2012 Spine Initiative
Medical Spine Centers
Background
Low Back Pain Model

**ACUTE**
- Initial Care
- Physical Therapy
- Imaging

**CHRONIC**
- Medical Spine Centers
- Pain Management/Injection Therapy
- Behavioral Health Management
- Spine Surgery

Activated, informed patient (Shared Decision Making)

Measurement Evaluation
Outcomes Experience Cost

HealthPartners
Primary Care

Physical Therapy
Chiropractic care
Injection Therapy
Pain Management
Behavioral Health

Spine Surgeon

Current Patient Flow

Primary Care

Spine Surgeon

New Patient Flow

Primary Care

Medical Spine Specialist

Designated Network

Spine Surgeon

Policy: PA criteria that evaluation by designated spine specialists prior to Surgical Consult visit*

Physical Therapy
Chiropractic care
Injection Therapy
Pain Management
Behavioral Health

*Note: A by-pass process will be in place for emergency situations

Prior to any identified spine surgical consult visit, patients would need to see a medical spine specialist for evaluation.
Designated Medical Spine Centers

• Why is HealthPartners Implementing a Medical Spine Center network?
  – Ensure patients with low back pain have access to a timely comprehensive evaluation and receive best care
  – Support primary care practices
  – Encourage care that supports active reconditioning
  – Provide patients with a personal decision support model regarding ongoing care
  – Aligned with ICSI’s Low Back Pain Guidelines
Designated Medical Spine Centers

• **What is a Medical Spine Center?**
  - Medical Spine Centers are clinics with medical spine specialists whose focus is on the non-surgical, comprehensive management of spine problems using a biopsychosocial active re-conditioning model.

• **What is a Medical Spine Specialist?**
  - A medical spine specialist is a clinician with a specialty in Physical Medicine and Rehabilitation, Occupational Medicine, Sports Medicine or advanced extensive training in spine care.
Criteria

– A biopsychosocial active reconditioning model
– Evidence based practices as demonstrated by use of ICSI guidelines and written, evidence-driven protocols
– Access standards
– Multi-disciplinary care treatment method
  • Physical Therapists with advanced certification in spine care
  • Care coordination for an integrated approach
  • Psychologist available with training and experience treating chronic pain patients
  • Willingness to develop a formal shared decision making process
The Process

• Primary Care or Referring Physician informs patient that “I would like you to see a spine specialist before you see the surgeon. This is an Opportunity to have a comprehensive look at your back pain from a specialist who can help you & me review all your treatment options.”

• Medical Spine Specialist (MSS) does evaluation and recommends treatment plan
  – Member can still decide to see a surgeon, even if not recommended by the MSS
  – MSS provides visit summary notes to referring MD and the surgeon (if appropriate)

• Surgeon requests the authorization for the visit
  – Requests notes from MSC visit
  – Financially responsible for the visit if they don’t get prior authorization
  – Submits notes from MSC visit with any prior authorization request for surgery
Bypass – Emergent Conditions

• If the referring physician determines that the patient has:
  – A progressive neurological deficit
  – Any red flag condition
    • Cancer
    • Trauma
    • Infection
  – Or an urgent or emergent need
    • Emergency Room
    • Inpatient setting

A bypass process is in place
MSC Administrative Requirements

- **Staff education**
  - Aware of timely access issues, consent form, visit summary note requirement
- **Consent form**
  - All patients must sign
  - Allows sharing of visit summary notes with
    - the spine surgeon (if known or upon request if not known)
- **Visit summary**
  - To be shared with primary care physician and surgeon (if known) within four working days
- **Outcome reporting**
  - To be determined
Designated Medical Spine Centers

• Who does this apply to?
  – Members in MN, Western WI & Eastern ND & SD
  – Does not apply to:
    • Medicare/Minnesota Senior Health Options (MSHO)
    • Worker’s Comp
    • Under 18 years old
• Timing for evaluation (in person or virtual)
  – Acute Patients (“Acute” is determined by clinician at the time of scheduling dependent on patient’s condition)
    • Two working days
  – Non-acute Patients
    • Ten working days
Designated Medical Spine Centers

• How do members learn about an MSC?
  – Primary Care
    • Major care systems are engaged & developing programs
  – Spine Surgeons
  – Introducing the MSC in communications that are already going to members about back pain
  – Designated Medical Spine Centers webpage

• Will survey members for feedback on the process