

Value-Based Care and Changes to Pain Management Policies:

Reflections from a Large Commercial Insurer, Employer, and an Insurance Reform Expert Living with Chronic Pain



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Midwest Business Group on Health

The Source for Leading Health Benefits Professionals

About MBGH

- Over 130 members – HR/health benefits professionals from mid, large and jumbo employers, including coalitions, hospitals, health plans, pharmaceutical manufacturers, wellness vendors, consultants and professional associations – covering over 4 million lives
- Employer members spend more than \$12 billion annually on health benefits
- Activities focus on the Purchaser Perspective:
 - Education, networking and benchmarking
 - Health benefits research, [toolkits](#) and pilots
 - Community-based initiatives on health improvement, patient safety and quality outcomes
 - Buyers groups and health benefits service offerings

Working Together



Alliance to Advance
Comprehensive
Integrative
Pain Management



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- MSD accounts for approximately \$20 billion/year in direct costs for employers*
- Indirect costs for MSD may be as much as \$100 billion/year*
- In 2018, 65% of HR professionals reported opioid addiction having a financial impact on their company
- 55% of the U.S. population is covered by employer sponsored health plans
- Employers can influence the adoption of integrative pain management
- AACIPM and MBGH facilitate an employer advisory board – [learn more](#)
- National Alliance and the Kentuckiana Health Collaborative join the partnership
- Key learnings
 - Employers care about whole-person care
 - More education is needed for purchasers to understand evidence-based, multidisciplinary pain care

* NEBGH, September 2017 ** The Hartford, 2018

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Comprehensive Strategy Across Supply Chain

Recommendations span Medical, PBM, Dental, Behavior Health, EAP

	Prevention	Early Detection	Treatment	Return to Function
Provider	<ul style="list-style-type: none"> Limit days supply Prescribing guidelines 	<ul style="list-style-type: none"> Routine screenings Treatment referrals 	<ul style="list-style-type: none"> Evidence-based guidelines Providers credentialed for med-assisted treatment 	<ul style="list-style-type: none"> Planning care transition
Supplier	<ul style="list-style-type: none"> Supply / refill restrictions Data integration Long-term protocol 	<ul style="list-style-type: none"> Refills / polypharmacy Screenings for Primary Nurse care management 	<ul style="list-style-type: none"> Require network adequacy for treatments Cover Naloxone / Narcan 	<ul style="list-style-type: none"> Network coordinated care hand-off
Workplace	<ul style="list-style-type: none"> Drug Free Workplace Onsite education on risks 	<ul style="list-style-type: none"> Random testing as deterrent to illegal use For-cause / post-accident testing for impairment 	<ul style="list-style-type: none"> Leave Management refer members to EAP 	<ul style="list-style-type: none"> Expand care management program Treatment / education via EAP

Comprehensive focus across three channels and four phases

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Alliance to Advance Comprehensive Integrative Pain Management Virtual Symposium Innovation in Person-Centered Pain Management

May 13, 2020

Disclosures

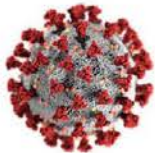
- UnitedHealth Group since 2001
- Currently Chief Strategy Office – UHG Ventures
- Clinical Background – Chiropractor
- david.elton@uhg.com

UHG response to opioid epidemic and COVID pandemic



<https://www.unitedhealthgroup.com/newsroom/opioid-epidemic.html>

https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2018/AddressingTheOpioidCrisis_UHG.pdf

