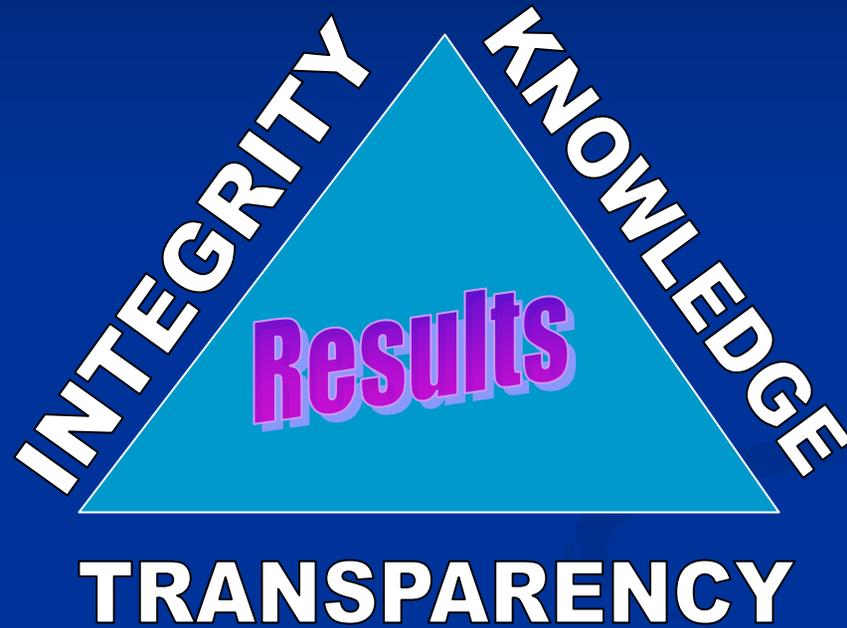


# Specialty Health



**STEVEN G. ATCHESON, MD**

**MEDICAL DIRECTOR**



# SpecialtyHealth

FOUNDED IN NEVADA IN 1993 BY PHYSICIANS SPECIFICALLY TO PROVIDE BETTER CARE FOR THOSE WITH MUSCULOSKELETAL PROBLEMS

## WORKERS' COMPENSATION

- CASE MANAGEMENT
- UTILIZATION REVIEW
- NETWORK SERVICES

## GROUP HEALTH

- MUSCULOSKELETAL DISEASE MANAGEMENT
- CARDIAC WELLNESS PROGRAMS
- UTILIZATION REVIEW
- NETWORK SERVICES

# SpecialtyHealth

**MEDICAL CASE MANAGEMENT, DISEASE  
MANAGEMENT, AND UTILIZATION REVIEW  
GROUP HEALTH AND WORKERS' COMP**

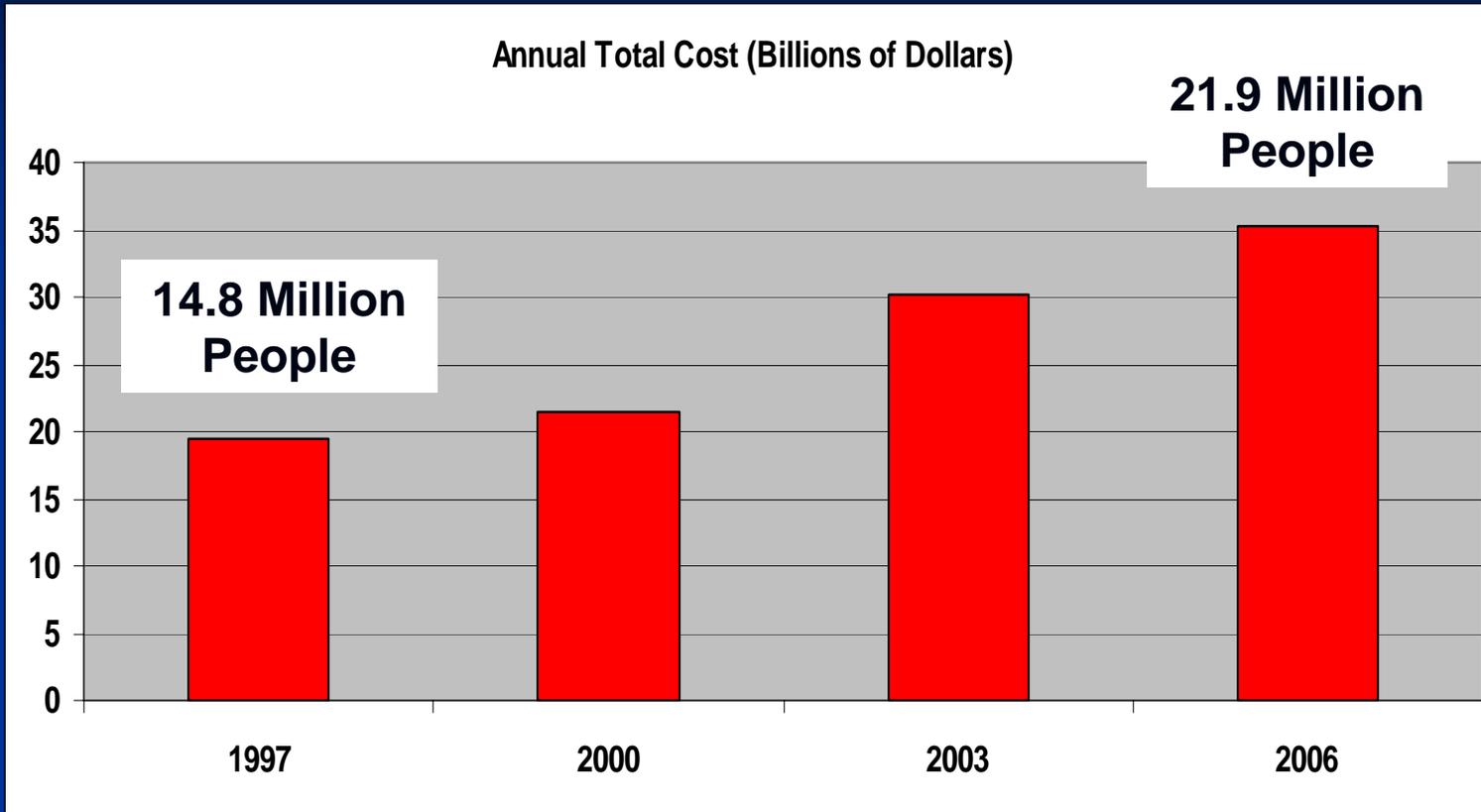
- FULL NATIONAL URAC CERTIFICATION FOR WORKERS' COMP UR AND CM
- LICENSED/CERTIFIED IN NEVADA, CALIFORNIA, TEXAS, ILLINOIS, KANSAS, ALABAMA, TENNESSEE, PENNSYLVANIA, NEW JERSEY, UTAH, MICHIGAN, FLORIDA



# SOME NEVADA CLIENTS

- STATE OF NEVADA
- NEVADA SYSTEM OF HIGHER EDUCATION
- LAS VEGAS METRO
- BOULDER CITY
- CITIES OF SPARKS AND CARSON CITY
- PUBLIC AGENCIES IN ALL OF RURAL NEVADA
- ST. MARY'S HEALTH PLANS STATEWIDE (GROUP HEALTH SPINE UR)
- PEBP STATEWIDE (CARDIAC WELLNESS)

# HOW BIG IS THE SPINE PROBLEM?



**ALL  
FIGURES  
ADJUSTED  
TO 2006  
DOLLARS**

**DESPITE ALL THE EXPENSE, THE MENTAL AND  
PHYSICAL STATUS OF THOSE WITH SPINE  
PROBLEMS WORSENERD OVER TIME!**

# SPINE SURGERY: A GROWTH INDUSTRY

- LUMBAR FUSION: NATIONAL RATES INCREASED BY 220% FROM 1990-2001

**GEOGRAPHIC VARIATION 20-X IN 2001**

- CERVICAL SPINE SURGERY INCREASED BY 300% FROM 1992-2005

**GEOGRAPHIC VARIATION 35-X IN 2005**

**HIP/KNEE SURGERY INCREASE**

**OF ONLY 13-15%**

# SPINE SURGERY IN NEVADA: MORE IS BETTER?

- NEVADA POSTERIOR CERVICAL FUSION RATES HIGHEST IN US: NEARLY 3X THE MEDIAN, 53X THE LOWEST
- NEVADA CERVICAL SPINE SURGERY RATE OVERALL HIGHEST GROUP IN US
- **NORTHERN NEVADA** LUMBAR DISC SURGERY RATES ARE AT OR BELOW THE NATIONAL AVERAGE
- BUT **NORTHERN NEVADA** LUMBAR FUSION RATES ARE UP TO 4X HIGHER THAN NATIONAL AVERAGE

