

To COE or Not to COE – Is That the MSK Question?

Brown & Brown Population Health and Well-Being Musculoskeletal Health Summer Series

September 10, 2024

Brown & Brown Insurance Services, Inc.

Musculoskeletal Health Summer Series

Watch Session 1 & 2 Replay



Session 1: A Foundational Approach to Musculoskeletal Health: Addressing the Leading Drivers of Cost, Absence and Lost Productivity

Tuesday, July 9 | 2:00 – 3:00 PM ET



Session 2: Virtually Speaking: Emerging Employer Strategies and MSK

Tuesday, August 6 | 2:00 – 3:00 PM ET



Session 3: To COE or Not to COE – Is That the MSK Question?

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Introductions

Zack Papalia, PhD, MPH

Senior Population Health & Well-Being Consultant Brown & Brown Population

Health & Well-Being



Louise J. Short, MD, MSc

National Practice Leader Brown & Brown Population Health & Well-Being

Fellow of the American College of Occupational and Environmental Medicine



Raymond Hwang, MD

VP & Medical Director for SurgeryPlus Employer Direct Healthcare



Mark Griffin

Executive Vice President, Chief Human Resources Officer

BJ's Wholesale Club

Agenda





Making the Case for MSK



A Comprehensive Approach to MSK Strategy



Roundtable Discussion: Best Practices & Considerations for a Centers of Excellence Strategy Louise Short, MD, MSc | Raymond Hwang, MD | Mark Griffin



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Making the Case for MSK



Musculoskeletal Health:

Why Employers Should Care

Employers spend more on MSK and related comorbid conditions than any other condition or chronic illness, including diabetes, cancer, cardiovascular disease and respiratory illness.¹

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35 million adults in the U.S. report lost workdays due to MSK health disorders¹



MSK disorders are the **leading driver of missed work** nationwide^{2,3}



The Impact on the Workforce

\$980 Billion – cost of MSK treatment and associated lost wages in the U.S. annually⁴



75% of employers report MSK as a top driver of healthcare costs⁵



63% of MSK spend stems from surgery; as much as 40% of surgery for low back pain fail to reduce pain long-term⁶



1 https://nebgh.org/wp-content/uploads/2018/02/NEBGH_MSD-Report_FINAL.pdf 2 https://www.boneandjointburden.org/fourth-edition/id2/lost-work-days 3 https://www.bls.gov/iif/oshwc/case/msds.htm

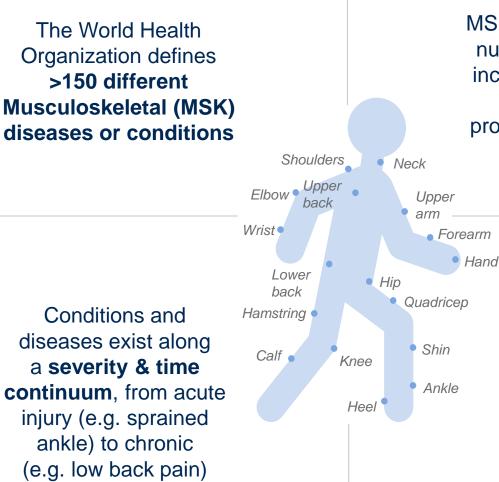
4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10788788/ 5 Business Group on Health. 2024 Large Employer Healthcare Strategy Survey

6 https://www.pennmedicine.org/updates/blogs/neuroscience-blog/2018/september/failed-back-surgery-syndrome

Defining the Issue

- Musculoskeletal well-being encompasses a wide range of conditions and risk
- Impact extends across industries & occupations

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MSK can conditions impact numerous body systems, including bones, muscles, joints, locomotion, proprioception, connective tissue, and more

Examples of MSK conditions include:

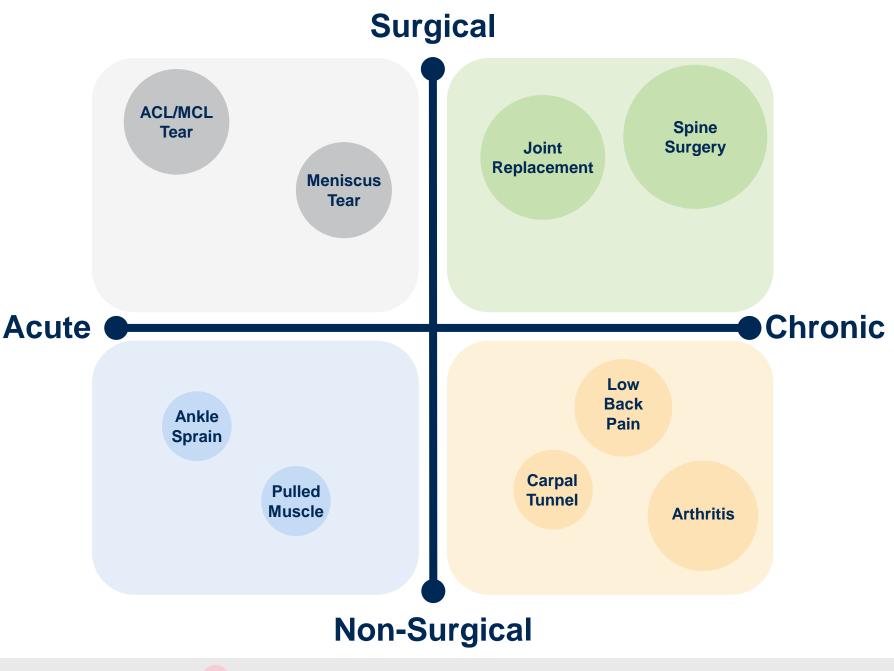
- Back pain
- Sprains and strains
- Arthritis
- Spinal disc issues
- Carpal tunnel
- Joint replacement
- Chronic pain

Condition Matrix

Chronic MSK: Conditions due to aging, overuse, ergonomics, etc. These conditions are generally more manageable & addressable via proactive strategy

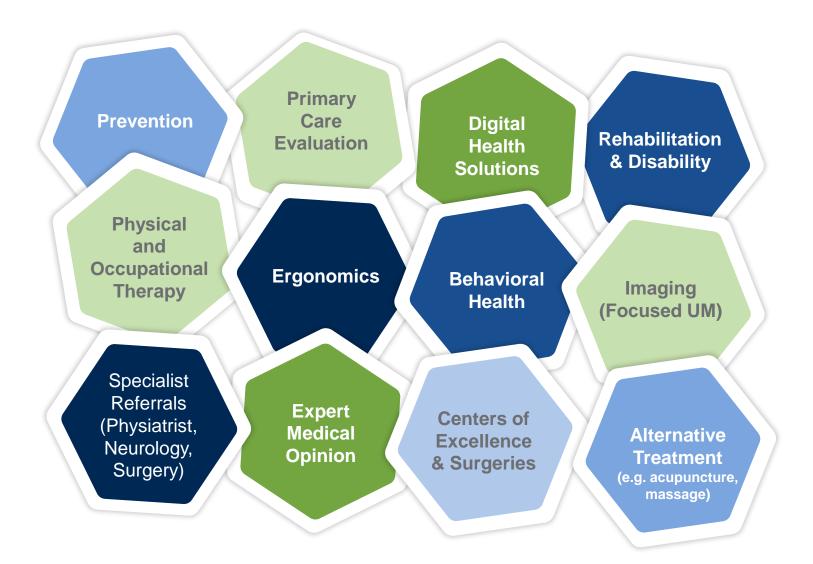
Acute MSK: Conditions related to accident, trauma or injury. These generally cannot be avoided and require a more reactive strategy to support.