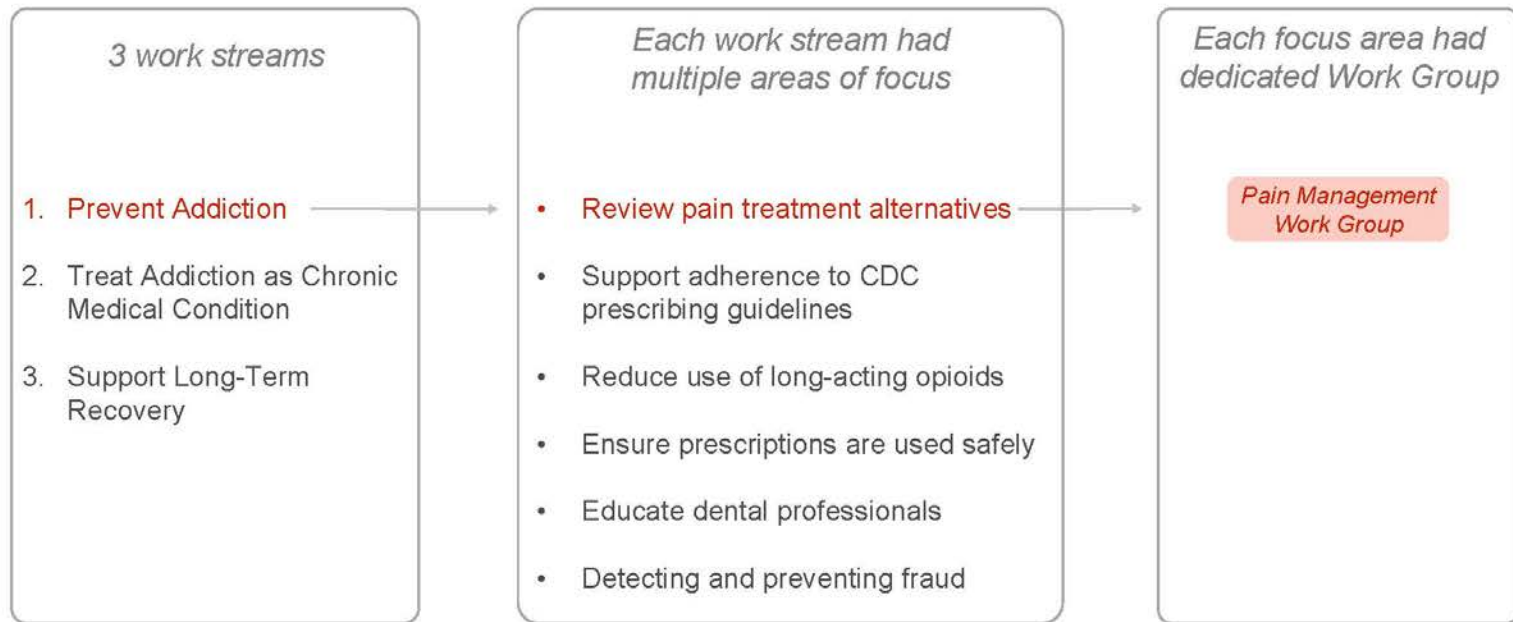


<https://www.unitedhealthgroup.com/newsroom/posts/2020-04-15-uhg-covid-19-response.html>

*Response has been comprehensive, sustained and high impact
some of which is known, and much is behind the scenes*



Approach to opioid epidemic – UHG Opioid Task Force



Pain Management Work Group - Review pain treatment alternatives



- Back pain is one of the leading causes of years lived with disability globally, with prevalence increasing 18%¹⁻³
- Spinal injections and imaging account for approximately 45% of all low-value care⁴⁻⁹
- ~75% of prescribed opioid MME are for MSK conditions, with ~50% for back pain¹⁰
- MSK accounts for >15% of total PMPM¹⁰
- Rates of MSK surgery are highly variable¹¹

Review pain treatment alternatives ¹²⁻¹⁴



1

First Line Treatment

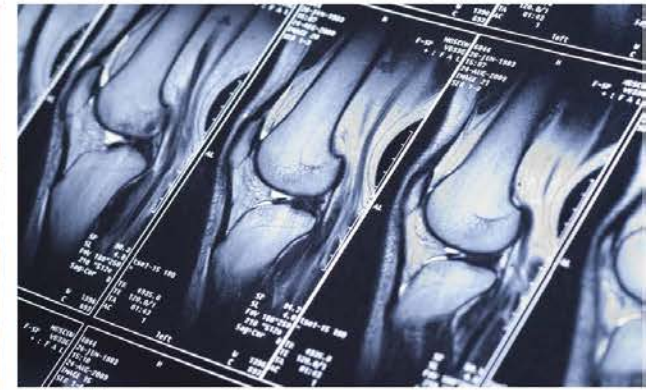
Reassurance, understand condition, keep active, natural history is favorable