# THE TWO MAIN THINGS TO KNOW :

1. IF THERE IS NO DISCERNIBLE BENEFIT FROM A TEST OR TREATMENT, THEN NO AMOUNT OF RISK IS JUSTIFIABLE:  
**primum non nocere: “First, do no harm.”**
2. THE BEST MEDICAL CARE ALWAYS COSTS THE LEAST  
**by reducing unnecessary and inappropriate care**

# Journal of Occupational and Environmental Medicine

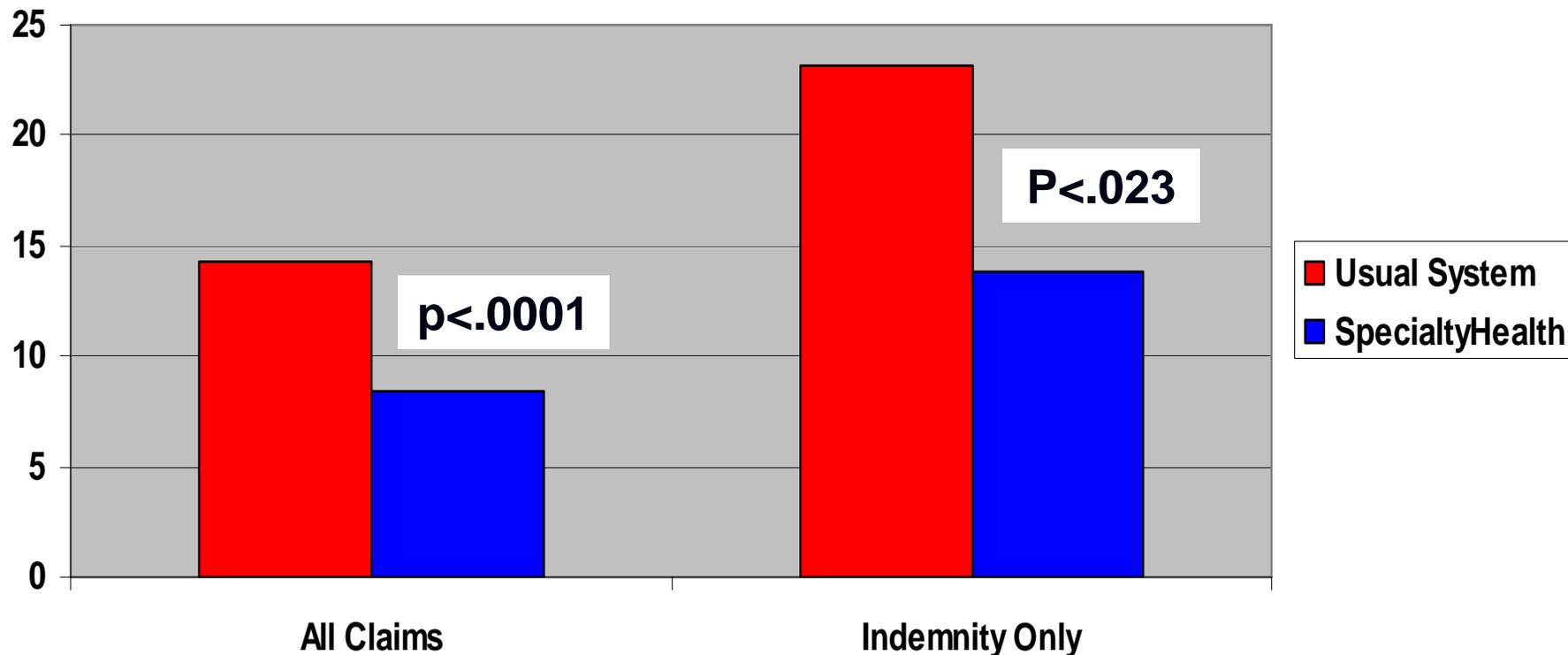
## **Paying Doctors More: Use of Musculoskeletal Specialists and Increased Physician Pay to Decrease Workers' Compensation Costs**

**Steven G. Atcheson, MD**  
**Robert L. Brunner, PhD**  
**E. James Greenwald, MD**  
**VaDonna G. Rivera, DC**  
**Jacqueline C. Cox, MPA**  
**Stanley J. Bigos, MD**

**A**ll who seek care for a work-related injury automatically fall within the reach of one of more than 50 state and federal workers' compensation (WC) jurisdictions. The costs of occupational illnesses and injuries are very high, estimated at \$171 billion in 1992.<sup>1</sup> This was about equal to the amounts spent treating cancer. Over

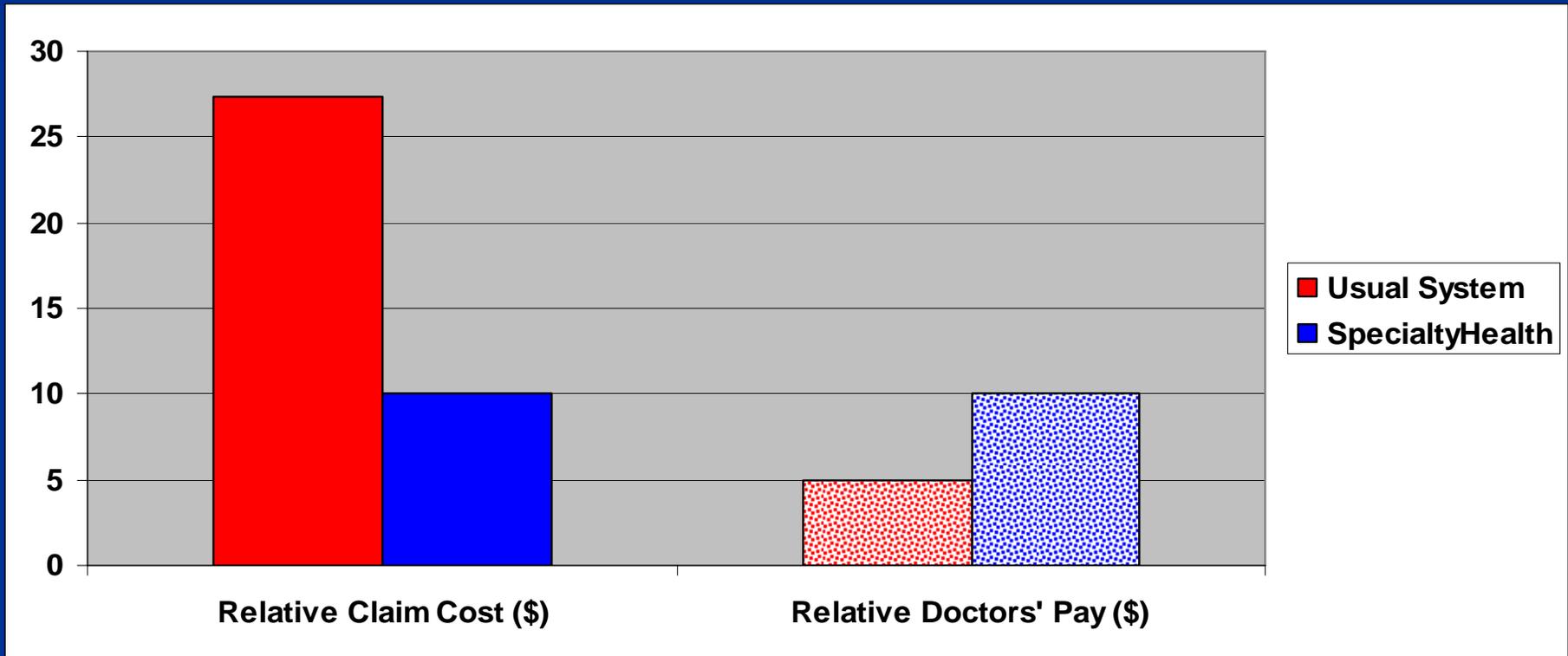
# GET THE RIGHT PATIENT TO THE RIGHT DOCTOR WITH NO DELAY...