Both Chronic & Acute MSK can require surgical and/or nonsurgical treatment



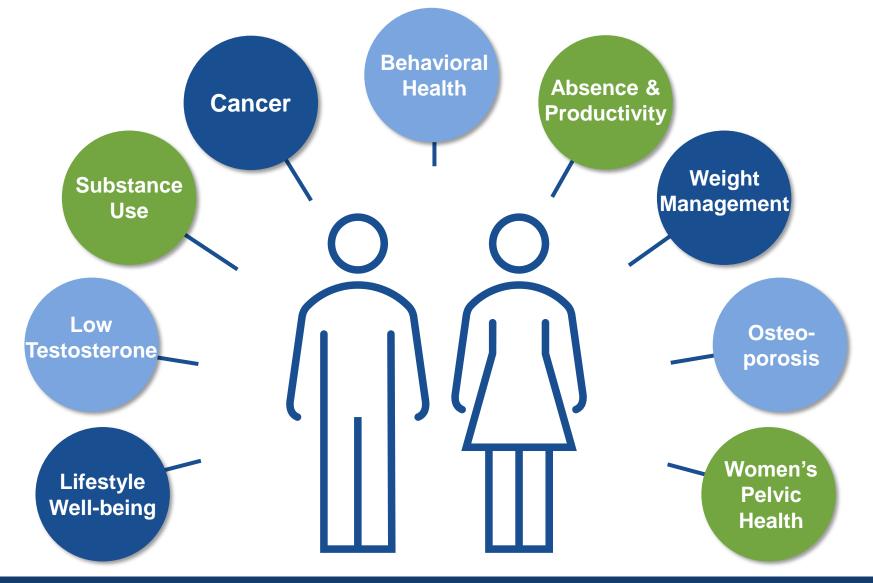
The Spectrum of Care

- Complex web of etiology & pathology creates similarly robust solution spectrum and cycle of care
- Significant variance in clinical severity, time, and treatment



More than just aches & pains

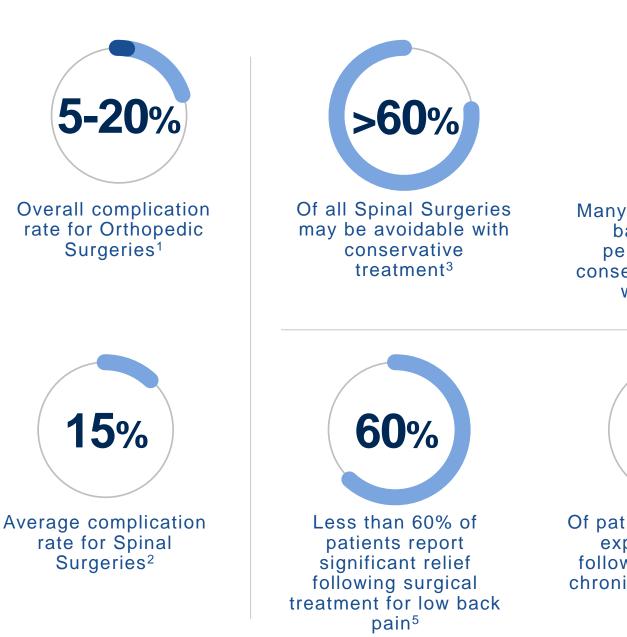
- MSK disorders often bring with them chronic pain that if left unaddressed can exacerbate comorbidities and dramatically reduce quality of life
- Risk mitigation, and impact, rarely exists in a silo



The impact of Musculoskeletal Disorders is not limited strictly to orthopedic concerns. Few conditions have the prevalence of clinical comorbidities & impact as MSK Well-being.

Treatment Quality & Appropriateness

- Surgical interventions for chronic MSK conditions are often the top cost driver relative to MSK health
- Surgical quality & outcomes vary widely across providers
- Many procedures may be unnecessary, and/or not resolve the underlying issue



Many surgeries for low back pain were performed before conservative treatment was pursued⁴

Of patients continue to experience pain following surgery for chronic low back pain⁵

40%

https://pubmed.ncbi.nlm.nih.gov/31154834/ 3. https://www.ncbi.nlm.nih

2. https://pubmed.ncbi.nlm.nih.gov/32274586/

3. <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10491010/</u>
 4. Traeger AC, Qaseem A, McAuley JH. Low Back Pain. JAMA. 2021;326(3):286.

doi:10.1001/jama.2020.19715

5. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00733-9/abstract/

6. https://www.pennmedicine.org/updates/blogs/neuroscienceblog/2018/september/failed-back-surgery-syndrome





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A Comprehensive Approach to Musculoskeletal Health



Musculoskeletal Health: Spectrum of Severity & Opportunity

Solution Spectrum

Lifestyle Well-being (e.g., Fitness, Nutrition) **Foundational Well-being** Common Comorbidities (e.g., behavioral health) Ergonomics **Prevention & Early Intervention** Industrial Engineering Comprehensive Plan Design **Musculoskeletal** Strategy **Treatment Access & Cost** Virtual Treatment On-site/Near-site **Expert Medical Opinion Treatment Quality & Appropriateness** Centers of Excellence

