



CONTACT

Address

2615 Centennial Blvd.
Suite 101
Tallahassee, FL 32312

Phone & Fax

Phone: 850.656.3083
Fax: 850.877.2917

Web & Mail

Email: info@imcpt.com
Web: www.imcpt.com



The 5 Virtues of Excellent MSK Care

A Template for Identifying High-Value
Solutions in a Market Flooded with
Low Value Vendors.

In recent years, new vendor organizations have flooded the health-care market with claims that they can offer MSK solutions capable of improving the quality of care and drive down cost, but with little to no valid data or evidence to support their claims. Most of these new market entrants attempt to use digital formats (e.g., mobile/web apps, digital health coaching, virtual PT) to introduce the same services and methods previously delivered in-person with the assumption that they will magically deliver better MSK care results than historically produced in the clinic-based model. Thus, employers wanting a viable solution for their greatest area of high healthcare spend—MSK management—are faced with the great challenge of determining the legitimacy of these new vendor solutions before embedding them into their MSK care delivery system. Validating MSK vendors requires knowing the root cause of the MSK crisis, or, in other words, why the clinic based model failed, and how to identify vendor partners who have embedded new science, new protocols, and evidence-based methods into their platform thereby guaranteeing their ability to outperform the “usual care” system.

The stark reality is the MSK clinical delivery model has been broken for decades. More than 40 years of scientific study and peer-review publications, along with over 30 years of IMC's proprietary, comprehensive analysis of medical claims data for self-funded employer organizations shows that despite dramatic increases in patient access and utilization of advanced imaging, physical therapy, chiropractic care, injection care, specialty consults, and surgery, there has been no decrease in the incidence, prevalence, chronicity, or cost associated with MSK conditions in the US or abroad. What this ultimately tells us is this: Any MSK vendor solution attempting to embed the “usual care” practices or methods into a digital format and calling it “innovative” or “high-value care” is destined to fail.

So why has the clinic model failed to deliver results commensurate with the resources consumed by MSK care seekers, and what practices and methods would need to be embedded into an optimal MSK program? With more than 100,000 MSK studies published each year in peer-review journals—many of them pointing towards the variables most responsible for limiting access to higher value MSK management—we now understand what influences prevent true high-value care from penetrating the health-care system and what practices and methods must be integrated into an optimal solution.

The most influential variables preventing true high value care from penetrating the healthcare system and limiting the ability of new market entrants to produce results that are meaningful to both patient and payer are:



Critical Gaps in Medical School Curriculum and Healthcare Education Specific to the MSK Discipline

Over 50 percent of medical schools have nothing in their curriculum about how to assess, diagnose, or treat MSK patients; the other 50 percent have less than 2 weeks dedicated to the condition. This critical gap in training leads to high levels of variability in regards to how physicians assess, diagnose and treat patients in this domain. With a lifetime MSK prevalence of more than 80% and 20+% of PCPs daily treatment volume consisting of MSK cases this lack of training has considerable influence on proper diagnosis, utilization of procedural care and the total cost of care.



Lack of Standardized and Reliable Clinical Assessments Used by Providers

You cannot match the necessary treatment to the patient's condition without a precise diagnosis. To determine a precise diagnosis you must use an assessment method validated in the peer-science to have inter-tester reliability supporting it. The current healthcare system has no standard of care built on this principle which leads to extremely high levels of variability for which methods are used and creates a 40% rate of misdiagnosis. This clinical influence is the primary cause of the massive overutilization of procedural care that is often times directed to the wrong body region.



Failure to Use Patient-Reported Outcomes (PROs) as a Standard for Measuring Clinical Effectiveness and Patient Experience

The gold standard of measuring clinical effectiveness and outcomes for MSK patients is patient-reported outcomes. Using scientifically validated scales that measure pain, loss of function and disability level specific to the body part complaint is best practice when verifying whether the patient is progressing under the assessment and treatment model being utilized. Gathering these data also provide clinicians a mechanism for measuring their effectiveness and identifying areas of clinical weakness that may require additional training.



Poor use of Quality Management Practices and Continuous Improvement

To maintain a consistent level of excellence in the healthcare system we must implement quality management practices to assure the reproducibility and sustainability of great results. Creating systems capable of monitoring, measuring and continually improving outcomes is necessary towards creating value in the healthcare system. These practices are not broadly utilized in healthcare and must become a standard if we are to optimize the clinical delivery of MSK care.



Inappropriate Understanding of How to Measure Clinical Programs Impact

Key tenets of the move to value—improved health outcomes and lower costs—rely on our ability to know the truth. However, both tenets can be easily falsified through common statistical gimmicks that are used everywhere in our industry. Influences such as volunteer bias, regression to the mean, natural flow of risk and placebo effect can provide vendors with an opportunity to falsify claims and mislead employers. Verifying the level of value delivered by MSK vendor solutions requires using valid statistical techniques for measuring quality/cost and designing pilot programs capable of passing the rigor of peer-review and scientific scrutiny.

The 5 Virtues MSK Solutions Must Possess To Drive Value

Whether accessing PCP care or physical therapy/chiropractic care in a clinic-based care model, or whether using digital apps/virtual care to access solutions/providers, the requirements for best results or value-based care are built on the virtues most supported by the peer science and must be embedded in these platforms to effectively improve patient outcomes and lower total cost of care. The data shows the 5 virtues below are an ideal template for designing solutions for employers in an accelerating marketplace of unproven MSK vendors:



- Use highly trained and standardized providers who follow best practice methods in a clinical model based on reliable assessments which guarantee the most precise diagnoses. This level of precision creates an appropriate match of treatment to the patient and allows the efforts to be scaled across populations and geographies.
- Measure patient outcomes at every encounter of care using validated assessment tools monitoring pain, disability, and function, and correlate these outcomes with a shift in total cost of care using medical plan data in a risk-adjusted and matched pair analysis. Share this data with payers and patients using a series of scorecards and dashboards creating a transparent view of results and outcomes to verify improved quality of care.
- Develop a quality assurance program to react to outliers identified in the patient reported outcomes to constantly adjust practice patterns of the providers and update the services delivered to MSK populations.
- Design an ecosystem of mobile/web apps, virtual care, clinic-based care and health coaching all with the above listed capabilities embedded to assure best clinical and economic outcomes.
- Financially guarantee results so all system participants have risk.