

That's Ridiculous.
There are Only a Few Measurements
that are Important and
Why Waste Money and Resources?

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The Current State of the ACA

And Possible Insurance Industry Directions in the Future

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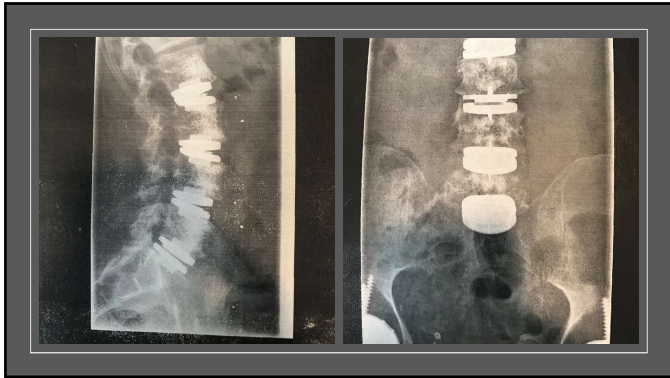
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What's the level of evidence for the potential benefits?

- ▶ Pre-operative whole-body CT or MRI improves patient-centered outcomes relative to targeted imaging or radiography
 - ▶ Improvement in VAS
 - ▶ Improvement in ODI
- ▶ Pre-operative whole-body CT or MRI improves intermediate outcomes relative to targeted imaging or radiography
 - ▶ OR time
 - ▶ Blood loss
 - ▶ Alignment
 - ▶ Post-operative complications
- ▶ Pre-operative whole-body CT or MRI changes the surgical approach and/or management relative to targeted imaging or radiography



Risks

- Radiation
- False positives
- Cost

“Whole-body spinal CT delivers some of the highest radiation dosages to some of the most sensitive organ systems”

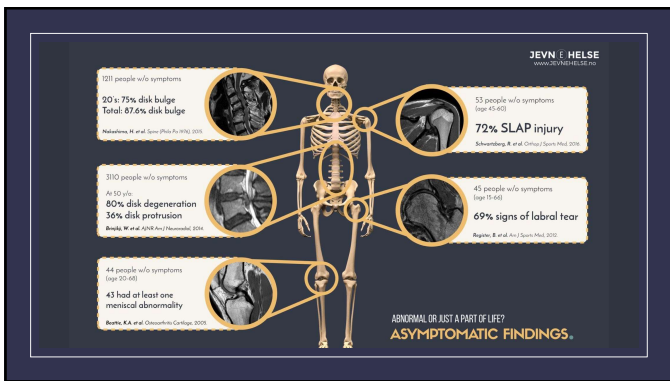
MEDICAL DIRECTOR FOR A MEDICAL BENEFITS MANAGER

The effective dose for individual spinal CTs is ~6-8 mSV (so 18-24 mSV in total), ~240 chest radiograph equivalents, or 6-8 times the average background radiation exposure of an average American

[Low-dose techniques now in practice may improve these estimates]





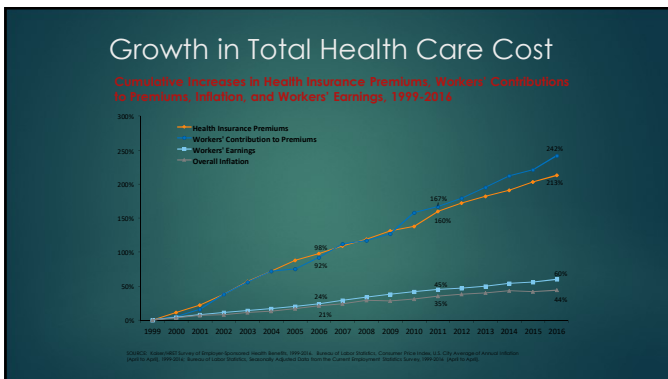


Asymptomatic Disk Findings

- ▶ Protrusion – 36%
- ▶ Degeneration – 80%
- ▶ Bulge – 88%

Risks

- Radiation
- False positives
- Cost



Cost Drivers

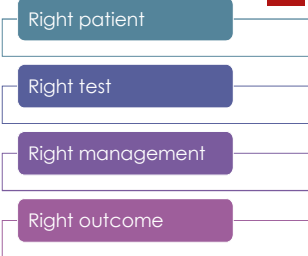
- Paying for volume instead of value
- Supply and demand problems – preference sensitive services
- **New drugs, technology, services, and procedures**
- Health systems consolidating and employing providers
- Waste, medical errors, abusive billing, and fraud
- Aging of the population and lifestyle issues
- Lack of well developed shared decision making
- Generous employer-provided benefit plans
- State mandates and malpractice

Provider Marketing & Promotion of Healthcare Services & Impropriety

Consumer Behavior & Demands

Legislative & Legal Pressures

Appropriateness Framework




Right Patient

- ▶ All spine surgeries vs. selective cases in which alignment is of crucial importance?
- ▶ Patients with a low pre-test probability of disease should not usually undergo advanced imaging since harm >> benefit



Right Test

- ▶ Comparative effectiveness of CT, MRI, or radiography vs. no imaging
 - ▶ Which is best?
 - ▶ Which sequence of testing?
 - ▶ Should you start with radiography?
- ▶ What is the NPV of a normal radiograph in this setting?
 - ▶ Do you really need advanced imaging on top of that?
- ▶ Is the appropriate diagnostic testing strategy for pre-operative "whole-spine imaging" defined?



Right Management

- ▶ Assuming advanced imaging is necessary to gain the information required, how will that information change surgical planning/management?
- ▶ Imaging for curiosity, confidence, or change?

Right Outcome

- ▶ How does the potential management change brought about by information from advanced imaging change outcomes?
 - ▶ Intermediate outcomes
 - ▶ OR time
 - ▶ Blood loss
 - ▶ Alignment
 - ▶ Post-operative complications
 - ▶ Patient-centered outcomes
 - ▶ Improvement in VAS
 - ▶ Improvement in ODI
- ▶ Overall cost?

