



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Acupuncture: Update on Pilot Project and Next Steps

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ACHIEV & IIMAC Meetings
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Acupuncture Pilot Update

L&I acupuncture pilot began October 1st, 2017

- Enrollment for the pilot began in August, and 208 providers were enrolled



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Pilot Project Coverage

- **Service:** Acupuncture with or without use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- **Condition:** Low Back Pain related to an accepted condition on an open claim
- **Provider Type:** Performed by a health care provider, including East Asian Medical Practitioners, acting within the scope of their license or certification, and enrolled in the pilot program
- **Limits:** No more than 10 treatments for the lifetime of the claim. Required submission of functional questionnaires at initial, middle, and final visits.



L&I Acupuncture Pilot and Healthy Worker 2020 Strategies

1. Increase partnerships with accountable providers....
2. ... invest in programs that provide support to providers so they can deliver coordinated, systematic, best practice care.
3. Develop best practices ...
4. Develop incentives to increase the use of evidence based, occupational health best practices...
5. Provide systematic feedback to providers and ongoing program evaluation..
6. Retain worker's ability to select provider ...
7. Integrate programs for incentives, best practices, and quality improvement so that they are seamless ... and integrated across L&I programs.



Vision: To be the quality leader in workers' compensation healthcare, achieving the best outcomes and quality of life for workers at the best value and using the simplest means.

Objectives

1. Improve outcomes for injured workers and the overall system.
2. Align system objectives and incentives so that no injured worker falls through the cracks.
3. Expand capacity for and improve quality of occupational health best practices for both primary and specialty care for secondary and tertiary prevention of disability.
4. Increase satisfaction of providers, employers, and injured workers with the workers compensation system.



Quality Purchasing Considerations for Acupuncture: Goals

1. Accountable providers
 - Treatment focused on improved functional outcomes and return to work
 - Time limited
2. Coordinated, systematic, best practice care
 - Treatment occurs within a system with effective communication and coordination and agreed overall functional improvement goals
3. Best practices
 - Promote practices that improve function and patient self efficacy
4. Incentives
 - Quality rather than quantity based payment approach



Considerations Implemented for Acupuncture for low back pain

1. Accountable providers

- Required usage of 2-item Graded Chronic Pain Scale, Oswestry Disability Index
- Maximum of 10 treatments for life of claim

2. Coordinated, systematic, best practice care

- Required AP referral
- Limited to LBP and 10 treatments based on best available evidence

3. Best practices

- Required usage of 2-item GCPS, ODI

4. Incentives

- L&I Developed local code for acupuncture service



Pilot Functional Questionnaires

- 2-item Graded Chronic Pain Scale (2-item GCPS)
 - 2 questions, regarding pain intensity and pain interference with ADLs
 - scored from 0 (best) to 10 (worst)
 - Clinically meaningful change ≥ 2 point improvement on a question
- Oswestry Disability Index (ODI)
 - 10 questions, used to assess the impact on functional measures and activities related to the symptoms and severity of low back pain
 - Each question scored from 0 (best) to 5 (worst), and summarized as a percent disability out of 100%, with a higher number indicating more disability
 - Clinically meaningful change $\geq 30\%$ improvement in disability



Pilot Data to Date—Submitted Data

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| Billing Data (As of 7/17/18) | |
|------------------------------------------|-------|
| Providers Billing | 54 |
| Bills Paid | 1875 |
| Number of Claims Paid For | 259 |
| Average Bills Paid per Claim | 7.2 |
| Percent of all Providers (N=208) Billing | 26.0% |

| Submitted Functional Data (L&I Pilot Inbox) | |
|-----------------------------------------------|-----|
| Fx Questionnaires Submitted | 567 |
| Number of Claims Submitted For | 269 |
| Unique Providers Submitting Fx Questionnaires | 49 |
| Patients Completing Treatment | 131 |

Note:

- Billing data and functional data are not mutually inclusive, so billed claims may not have yet submitted fx data, and vice versa
- Submitted claims number (N=269) may differ from claims initiated numbers due to patients discontinuing treatment, seeing multiple providers, etc.