Average Claim Length to Closure (Months)



AND YOUR CLAIMS WILL CLOSE MUCH FASTER

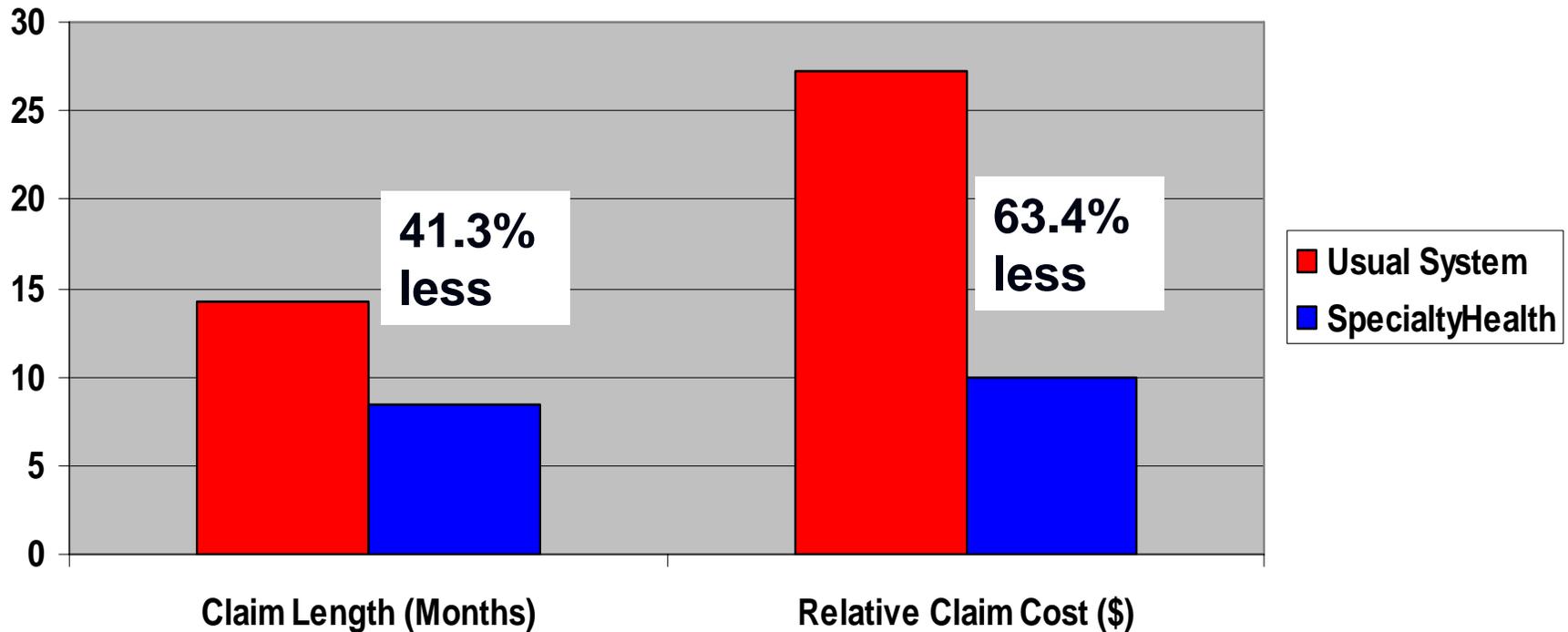
# FAST CLAIM CLOSURE ONLY OCCURS WHERE THERE IS HIGH QUALITY CARE AND A HIGH DEGREE OF PATIENT SATISFACTION



## INCENTIVIZE THE TREATING PHYSICIAN

**FASTER CLAIM CLOSURE =  
LESS UNNECESSARY CARE =  
LESS PATIENT RISK**

**Claim Length Drives Claim Costs**



**AVERAGE CLAIM COST IS THE BEST MEASURE OF  
QUALITY OF CARE**

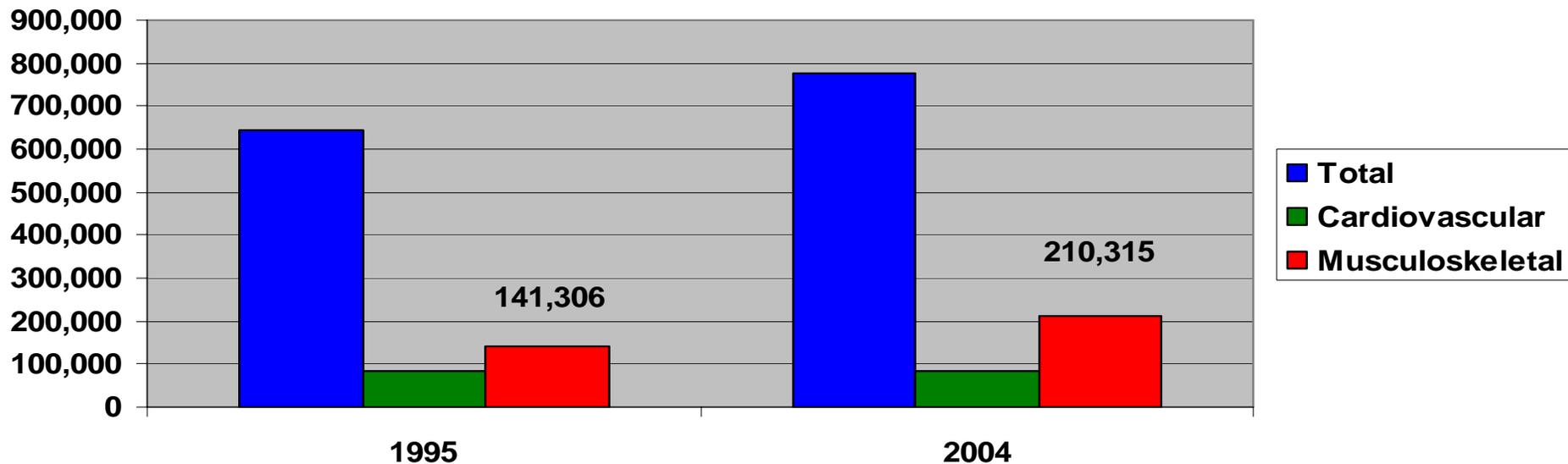
# WHY THESE RESULTS ARE IMPORTANT

- > 90% OF ALL WC PROBLEMS ARE MUSCULOSKELETAL: STRAINS, SPRAINS, FRACTURES, DISLOCATIONS, ETC.
- USUALLY ABOUT 15-25% OF ALL WC CLAIMS INVOLVE THE SPINE
- SPINE CLAIMS TYPICALLY COST ABOUT 50% MORE PER CLAIM THAN OTHER WC CLAIMS

**THE MEDICAL CARE PROCESS SHOULD BE  
THE SAME REGARDLESS OF PAYER**

# A GROWING NATIONAL PROBLEM

Social Security Disability Recipients: 1995-2004



- THERE WAS A 20.1% INCREASE IN ALL RECIPIENTS FROM 1995-2004, BUT A NEARLY 50% INCREASE IN THOSE DISABLED FROM MUSCULOSKELETAL DISORDERS, > 30% UNDER AGE 50
- MOST OF THESE PEOPLE HAVE SPINE PROBLEMS

# THE SAGA OF LARRY Z.

TRUE LIFE LESSONS IN SPINE CARE

# LARRY Z.

- AGE 47, NO PRIOR HEALTH PROBLEMS
- DEVELOPED PAIN AFTER HE SLIPPED AND TWISTED WHILE FALLING
- PAIN IN LOW BACK, WITH SOME PAIN DOWN THE BACK OF THE RIGHT LEG (SCIATICA), AND NUMBNESS IN THE RIGHT FOOT
- NO BETTER AFTER 3 DAYS, SO SEES A DOCTOR

