

# The right route to avoid costly pitfalls on the MSK patient journey

Lisa, a 48-year-old female, was experiencing lower back pain. She decided to call her insurance company to find a health care provider and get it checked out.



Because of the complexity of musculoskeletal (MSK) diseases, health plans often struggle to find scalable management approaches that improve outcomes and reduce avoidable utilization. Our research identified common weaknesses that result in ineffective patient care. Learn how to avoid these pitfalls, improve outcomes and lower costs.

<p><b>1</b></p> <p>Lisa sees a health care provider about her lower back pain.</p> <p><b>PITFALL #1:</b> Lisa doesn't receive conservative, evidence-based care and is instead recommended surgery.</p>	<p><b>2</b></p> <p>Lisa's physician refers her to a surgeon.</p> <p><b>PITFALL #2:</b> Lisa undergoes back surgery with a high-cost surgeon, a hospital and rehab.</p>	<p><b>3</b></p> <p>Post-surgery, Lisa attempts to self-manage her lower back pain at home.</p> <p><b>PITFALL #3:</b> Lisa lacks the tools, resources and support she needs and uses avoidable services.</p>	<p><b>4</b></p> <p>Lisa receives a surprise bill related to her care.</p> <p><b>PITFALL #4:</b> Lisa was billed incorrectly and overpays for services that were never performed.</p>
<p><b>SOLUTION #1:</b></p> <p>Establish a conservative care infrastructure to manage MSK outcomes and spend.</p> <p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Quicker recovery time compared to a surgical procedure</li> <li>• Less expensive than surgery</li> <li>• A non-invasive approach that carries less risk than a surgical procedure</li> </ul> <p><b>75%</b> Total average cost savings when PT is used as an initial intervention instead of surgery<sup>1</sup></p> <p><b>\$13k</b> Average additional spending the year after diagnosis when surgery is used as initial intervention<sup>2</sup></p>	<p><b>SOLUTION #2:</b></p> <p>For complex procedures, use high-value Centers of Excellence (COEs) to optimize cost and quality of care.</p> <p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Higher quality, specialized providers</li> <li>• Superior patient recovery and outcomes with reduced likelihood of complications</li> <li>• Better patient experience and satisfaction</li> </ul> <p><b>\$14k</b> Savings per procedure at COEs<sup>4</sup></p> <p><b>30%</b> Fewer costly complications and readmissions<sup>5</sup></p>	<p><b>SOLUTION #3:</b></p> <p>Empower patients to self-manage at home using MSK-specific digital engagement platform.</p> <p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Lowers total cost of care             <ul style="list-style-type: none"> <li>- Reduces utilization of PT/OT</li> <li>- Lowers administrative costs</li> <li>- Lower medical spend</li> </ul> </li> <li>• Greater access to care for patients</li> <li>• Increases member engagement</li> </ul> <p><b>63%</b> Potential savings using virtual PT compared to in-person care<sup>7</sup></p> <p><b>75%</b> Of patients had pain reduction using digital engagement app<sup>8</sup></p>	<p><b>SOLUTION #4:</b></p> <p>Invest in a claims review capability to uncover errors in claims that would have otherwise been paid. otherwise been paid.</p> <p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>• Uncovers incremental savings not found by automated programs</li> <li>• Maximizes savings yield through provider and high-cost claims targeting</li> <li>• Peer-to-peer clinician reviews</li> </ul> <p><b>60%</b> Of facility claims are found to have errors<sup>10</sup></p> <p><b>15%</b> Of savings can be generated by claims review capabilities<sup>11</sup></p>
<p><b>Case study:</b></p> <p>A study aimed at comparing the cost-effectiveness of spine surgery and conservative care found:<sup>3</sup></p> <p><b>Average treatment cost</b></p> <p>Conservative care (n=112)    Surgery (n=54)</p>	<p><b>Case study:</b></p> <p>A study found that <b>93–98% of participants were satisfied</b> with the COE and their surgeon.<sup>6</sup></p> <p><b>93–38%</b></p>	<p><b>Case study:</b></p> <p>A study evaluated 101 patients to understand the clinical effects of an MSK digital engagement app on addressing lower back pain. The app's therapy program was provided for 12 weeks, and included:</p> <ul style="list-style-type: none"> <li>• Personal exercise plans</li> <li>• Education on pain management</li> <li>• Dedicated coaching support</li> </ul> <p><b>40%</b> Average pain level decrease among the app users<sup>9</sup></p>	<p><b>Case study:</b></p> <p><b>A 72-year-old man with a prior malignancy had one cervical vertebrae removed and fusion to stabilize his spine.</b></p> <p>Surgeon billed for anterior and posterolateral reconstructions, which were initially approved for claims payment prior to claims review.</p> <p>After review, a claims review medical director found five undocumented procedures and flagged for denial.</p> <p><b>\$25k</b> Of savings from denial of undocumented procedures<sup>12</sup></p>

**Sources**