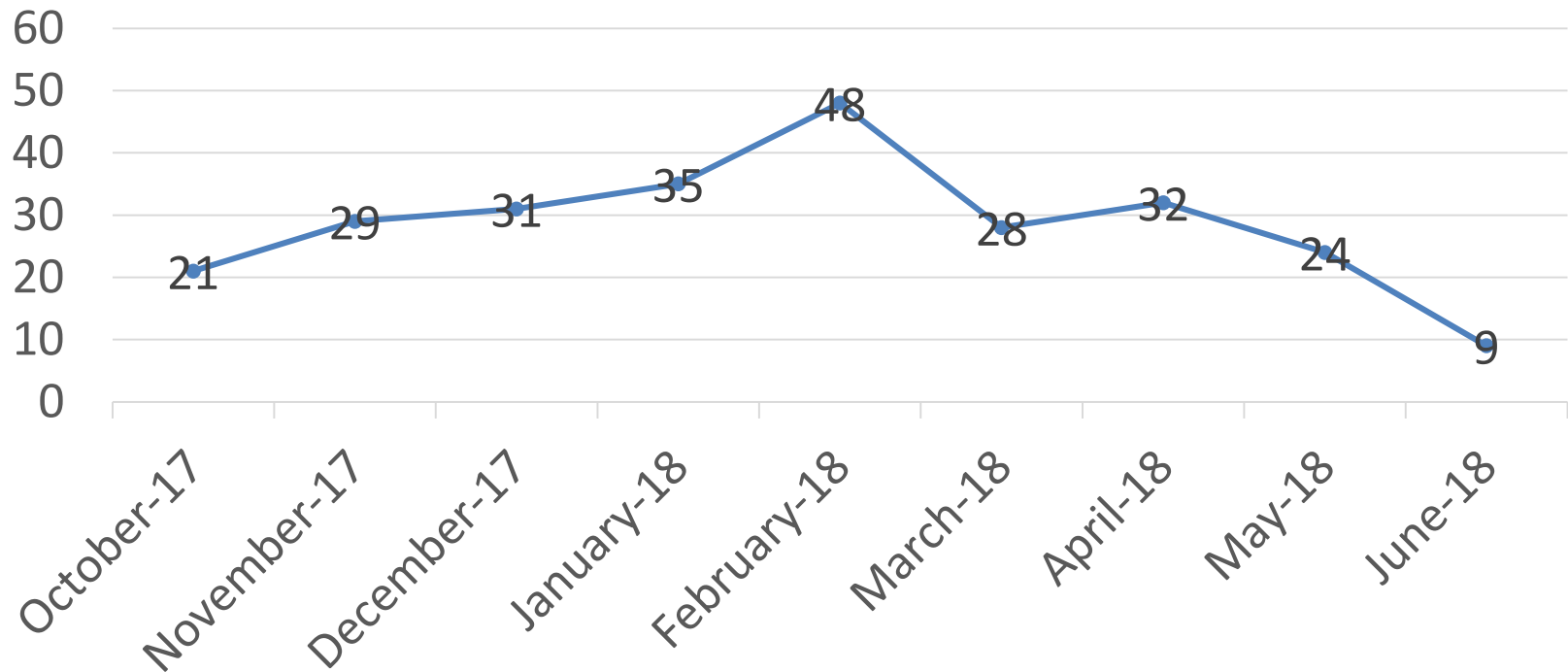
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Pilot Data to Date

of Claims Beginning Acupuncture Treatment, by Month (N=257)



Note: there is generally a lag between receiving data and the month of treatment initiation



- Number of Functional Questionnaires for Self-Insured Claims Received:
 - 8 total (of which 1 was paid)
- Number of incorrect submissions of functional questionnaires (e.g. missing data):
 - 7, out of a total 567 questionnaires received (1.23% of questionnaires contained an error)