**WHAT SHOULD THE DOCTOR DO?**

# RED FLAGS FOR ACUTE LOW BACK PAIN

- A SIMPLE 2 MINUTE ASSESSMENT LOOKING FOR “SOMETHING BAD” THAT MIGHT NEED URGENT ATTENTION (FRACTURE, CANCER, INFECTION)
- A NEGATIVE RED FLAG EVALUATION ESSENTIALLY GUARANTEES THAT THERE IS NO URGENCY.
- THE PATIENT SHOULD BE REASSURED, GIVEN SYMPTOMATIC TREATMENT, URGED TO KEEP ACTIVE

NO STUDIES (X-RAYS, MRI) ARE INDICATED AT THIS POINT, ACCORDING TO ALL NATIONAL AND INTERNATIONAL GUIDELINES

# WHAT HAPPENED TO LARRY Z.

- THE DOCTOR FOCUSED ON THE LEG PAIN AND NUMBNESS, SAID LARRY MIGHT BE AT RISK FOR “NERVE DAMAGE”
- GAVE HIM VICODIN, STARTED P.T., AND SAW HIM 1 WEEK LATER
- NO CHANGE IN PAIN, SO DOCTOR ORDERED AN MRI
- ALL GUIDELINES SAY IMAGING STUDIES SHOULD NOT BE DONE FOR AT LEAST ONE MONTH

**WE WOULD HAVE REFUSED THE REQUEST FOR THE MRI AT THIS POINT**

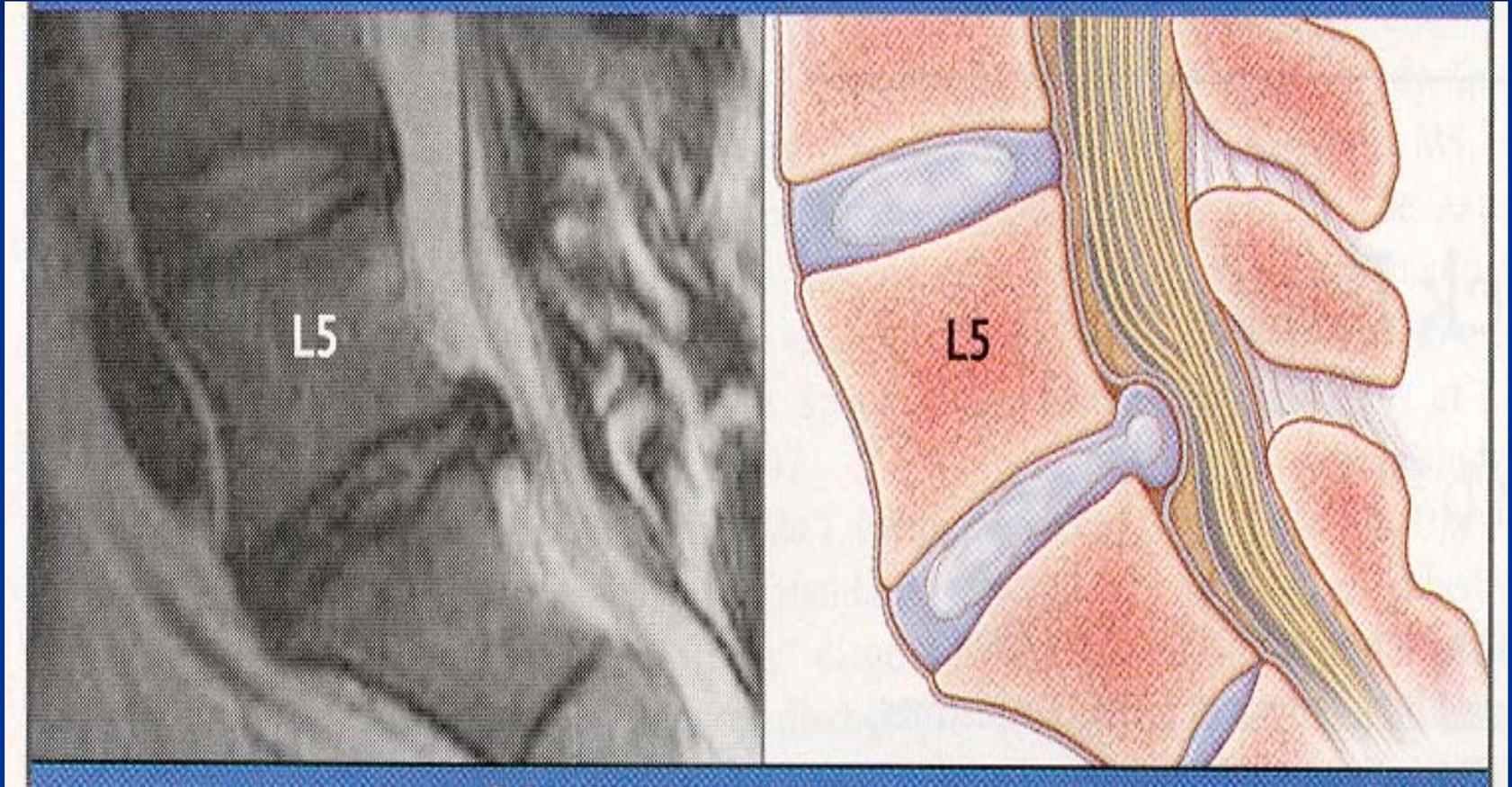
# WHY NO SPECIAL STUDIES FOR AT LEAST A MONTH?

## THE NATURAL HISTORY OF ACUTE LOW BACK PAIN AND NO MEDICAL CARE:

- WITH NO LEG PAIN (SCIATICA): 90% AT NORMAL ACTIVITY IN 1 MONTH, 2/3 TOTALLY PAIN FREE IN 3 MONTHS
- WITH SCIATICA: HALF CAN TOLERATE NORMAL ACTIVITY AT 30 DAYS. 50% WILL BE WELL AT 2 MONTHS. 90% ARE MUCH BETTER AT 90 DAYS

IF THERE ARE NO RED FLAGS, THERE IS  
NO REASON TO WORRY

# LARRY'S MRI SHOWS A HERNIATED DISC



**BIG DEAL OR BIG WHOOP?**

# IMAGING STUDIES IN PEOPLE WITH NO BACK PAIN

## PLAIN X-RAYS

- DISC DEGENERATION/BONE SPURS (SPONDYLOSIS) ARE NORMAL AGING PHENOMENA, APPROACH 100% BY AGE 60

## MRI/CT SCANS

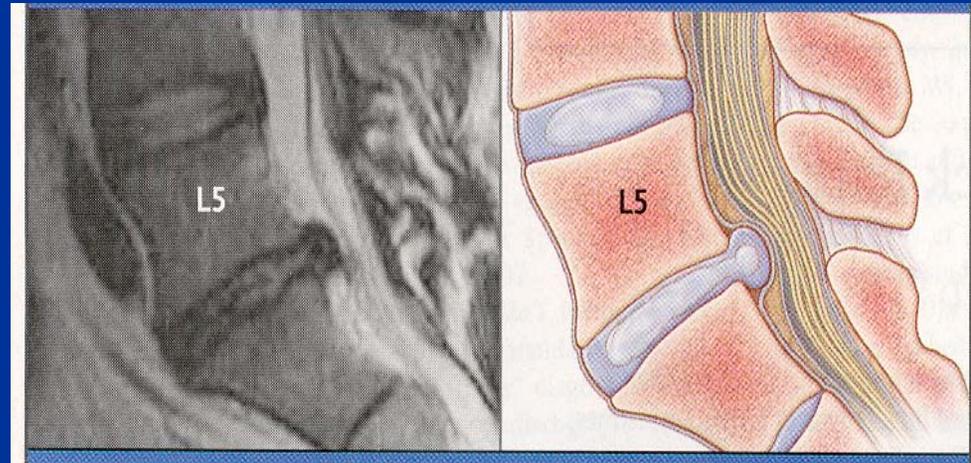
- DISC BULGES/HERNIAS: 25% -75% INCREASING WITH AGE
- DISC DEGENERATION: 26%-79%, INCREASING WITH AGE
- ANNULAR “TEARS”: 14%-56%, INCREASING WITH AGE

