## INNOVATIVE **APPROACHES** TO PROMOTING MUSCULOSKELETAL HEALTH IN THE WORKPLACE

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# Agenda/Learning Objectives

- Cost of Musculoskeletal Injuries on the Healthcare System
- New evidence-based solutions
- Utilizing the latest technologies to engage their employee populations
- Conservative Care for Common Injuries
- Non-Conservative Options and their costs

### 35 Diseases Associated with Sedentary Lifestyle and Stress





\*Source - Levine , Mayo Clinic - Med Science & Sports

### Per Capita Expenditures in US \$ by disease category



Source: Kaiser Family Foundation

#### Trend in Annual Aggregate Direct and Indirect (Earnings Losses) Costs of Musculoskeletal Conditions as a Proportion of Gross Domestic Product (GDP), United States 1996-2011



Source: <u>http://www.bea.gov/national/xls/gdplev.xls</u>, accessed 3/18/2014 and smoothed over three years. Source: Current GDP multipled by inflation factors calculated per <u>http://meps.ahrq.gov/mepsweb/about\_meps/Price\_Index.shtml</u>, accessed 2/4/14.

File: G10E.2.2

#### Trend in Proportion of Population with Musculoskeletal Disease, United States 1996-2014



Source: DHHS, Agency for Healthcare Research and Quality

Years Averaged



A STUDY PUBLISHED IN THE JOURNAL OF PAIN ESTIMATED THE COST OF ALL PAIN TO BE EVEN MORE — BETWEEN \$560 AND \$635 BILLION DOLLARS.

# ONE IN TWO ADULTS \$213 BILLION

#### COST OF MUSCULOSKELETAL INJURIES ON HEALTHCARE SYSTEM

According to a report issued by the United States Bone and Joint Initiative (USBJI), an estimated 126.6 million Americans (one in two adults) are affected by a musculoskeletal condition comparable to the total percentage of Americans living with a chronic lung or heart condition. The cost is an estimated \$213 billion in annual treatment, care, and lost

wages.

Inited States Bone and Joint Initiative. The Burden of Musculoskeletal Diseases 1 the United States (BMUS). Third Edition: 2014: Rosemont, IL: Available at ttp://www.boneandjointburden.org: Accessed on May 21, 2018.

## 1:1 Ergo Assessments & Education





## Self-Assessment Software

My wrists and hands are reasonably straight (not bent up / down or sideways toward the little finger).





### **Software Solutions for Assessment/Treatment**



### **Injury Prevention – Customized Plans**

Workplace Plans

Computer Worker

Sports Plans



Backetball



Baseball and Softball



Cycling



Soccer



Running







Skilling or Showboarding

Lacrosse



Hackey





Footbalt - Backs and

Receivers



Football - Lineman,

Linebackers, and Defensive

Back

Tennis

















Facility Maintenance Person



**Entrier Delivery Person** 







FORTHMEN



Factory Assembly Worker

Healthcare Worker



**Construction Worker** 



Wamhouse Worker

































Ranchers



### How does it work ?

#### 1. Select Problem Area



Select the body part where you are having problems.

#### 2. Answer Questions



Answer a few short questions about your pain. These are the same questions a physical therapist would ask in an in-person consultation.

#### 3. Receive Recovery Plan



Immediately receive a research-based & condition matched exercise recovery plan. Recovery plans use professionally-planned video exercises, which you can adjust to your needs.

### 1) Select Problem Area

Select one body part where you are having problems:





### 2) Answer Some Questions





### 3) Start Video Exercise Plan

Headache Recovery Plan

01:01 Nack Self-Mobilization: Segmental SNAG (Cirvicogenic Headache) Pattern 🌒









increased stress, this new norm is causing more body aches and pains.

