

Spine Care Cost Analysis within a Narrow Network Health Insurance

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Objective

- Evaluate the cost of spine pathology treatment within a narrow custom healthcare network
- *Significance:* This information may allow for development of protocols enhancing the value of spine care

Design

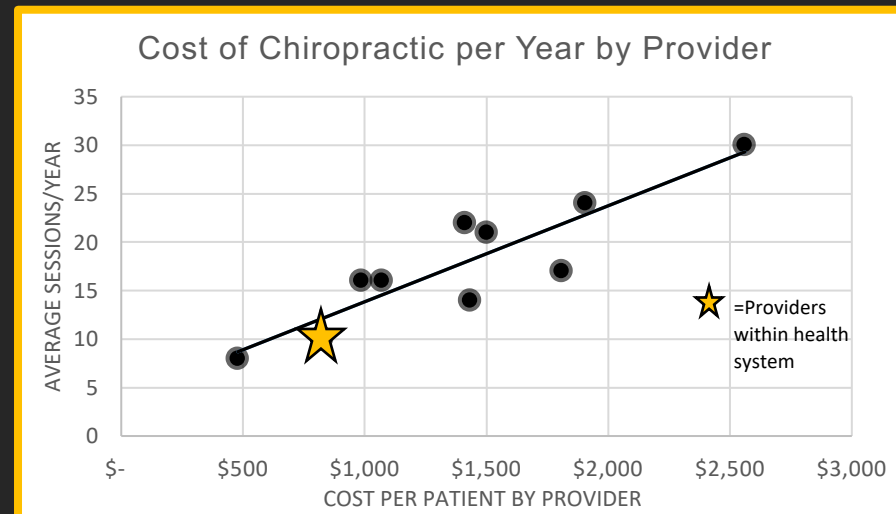
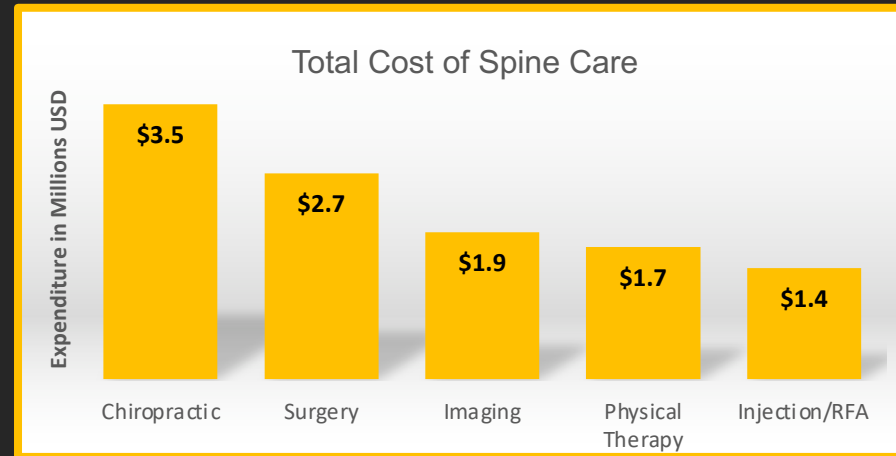
- Setting: Midwestern academic health system with a multidisciplinary spine center
- Population: All beneficiaries with a spine-related diagnosis who are members of this narrow custom healthcare network, covering ~18,000
 - 3,161 patients treated
- Methods: Retrospective review analyzing closed claims of qualifying diagnoses from 2016 through 2019
 - Total cost per patient was calculated and stratified by procedures, imaging, chiropractic treatment, and physical therapy (PT)



AAP Poster Link



References



Results

- Total cost:
 - Chiropractic (30.8%)
 - Surgery (23.1%)
 - Imaging (16.4%)
 - PT (14.8%)
- Variability of care in chiropractic
 - 8 to 30 sessions per year
 - \$479 to \$2,561 per patient
- 87.1% of chiropractic expenditure went to providers outside the health system
 - Only 12.5% and 7.8% of Imaging and PT obtained outside the system
- Spine per member per month (PMPM) cost averaged \$7.85

Conclusion

- Spine care within this network had lower PMPM cost than a comparison study¹
- Chiropractic care showed great variance and the highest cost for spine pathology within this narrow network
- Physician collaboration with insurance providers allows identification of significant cost outliers
- Partnering with chiropractors practicing an evidence-based model could improve spine care value