**80% OF ALL DISC HERNIAS ARE PAINLESS**

TELL ME IF  
THIS PHONE IS  
RINGING



TELL ME IF  
THIS DISC IS  
CAUSING PAIN



# LARRY GETS AN EPIDURAL

- EPIDURAL STEROID INJECTIONS MAY PROVIDE SHORT-TERM RELIEF IN THOSE WITH SCIATICA. IN THOSE WITH BACK PAIN ONLY, THEY ARE OF NO BENEFIT
- IN ANY CASE, NO STUDY HAS EVER SHOWN MORE THAN 6 WEEKS OF RELIEF FROM INJECTIONS, COMPARED WITH PLACEBO
- LARRY'S EPIDURAL DIDN'T WORK AT ALL, SO HE GOT TWO MORE, WHICH ALSO FAILED
- THE SpecialtyHealth UR PROCESS REQUIRES A REPORT ON THE RESULTS FROM THE FIRST EPIDURAL BEFORE APPROVING ANY MORE

# INJECTION THERAPIES FOR BACK PAIN: THE BEST EVIDENCE

## NOT EFFECTIVE:

- FACET JOINT INJECTIONS
- DISC INJECTIONS
- RADIOFREQUENCY PROCEDURES

## NO GOOD EVIDENCE FOR EFFICACY:

- SOFT TISSUE STEROID OR BOTULINIM INJECTIONS
- SACROILIAC JOINT INJECTIONS
- IDET
- FACET NERVE BLOCKS

American Pain Society Clinical Practice Guideline  
Chou, et al. *Spine* 2009;34:1078

# LARRY HAS HIS FIRST BACK SURGERY

- HE HAS A SIMPLE DISCECTOMY 4 MONTHS AFTER ONSET OF PAIN
- THE HERNIATED DISC AT L5-S1 IS REMOVED
- LARRY'S EXAM DOESN'T PERFECTLY FIT AN L5-S1 DISC HERNIATION, BUT THE SURGEON IS SO IMPRESSED BY THE MRI THAT HE THINKS THAT MUST BE THE SOURCE OF THE PROBLEM

LARRY'S LEG PAIN IMPROVES, BUT HIS BACK PAIN DOESN'T GET ANY BETTER, AND IN FACT WORSENS AFTER SURGERY

# WHAT ABOUT DISC SURGERY FOR NERVE IMPINGEMENT?

## THE BEST EVIDENCE TELLS US:

- WHEN THE CLINICAL FINDINGS MATCH THE MRI, AND THERE ARE NO PSYCHOLOGICAL PROBLEMS, THEN THERE IS A GOOD CHANCE OF SUCCESS. LEG PAIN TENDS TO IMPROVE MORE THAN BACK PAIN
- HOWEVER, THE LONG-TERM RESULTS (BEYOND 3 MONTHS) ARE NO BETTER THAN NON-SURGICAL TREATMENT

WHEN THERE IS DISCORDANCE BETWEEN THE CLINICAL EXAM AND MRI THEN ALL BETS ARE OFF: PSYCHOLOGICAL TESTING MAY BE WARRANTED AT THIS POINT

# LARRY GETS A DISCOGRAM



DISCOGRAPHY:  
INJECTING FLUID INTO  
THE DISCS TO SEE IF  
THE PATIENT'S PAIN IS  
REPRODUCED

- BECAUSE A PATIENT MAY HAVE MANY DEGENERATED DISCS, A POSITIVE DISCOGRAM IS SAID TO IDENTIFY WHICH DISCS ARE THE PAINFUL ONES
- THE DISCOGRAM IS “POSITIVE” AT L4-L5 AND L5-S1  
**SHOULD WE BE SURPRISED?**

# DISCOGRAPHY FOR LOW BACK PAIN

- THE FALSE POSITIVE RATE OF DISCOGRAPHY IS AS HIGH AS 80%
- A POSITIVE DISCOGRAM DOES NOT PREDICT SURGICAL SUCCESS ANY BETTER THAN FLIPPING A COIN
- ALL MAJOR GUIDELINES SAY THERE IS NO BENEFIT (TO THE PATIENT) FROM DISCOGRAPHY

A REQUEST FOR A DISCOGRAM IS NOTHING MORE THAN A PREPARATORY REQUEST FOR A SPINE FUSION.

WE DENY ALL REQUESTS FOR DISCOGRAPHY.

# LARRY GETS A FUSION



AFTER A FEW MONTHS OF FEELING BETTER, HIS  
BACK PAIN WORSENS AGAIN, AND IS NO BETTER  
THAN BEFORE SURGERY

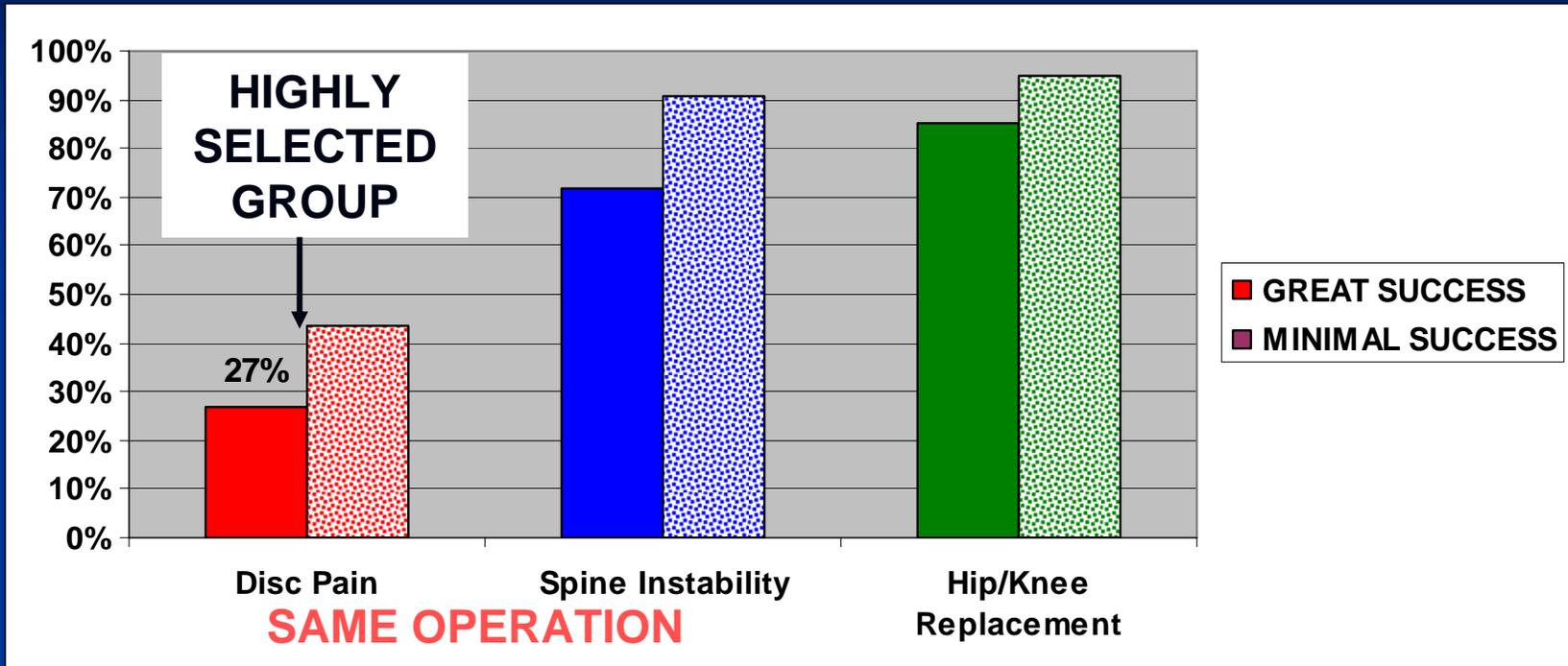
**SHOULD WE BE SURPRISED?**

# FUSION FOR LOW BACK PAIN

## WHAT THE BEST EVIDENCE TELLS US:

- FOR LBP WITH DEGENERATIVE CHANGES, FUSION IS NO BETTER THAN AN INTENSIVE REHAB PROGRAM, BUT WITH A COMPLICATION RATE OF ABOUT 15%
- FUSION IS SLIGHTLY BETTER THAN A STANDARD (NONINTENSIVE) PROGRAM
- ADDING IMPLANTS (HARDWARE) TO BONE GRAFTING DOES NOT IMPROVE RESULTS, BUT INCREASES COMPLICATION RATES
- REOPERATION RATES AFTER USING “MODERN” FUSION TECHNIQUES ARE HIGHER NOW THAN THEY WERE 15 YEARS AGO!

