# Aligning low back pain treatment with clinical guidelines.

## Low back and neck pain: A growing concern globally.

Over the last 10 years, the number of people worldwide who have experienced low back and neck pain has increased by **18.7%.** More than half a billion people globally have low back pain, and more than a third of a billion have neck pain that's lasted more than 3 months.[1–3]

### Leading causes of disability-adjusted life years (DALYs):[2]

1. Ischemic heart disease
2. Cerebrovascular disease
3. Lower respiratory infection
4. **Low back and neck pain**

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**18.7%**[1–3]

## Financial and health impact on society.

Treatment of musculoskeletal conditions such as low back pain is a top health care expenditure for employers and health plans.[4] Low back pain is also a leading driver of opioid prescriptions in the U.S.[5] In addition, people experiencing low back pain are often exposed to unnecessary risk and expense due to the rapid increase in musculoskeletal treatment services that lack clear benefits, such as spinal injections and spinal imaging. These 2 services make up nearly half of all health care services offered to address low back pain.[6–9]

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### Spinal imaging rarely identifies serious conditions; instead, it can expose patients to:[6–9]

- Radiation.
- Unnecessary tests, referrals and invasive procedures.
- Extra expense.

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# Current clinical practice guidelines.[10–11]

## The following approach is uniformly recommended for the treatment of low back pain:


1. Patient is reassured that low back pain is extremely common, and is encouraged to stay active, as the pain will often **go away on its own.**

2. **Patient is screened for red flags** to rule out serious medical conditions.

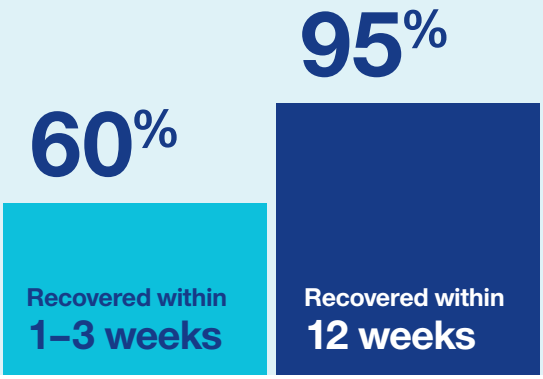
3. If natural history of recovery is slow and there are no red flags, **recommended second-line treatments** may include:
   - Spinal manipulation
   - Acupuncture
   - Yoga
   - Therapeutic exercise
   - Manual therapy (e.g., massage)

**Limited use:**
- Muscle relaxants
- Imaging such as X-ray, MRI, CT (if not progressing by 30 days)

**Avoid:**
- Opioids

### Using these noninvasive treatment/care options to treat low back pain has resulted in a favorable recovery:

60% of people recovered within 1 to 3 weeks, and up to 95% recovered within 12 weeks.[12]

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# The reality of current low back pain treatment.

While high-quality, uniform clinical guidelines have been available for several years, low back pain treatment remains highly variable. Patient treatments are driven primarily by the type of health care provider they choose to see.[10–11]

The right treatment for a patient can and should include a full range of evidence-based treatments. However, what is happening is that services recommended for usage later in the optimal treatment path—such as injections, imaging and opioids—are often provided as first- or second-line interventions and, consequently, overused.[13]

As a result, recommended treatments such as **spinal manipulation, manual therapy, acupuncture and therapeutic exercise** aren't used often enough or are used too late to be beneficial.[14]

## Current barriers:

Benefit designs **don't incentivize the use of noninvasive treatment/ care options.**[15]

Recommended treatments may have **high patient out-of-pocket costs.** Red-flag symptoms, such as fever or loss of bladder and bowel control, may require immediate testing and intervention.[16]

Patients may have **limited access to recommended treatments** (patients may have to wait up to 2 weeks for an appointment; acupuncture may not be a covered benefit, and if covered, acupuncturists may not participate in networks).

**Doctors may have limited time to identify pain-relief alternatives** and may default to recommending treatments that don't follow clinical guidelines.

**Many care providers and parts of the health system generate revenue from low-value treatments,** which may create a disincentive to use lower-cost, recommended, non-pharmacological therapies.

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**Patients who choose a noninvasive treatment/care option first** may have a 6x lower probability of surgery.[17]

**6x**

**Patients who saw a chiropractor or physical therapist** for their low back pain received injections at a rate that's 4x lower than those who initially saw a primary care physician or specialist.[18]

**4x**

# Aiming to help patients receive the right treatment at the right time in the right setting.

UnitedHealthcare is committed to addressing barriers that hinder patients from receiving evidence-based services such as spinal manipulation, manual therapy, acupuncture and therapeutic exercise.

## Here's how we're taking action:

### Benefit designs.

For 2019 and 2020, benefit plans will enable some employers* to waive out-of-pocket copays and deductibles for eligible plan participants seeking evidence-based, non-pharmacological treatments.

**Goal:** Eliminating out-of-pocket costs for the first 3** visits with a chiropractor or physical therapist may encourage more patients to use these services.

### Access and availability.

Our credentialed, national network includes more than **100,000** chiropractors, physical therapists, occupational therapists and acupuncturists. A network care provider search feature on **myuhc.com®** identifies health professionals who are exempt from utilization review.

**Goals:** UnitedHealthcare has developed one of, if not the largest, network of chiropractors, physical therapists, occupational therapists and licensed acupuncturists. We are making it easier for patients to access these beneficial treatments.

### Physician support.

While medical doctors are frequently the first care providers seen by patients, they may only have limited time to perform an evaluation and recommend action. Clinical practice guidelines indicate that the most common recommendation should be for non-pharmacological therapies,[14] which involve a referral to a physical therapist or chiropractor. We share data with doctors and practices, and make introductions to preferred local physical therapists and chiropractors.

**Goal:** Our digital and website tools will be made available to doctors to help them provide more efficient referrals and identify care providers exempt from utilization review.

### Industry contributions.

Over the past 2 years, OptumLabs® has collaborated with industry thought leaders to conduct a large-scale research project examining the use of noninvasive treatment/care options for low back pain and their association with key clinical and cost outcomes. The results of this project have enabled for the creation of 3 papers[19] (2 published and 1 submitted for publication) that have helped advance industry knowledge on improving the quality and affordability of low back pain treatments.

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# The benefits of aligning low back pain treatment with current guidelines.

## By 2021, our objective is to increase the timely adoption of evidence-based treatment services by 25%. This can result in a projected:[20]

**21%**
reduction in spinal surgeries.

**19%**
reduction in opioid use.[21]

**22%**
reduction in spinal imaging.

**49%**
lower total costs for people starting with evidence-based care.

The goal is to optimize quality and affordability of care for patients so that they see fewer adverse events associated with unnecessary interventions and can experience an enhanced well-being.

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* Available to ASO clients only on an opt-in basis. Embedded for Fully Insured clients.

** Potential variability in the number of free visits offered in the future.


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