

# An Equitable Approach to Addressing Acute Low Back Pain

## Introduction

In an effort to address the growing prevalence of low-value, inappropriate care for the treatment of acute low back pain, the Washington Health Alliance Alliance convened a multi-month collaborative, bringing together health care providers, health plans, employers and union trusts, along with several well-regarded subject matter experts. The goal was to outline workable steps to move the market so that every Washingtonian receives high-value, evidence-based care that prevented the development of a chronic pain condition.

Underscoring this work was a focus on equitable care to address care gaps in many of Washington's communities. With this goal in mind, the Alliance worked with the 32 collaborative members, representing more than 4 million insured residents of Washington, to charter a path to connect, engage and provide high-value, evidence-based care to all people regardless of any barriers to access.

The issues of inequitable care became even clearer during seven all-stakeholder convenings and a dozen individual meetings held throughout the duration of the collaborative's work. These issues aligned with larger trends reported by the Alliance through its work analyzing quality measures, socioeconomic challenges, and the total cost of care in Washington.

As such, the principal outcome of the work completed by the collaborative was to develop a mutually agreed-upon, evidence-based care pathway that incorporates equitable approaches at each step of the patient journey to ensure that gaps in care do not develop and that everyone receives high-value, appropriate treatment for acute low back pain and does not receive services that have been demonstrated to not improve patient-centered outcomes (and in some cases cause net harm).

**Low Back Pain  
Implementation  
Collaborative  
Stakeholders covered  
more than 4 million  
insured Washingtonians.**

## Issue

Acute low back pain is an exceedingly common condition experienced by people from all communities and backgrounds. It is estimated that anywhere from 50 to 80% of all people will experience an episode of acute low back pain during their lives, according to studies.

Given the across-the-board prevalence of acute low back pain, equitable care issues arise in access to, and delivery of, treatment. Throughout our health care system, access and affordability have been consistent barriers to appropriate, quality care for nearly all conditions. Moreover, the overuse of unnecessary diagnostic testing and treatments have been well documented.

**50 TO 80%**  
PEOPLE WHO WILL EXPERIENCE LOW BACK PAIN

In 2023, the Washington Health Alliance, for the first time, reported that within our state, socioeconomic advantage and disadvantage have a clear impact on both the quality and cost of care residents received in their communities.

Utilizing the Neighborhood Atlas, also known as the Area Deprivation Index, a tool validated by the University of Wisconsin School of Medicine and Public Health, the Alliance was able to demonstrate how where someone lives directly impacts the care they receive for several clinical conditions, including acute low back pain.

From this, gaps in care were identified, including an overreliance on Emergency Department (ED) visits, which could negatively impact the care received for conditions including acute low back pain.

Highlighted in our report, Quality Metrics by Area Deprivation Index, the incidence of potentially avoidable emergency department (ED) visits for those commercially insured increased from 8% among those most socioeconomically advantaged, as defined by Neighborhood Atlas, to 14% among those considered least advantaged.

Studies have shown that low back pain remains a top complaint for individuals visiting emergency rooms.<sup>1</sup> However, it offers an avenue to inappropriate, low-value care including imaging, which occurs in roughly one-third of all visits, according to a recent study.<sup>2</sup>

Similarly, use of the ED offers an opportunity for the prescribing of opioid pain treatments, which a recent study shown has an increased rate of return visits to the ED when used as a therapy for low back pain.<sup>3</sup> Similarly, a recent study has shown that opioids do not offer short term benefits when it comes to addressing acute low back pain when compared to a placebo.<sup>4</sup>

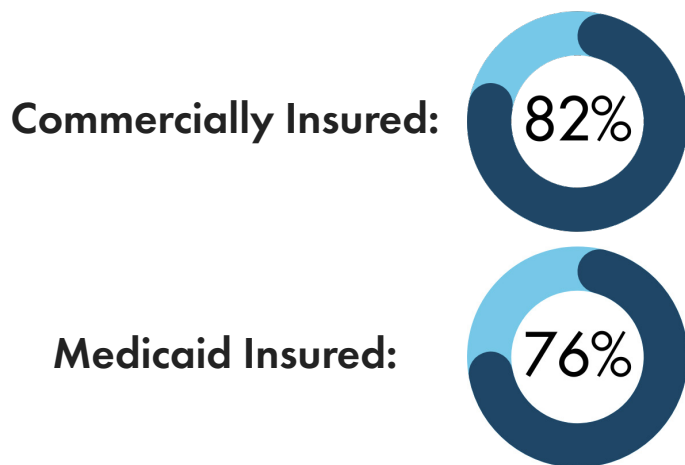


## Issue (Continued)

The Alliance’s report shows that avoidable imaging, including magnetic resonance imaging (MRI) and X-Ray, for low back pain continues to occur at a high rate throughout Washington, regardless of the insurance type – for those commercially insured, the statewide rate is 82% and for those with Medicaid, the statewide rate is 76%.