# WHAT THESE RESULTS MEAN IN REAL LIFE



- IF YOU ARE ALREADY OFF WORK DUE TO BACK PAIN, YOU ONLY HAVE ABOUT A 1/3 CHANCE OF EVER RETURNING TO ANY WORK AFTER FUSION
- AFTER FUSION, YOU HAVE A 2% CHANCE OF BEING DEAD IN 3 YEARS (GREATER IF YOU HAD HARDWARE), MORE LIKELY FROM PAIN MED USE THAN ANY OTHER CAUSE

# LARRY'S FUSION DOESN'T WORK

FOR THE NEXT SEVERAL YEARS HE IS TREATED  
FOR A NUMBER OF DIFFERENT CONDITIONS:

- FACET ARTHRITIS
- SACROILIAC PAIN



- EPIDURAL FIBROSIS
- FAILED BACK SURGERY SYNDROME

HE RECEIVES NUMEROUS INJECTIONS OF ALL  
TYPES AND THREE MORE BACK SURGERIES,  
ALL TO NO AVAIL

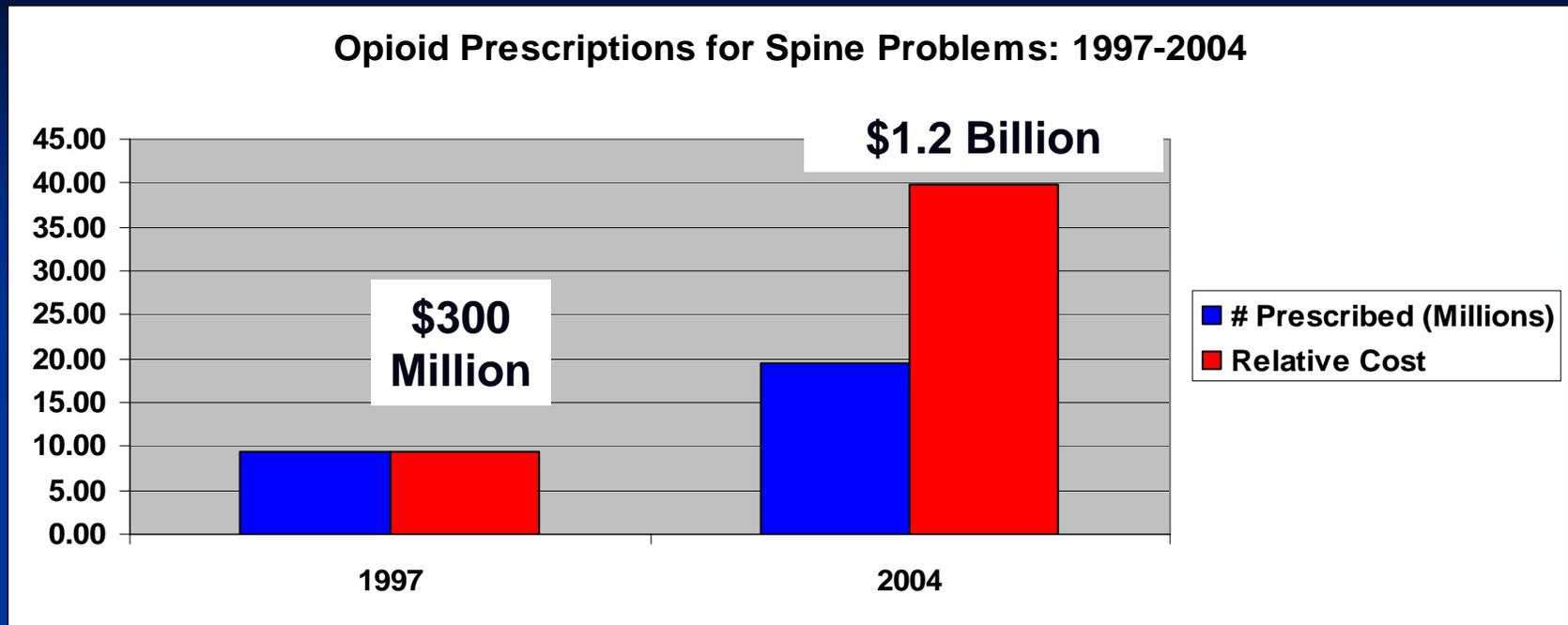
# LARRY GETS A MORPHINE PUMP



INTRATHECAL PAIN  
PUMPS MAY BE  
EFFECTIVE FOR  
THOSE WITH  
FAILED BACK  
SURGERY  
SYNDROME

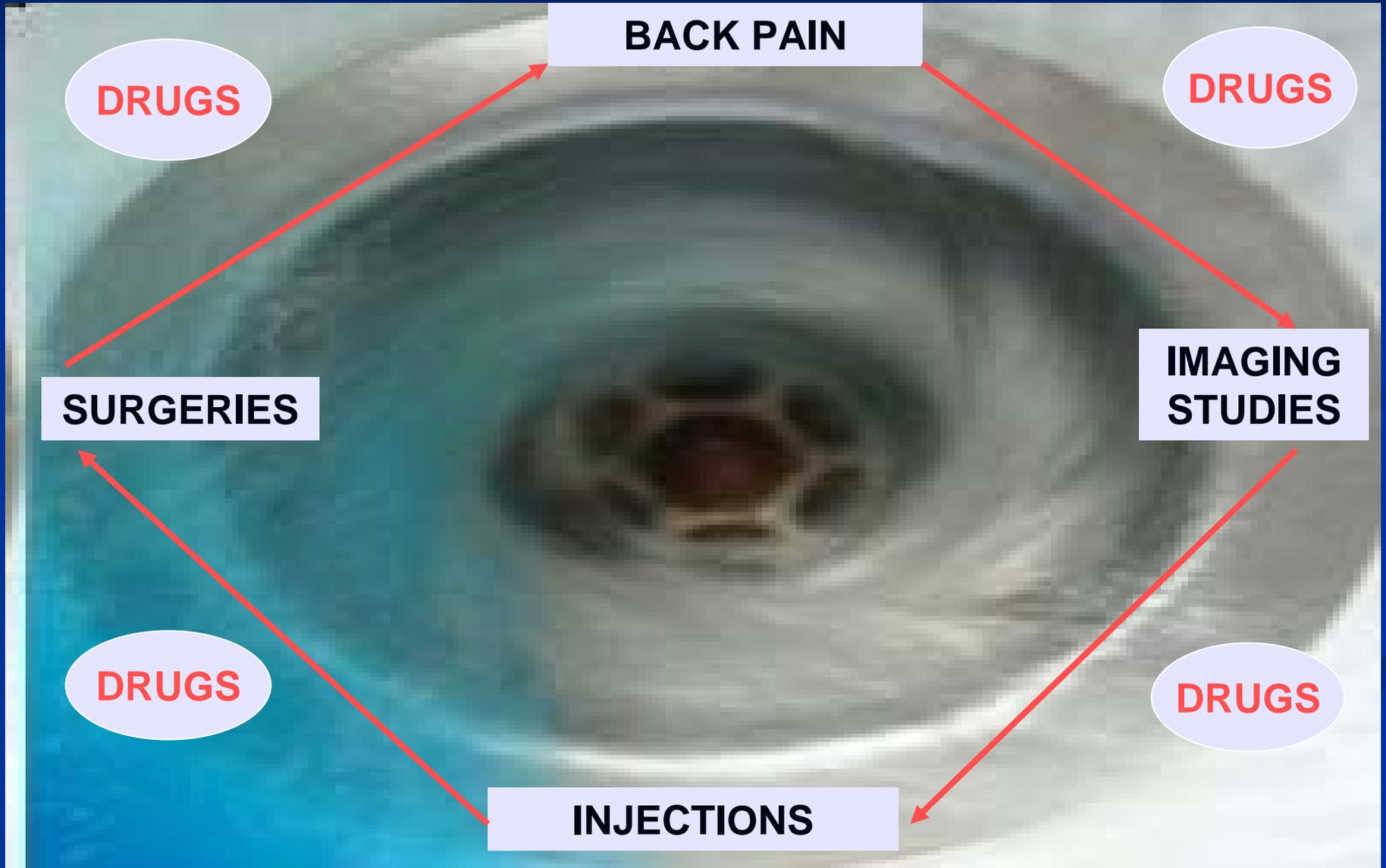
UNFORTUNATELY, IT DIDN'T SEEM TO HELP  
MUCH, BECAUSE HE IS STILL ON ORAL  
NARCOTICS AS WELL AS MORPHINE , SO  
MUCH THAT HAS TO BE DETOXED IN 2007

