

Who's to Blame for Spine Care Costs?

MEDICAL SPECIALTY CARE IS PRIMARY CULPRIT IN RISING COSTS, WHILE CHIROPRACTIC EXPENDITURES REMAIN FAIRLY STABLE.

Peter W. Crownfield

With health care costs teetering on the brink of disaster, if not already over the edge, health care stakeholders nationwide continue efforts to pin down specific sources of runaway costs as a first important step in finding a long-term solution. According to a recent study that analyzed 10 years of the Medical Expenditure Panel Survey, one such area of gross cost increases is *spine care*. However, according to the study, the primary reason behind these increasing spine care costs is increased costs for medical specialists, as opposed to primary care physicians; while chiropractic care is not responsible for the dramatic increases, with costs "remaining relatively stable."

The study, published in *Spine*, utilized the Medical Expenditure Panel Survey (MEPS) "to examine adult (aged 18 yr or older) respondents from 1999 to 2008 who sought ambulatory health services for the management of back and neck conditions. [It used] complex survey design methods to make national estimates of mean inflation-adjusted annual expenditures on medical care, chiropractic care, and physical therapy per user for back and neck conditions." Data analyzed by the study authors included whether the survey respondent had visited a health care provider in the previous six months, what type of provider they'd visited, the number of visits made, and the total cost for all visits / services. MEPS verified all information, including total expenditures, by contacting providers / health insurers for all respondents acknowledging one or more visits to a provider during the time period specified.



Provider types included MDs, DCs and PTs. As of the 2002 survey, MEPS differentiated primary care MDs from specialist MDs, allowing for cost analysis based on MD provider type as well as comparisons with the non-MD provider types.

Results of MEPS (1999-2008) analysis revealed several interesting facts with regard to spine care in the U.S. and how Americans spend their "spine care" dollars:

- From 1999-2008, approximately 6 percent of U.S. adults reported an ambulatory visit for a primary diagnosis of a spine condition.
- Mean-inflation-adjusted expenditures for spine condition-related medical care increased by 95 percent, from \$487 in 1999 to \$950 in 2008. Mean expenditures for chiropractic care over the same time period ranged from \$473 in 1999 to a high of \$662 in 2007, while PT care peaked in 2002 at \$1,543 and declined to just over \$1,000 by 2008.
- Comparing primary care MD care vs. specialist MD care, mean specialist care costs ranged from approximately \$800 in 1999 to more than \$1,200 by 2008; mean primary care costs remained relatively stable at only a fraction of the costs: \$200-\$300 per user.
- The average patient made 2.9-3.7 visits per year to MDs for a primary spine diagnosis, compared to 7.2-9.3 visits to DCs and 6.8-11.4 visits to PTs.

Among the key points the study authors emphasize is that "nontechnologically based ambulatory health services that manage spine conditions such as chiropractic care and physical therapy have not experienced the same increases in expenditures per user" and that "future health policy decisions must be informed by the relative cost-effectiveness of ambulatory health services that manage the spine condition population.

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