Musculoskeletal Health: Foundational Well-being

Thinking Beyond Plan Design & Treatment Access

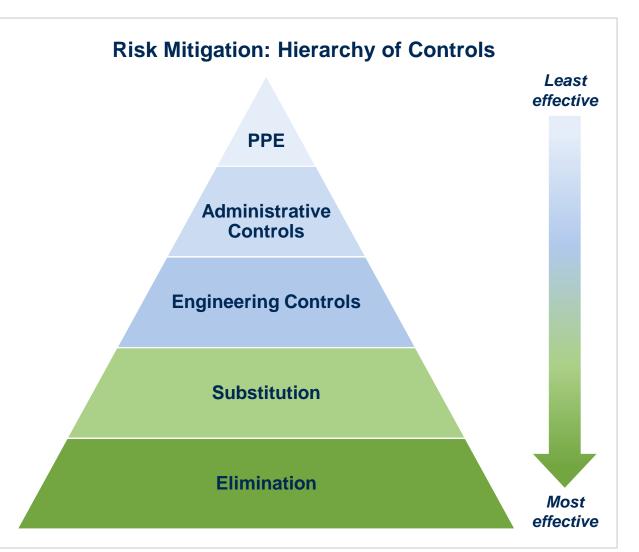
- Holistic MSK support requires evaluation & targeted solution development beyond plan design
- Promoting healthy lifestyles through fitness, nutrition, and a healthy work environment all can have sizeable impact on MSK well-being
- Position workplace culture to promote healthy lifestyles
 - Flexible schedules
 - Hybrid work opportunities
 - Targeted incentives (e.g., LSA's)
 - Fitness and nutrition programming
 - Providing paid time to seek treatment
- Synergistic impact beyond MSK outcomes



Musculoskeletal Health: Prevention & Safety

Ergonomics & Risk Mitigation

- Ergonomic opportunities exist across industries and job types
- Hybrid/remote work presenting an emerging risk due to lack of control over workstation
- Overlap with P&C and/or Safety & Risk departments
- MSK opportunities may be evaluated throughout Hierarchy of Controls framework
- Understanding opportunities along framework can help drive guidance and collaboration with internal stakeholders
- Eliminate/minimize risk through occupational design
- **Solution note:** Increasing opportunities to integrate emerging technology (e.g. AI) to bolster ergonomic assessment & training



Virtual MSK Therapy

Leveraging innovation to reduce barriers to care and connect members to clinicals beyond geographic & temporal barriers

Solution Capabilities

- Motion Tracking
- Care Team
- Platform Capabilities
- Program Tiers
- Pricing
- Global Parity

Strategy Considerations

Impact & Efficacy

- Clinical Validity
- Economic Impact
- Care Coordination
- Employer Trends

Best Practices

- Needs
 Assessment
- Solution Vetting
- Implementation
- Ecosystem
 Integration
- Engagement & Comms

Measuring Impact

- Benefits & Wellbeing Ecosystem
- Virtual MSK
 Solution
- Integrated Analysis

PHTI Category-Level Ratings for Virtual MSK Solutions¹

	Clinical Effectiveness	Economic Impact	Summary Rating	
Physical Therapist- Guided Solutions	Improves both pain & function	Decreases net spend relative to in-person PT & care avoidance	Evidence supports broad adoption	
App-Based Exercise Therapy	Improves pain but not function, not substitutable for in- person PT	NA	Evidence supports adoption under appropriate conditions	
Remotely-Supplemented In-Person Solutions	May perform better than in-person PT alone	Increases net spend, but may avoid future HCC	May justify adoption but additional research needed	
		Positive	Moderate Neg	

VALUE

Reduced Barriers to Care

Expanded Access

Cost Savings Through Utilization & Prevention

Enhanced Care Coordination

Expert Medical Opinion

World class clinicians help members with serious and complex conditions confirm diagnosis and treatment plan, and refer to high quality providers

Complex Cases

- Joint replacements
- Low back pain
- Spinal procedures
- Obesity
- Other surgeries & diagnoses

Clinical Team

- Health Advisors
- Expert Physician
 Panels
- Provider Credentialing Research Team
- Relationships with Centers of Excellence

Concierge Services

- Medical Records Review
- Expert Opinions of Diagnosis and Treatment Options
- Appointment Scheduling
- Referral/matching to High Quality Providers

VALUE



Manages high-cost complex claims



The right diagnosis, treatment and provider



Exceptional user experience & satisfaction



Medical cost savings



Improved Quality of Care



Reduced Unnecessary Care



Improved Member Experience



Centers of Excellence

Orthopedic COE's are the second most common COE after transplant services. COEs present the opportunity to improve surgical outcomes while reducing the cost of care and risk of complications.