# NARCOTIC USE IN SPINE PAIN



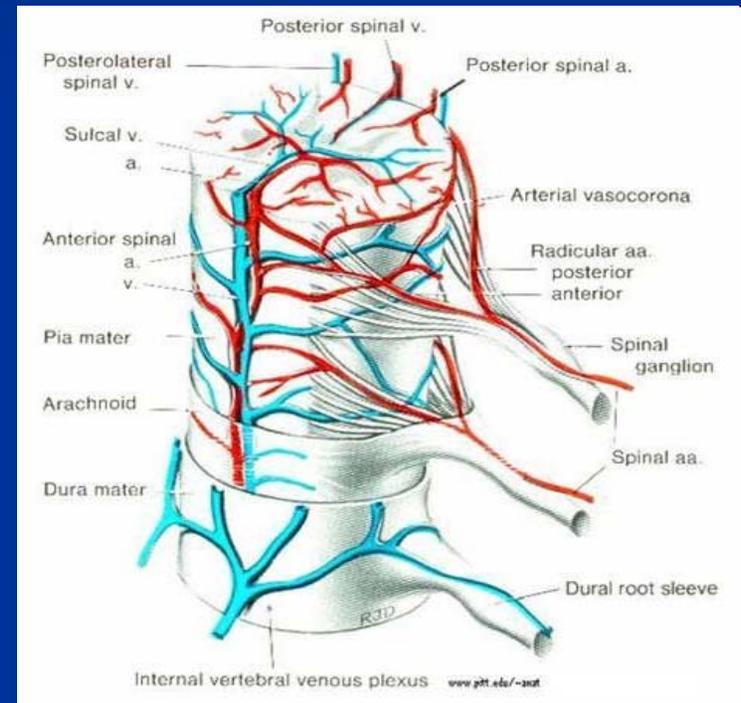
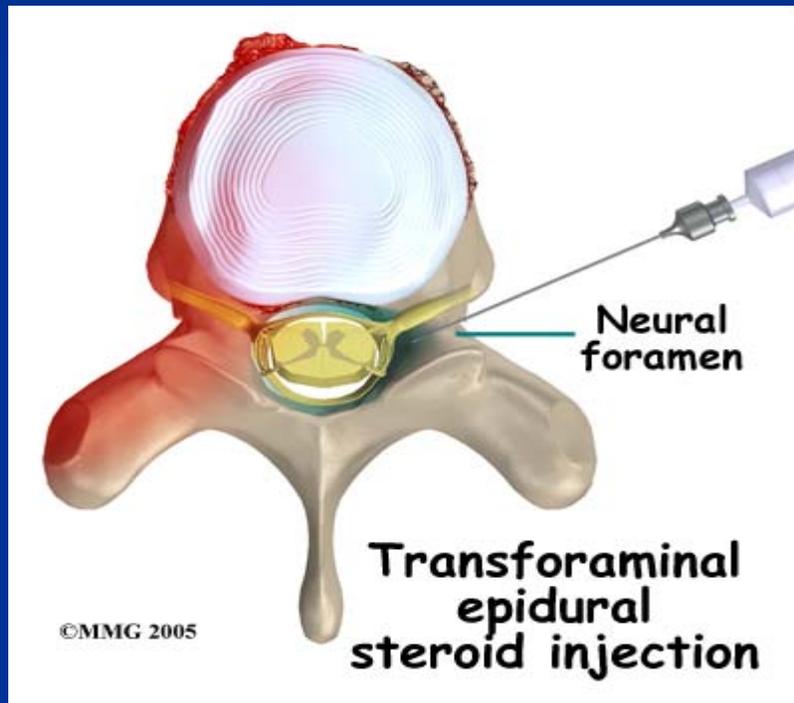
- **2007 GUIDELINES FROM THE ACP/APS:** “FAILURE TO RESPOND TO A TIME-LIMITED COURSE OF OPIOIDS SHOULD LEAD TO REASSESSMENT AND CONSIDERATION OF ALTERNATIVE THERAPIES”
- THERE IS NO EVIDENCE THAT THE INCREASE IN NARCOTIC USE HAS IMPROVED PATIENT CARE
- **SpecialtyHealth PHYSICIANS INSIST ON A PLAN OF TREATMENT AND EVALUATION ON ALL PATIENTS RECEIVING NARCOTICS**

# CIRCLING THE DRAIN



# LARRY GETS THE *Coup de grâce* FROM HIS DOCTORS

- HE GETS ANOTHER EPIDURAL STEROID INJECTION, THIS TIME A “STATE OF THE ART” TRANSFORAMINAL INJECTION



- IF WE HAD BEEN INVOLVED AT THAT TIME, WE WOULD HAVE DENIED THE PROCEDURE

THE MORE STUFF YOU DO TO  
PEOPLE, THE MORE LIKELY YOU  
ARE TO CAUSE GREAT HARM

THE EPIDURAL NEEDLE PUNCTURES A  
VESSEL AND LARRY BLEEDS INTO HIS  
SPINAL CORD

HE IS NOW PARAPLEGIC AND  
INCONTINENT

# BUT WAIT, THERE'S MORE!

**A YEAR AFTER BECOMING PARAPLEGIC, LARRY IS HOSPITALIZED WITH SEPSIS.**

- HE HAS A HEEL ULCER, ASSOCIATED OSTEOMYELITIS, AND A SACRAL DECUBITUS ULCER
- HE STILL HAS THE MORPHINE PUMP, AND IS ON IV DILAUDID, AND HIS

**“BACK PAIN IS OUT OF CONTROL”**

# “WHAT FRESH HELL IS THIS?”



DOROTHY  
PARKER

1893-1967



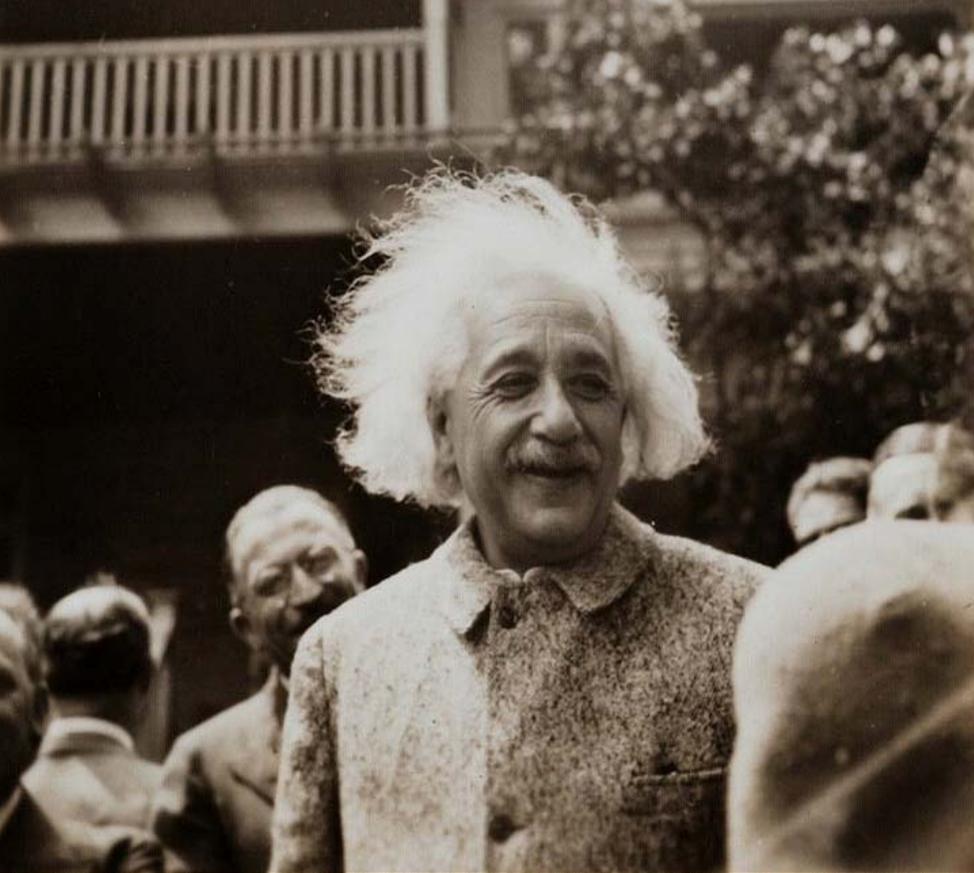
THE MEDICAL RECORDS DO NOT SHOW  
THAT ANY OF THE DOZENS OF  
INTERVENTIONS LARRY HAS HAD OVER  
THE PAST 11 YEARS DID HIM MUCH  
GOOD

