Over the last decade, spine as a subspecialty has weathered public scrutiny in part related to the substantial variation in surgical rates.\(^1,2\) As healthcare leaders, including spine surgeons, work to minimize this variation by delivering efficient and appropriate care, directing patients to the optimal provider remains an important first step. The referenced manuscript offers insight into developing an optimal triage process for patients with lumbar spine pathology.\(^3\) Using a large, single-institutional cohort (n > 8000), the authors meticulously developed and validated an innovative clinical utility tool, dubbed as the Spine Surgery Likelihood model (SSL-11), that will enable providers to predict the probability of a future surgery in patients presenting with low back pain.\(^3\) Derived using robust statistical methods, the SSL-11 is based upon 11 patient-reported information. In addition, the authors validated an abbreviated model “SSL-5” (using five variables with highest regression coefficients or odd ratios) that is likely to stratify patients in a manner analogous to the SSL-11. The obvious merit of these scoring systems can be applied in triaging patients to either surgeons for operative care or to nonoperative spine providers, based on pre-visit patient-reported information.

Continuing forward, the model validation could benefit by integrating eclectic parameters such as imaging findings, comorbidities, and patient-reported outcome measures (PROMs) and how these correlate in predicting long-term surgical likelihood. Further, widespread acceptability and implementation will necessitate external validation using heterogeneous, extramural subset of patients. Integrating the point-scoring system into web-based or mobile-based apps will catalyze this process and aid providers to effortlessly risk-stratify patients. Nonetheless, in the current era of value-driven care, surgeon’s decision to offer surgery involves a complex interplay between the natural history of the condition, previous treatments, correlating history, exam, and radiographic findings all in the background of individual patient preferences.

References

From the Department of Orthopedics and Rehabilitation, University of Iowa Hospitals and Clinics, Iowa City, Iowa.
The manuscript submitted does not contain information about medical devices/drugs.
No funds were received in support of this work.
No relevant financial activities outside the submitted work.
Address correspondence and reprint requests to Andrew J. Pugely, MD, Spine Surgery, Department of Orthopedics and Rehabilitation, University of Iowa Hospitals and Clinics, Iowa City, IA 52242; E-mail: Andrew-pugely@uiowa.edu

DOI: 10.1097/BRS.0000000000002642

September 2018