However, imaging has shown little direct benefit for the treatment of acute low back pain. Instead, it is more likely that it increases the likelihood of disability claims and the duration of the claims, according to a study of patients in Washington state.<sup>5</sup>

### Rate of insured Washingtonians receiving avoidable imaging for Acute Low Back Pain



Rates are derived from the Washington Health Alliance's 2023 Community Checkup, which relies on our voluntary All-Claim Payer Database, representing more than 4.5 million Washington residents.

An alarming overall trend noted within Alliance reporting is a decrease in the quality of care and a potential increase in total cost when an individual is not attributed to a primary care provider. Complicating the issue is that studies have shown that a primary care provider also can be an avenue to unnecessary imaging and other low-value, inappropriate care for acute low back pain.<sup>6</sup>

Aware of this, the collaborative addressed the need for a clear, evidence-based care low back pain pathway that can be applied in multiple clinical settings, including through growing care delivery platforms like telehealth, to undercut the potential for low-value care.

To learn more about the analysis from the Washington Health Alliance included in this paper, please visit [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org)

To see all the research and resources associated with the Low Back Pain Implementation Collaborative, please visit: [www.wahealthalliance.org/initiatives/low-back-pain-implementation-collaborative](http://www.wahealthalliance.org/initiatives/low-back-pain-implementation-collaborative)

## An Equitable Pathway to Care

Driven by the goal of ensuring all Washington residents receive timely, appropriate, high-value care for acute low back pain and avoid unnecessary and potentially harmful care, the collaborative outlined a five-step care pathway to align with the best possible outcomes.

However, it was understood among the 32 participants that while the steps can be applied universally, efforts were necessary to ensure that access and education were available to all communities, regardless of longstanding health care barriers.

**Supporting Equity Efforts** – In concert with the creation of the Acute Low Back Pain Care Pathway, the collaborative and Alliance staff created patient-facing handouts to support patient shared-decision making and supported self-management of symptoms. To increase the accessibility of the documents, the Alliance staff worked with community organizations and medical providers to have the documents translated into the five most spoken languages in Washington – Spanish, Russian, Simplified Chinese, Vietnamese, and Somali. To further ensure the information was broadly understandable, the handouts were written at a fifth-grade reading level.

### Timely Triage performed by trained clinician

A trained clinician, such as primary care, triage nurse, physical therapist, chiropractor, or Point Solution, will evaluate for red flags to check for any potential neurological deficit that requires urgent care. Clinicians will also evaluate yellow flags to assess need for behavioral support. Through patient shared decision-making, this clinician can provide guidelines for Supported Self-Management, if appropriate, to address the patient’s needs.

#### Equity efforts:

- Employers have set up programs with reduced cost-sharing for patients and 24-hour access in order to remove both cost and scheduling barriers for first-level care.
- Providers have created educational materials in multiple languages that promote high-value solutions. They have begun employing patient shared decision making and increased access to high-value care.
- Workers Comp Plans have expanded access to evidence-based therapies, employed bilingual navigators and used data to identify greatest areas of need.



## Identify Red Flags for Underlying Pathology

Clinicians will be able to identify red flags for underlying pathology that requires immediate intervention including a list of symptoms ranging from fever to unintentional weight loss.

### Equity efforts:

- Employers have increased access to timely triage with clinicians trained to identify red flags by expanding their networks and offering point solutions.
- Providers have similarly increased access to trained clinicians from different disciplines such as physical therapy and increased access to chiropractors, who are also trained to identify these red flags.
- Workers Comp Plans have used data to identify areas of need and deployed bilingual navigators for providers to expand network in areas with greatest need.

## Identify Yellow Flags (Indicators for Risk of Long-Term Disability and Work Loss)

Clinicians will be able to identify yellow flags from a list of symptoms and circumstances that often lead to an increased risk of disability and work loss. Those symptoms and circumstances include heavy work, unsociable hours, belief that pain and activity are harmful, history of back pain, and others.

### Equity efforts:

- Employers have improved access to trained clinicians able to identify yellow flags that lead to potential long-term disability.
- Providers have increased access to clinicians including physical therapists, chiropractors and others trained in identifying these yellow flags.
- Workers Comp Plans have deployed bilingual provider outreach and navigator staff to expand provider network and used data to identify areas of need.

## Supported Self-Management if appropriate (No Red or Yellow Flags Detected)

Guidelines for patients' self-management of acute low back pain with communication and support from clinicians trained to address issues. This includes providing avenues for conservative treatments, creating plans with regular communications with the patients and advice on who to contact for support instead of visiting the ED. This is to be done by a clinician that is trained to screen for red and yellow flags, able to engage the patient in shared decision making and provide support so the patient feels their concerns have been addressed. Patient coaching should include advice on when to contact the support person versus seeking care at the ED.