# IF THERE IS NO DISCERNIBLE BENEFIT, THEN NO DEGREE OF RISK IS ACCEPTABLE

## OVER THE PAST 15 YEARS:

- SPINE MRI RATES HAVE QUADRUPLED
- SPINE INJECTION PROCEDURES HAVE QUADRUPLED
- BACK FUSION SURGERY RATES HAVE QUADRUPLED
- NARCOTIC TREATMENT COSTS FOR SPINE CARE HAVE QUADRUPLED

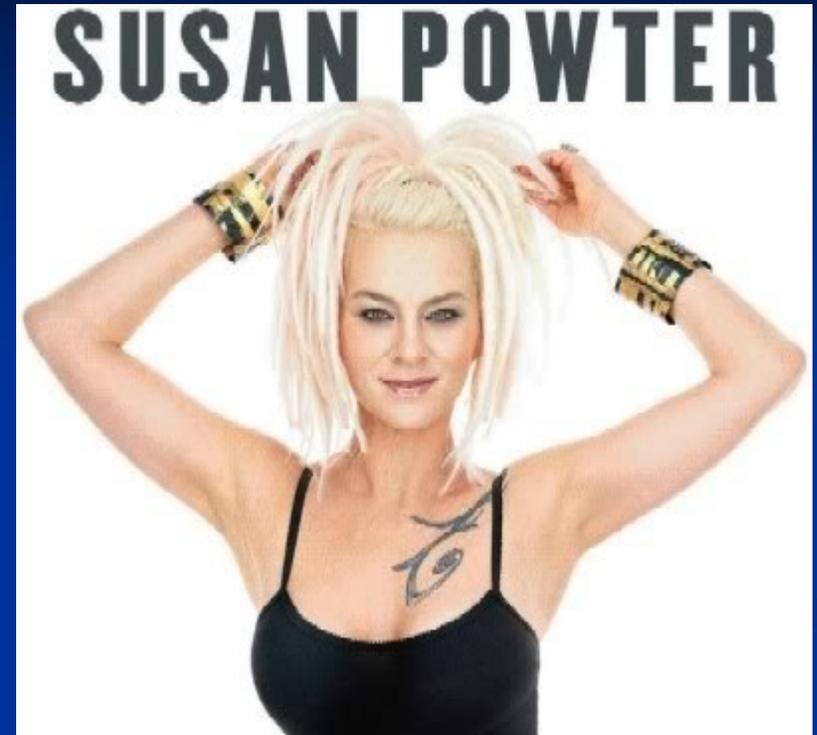
BUT THE PHYSICAL AND MENTAL HEALTH OF  
THOSE WITH SPINE PROBLEMS HAS  
DETERIORATED, AND THE NUMBER OF  
PEOPLE WHO CONSIDER THEMSELVES  
DISABLED FROM BACK PAIN HAS MORE THAN  
DOUBLED



**Insanity:** Doing the same thing over and over again and expecting different results.

IS THE BEHAVIOR OF THESE DOCTORS INSANE? WELL, MAYBE IT LOOKS THAT WAY IF THE ONLY RESULTS YOU ARE EVALUATING ARE THOSE EXPERIENCED BY THE PATIENT.

# YOU CAN STOP THE INSANITY



**WITH EFFECTIVE:**  
UTILIZATION REVIEW  
CASE MANAGEMENT  
NETWORK CONTROL

# EFFECTIVE, SPECIALIST-DIRECTED UR IS GOOD

- SINCE 2004 SpecialtyHealth HAS COMPLETED OVER 100,000 **PHYSICIAN** REVIEWS ON MUSCULOSKELETAL PROBLEMS
- **ALL DECISIONS ARE EVIDENCE BASED**
- OVERALL DENIAL RATE ABOUT 60% WHEN USING OUT-OF-NETWORK DOCTORS
- **ONLY 7% OF DENIALS APPEALED**

# LIMIT THE SUPPLY

- USE ONLY SELECTED DOCTORS
- CONTINUE EVIDENCE-BASED UR
- MONITOR THEIR PERFORMANCE

WITH A LIMITED SUPPLY, THERE WILL ALWAYS BE A WAITING LIST OF GOOD DOCTORS WHO WANT TO CARE FOR YOUR PATIENTS

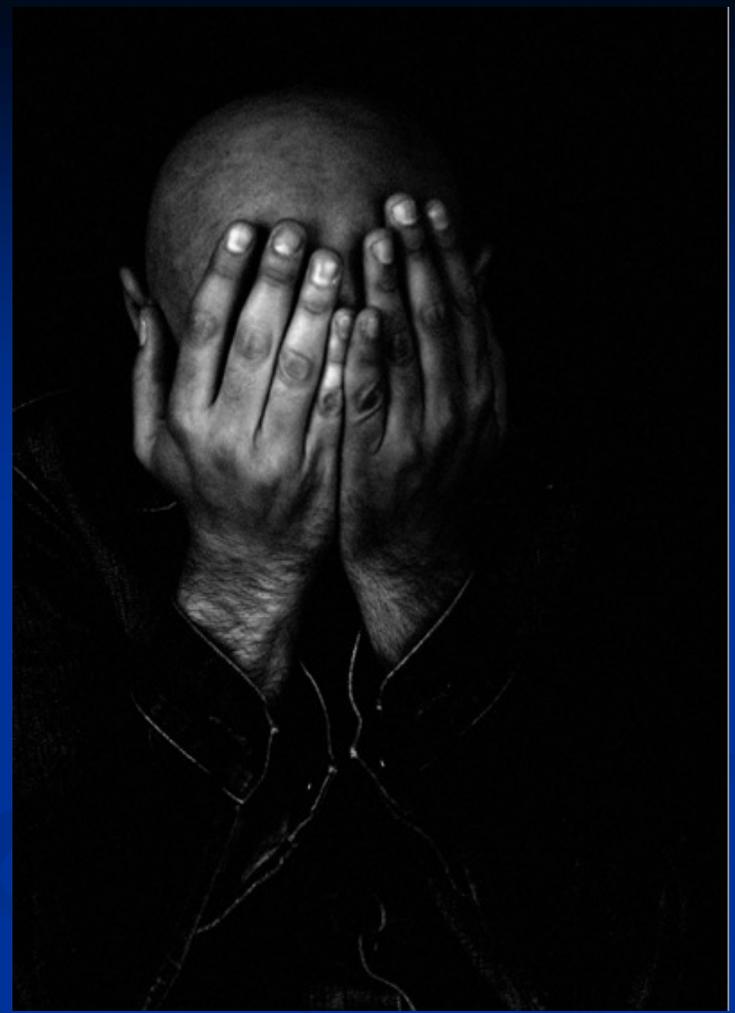
**MORE DOCS = MORE STUDIES**

**MORE STUDIES = MORE HARM**

- UP TO 75% OF ALL MRI AND CT SCANS ORDERED MAY BE INAPPROPRIATE
- THE MORE MRI AND CT SCANS DONE, THE MORE SPINE SURGERY IS DONE
- SPINE SURGICAL RATES VARY MORE THAN 5-FOLD ACROSS THE US

**NEVADA'S RATES OF SPINE IMAGING AND SPINE SURGERY ARE UP TO 4 TIMES THE NATIONAL AVERAGE**

Pain is inevitable.  
Suffering is optional.



# Specialty Health

