

Why aren't we choosing wisely? Low-value imaging among vulnerable populations in Oregon, 2016

AUTHORS: Menolly Hart*, Carl Stevens, Debra Read

TOPIC/TARGET AUDIENCE: Health plans, State Government, Providers, Health Services Researchers

ABSTRACT:

Background: The Oregon Health Plan insures one in four Oregonians. Facing large budget shortfalls, health plans serving vulnerable populations need innovative cost containment strategies to avoid cuts in enrollment or services. Reducing utilization of high-cost, low-value services represents one option for controlling Medicaid costs. Our study aims to explore associations between patient and clinic characteristics and use of imaging for uncomplicated low back pain, sinusitis and headaches, conditions for which strong consensus suggests early imaging may add little clinical value.

Methods: The study included Medicaid members with a new encounter for back pain, sinusitis or headache during 2016 with continuous enrollment prior to the index event. We analyzed professional Claims from four geographically diverse Coordinated Care Organizations. Statistical analyses were completed in SAS 9.4.

Results: Overall imaging rates were 13.4% for back pain, 5.9% for sinusitis and 27.7% for headache. After adjusting for gender, age, race/ethnicity, language, Medicaid eligibility, chronic opioid use in the last 90 days and county, care setting was strongly associated with receiving low-value imaging. The odds of receiving spinal imaging for low back pain are 12.46 (95% CI: 10.14-15.30) times greater in a hospital-associated specialty clinic compared to a primary care clinic. We observed a similar pattern for sinusitis imaging (Adjusted OR: 81.08 (44.23-148.64)) and headache imaging (Adjusted OR: 12.62 (9.08-17.53)).

Conclusions: The setting in which patients receive care is strongly associated with unnecessary imaging. One strategy for managing imaging costs is to reduce unnecessary referrals to specialists for uncomplicated ailments that can be managed in the primary care setting.

OBJECTIVE(S):

1. Explain the ongoing substantial use of imaging in clinical situations where national consensus suggests it will add little value.
2. Describe low-value imaging patterns among Medicaid adults (18-64) in Oregon.
3. Analyze patient and clinics characteristics that are highly associated with low-value imaging.
4. Name strategies to manage low-value care costs among Medicaid beneficiaries in Oregon.

PRIMARY CONTACT INFORMATION:

Menolly Hart, MPH
Healthcare Analyst

CareOregon
5034165831 | hartm@careoregon.org

CO-PRESENTER(S):

Carl Stevens, MD, MPH | stevensc@careoregon.org

Debra Read, MPH | readd@careoregon.org