

MAC Advocacy for Conservative MSK Care

THE OPPORTUNITY

MAC is advocating for a different approach to managing musculoskeletal (MSK) care. Traditional utilization management often focuses on individual transactions — a visit, a service, an authorization, a claim. MAC believes there is an opportunity to look upstream: improving provider performance early in the MSK episode may influence downstream imaging, ED utilization, opioid exposure, injections, specialist escalation, and surgery.

The goal is not to reduce the cost of one encounter — it's to improve the entire MSK episode of care.

MAC'S PROPOSED APPROACH — THREE OPPORTUNITIES WITH BCBSM

1. MAC-Led Utilization Management Alternative

A claims-informed, provider-engaged approach that identifies unwarranted variation and improves provider performance rather than relying primarily on transactional controls.

2. Value Edge Alliance (VEA)

MSK infrastructure that organizes and supports independent providers with the data, workflows, quality measures, and accountability needed for value-based care.

3. Statewide MSK Navigator

A statewide provider-readiness and performance platform building clinical, payer, value, and operational fluency — common infrastructure connecting education, data, implementation, feedback, and improvement.

HOW WOULD IT WORK?

- **BCBSM Claims Data:** identifies utilization patterns, variation, and downstream MSK costs
- **MSK Navigator:** identifies provider readiness, knowledge, and operational gaps
- **Targeted Support:** education, tools, feedback and workflow support directed where needed
- **Implementation:** provider engagement and adoption are tracked
- **Measure Again:** subsequent claims/performance data show what changed

A continuous improvement loop — not a one-time intervention.

WHY THIS IS DIFFERENT — NOT “MIBAC 2.0”

MIBAC offered valuable lessons — evidence-based pathways, provider education, functional and risk assessment, biopsychosocial principles, and multidisciplinary quality improvement. MAC's approach builds on those lessons while addressing known limitations:

Registry-heavy reporting	→	Claims-first approach
High provider reporting burden	→	Lower-burden implementation
Health-system-led participation	→	MAC-led professional engagement
Imaging-centered measurement	→	Utilization, function, downstream care & episode-level value
Episodic education	→	Continuous measurement, feedback & reassessment

WHY THIS MATTERS TO CHIROPRACTORS

This gives chiropractic physicians a chance to be part of the solution to rising MSK costs — not simply subject to utilization controls. It's an opportunity to demonstrate:

- What high-quality conservative MSK care looks like
- Where providers may need additional support
- How early intervention can influence downstream care
- How chiropractic care fits organized, value-based models
- The value of improving performance vs. restricting utilization

THIS IS ADVOCACY

MAC is asking BCBSM to move beyond “How do we manage this claim?” and toward “How do we improve the care that produces the claims?”

The goal: better access to medically necessary, quality, cost-effective conservative care — while reducing avoidable downstream utilization and cost.

YOUR VOICE MATTERS: MAC's ability to advocate depends on knowing what happens in your practice. Tell MAC when a payer policy creates barriers to appropriate care — and when conservative care is improving outcomes and reducing downstream utilization. Your experience helps shape how the profession is represented at the table.