# **Staying Active At Home**

- Peloton
- Home Gyms
- On Demand Exercise
- FB/IG Live Stream Classes





# **Custom Landing Pages**

Logged in as menny Cabrera - Settings - L



**PPS WELLNESS PRESENTS** 

# ON THE WAY TO CAPE MAY

ign up in April for ) BONUS points

Top 3 Indivindal Walkers earn a giftcard! Earn 20 points!

Winning school earns a massage day!

VIRTUAL WALKING CHALLENGE

5/4/20 - 5/31/20

### Virtual Solutions for Addressing MSK Health

- Education Sessions
  - Workstation Setup
  - Safe lifting
  - Desk Stretches
  - Recordable





#### CMS Affirms Payment Parity for Telehealth, Adds More Covered Services

In its latest moves to expand telehealth adoption during the Coronavirus pandemic, CMS has added 85 telehealth services to the list of services covered by Medicare and emphasized that payment will be at the same rate as in-service care.





THURSDAY, APRIL 30, 2020

#### CMS Guidance Allows PTs in Private Practice to Provide Services Via Telehealth

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In a major shift strongly advocated by APTA members, CMS will now include PTs in private practice among the providers able to bill for services provided through real-time face-to-face technology. But there are requirements.

IThe change is happening, albeit incrementally: New guidance issued by CMS now allows PTs in private practice to make full use of telehealth with their patients under Medicare Part B. Previously, only limited e-visits and other "communication technology-based services" were allowed; the change now includes PTs among the health care providers permitted to bill for real-time face-to-face services using telehealth. This policy change follows a robust advocacy campaign by APTA members and staff.

Source: ThinkStock

# **Tele - Physical Therapy**

1) Payer Reimbursement

2) Updated Parity Guidelines

3) Many conditions can be supported at home with minimal equipment

4) Software-Hardware Considerations

5) Privacy and HIPAA compliance challenges with provider and employee



6) State Regulations



# Impact of Physical Therapy Services on Low Back Pain Episodes of Care

 PPS commissioned Milliman to study episodes of care costs for the treatment of LBP and the impact of PT on these costs.

#### • Why?

- Musculoskeletal rehabilitation has been targeted under alternative payment methodologies (including bundled payments) for musculoskeletal episodes of care.
- PPS sought assistance in developing a value based proposition to demonstrate and promote the value of private practice PT's impact on the episode of care costs for relevant musculoskeletal episodes of care.



## Take home message...for low back pain with and without radiculopathy

- If a physician chooses to refer a patient to a physical therapist, referrals sent early (in the first 14 days) will result in lower costs and less use of invasive/higher cost procedures. Earlier is better!
- •When accessing physical therapy for LBP, DIRECT ACCESS is the best lowest cost method and will result in less use of invasive/higher cost procedures. Direct Access is the best!
- •Clinical care of patients with active care results in lower cost and I quicker outcomes than with passive care. Active care is the best!

### Virginia Mason – pathway for Low Back Pain Management



Why PT 1st?

A study, published in the journal *Health Services Research (HSR)* in 2011, reviewed 62,707 episodes of physical therapy over a 5-year period. Patients who visited a physical therapist directly for outpatient care (27%) **had fewer visits and lower overall costs** on average than those who were referred by a physician.

> A Comparison of Health Care Use for Physician Referred and Self-Referred, Episodes of Outpatient Physical Therapy doi org/2011/01475-6773/2010/0324.x

An additional study in the journal of Health Science Research in May of 2018, also notes that physical therapy as an initial treatment for low back pain is effective, saves money, but also dramatically reduces the chance of a patient being prescribed an opioid medication.

Bottom line, the subjects in this study experienced lower costs after 1 year and **reduced their likelihood of being prescribed an opioid medication by 87%** vs. those patients that never visited a physical therapist.