2

Second Line Treatment

"Conservative" treatments such as PT, chiropractic, acupuncture, massage, yoga therapy, nutrition and mental health





3


Third Line Treatment

Surgery, imaging, injections, and prescription medications.
Access immediately for "Red Flags"

With many competing options, patients overwhelmingly choose suboptimal pathways

 **Back and Neck**
3.3M episodes, \$5.9B

 **Lower Extremities**
3.4M episodes, \$6.7B

 **Upper Extremities**
2.0M episodes, \$3.1B

Treatment Path	1	2	3	1	2	3	1	2	3
% Episodes	N/A	29%	71%	N/A	5%	95%	N/A	3%	97%
Cost	N/A	\$650	\$2,200	N/A	\$800	\$2,000	N/A	\$1,000	\$1,500
Imaging	N/A	20%	50%	N/A	16%	72%	N/A	26%	67%
Opioid	N/A	5%	13%	N/A	5%	14%	N/A	5%	14%
Injections	N/A	2%	9%	N/A	1%	4%	N/A	3%	8%
Surgery	N/A	1%	5%	N/A	2%	7%	N/A	3%	13%

What role do benefit plan designs play?

What role do benefit plan designs play?

- For LBP, **75%-90% less likely to have short or long-term opioid exposure** if first provider is a DC, PT, or LAc¹⁵
- **As co-pays and deductibles increase** patients are less likely to choose a DC or PT¹⁶

10/29/2019

UNITEDHEALTH GROUP*

New UnitedHealthcare Benefit for Low Back Pain Helps Reduce Invasive Procedures and Address the Opioid Epidemic



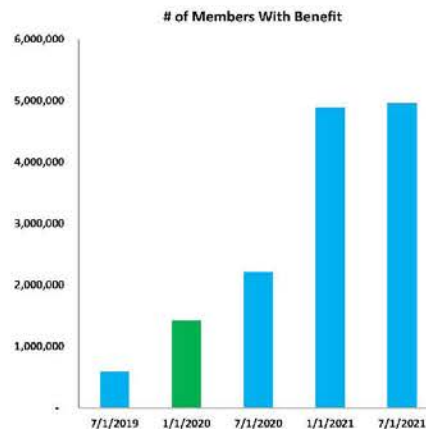
Lower back pain can turn your world upside down.

Get 3 visits at no cost to you with a network physical therapist or chiropractor.

 **Reduce path:** Only 1 out of 100 people with low back pain will need surgery. Many pain relief options.
 **Pay 0\$:** Your first 3 visits are covered at no cost to you.

To find a network physical therapist or chiropractor go to myuhc.com.