Pilot Data to Date—Geographic Distribution

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| Geographic Report by ACH | # Workers Initiating Acupuncture (N=257) |
|--------------------------|------------------------------------------|
| Better Health Together | 27 |
| Cascade Pacific | 9 |
| Greater Columbia | 4 |
| King | 51 |
| North Central | 1 |
| North Sound | 90 |
| Olympic | 8 |
| Pierce | 65 |
| Southwest | 2 |

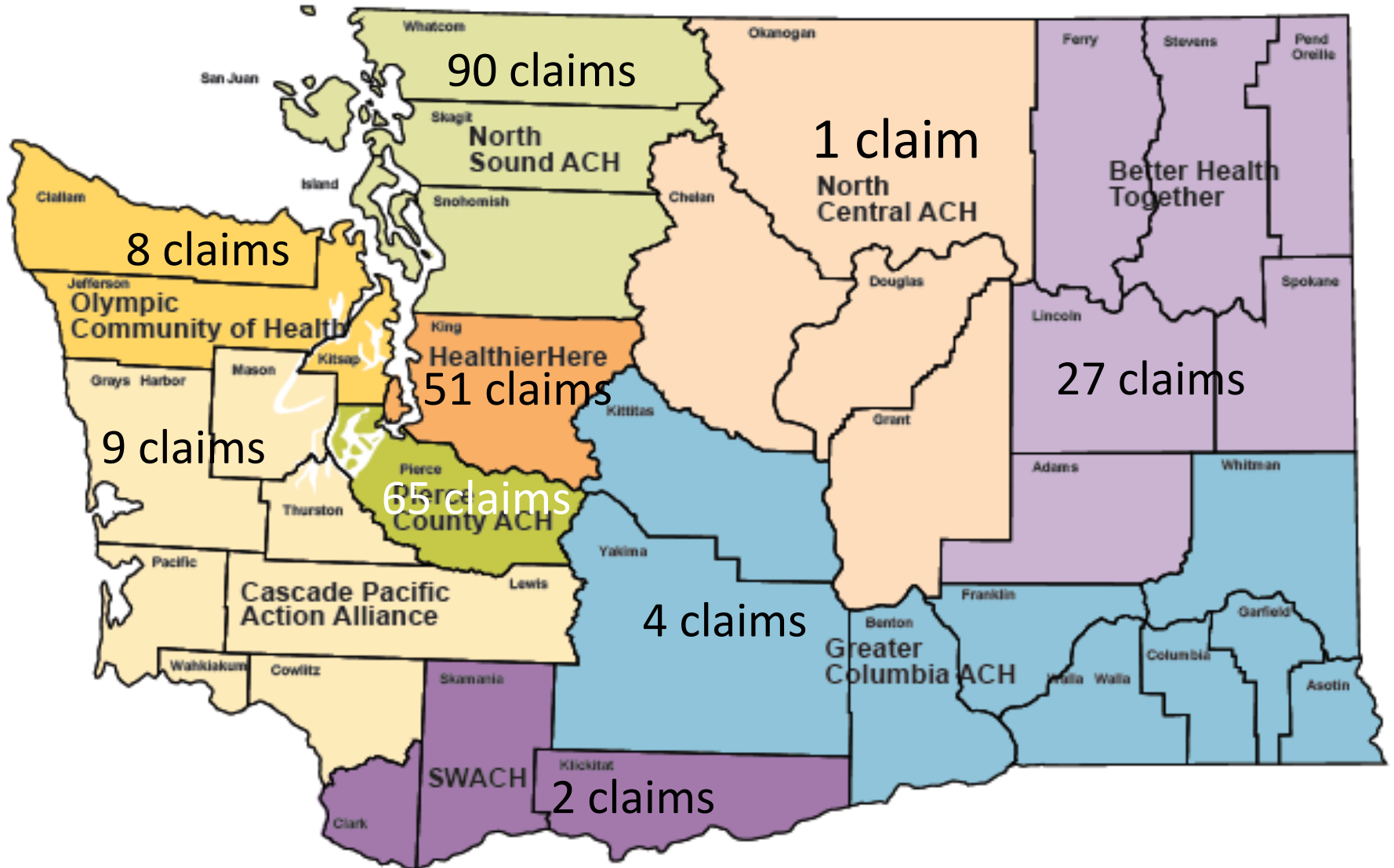


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ACH Regions Map



Pilot Data to Date—Completed Treatments

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| Completed Treatment Results, ODI | |
|-------------------------------------------------------------------------|------------------|
| Result of Treatment | Count (N=131) |
| # MCI ($\geq 30\%$ Score Improve) | 6 |
| # Improved, not MCI (Improved, $>0\%$ but $<30\%$) | 81 |
| # No Change/Worse ($\leq 0\%$ Improvement) | 44 |
| Average % Change in Disability over Treatment (negative number is good) | -4.8% |

MCI: Meaningful Clinical Improvement



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Pilot Data to Date—Completed Treatments

| Treatment Results, GCPS Questions | |
|--------------------------------------------------------------------------|----------------------|
