

Low Back Pain Implementation Collaborative

One Year Follow Up

The Washington Health Alliance completed the Low Back Pain Implementation Collaborative (LB PIC) in March of 2023. One year post-project, the following stakeholders reported their current actions and visions for continued improvement of adherence to the [Care Pathway](#).

Aetna APTA WA City of Seattle NW Admin UW Valley Medical VMFH WA Chiro

What have you done already?

Made resource webpage for our members with work from LB PIC and evidence-based guidelines.

Partnered with Hinge Health for supported self-management.

Added smart phrase to EMR to update LBP patient education standard.

Comparing data from 2021 to 2023 in these categories and reporting to Medical Directors and Spine Service Providers: utilization of LBP pt. education smart phrase in EMR, total imaging rates, PT referral rates from PCP seen in last 3 yrs. vs. empanelment provider and surgical referral rates.

Research project: Cost of chiropractic versus medical management of adults with spine-related musculoskeletal pain: a systematic review.

Found and now utilizing EverFlex LBP support program available through EAP.

Set up analytics dashboard to monitor LB claims and equity review.

Added smart set to EMR to populate chief complaint of LBP.

Redesigned pt. education materials followed by PDSA* of distribution.

* plan, do, study, act

Created member education materials.

Updated LBP patient resource listings on [website](#).

Implemented LBP Care Pathway into clinic network followed by PDSA.*

What are you doing currently?

Ongoing patient education in partnership with plan sponsors re: awareness and available self-management tools.

Offered free education course series to members on high value spine care.

Monitoring participation in EverFlex and working with other potential vendors to confirm consistent communication of the Care Pathway.

Monitoring 2024 data via LBP Management Dashboard that has been built into EPIC.

Tracking has shown a slight decline in distribution of pt. education materials.

Leveraging PA process to manage utilization of low back imaging ordered within 6 wks. of initial dx.

Targeted outreach to engage pts. with past/current opioid use, advanced imaging, injections, PT, rising risk MSK claims

Continued LBP communication via newsletters, EAP, mailers, workplace flyers and website.

Tracking referrals for appropriate LBP interventions shows improvement.

Focusing on collaborative, value-based provider relationships to improve care for LBP.

Monitoring LBP claims spend/utilization by race/ethnicity for opportunities to target communications.

Working with Protera Health, an exercise based program and a high-value step for timely triage – they screen for red/yellow flags and depression with referral to a psychologist or psychiatrist.

Where do you see future opportunities to continue incorporating this work?

Would like to continue to engage with employers and health plans re: incorporating PT into LBP pathways and member resources. **We are looking for any partners that are interested in working with us.**

Seeking opportunities to include more education about the approved Care Pathway before claims occur.

We hope to begin working with Premera to incorporate infographic.

Plans to incorporate exercise recommendations into LBP patient handouts in primary care. If beneficial, then add to Spine Service Clinic handouts.

Follow and expand on current projects with TriCare and UHC around the potential cost saving w/ appropriate PT referrals.

Would like to connect with other stakeholders to determine referral locations for alternative interventions (massage, ACU, chiropractic, etc.) We hope to have capacity to do so in the next few years.

What challenges have you had or do you anticipate?

Challenges continue to be around open access benefits without a gatekeeper which limit the health plans' ability to direct to best modality.

Premera has postponed work to incorporate LBP initiatives.

We do wonder what will happen to our added-value triage arrangement with Protera if commercial plans stop covering virtual visits.