UnitedHealthcare

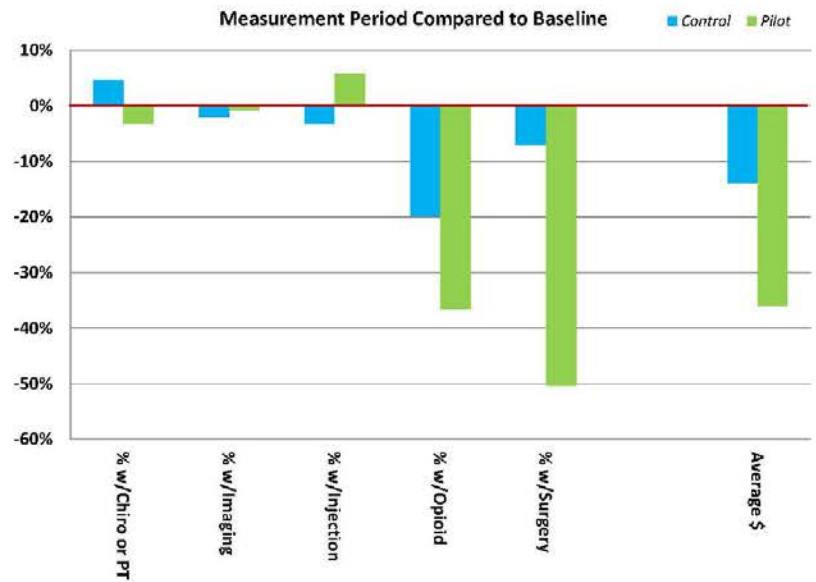


<https://www.unitedhealthgroup.com/newsroom/2019/2019-10-29-uhc-benefit-low-back-pain.html>

<https://newsroom.uhc.com/content/dam/newsroom/UHC%20Low%20Back%20Pain%20White%20Paper%202019.pdf>

What has the impact been?

- Strong employer interest
- Positive qualitative reaction from members
- Nature of rollout enables multiple control groups
- Ambitious measurement plan
 - Pathway shift
 - Rate and timing of 2nd and 3rd line services
 - Net \$ impact of waiving out of pocket cost
- Limitations
 - **Relatively small # of members** with benefit so far
 - Benefit promotion started in October 2019
 - Claims data through December 2019
 - COVID-19 impact



COVID impact and adjustments that have been made



 Abrupt 50 to 75+% reduction in visits to PTs and Chiropractors

 Expanded telehealth coverage to include PTs and DCs

- Currently *March 18 to June 18*
- *Originating site waiver*
- *Patient out of pocket cost waived*
- *1,000s of visits – **appreciated, how effective?***

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html>

 Grant proposal submitted to study impact of benefit design change, COVID and effectiveness of PT/DC telehealth

Orthology — scaling the CIPM practice we were looking for in the market



1

Supporting **first line treatment** with digital tools:

Keep people moving with self-care techniques, telehealth support and if needed information to better understand when and where to seek treatment.



2

Supporting **second line treatment** with in-person care and telehealth visits:

Integrated, multidisciplinary approach to care including **PMR, PT, OT, chiropractic, massage, acupuncture, yoga therapy, nutrition and mental health**