> Enginer, Bonca X., et al. 'Physical' Therapy as The First Point of Care to Teat Low Back Pain: An Indhamental Variables Approach to Estimate Impact on Opioid Prescription. Health Care Utozation and Costs' Health Services Research, 2018. doi:10.11/1475/677312964

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#### **CONSERVATIVE CARE OPTIONS**

- 1. Physical Therapy
- 2. Wellness & Injury Prevention Programs
- 3. Work-Related Task Training Programs
- 4. Psychological Evaluation

#### NON-CONSERVATIVE OPTIONS

- Medications
- Imaging
- Surgeries
- Injections

# Preliminary report from the Workers Comp Research Institute (WCRI)

- Similar findings to Milliman
  - Early intervention with conservative care saves costs with better outcome.

# Why conservative care?

- Lower cost
- Better outcomes
- Less invasive care, less side effects
  - Invasive care comes with larger/more common side effects (opioids, injections, surgeries, etc.)

# **Conservative Care Solutions**

- Prevention
  - Education
    - What to do if aches & pains BEFORE injury
  - Wellness
    - Generalized
      - Stretching Programs
      - Walking Programs
      - Wellness Challenges
      - Digital versions
    - Work duty specific prevention programs
      - Digital and in-person/self-guided
    - Remove barriers to continuing wellness programs aggressively!

## **Conservative Care Solutions**

- Prevention
  - Ergonomic
    - Work station assessment & use
      - Set us, ergonomics and use
    - Job analysis and training
      - EX: PG&E linemen to assembly line
  - Post-offer, pre-hire physical screenings
    - Specific to job demands/duties

# **Conservative Care Solutions**

- Post-injury management
  - Early recognition
  - Early intervention
  - Set up management program ahead of time
    - Choose providers within network that value conservative care 1<sup>st</sup> approach
    - Search out evidence based providers
      - Look at their outcomes and patient satisfaction ratings
      - Medicare as an example https://www.medicare.gov/physiciancompare/
  - Job duty specific rehabilitation programs / return-to-work programs

## Technology and engagement...

• Meeting people where they are.

We're a one-size-fits-you combination of evidence-based self-guided care, virtual PT, and in-person care options designed to fit the needs of your member population at scale.



TECH-ENABLED SELF-GUIDED CARE



VIRTUAL PHYSICAL THERAPY



IN-PERSON PHYSICAL THERAPY

# **Case Management**

- Working directly with the point person on managing a case
  - Who is this?
    - Nurse case manager
    - Physician
    - Physical Therapist???
- Looking at the traditional vs. conservative approaches and how to maximize the conservative pathways
- Managing the wellness side before there is a "case" to manage
  - Remove barriers to wellness early, before they are even perceived barriers
    - Comorbidities
    - Cultural changes ergonomic screens, wellness/movement programs, etc



# Conservative Care vs. Invasive Care

Today, the healthcare system is centered around acute and specialist care that does not present physical therapy until late in the patient journey—when it's too late to be optimally effective.



In 2018, we commissioned a study with Milliman, which showed that a physical therapy-first approach is the most effective method for treating MSK pain. Initiating care within 14 days of the onset of symptoms is critical.

#### Everflex is changing the game by making physical therapy

#### accessible as a *first step* in the MSK management process.



Both Mary and Joe

# **Return to Work**

- Return to work protocols are in place
  - Does the protocol end to early?
- Perhaps the failure to return to work is not the return to work but the monitoring of that return to work past day/week #1
  - Discharge to wellness program, personal trainers, fitness/wellness program
  - Providers need to make this a part of the discharge process, not a mention at the discharge appointment



# **Concluding Thoughts**

- COVID is forcing us all to adapt by the day
- Openness to Virtual Solutions has accelerated
- Flexibility is key
- Fitness Centers & Employers Can Work Together
- For Employer market, Leverage gatekeepers
- MSK Health is closely correlated with many other aspects of health
- Value Based Care/Cost of Care





### **GymHealthCheck.com**



### Covid-19 Symptom Checker

Web-based and HIPAA-compliant Check-In System with contact tracing capabilities.

