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THE CANADIAN CHIROPRACTIC ASSOCIATION

Presentation to the Standing Committee on Health

*MSK Health: A Priority for Canadians*

*Speaking Remarks*

**Dr. Robert David, CCA Chair**

**Dr. Ward MacDonald**

*10 March 2015*

Thank you very much, Mr. Chairman, for the introduction and for the invitation to present to the Committee. Good afternoon, honourable members.

On behalf of the Canadian Chiropractic Association, or CCA, the profession and its patients, it is my pleasure to be here today along with my colleague Dr. Robert David, Chair of the CCA and a chiropractor in Montreal, Quebec. My name is Dr. Ward MacDonald, and I am a chiropractor in Wolfville, Nova Scotia.

The CCA is the national professional association representing 8 400 highly trained and regulated doctors of chiropractic. Doctors of chiropractic must complete a minimum of 7 years post-secondary education, including a 4 year full time program at an accredited chiropractic college. The extensive training prepares chiropractors to serve as Canada's musculoskeletal experts, providing evidence-based, drug-free and non-surgical conservative care.

As one of three chiropractors in beautiful Wolfville, I am often required to practice as a primary contact provider within my full scope of practice. My patients will commonly seek care for a variety of musculoskeletal, or MSK, conditions, or even non-MSK complaints. Because of my training and a shortage of practitioners in my community, I am asked to evaluate, diagnose and help the patient find the appropriate care. I work closely with other healthcare providers to ensure that my treatment enhances the care that my patient is receiving from their MD and others. I feel privileged to have this opportunity.

MSK conditions are a much bigger pressure on the healthcare system than most people are aware. Eleven million Canadians each year are affected by back pain or other MSK issues. It is the second leading reason for a doctor visit, and the number one cause of disability in overall health costs. This burden has increased by 45% over the last two decades and is expected to continue to grow, in part, due to our aging population. Unfortunately, MSK conditions continue to have a profound impact on Canadians and the families that care for them. We know that there is more that can be done to improve their quality of life and wellbeing.

As doctors of chiropractic, we have the clinical skills and expertise to not only assess patients but also diagnose MSK conditions. These include dysfunctions of the low and mid back, neck, muscles, and joints of the extremities. These conditions are some of the most debilitating and taxing to Canadian society. Our goal is to return the patient to their activities of daily living as quickly as possible. That is why more Canadians are relying on chiropractic care to keep doing what they love.

The evidence in support of manual therapy and other chiropractic approaches has made chiropractors an increasingly valuable part of collaborative care teams. This allows teams to use health dollars more effectively in managing patients with MSK conditions. For example, a number of provinces are using chiropractors and advanced practice physiotherapists to assess and triage patients with chronic low back pain awaiting referral to specialists. Among these, 90% are not candidates for surgery, but can crowd wait lists for unnecessary diagnostic imaging, such as MRIs and CTs. The outcomes include higher patient satisfaction, improved outcomes, and reduced system costs. For example, one recent study identified \$25 million per year in savings simply by replacing unnecessary MRIs with the kind of hands-on assessment that chiropractors provide.

MSK conditions are not only a provincial problem, but also of direct significance for the federal government. As the fifth largest purchaser and provider of healthcare in Canada, the federal government has a direct and vital role to play in MSK health. Federal populations have a significantly higher incidence of back pain and other MSK conditions compared to the general population.

Most importantly, we need to talk about our Canadian Forces and veterans. Lower back pain in the Canadian Forces is double that of the general population. These are young and fit men and women, yet MSK conditions are the reason for 53% of medical releases. Being a soldier is one of the most physically demanding careers. Compounding this is the duty to follow orders. Without quick access to care, the result is that initial injury becomes chronic, and can lead to medical release.

As MSK experts, our profession would like to do more. Currently, our soldiers have less access to chiropractic care than other federal employees. These injured soldiers go on to become veterans, and over half of health claims made by veterans have a relationship to MSK conditions. Chronic pain from MSK conditions may not have the profile of some other health conditions, but for those who suffer, the impact can be profound. For example, MSK conditions can complicate treatment for mental health conditions if opiates are required for pain relief. As well, undue reliance on opiates can create dependency, with many related consequences.

I'd now like to turn our presentation over to Dr. Robert David to outline opportunities that exist and the actions the federal government could take to improve care for MSK conditions.

Robert: Thank you Dr. MacDonald.

The federal government has been playing an instrumental role in innovation for many years, including through research funding agencies. Federal leadership does support best practices and new integrated models of care. St. Michael's Hospital Family Health Team is a great example of a collaborative care model, and was recognized as one of 4 centers of excellence. The integrated, team-based model includes 9 provider groups such as medical doctors, nurses and chiropractors. Our unique role in this model has focused on better assessment and treatment of MSK conditions. This model has grown and continues to operate successfully to meet the needs of patients and the community at large.

There are a number of international models where MSK sufferers also have direct access to team-based care, including chiropractic. The US Department of Defense and Veterans Health Administration are two key examples. Studies demonstrated that integration of chiropractic care to standard medical care improved pain and function without increasing costs, due to a strengthened team. These models of care can serve as benchmarks for how team-based care could effectively serve federal populations.

In December 2013, the CCA presented to the Standing Committee on National Defence and suggested the need to invest in the development of a comprehensive MSK Strategy emulating their efforts to develop a Mental Health Strategy. A robust MSK strategy could address the significant burden of MSK conditions on operational readiness and the wellbeing of CF members. We further recommended that both the Department of National Defence and Veterans Affairs of Canada work collaboratively to reduce medical releases for MSK conditions.

Any recommendations from the Committee related to health and human resources strategies should look at this issue of need among federal populations and how best to utilize the practitioners already

working in communities across Canada. We believe that advancements in the way we care for federal populations could also further benefit Canadians as a whole. The CCA recommends that the federal government's approach seek to break down the silos between Ministries and better coordinate delivery of healthcare services including community-based providers, with MSK care for our military as a starting point.

The CCA has observed firsthand how collaborative partnerships can help identify, build upon and implement best practices to better serve federal populations. Notably, the Canadian Forces have taken important steps to better address the burden of MSK conditions for soldiers. I have to commend the CF leadership for the support we have received during preliminary discussions on partnerships between the Canadian Forces and allied health to help support the care of soldiers. The CCA has committed to funding a research and pilot project to better understand the impact of access to chiropractic care, similar to the care in place for the US military.

For the chiropractic profession, we already have a strong national scope of practice that establishes us as doctors delivering primary care for MSK conditions. We would welcome the chance to work with federal departments on developing new approaches that would not just improve health outcomes, but also use federal dollars more effectively.

As a chiropractor working in Montreal, I see how collaborative, team-based care could have an impact on the lives of my patients.

We would be happy to further discuss any recommendations made, as well as provide more details on how MSK conditions are impacting Canadians and share examples of how we can use health care dollars more efficiently.

Thank you very much for your time and attention. We will be happy to take your questions.