

Spinal surgery continues to evolve

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Spinal surgery continues to evolve and refine itself as a specialty. The changes have been positive as well as negative. Positive changes have been less invasive surgery, faster recovery and return to activities. As data is gathered and experience gained, indications for surgery as well as standardization of treatments are starting to be defined. New technologies, like artificial disc replacements for Neck disorders, have allowed patients to regain quality in their life with less down time.

Some of the difficulties that patients as well as physicians are experiencing recently are the ability to recommend and deliver treatment to the patients. Specifically, in authorization for surgical procedures, the time spent both by physician's offices as well as patients has increased. In the past, if the surgeon and the patient decided the next step is surgical treatment of their spinal problem, the physician would submit to the insurance carrier the operation request and, other than exceptional circumstances, the procedure would be authorized.

At present, office staff have to spend a disproportionate amount of time trying to get an operation authorized. These days, the insurance companies ask for details about the procedure that they did not in the past. These include the approach being used, whether metal rods and screws, cages, bone products will be used. The diagnosis codes have to match the procedure requested. Standard accepted procedures in the past now require a physician to physician discussion before procedures will be approved. Insurance companies have changed without notification to the patient or the physician/surgeon the procedures they will cover. Some of their criteria are based on their selective use of scientific data to support their position.

In summary, specific to surgical treatment of spinal disorders, physicians and patients are having less control in the care being delivered and received respectively. The increase in time needed to approve procedures is increasing and will result in delay in care, sometimes weeks to months. This will result in more days off from work for most patients and/or less productivity. Since the spine problem, once it hits the surgical threshold, will not improve, the delay and inefficiency, will ultimately result in increasing cost of healthcare and decrease productivity. The SPORT trials in the United States have confirmed that timely surgical intervention is

better than delaying care. In selected conditions/problems it is better, and less expensive in the long run.