



Driving High-Value Musculoskeletal Care

Clinical & Financial Outcomes from Ortho-Spine Interventions

EXECUTIVE SUMMARY

Health plans are under increasing pressure to reduce specialty healthcare spend while improving member outcomes – particularly in Musculoskeletal (MSK) care. TurningPoint’s clinically led approach redefines prior authorization as a collaborative, outcomes driven process that delivers measurable impact across quality, cost, and patient safety.

This report highlights:

Clinical quality improvements across high-cost orthopaedic and spine procedures, including knee, hip, and complex spine cases



Tens of millions of dollars in total savings impact at a large regional health plan



Patient success stories that demonstrate the human impact of avoiding unnecessary and unsafe surgeries

Led by Past Presidents of the American Academy of Orthopaedic Surgeons (AAOS), TurningPoint applies best-in-class clinical policies to reduce low-value care, manage comorbidities, and support providers in delivering care beyond minimum medical necessity.

Whether your plan is focused on reducing utilization variability, driving medical cost savings, or improving provider alignment, this report offers proof of what’s possible through smarter, more collaborative prior authorization.

The Clinical Challenge in MSK Care

Musculoskeletal (MSK) care remains one of the

Top **3** Spend Drivers

for most health plans, yet it's one of the most variable in quality and outcomes.

These deficiencies not only represent a waste of healthcare resources but also pose a serious risk to patient safety. Traditional prior authorization processes fail to address the root causes of these problems – focusing on denials over collaboration and creating abrasion within the provider community.

TurningPoint counters this problem with a differentiated model – one built on clinical expertise, provider collaboration, and individualized patient care plans that improve the safety, quality, and affordability of healthcare.



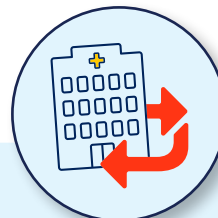
\$150B+ in annual surgical spend

300%+ cost variation in MSK procedures with no correlation to quality



76% of U.S. adults have at least one chronic condition

2x complication risk in high acuity surgical patients



40% spine surgery failure rate

34% of knee surgeries are inappropriate

Driving Clinical Impact

TurningPoint's Results

In 2025, TurningPoint's Data and Analytics team conducted a retrospective review of outcomes and claims data across a blended national membership. The goal: to evaluate the real-world impact of our subspecialist-led, collaborative prior authorization model on high-cost, high-complexity musculoskeletal procedures.

The analysis covered a large cohort of orthopedic and spine interventions, with a focus on evidence-based quality indicators including surgical revision rates, post-operative emergency room utilization, and inpatient readmissions.

Across hips, knees, and spine, we observed consistent, measurable improvements in clinical quality, each driven by our integrated approach to guideline adherence, whole-patient evaluation, and peer-to-peer engagement.

These downstream impacts are part of a larger cost-containment strategy, as TurningPoint delivers these clinical and financial outcomes through value-based contracts with health plans.



Total Hip Replacement

↓ **56%** Reduction in Surgical Revision Rates

\$34,000 AVG. COST AVOIDED

Total Knee Replacement

↓ **37%** Admission within 30 Days

\$10,200 AVG. COST AVOIDED

Lumbar Spinal Fusion

↓ **45%** Post-Surgical, ER Visits within 30 Days

\$15,350 AVG. COST AVOIDED

Case Study

\$90M

3 Year Total Savings Impact

Our Program Drives Significant Cost Reduction for a Payer Experiencing Rising Spend and Utilization in MSK & Cardiac



Large Regional Health Plan

500,000

COVERED LIVES

Commercial, Medicare, Medicaid

\$205M | +8%

SPEND | UNMANAGED TREND

Internally Managed

Program in Place

TurningPoint Pricing Model

Total Care Assurance

(Full Downside Risk)

SPINE-TO-HIP

After enduring severe and persistent back pain, a patient sought consultation with a spinal surgeon. However, upon review by TurningPoint, it was determined that a six-level spinal fusion, which had been requested through Prior Authorization, was not warranted.

Our expert clinical assessment revealed that the root cause of the patient's pain was actually a hip misalignment, rendering spinal surgery unnecessary.

By intervening, TurningPoint not only prevented an unnecessary procedure, saving the patient from the associated risks and costs, but also ensured that her pain could be addressed effectively without the need for additional surgeries in the future.

TurningPoint Impact
Six-Level Spinal Fusion
\$125k-150k

TurningPoint prevented an unnecessary procedure that would not have corrected the patient's pain and potentially require additional surgery down the road.

APPROPRIATE USE OF SPINAL CORD STIMULATOR

A 54-year-old patient with chronic low back pain and intermittent leg numbness had previously undergone a hemilaminectomy, which resolved leg symptoms but left ongoing back pain. A spinal cord stimulator (SCS, typically a last-line intervention) was requested via prior authorization.

TurningPoint's clinical review identified that the request lacked documentation of a surgical consult, a key step in treatment escalation. During a Peer-to-Peer (P2P) discussion, it was confirmed that a spine surgeon had recommended a lumbar spinal fusion, making the SCS inappropriate at this stage of care.

Based on this clinical insight, the spinal cord stimulator was appropriately denied, and the patient instead received the recommended surgical treatment. This case underscores the importance of collaborative utilization review and adherence to clinical guidelines to ensure that spinal cord stimulators are used only when surgical options have been exhausted.

TurningPoint Impact
Spinal Cord Stimulator Implantation
\$35k-60k

- Avoided premature use of a costly spinal cord stimulator
- Ensured timely, appropriate surgical intervention
- Avoided SCS failure or non-trial response



Let's Talk About Your Population

Interested in seeing how TurningPoint's model could perform with your membership? Our team can provide:

- A no-obligation opportunity analysis based on your historical claims data
- A clinical and technology demo showcasing the depth of our platform and subspecialist-led model
- A conversation around proof-of-value engagements or delegated risk models tailored to your population

GET STARTED TODAY AT
[TPSHEALTH.COM/CLINICALIMPACT](https://tpshealth.com/clinicalimpact)



References

- Optum White Paper, 2023 – Complex, Costly Conditions: A Strategic Imperative for Payers and Employers (p.2)
- Evernorth, 2024 — Lowering the Cost of Musculoskeletal Disorders
- CDC, Trends in Multiple Chronic Conditions Among US Adults, By Life Stage, Behavioral Risk Factor Surveillance System, 2013–2023, published April 17, 2025.
- Critical Care, 2022 — Outcomes for High-Acuity Patients on Standard Wards
- Pain Res Treat, 2018 — Failed Back Surgery Syndrome
- JAMA, 2011 — Appropriate Use of Percutaneous Coronary Intervention
- Source: 2025 TurningPoint Quality Review Across Select MSK/Cardiac Scope
- All-cause 30-day readmission~\$13,500Nanna et al., J Am Heart Assoc, 2018 ([PubMed](#))
- 30-day hospital readmission~\$10,200AHRQ HCUP Statistical Brief #142 (HCUP)
- NIH / PubMed – Bozic et al., J Bone Joint Surg Am, 2002 ([PubMed](#))