



Delaware Chronic Low Back Pain Pilot Program

October 10, 2019



Agenda

- CLBP Pilot Program
 - Background
 - Design
- Goals
- Timeline

Pilot Background

- DE currently ranks fifth-highest among drug overdose mortality rates in the nation
- Focus for the State has been to address intersection of chronic pain treatment and opioid use/misuse
- In 2018, Senate Bill 225 expanded coverage of chiropractic and physical therapy benefits for the treatment of back pain by removing limits on care
- Alternative therapies were included in original version of bill but removed from final bill
- DHR & DHSS working towards a multi-modal multidisciplinary approach to the treatment of CLBP
 - Engage providers to strengthen referral processes and accesses to multiple approaches that when combined address complex pain condition while minimizing opioid overprescribing
 - Evaluate benefits of acupuncture and massage therapy services to those suffering from CLBP

Pilot Design

- Eligibility-
 - Medicaid and GHIP members over age 17 who meet definition of medical necessity for acupuncture and/or massage
- Medical necessity for CLBP-
 - greater than 4 weeks recommendation/referral to acupuncture, massage therapy and/or other modalities could improve CLBP
- Provider education on existing and pilot modalities
- Referral process-
 - From primary care and other specialties (i.e. neurology, orthopedics, pain management) once member evaluated and determined to meet medical necessity to be referred to acupuncture and/or massage therapy
- Participation-
 - Voluntary for eligible GHIP members

Program Goals

- Improve management of members experiencing CLBP with non-opioid treatment options through acupuncture and massage therapy
- Reduce use of prescription opioids and surgeries to treat CLBP and overall costs through promotion of provider education and referral processes for non-opioid interventions (i.e. acupuncture, massage therapy, chiropractic, physical therapy)
- Improve outcomes for members experiencing CLBP

Program Evaluation

- Development and approval of a Functional Assessment Tool or logic model
- Logic model components include inputs, activities, outputs, intermediate outcomes and final outcomes
- Each program goal will include various metrics and analytic methods

Pilot Timeline

- September 30, 2019- Pilot Program Final Report
- October 10, 2019- Initial discussion on pilot program to HP&P Subcommittee
- November-December 2019- Finalize functional assessment tool, medical necessity guidelines, monitoring and quality measures and reporting guidelines
- December 5, 2019- Discussion on pilot program to include costs/savings to HP&P Subcommittee for SEBC recommendation
- December 16, 2019- Present pilot and HP&P recommendation to SEBC
- January 13, 2020- SEBC votes on pilot
- February-June 2020- Engage TPAs to set up pilot (if approved)
- July 1, 2020- pilot program begins
- Ongoing reporting through June 2021

Next Steps

- Continue to work with Mercer, DHSS, DPH to further develop cost/savings of pilot
- Further discussion on the plan design proposal to include cost of pilot and options related to cost sharing with HP&P
Subcommittee at December 16th Meeting

Thank You



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