| <i>GCPS Question 1 (Pain intensity in last 30 days)</i> | |
| <u>Completed Treatment Result</u> | <u>Count (N=131)</u> |
| # MCI (≥ 2 Point Score Improve) | 69 |
| # Improved, not MCI (Improved, >0 Points but <2 Points) | 38 |
| # No Change/Worse (≤ 0 Point Change) | 23 |
| Average Point Improvement over Treatment | 2.1 |
| <i>GCPS Question 2 (Pain interference with ADLs last 30 days)</i> | |
| <u>Completed Treatment Result</u> | <u>Count (N=131)</u> |
| # MCI (≥ 2 Point Score Improve) | 74 |
| # Improved, not MCI (Improved, >0 Points but <2 Points) | 31 |
| # No Change/Worse (≤ 0 Point Change) | 25 |
| Average Point Improvement over Treatment | 2.1 |

MCI: Meaningful Clinical Improvement



Pilot Data to Date

| Reason for Discharge | Count |
|-------------------------------------------------|------------|
| Goals met. | 22 |
| Lack of progress. | 5 |
| Patient/ caregiver request (self-discharge). | 5 |
| Medical complication. | 0 |
| Frequent no show/ cancellation (noncompliance). | 0 |
| Insurance benefits expired. | 93 |
| Care transfer (other facility/ level of care). | 1 |
| Other (please describe). | 5 |
| Unknown | 0 |
| Total | 131 |



Pilot Data to Date—Timeline of Acupuncture Treatments

- Days from beginning of acupuncture treatment to end:
 - Median 58.5 days (range 15-168)
 - Average 59.6 days