### Equity efforts:

- Employers have increased access to those trained in supported self-management through point solutions and expanded networks, while setting up follow-up communications with patients utilizing shared decision making.
- Providers have increased access to clinicians trained in patient shared decision-making and supported self-management to increase patient engagement. They have also created materials in multiple languages to educate patients on shared decision making and supported self-management.
- Workers' Comp and government sponsored plans have added centers of excellence focused on patient shared decision making to their network and expanded access for providers to bilingual navigators.

## Appropriate referrals based on individual patient needs

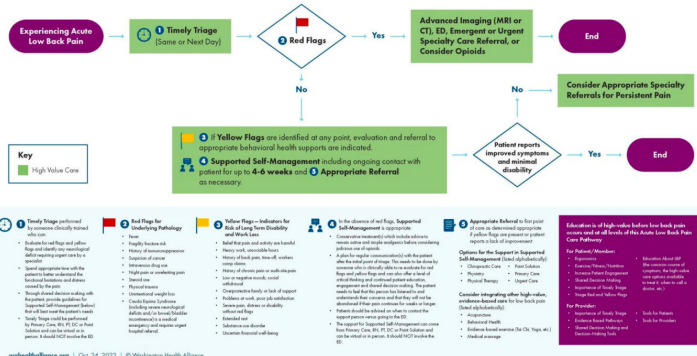
Provide appropriate referrals based on the red or yellow flags, and to pursue supported self-management if no flags are identified. i.e., these include options for supported self-management and integrated, evidence-based high-value care.

### Equity efforts:

- Employers are improving triage by properly navigating patients to staff that have information to offer patients on appropriate referrals and the role and benefits of conservative therapies.
- Providers have used data, training and outreach to educate and engage patients in order to ensure under-served populations are getting proper treatment.
- Health plans and plan sponsors are increasingly requiring analysis of quality metrics based on race/ ethnicity to better identify and address inequities. Another health plan is making it easier for providers to enroll so fewer claims get rejected and it becomes easier to see patients under worker's compensation fund.

### Acute Low Back Pain Care Pathway

Common Goal—Decreased Use of: Advanced Imaging, Emergency Department (ED), Opioids and Surgery as First Interventions



## How do we proceed?

Establishing a clear, equitable care pathway for acute low back pain is a necessary step toward ensuring that all residents receive appropriate, high-value care and avoid unnecessary care, but ensuring it is properly implemented in the right settings should continue to be a focus.

However, the issue of development of chronic low back pain remains a reality for many, which provides a potential avenue for further work. Studies show that upwards of 20 percent of people age 20 to 59 will develop chronic low back pain.<sup>7</sup> This continues to be a source of costly treatment, in part leading to neck and back issues being one of the single costliest ailments with spending in the U.S. topping more than \$134 billion (about \$410 per person in the US) annually.<sup>8</sup> Identifying a standardized, systematic approach to this care, similar to the acute low-back pain pathway, could offer similar benefits to prioritize equitable, high-value, appropriate, cost effective treatment.

The work of the collaborative, in conjunction with the broader efforts of the Alliance to report on the quality and cost of health care, has raised additional avenues to ensure that fewer residents receive low-value care. A key lesson learned is that more emphasis needs to be put on ensuring individuals receive timely care in the right setting.

Our reporting has shown that residents who are not assigned to a primary care provider receive lower quality of care, the burden of illness can be higher, and it can be more costly to treat them. Through the collaborative, it became clear that the primary care setting would benefit if the care pathway was implemented.

By working to enhance the system so all residents develop appropriate relationships with their providers in the primary care setting and adding appropriate access to marginalized communities, we can drive market change to close care gaps that too often lead to low-value, inappropriate, costly treatments.

## Key Figures

**50 to 80 percent** of people experience acute low back pain

**20 percent** of cases progress to chronic low back pain

**\$134 billion** is spent annually in the U.S. for neck and back pain conditions

## Footnotes

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## Acknowledgements

The Low Back Pain Implementation Collaborative brought together **32 stakeholders representing some of Washington's largest health care purchasers, health plans and health care providers** with the singular focus of finding equitable solutions to address the prevalence of low-value care for acute low back pain. The Alliance is grateful to these stakeholders who worked collaboratively over nearly 18 months to find and implement solutions.

We are also grateful to the nationally-recognized subject matter experts who lent their knowledge and guided this process from the onset.

The Washington Health Alliance received generous support from **Arnold Ventures** to bring together the Acute Low Back Pain Implementation Collaborative and complete this work that will impact thousands of lives in Washington.

