

# Spine Care Cost Analysis within a Narrow Network Health Insurance

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## Objective

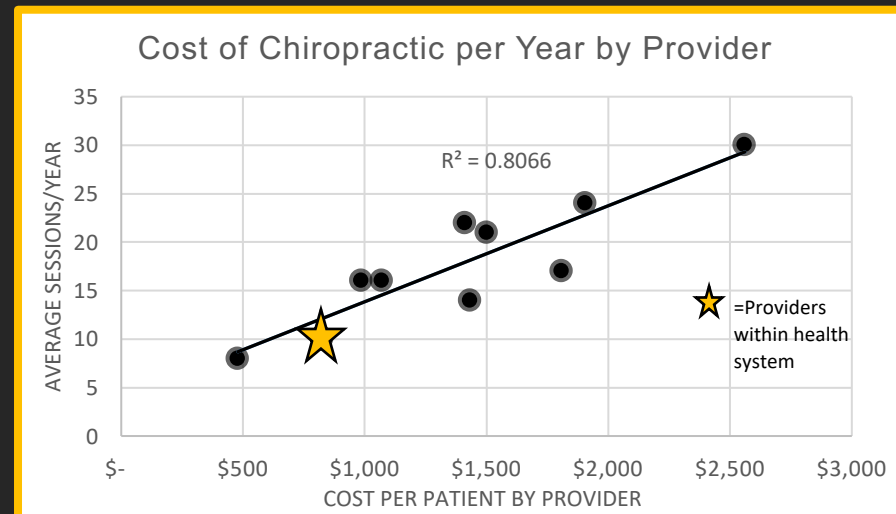
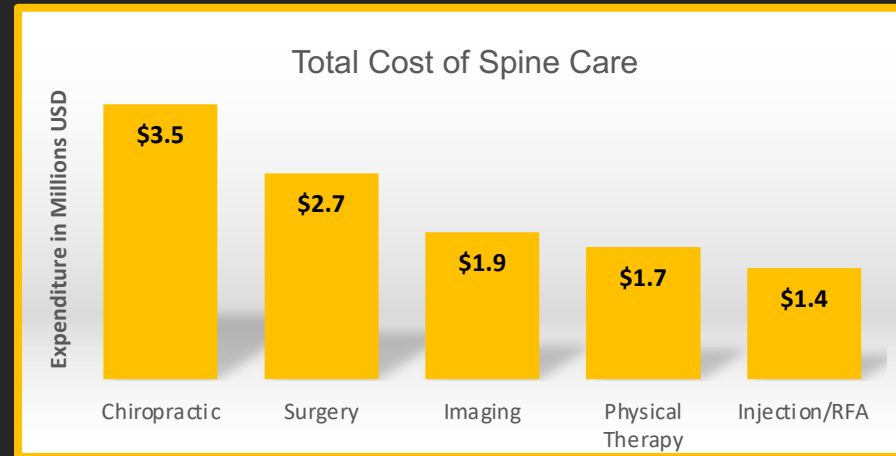
- Evaluate the cost of spine pathology treatment within a narrow custom healthcare network
- *Significance:* This data may allow for development of protocols enhancing the value of spine care

## 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 for spine-related pathology
- 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)

## References

- 1. Fox J., et. al., The Effect of Required Physiatrist Consultations on Surgery Rates for Back Pain. Spine (Phila Pa 1976).



## Results

- Total cost:
  - Chiropractic (30.8%)
  - Surgery (23.1%)
  - Imaging (16.4%)
  - PT (14.8%)
- Variability in chiropractic: 8 to 30 sessions/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 study<sup>1</sup>
- 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