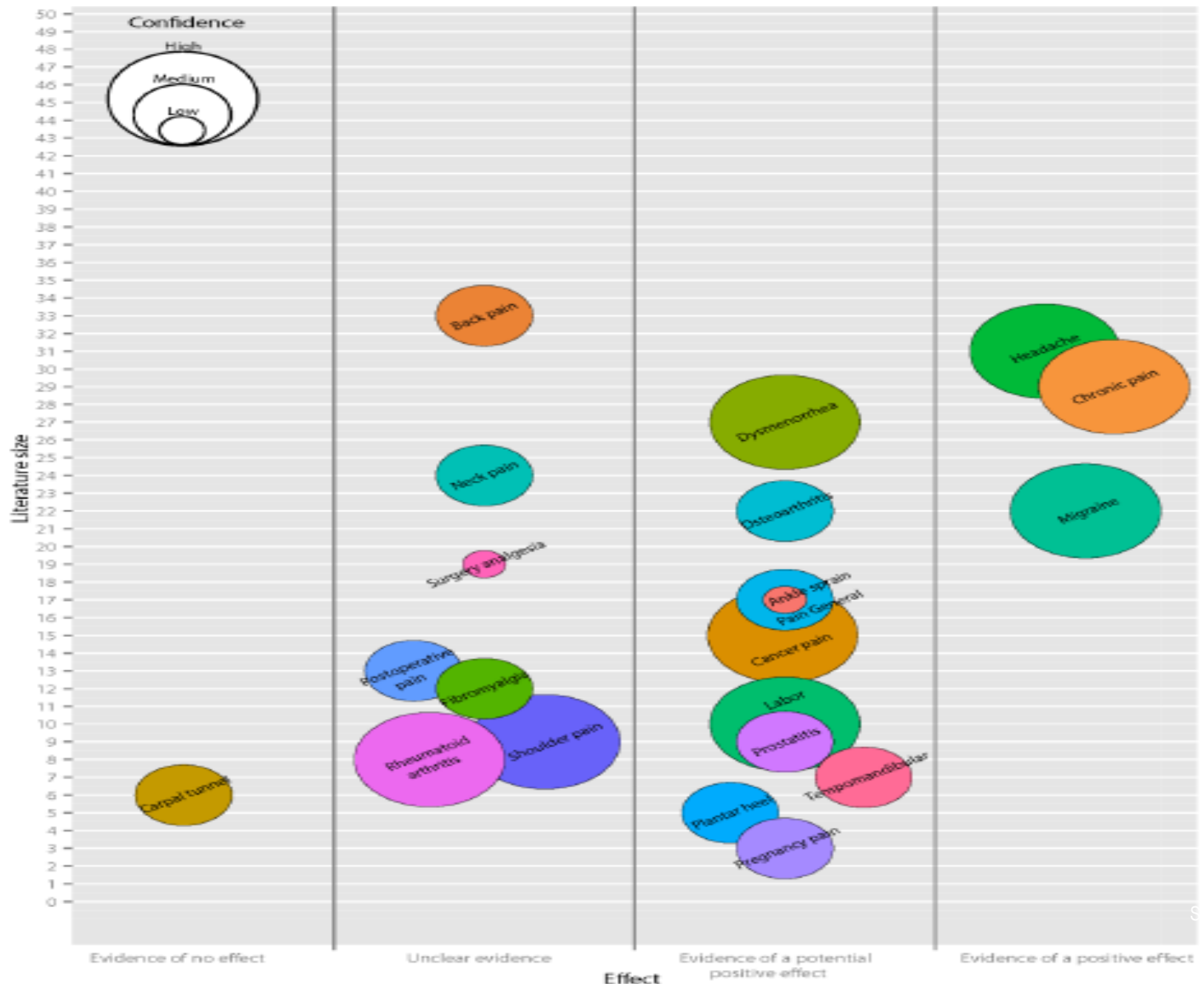
- Our experience via functional questionnaires reflects clinical trial data
 - Some experienced MCI, though many did not. No adverse events were noted related to acupuncture treatment.
 - 93/131 (71%) claims that completed treatment used all 10 visits, with a reason for discharge of “insurance benefits expired”
 - Without a hard cap, treatment may not have ended in these cases



Acupuncture Pilot—Next Steps

- Have we collected enough data?
- Given adequate data collection, and results of the pilot so far, are there other areas/conditions we should consider expanding acupuncture coverage for in pilot rulemaking?
 - Similarly, are there limits we should consider putting in place?





Legend: The bubble plot shows an estimate of the evidence base for pain-related indications judging from systematic reviews and recent large RCTs. The plot depicts the estimated size of the literature (y-axis, number of RCTs included in largest review), the estimated effect (x-axis), and the confidence in the estimate (bubble size).

Acupuncture Pilot—Rulemaking Next Steps

Broadly, next steps will include:

- Filing the CR-102
- Public hearing and public comment on proposed language
- File CR-103
 - Pilot would end on effective date of CR-103

