CPCPracticeSpotlight18

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Shared Decision Making Helps Patients Make Cost-Efficient, Safe Choices for Lower Back Pain Radiological Assessments

Brunswick Family Practice, Troy, New York
Independent; 1 physician; 1,200 patients

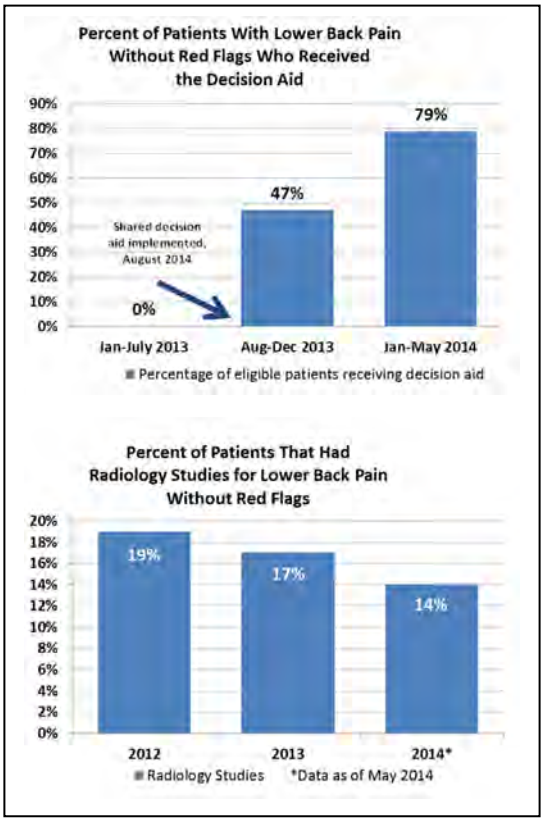
Aug. 22, 2014

This strategy addresses CPC Milestone 7.

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: Patients with lower back pain and no indication of nerve damage (red flags) often request unnecessary and expensive radiology services. Research suggests that an MRI, which costs approximately $1,500, is "unlikely to avert a procedure, diminish complications or improve outcomes."[1]

Strategy: Analysis of the top diagnosis codes in his practice helped **James Aram, MD,** select radiological screening options for patients with lower back pain as a focus for shared decision making in February 2013. This issue was clinically relevant to his patient population, and research clearly showed opportunities to lower costs and reduce unnecessary radiation exposure.



After consulting with their EHR vendor (Medent) to develop the appropriate data collection and reporting functions, Dr. Aram's team developed a video decision aid patients could view from a laptop while in the examination room.

Their workflow initially hinged on Dr. Aram's examination of the patient, but they found smoother solution was to train the practice nurse to screen patients during the initial intake interview. Patients with low back pain viewed the video before meeting with the doctor; this not only helped the patients to understand their options for diagnostic screenings better; it also introduced the patients to treatment strategies before meeting Dr. Aram. This "preview" strategy prompted a second refinement to the workflow. Patients citing lower back pain as their chief complaint are directed to view the video through the patient portal before the appointment. This also allows the patient to share information at home with caregivers or family and offers greater opportunity for the patient's involvement in shared decision making with the provider.

As of May 2014, practice data show 79 percent of eligible patients had viewed the decision aid, and radiology studies among eligible patients had dropped more than 4 percentage points. In addition to reduced costs associated with fewer radiological studies, no patient adverse events have occurred since implementing this strategy into the practice.

[1] Johns Hopkins Medicine news release, Dec. 12, 2011. http://www.hopkinsmedicine.org/news/media/releases

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