VALUE



Improved outcomes with fewer complications & lower re-admission rates



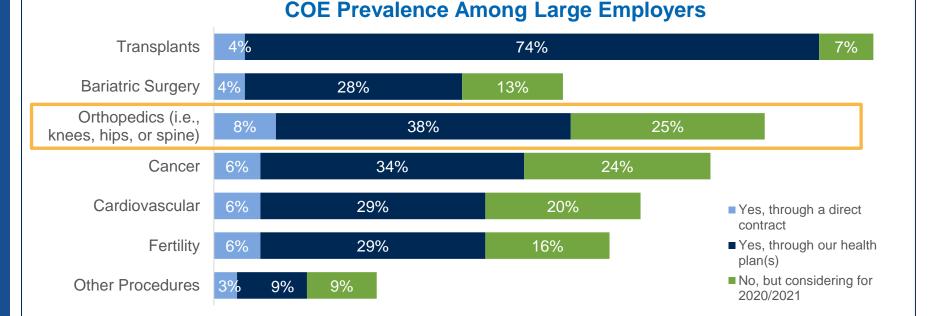
Acute impact on cost savings (point of surgery)

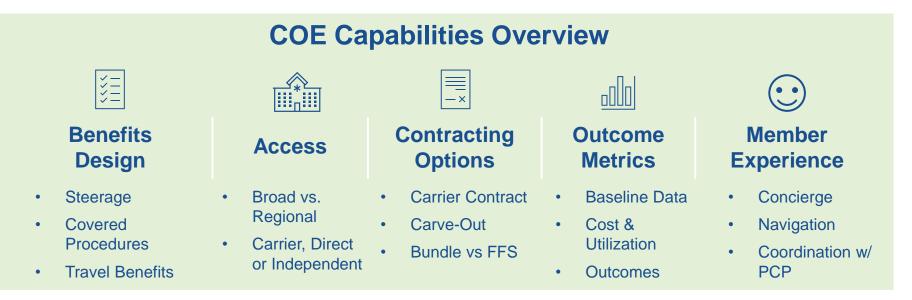


Steering potential high-cost claimants to highperforming facilities



More transparent, stable, & predictable pricing







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Roundtable Discussion: Best Practices & Considerations for a Centers of Excellence Strategy



Roundtable Discussion



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What did we hear today?

Keys to effectively addressing treatment quality & appropriateness



Identify the clinical & financial need



Evaluate available solutions & providers



Establish KPIs & PGs early



Develop a proactive, targeted communication strategy



Foster a supportive, comfortable member experience



Measure, assess & refine

Thank you!

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THANK YOU!

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The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/ dependents (e.g., actively at work, COBRA, FMLA), final enrollment, etc. Although we make every effort to convey final rates and terms, certain changes to the aforementioned frequently arise during the implementation process. Some changes may result in rate modifications being required by the carriers.

If you elect to change carriers, Brown & Brown Insurance Services, Inc. will provide sample language and will be happy submit the cancellation letter to the carrier on your behalf if you would like. If you are cancelling coverage on your own. please feel free to contact your Brown & Brown Insurance Services, Inc. representative if you have any questions about the timing for submission of the cancellation letter. Brown & Brown Insurance Services, Inc. wants to ensure that any gap in coverage is avoided during the cancellation process.

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The network provider/facility lists obtained via carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

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*AM Best General Rating Guide

Financial Strength Rating		Financial S	Financial Size Category (in Thousands)			
A++, A+	Superior	Class I	Up to \$1,000			
A,A-	Excellent	Class II	\$1,000	to	\$2,000	
B++, B+	Good	Class III	\$2,000	to	\$5,000	
B, B-	Fair	Class IV	\$5,000	to	\$10,000	
C++, C+	Marginal	Class V	\$10,000	to	\$25,000	
C, C-	Weak	Class VI	\$25,000	to	\$50,000	
D	Poor	Class VII	\$50,000	to	\$100,000	
E	Under Regulatory Supervision	Class VIII	\$100,000	to	\$250,000	
F	In Liquidation	Class IX	\$250,000	to	\$500,000	
S	Suspended	Class X	\$500,000	to	\$750,000	
		Class XI	\$750,000	to	\$1,000,000	
		Class XII	\$1,000,000	to	\$1,250,000	
		Class XIII	\$1,250,000	to	\$1,500,000	
		Class XIV	\$1,500,000	to	\$2,000,000	
		Class XV	\$2,000,000	to	Greater	