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
**Current Patient Flow**

- Physical Therapy
- Chiropractic care
- Injection Therapy
- Pain Management
- Behavioral Health

**Primary Care**

**Spine Surgeon**

**New Patient Flow**

- Physical Therapy
- Chiropractic care
- Injection Therapy
- Pain Management
- Behavioral Health

**Primary Care**

**Medical Spine Specialist**

**Designated Network**

**Spine Surgeon**

- Prior to any identified spine surgical consult visit, patients would need to see a medical spine specialist for evaluation.

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