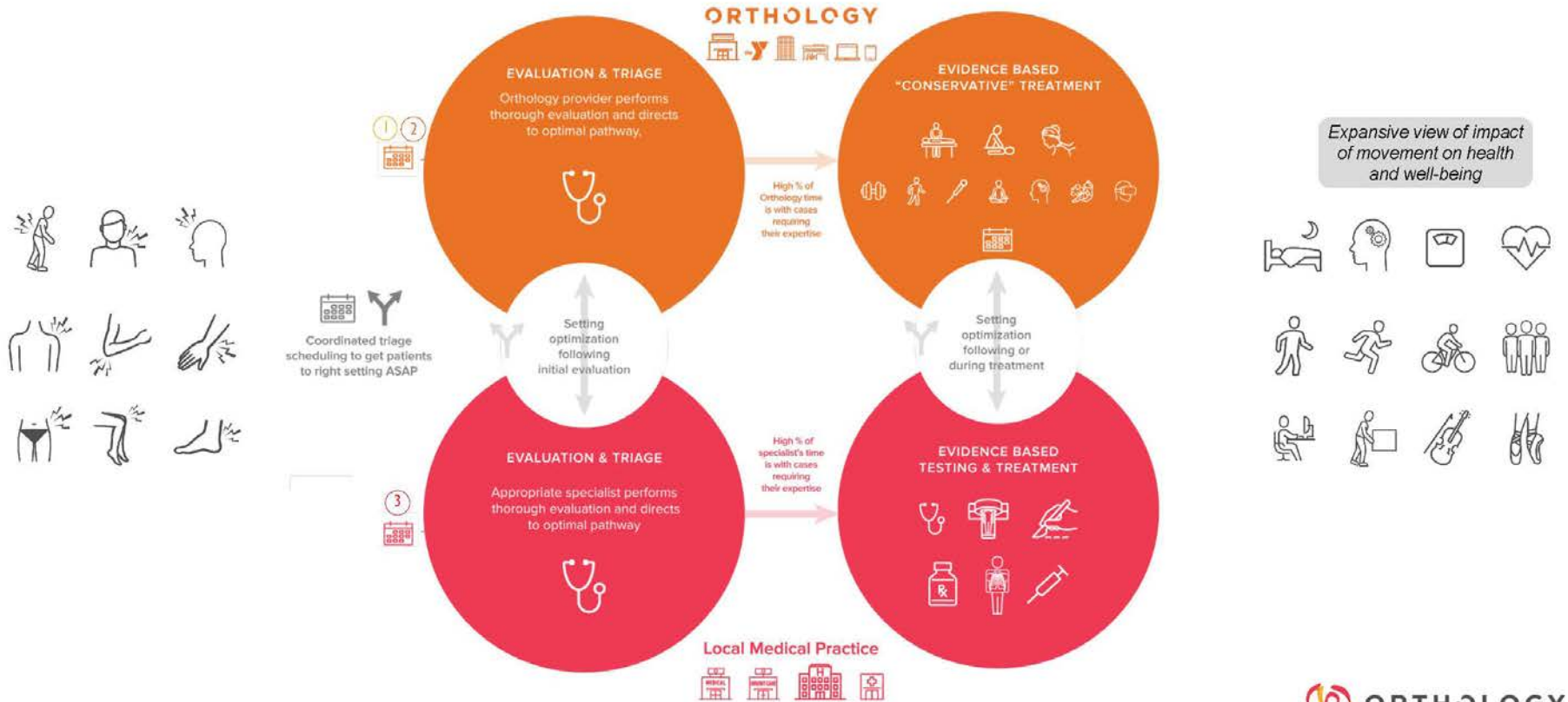


3

Supporting **third line treatment** with care navigation:

Help patients access the right third line treatment, from the right provider, as soon as possible

Right treatment, right time, right setting



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THE VIEW FROM A HEALTH INSURANCE POLICY EXPERT LIVING WITH PAIN

CENTER ON HEALTH INSURANCE REFORMS, GEORGETOWN UNIVERSITY MCCOURT SCHOOL OF PUBLIC POLICY

Chronic pain started
when I was 14 and
has continued
and changed
throughout my life





Diagnosis of fibromyalgia
in 2003 pushed me to
apply to law school which
led me to a career
working on health
insurance policy

Insurance Coverage of Pain Treatments

- ▶ Fee for Service Model
 - ▶ Encourages shorter physician visits and some say encourages prescribing Rx
 - ▶ More doctor provided interventions
 - ▶ Limited or no coordination between providers
- ▶ Rehabilitative Services
 - ▶ Physical therapy almost always covered
 - ▶ Chiropractic and acupuncture have become more common
 - ▶ Often limited to set number of visits
 - ▶ Integrative rehabilitative services, such as massage therapy, less commonly covered

Insurance Coverage for Pain Treatments

- ▶ Common exclusions
 - ▶ Blanket exclusions for CAM
 - ▶ Exclusions for experimental services
 - ▶ Exclusions for exercise outside of physical therapy
- ▶ Network limitations
 - ▶ Difficulty finding mental health providers specializing in pain
 - ▶ Physical therapists in network may not be specialized
- ▶ Providers must be licensed
 - ▶ Adds additional hurdles to covering many services, such as yoga



Non-Traditional Insurance

- ▶ Alternative coverage options often exclude preexisting conditions and therefore many chronic pain conditions
 - ▶ Short-term health plans
 - ▶ Health care sharing ministries
 - ▶ Fixed Indemnity
- ▶ Some have specific exclusions for chronic pain
- ▶ Often have limited coverage and exclude key services

Over the years,
struggled to find
specialized physical
therapists and a
psychologist in
network

Recently grappled
with insurance for
preapproval of a
comprehensive pain
rehabilitation
program



Photo Credit: Kainaz Amaria/Vox
Coronavirus Has Created a Crisis for Primary
Care Doctors and Their Patients