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HealthPartners tries to rein in rising costs of back surgery

Insurer plans to require doctors to present less-expensive options

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As the cost of spine surgery continues to rise, Bloomington-based HealthPartners is asking patients to consider less-expensive — and possibly more effective — alternatives for dealing with their back pain.

Starting in February, HealthPartners will require doctors to encourage patients seeking surgery known as lumbar fusion to undergo a formal process called "shared decision making" to supplement counseling they get from their medical clinic on treatment options.

HealthPartners already requires surgeons to get its OK before performing certain lumbar fusions to treat back pain.

Next month, they will be required to give patients approved decision guides — such as booklets or videos — to help them learn more about alternatives to surgery, the pros and cons of the different approaches and where to go for more information.

Other commercial health plans in Minnesota don't ask doctors and hospitals to obtain prior authorization for spinal fusions, but the state has added such a requirement to certain public health

insurance programs.

In 2003, fusion surgeries in the lumbar spine cost the federal Medicare program \$482 million — an increase of more than 500 percent from \$75 million in 1992.

HealthPartners estimates that in 2007 it spent more than \$15 million to pay for some 600 spinal fusions for all causes. That works out to more than \$25,000 per surgery, not including the portion of costs covered by patients, said Dr. Tom Marr, a medical director for HealthPartners.

While the costs are high, they wouldn't be as big an issue if the surgeries were more effective, Marr said. But a four-year analysis by the health plan found some patients were not getting appropriate care for low-back pain, receiving treatments that aren't backed by evidence that they work, Marr said.

In some cases, patients' conditions worsened after surgery.

"This is big-time surgery," Marr said. "So, it seemed like we should move to putting in place a process that would assure that our members were given the options about what their alternatives were."

Dr. Darryl Dykes, a surgeon with Twin Cities Spine Center in Minneapolis, said patients can have excellent results with spinal fusion as long as surgeons correctly decide who should receive the treatment.

He rejected any suggestion that he or his colleagues — who operate at Abbott Northwestern Hospital, one of the country's busiest centers for spinal fusion — have provided inappropriate treatments.

Dykes said doctors in his practice recognize rising

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costs must be addressed and are working with HealthPartners on the new policies. What's more, he said, surgeons recognize there is wide variation across the country in the rate with which surgeons perform spinal fusions.

Doctors at Twin Cities Spine want to help HealthPartners determine the appropriate rate, Dykes said.

Even so, prior authorization policies could be problematic, he said, if they try to reduce judgment calls to "simple yes and no check boxes on an authorization form."

David Kanihan, a spokesman for Abbott Northwestern, said the new policies would have little impact at his hospital because doctors determine when to perform surgery by using standards that largely match those of HealthPartners.

"Abbott Northwestern always puts the patient first when making these decisions," Kanihan said, adding that the prior authorization requirement "applies only to certain conditions, which are a small segment of the Abbott Northwestern patient population."

With its new policies, HealthPartners is entering a national debate about the cost and quality of spine surgery for back pain.

In November, the National Priorities Partnership — a group representing consumers, employers, health plans and government agencies — listed spine surgery as a place where health care reformers could improve care by targeting unwarranted procedures. The partnership's commentary followed a series of medical journal articles that have fueled controversy among physicians about which patients are appropriate candidates for surgery.

In a 2007 editorial published in the New England Journal of Medicine, for example, Dr. Richard Deyo of the University of Washington estimated that spinal fusion surgeries accounted for more than \$16 billion in hospital charges — not including physician fees — for more than 300,000 operations during 2004.

In an earlier medical journal article, Deyo argued that rapidly rising rates of surgery along with high complication rates created concern that spinal fusion might be overused.

"Its efficacy for the most common indications, such as degenerative disk disease, remains unclear," Deyo wrote.

But spine surgeons have questioned the methodology behind such studies, arguing that some write-ups in medical journals have been unfair.

The debate has implications for medical device manufacturers such as Fridley-based Medtronic, which is the world's largest maker of devices used in spine surgery, as well as other local companies.

The new policies at HealthPartners come at a time when a whistleblower lawsuit and federal investigations have questioned whether financial ties between Medtronic and spine surgeons have wrongly influenced doctors' decisions.

While the policies provide a general check of spine surgeons, they were not designed specifically to police financial conflicts, HealthPartners said, nor should they be seen as a response to the lawsuit and investigations.

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BY THE NUMBERS

\$15 million: Estimated cost to HealthPartners for 600 spinal fusions in 2007

\$482 million: Medicare costs for lumbar spinal fusions in 2003

\$16 billion: Estimated hospital charges for 300,000 spinal fusions in 2004

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