value care is imaging, including MRI for acute low back pain. A study in Washington state specifically showed that early MRI imaging did not improve health outcomes for those with acute low back pain.<sup>5</sup>

**"For workers with mild/major sprain, early imaging was associated with a 2-fold increase in the likelihood of work disability benefits at 1 year."**

*Early imaging for acute low back pain: one-year health and disability outcomes among Washington State workers*

In Washington state alone, Washington Health Alliance data, drawn from our voluntary All-Payer Claims Database encompassing more than 4 million residents, shows that approximately **72,000 people with low back pain received more than 140,000 low-value services at an estimated cost of nearly \$10 million in 2020.**



## Issues

The driving focus of the collaborative was to define avenues to limit a patient's potential exposure to low-value care. Outlined at the onset of the convenings was a goal to address the treatment of acute low back pain with a focus on these efforts:

- *Improve the accessibility and use of evidence-based, non-opioid, non-invasive care options*
- *Reduce inappropriate opioid prescribing*
- *Avoid unnecessary invasive services, such as surgeries, imaging, and injections*
- *Reduce the use of the emergency department as the first point of care*

Aware that the treatment of chronic versus acute low back pain differs, the collaborative focused solely on acute low back pain.

The health care purchasers – employers and union trusts - associated with the collaborative, all of which are Alliance members, identified the issue of acute low back pain as a top reason employees and their dependents seek care.

It was established that often those suffering from low back pain were not following a well-established pathway to care, instead seeking care through the emergency room or their primary care provider and then in turn are referred for imaging, such as MRI, a consult with a surgeon or receiving a prescription for opioids. Instead of a clear road to what is typically a reasonable recovery time, those suffering from low back pain were on a pathway to chronic back pain through low-value care.

Underlying the collaborative's work was a plan to incorporate evidence-based practices, shared decision making and a focus on a broader set of treatment options. Unfortunately, wide gaps between evidence and implementation exist and incorporating clinical evidence in practice settings is a well-known challenge in health care.



# Recommendations

Through more than a dozen convenings, and a thorough review of the latest research and evidence-based methodologies, the Acute Low Back Pain Implementation Collaborative produced a series of recommendations and corresponding documents to help align the equitable treatment of acute low back pain with evidence-based, high-value practices.

The recommendations are as follows:

- **Prioritize timely triage by trained clinicians**
  - Timely triage by trained clinicians can help guide a patient through the right course of action at the onset of symptoms.
- **Create a system of supported self-management**
  - Supported self-management of the condition allows an individual to take proactive steps to recover from low back pain with the help of clinicians, utilizes patient shared-decision making and offers opportunity for them to periodically check in, over a course of 2-4 weeks, to assess whether additional steps need to be taken or address any questions or concerns.
- **Emphasize screening for yellow and red flags**
  - Screening for yellow and red flags allows a quick direction for emergent care (red flag) or for the identification of biopsychosocial indicators (yellow flags) of risk for long-term pain, or if it can be treated with more conservative means. Important to this effort is having trained clinicians that are able to identify yellow flags and red flags and to provide connections to support patients through self-management.
- **Increase patient education about acute low back pain**
  - By increasing the education on this condition, individuals can be started on a path toward supported self-management or identify where they can seek the appropriate treatment. For most, acute low back pain resolves within several weeks, and sharing that information can ensure that individuals avoid unnecessary visits to their primary care provider or the emergency room and limits exposure to low-value care like unnecessary imaging, and also know they have support from a provider if they have questions or new symptoms.

- **Identify appropriate referrals for yellow flags**
  - Create a system to identify the appropriate referrals for those experiencing acute low back pain with biopsychosocial indicators so they can receive behavioral health support in conjunction with a conservative means of care such as physical therapy, chiropractic care or acupuncture. This avoids unnecessary, low-value care such as opioid prescribing and imaging.
- **Adjust benefit design to allow for conservative care**
  - Adjust the design of the benefits a patient receives to be inclusive of multiple conservative means of care such as physical therapy, chiropractic care or acupuncture. Review copay structure to ensure it does not create a barrier to evidence-based care.
- **Address care gaps through an equitable approach**
  - Offer all communications through multiple languages and at accessible reading levels. Utilize both physical and electronic assessment questionnaires to increase access. Implement training around supported self-management that addresses unconscious bias, social determinants of health and health equity for minority groups.

To codify many of our recommendations, the Alliance staff, working with the low back Pain Implementation Collaborative created the Acute low back Pain Care Pathway, which offers health care providers, plans and purchasers, a roadmap to responding to patient suffering from acute low back pain. We also created a patient informational handout, produced in English, translated to the five most common non-English languages spoken in Washington state, that stakeholders could share to bolster shared decision-making and supported self-management, along with increasing overall awareness of acute low back pain among all Washingtonians.





## References

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### About the Washington Health Alliance’s Low Back Pain Implementation Collaborative

The Low Back Pain Implementation Collaborative brings together more than 30 stakeholders, including health care purchasers, health plan leaders, health care providers, and experts to work on solutions to address the treatment of acute low back pain. It is estimated that 80% of Americans will have some form of back pain in their lifetime, but not all of them will receive high-quality health care to address it. In Washington state alone, the latest data shows that approximately 72,000 people with low-back pain received more than 140,000 low-value services at an estimated cost of nearly \$10 million in 2020.

Since it was formed in February 2022, the collaborative has published an Acute Low Back Pain Care Pathway, along with a host of resources and tools to improve equitable access to care. The Care Pathway and additional resources can be found on the Alliance’s website.