



Pension and Health Benefits Committee Agenda Item 9

March 14, 2017

Item Name: Statewide Collaboration through Smart Care California: Low Back Pain

Program: Health Benefits

Item Type: Information

Executive Summary

This information item provides an update of activities by California Public Employees' Retirement System (CalPERS) team members to support the use of evidence-based medicine via the Smart Care California workgroup. On the workgroup, CalPERS is the lead in the area of promoting safe, affordable approaches to low back pain.

Strategic Plan

This agenda item supports Goal A, "Improve long-term pension and health benefit sustainability," by ensuring high quality, accessible, and affordable health benefits.

Background

Low back pain (LBP) is a common condition. Although the definition of LBP varies across studies, it has been estimated that 18.3% of the population has LBP at any given point in time, and that 38.0% of the population has LBP at some time in their lives.¹ In a 2014 analysis, LBP was found to "cause[] more global disability than any other condition."² One nationally representative study estimated that spine problems, including LBP, cost \$86 billion per year in the United States.³

A 2009 analysis of Health Care Decision Support System (HCDSS) data determined that low back disorders cost \$66.2 million among CalPERS Basic plans in 2008.⁴ The Health Policy Research Division recently repeated the analysis and found a cost of \$106.6 million in 2015.⁵

Analysis

In 2015, CalPERS, the Department of Health Care Services, and Covered California founded Smart Care California, a public-private workgroup whose goal is to promote safe, affordable

¹ Hoy D, Bain C, Williams G, et al. A systematic review of the global prevalence of low back pain. *Arthritis Rheum.* 2012 Jun;64(6):2028-37. At <http://onlinelibrary.wiley.com/doi/10.1002/art.34347/full>.

² Hoy D, March L, Brooks P, et al. The global burden of low back pain: estimates from the Global Burden of Disease 2010 study. *Ann Rheum Dis.* 2014 Jun;73(6):968-74. At <http://ard.bmj.com/content/73/6/968>.

³ Martin BI, Deyo RA, Mirza SK, et al. Expenditures and health status among adults with back and neck problems. *JAMA* 2008 Feb 13;299(6):656-64. At <http://jamanetwork.com/journals/jama/fullarticle/181453>.

⁴ Muscle/Bone Disorders: Health Care Decision Support System Reporting Program. Prepared for the CalPERS Health Benefits Committee, September 15, 2009.

⁵ Furthermore, \$67.6 million was expended in 2015 for upper back and neck pain among CalPERS members.

health care.⁶ Currently, the Integrated Healthcare Association coordinates the partnership with funding from the California Health Care Foundation. Five workgroup meetings have been held to date.

The workgroup has focused on three areas, each with a different lead agency. The Department of Health Care Services is the lead for reducing low-risk, first-birth Cesarean sections. Covered California is the lead for encouraging safe and appropriate use of opioids for pain. CalPERS is the lead for improving approaches to LBP. As decided in a workgroup meeting in January 2017, Smart Care California partners will be collaborating to prevent progression of acute LBP to chronic pain and disability.

One promising approach to improve the care for members with acute LBP is to address multiple aspects of the condition in a timely fashion, with emphasis on noninvasive and nonpharmacologic therapies⁷. The Desert Clinic Pain Institute and the Inland Empire Health Plan, which provides services to Medi-Cal and Medicare beneficiaries in Riverside and San Bernardino counties, have partnered to implement such an approach. CalPERS will seek to promote a similar approach among health plans and providers that serve CalPERS members. Tobias Moeller-Bertram, MD, PhD, MAS, owner and medical director of Desert Clinic Pain Institute, will present this item.

Budget and Fiscal Impacts

Not Applicable.

Benefits and Risks

Not Applicable.

Attachments

Attachment 1 – "Chronic Low Back Pain"

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⁶ The partnership was initially known as the "Statewide Workgroup on Reducing Overuse." Smart Care California resources can be found at <http://www.iha.org/our-work/insights/smart-care-california>.

⁷ Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017 Feb 14. At <http://annals.org/aim/article/2603228/noninvasive-treatments-acute-subacute-chronic-low-back-pain-clinical-practice>.