

# Low back and neck pain tops U.S. health spending

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Seeing a physician or other health specialist for low back and neck pain? You're not alone, according to a new scientific study.

Americans in 2016 spent an estimated \$380 billion on low back and [neck pain](#), as well as on joint and limb pain, and other [musculoskeletal disorders](#).

In total, \$3.1 trillion—or \$9,655 per person, about 17.9% of the US GDP—was spent on [health care](#) by a combination of individuals and public and [private insurance](#). In 1996, that percentage was 13.3% of GDP, with a total amount of \$1.4 trillion, or \$5,259 per person.

"The vast costs associated with health care represent one of the most important and contentious issues facing Americans today," said Dr. Joseph Dieleman of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington's School of Medicine and lead author of the study. "Our study provides comprehensive estimates over a 20-year period that highlight how health care and [prescription drugs](#) are paid for, what they are spent on, and how such payments

have changed over time."

Among 154 conditions included in today's study, low back and neck pain generated the highest expenditures at \$134.5 billion. When combined with all other musculoskeletal disorders, such as joint and limb pain, osteoarthritis, and [rheumatoid arthritis](#), the total exceeds \$380 billion, or 14.1% of the \$2.7 trillion included in this study for 2016.

Other health conditions with substantial spending in 2016 were diabetes (\$111.2 billion), ischemic heart disease (\$89.3 billion), and falls (\$87.4 billion).

As expected, a combination of private and [public insurance](#) paid for the majority of those expenditures:

- Low back and neck [pain](#) - \$76.9 billion paid by private insurance, \$45.2 billion paid by public insurance, and \$12.3 billion paid by individuals out-of-pocket
- Other musculoskeletal disorders - \$73.3 billion paid by private insurance, \$46.9 billion paid by public insurance, and \$9.7 billion paid by individuals out-of-pocket
- Diabetes - \$55.4 billion paid by public insurance; \$49.1 billion paid by private insurance, and \$6.7 billion paid by individuals out-of-pocket
- Ischemic heart disease - \$48.2 billion paid by public insurance, \$37.9 billion paid by private insurance, and \$3.2 billion paid by individuals out-of-pocket
- Falls - \$40.7 billion paid by public insurance, \$34.8 billion paid by private insurance, and \$11.9 billion paid by individuals out-of-pocket

The majority of public insurance spending (58.6%) in 2016 was earmarked for patients aged 65 or older. After adjusting for changes in the population size and age, spending by public insurance increased faster than private insurance, although

this is driven at least partially by expansions of Medicaid.

Other findings include:

- Spending in 2016 on prescription pharmaceuticals totaled \$336.0 billion, with 45.4% paid by private insurance; spending by public insurance has increased from 19.1% in 1996 to 40.6% in 2016, with an increase in 2006 associated with Medicare Part D.
- Spending on dementia increased substantially, from \$38.6 billion in 1996 to \$79.2 billion in 2016.

Data behind the study included 5.9 billion unique [insurance](#) claims, information regarding an additional 150.4 million ambulatory care visits, dental procedures, and emergency department visits; 1.5 billion inpatient and nursing facility bed-days; and 5.9 million prescribed pharmaceuticals.

The study, published today in *JAMA*, covers about 85% of all spending and does not include research and development, infrastructure, over-the-counter drugs, and home care. When those [additional costs](#) are considered, the per person expenditure jumps more than \$600 to \$10,271, according to the most recent annual Global Burden of Disease study ([www.healthdata.org/gbd](http://www.healthdata.org/gbd)).

**More information:** *JAMA* (2020). [DOI: 10.1001/jama.2020.0734](https://doi.org/10.1001/jama.2020.0734)

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