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Association

THE CANADIAN CHIROPRACTIC ASSOCIATION

Submission to the Standing Committee on Health

**BEST PRACTICES AND FEDERAL BARRIERS RELATED TO THE SCOPE OF PRACTICE
OF CANADIAN HEALTH PROFESSIONALS**

MSK Health: A Priority for Canadians

March, 2015

Introduction

The Canadian Chiropractic Association (CCA) is a national, voluntary association representing Canada's 8,400 licensed Doctors of Chiropractic and the 10 provincial associations. The CCA is committed to advancing the quality and accessibility of chiropractic care in Canada, and to improve the effectiveness and efficiency of the healthcare system.

Chiropractors are trained to be Canada's primary care experts in musculoskeletal (MSK) health. While many other professions can assess a patient's condition, chiropractors are doctors and can also formulate and communicate a diagnosis, treat MSK conditions primarily through the use of non-invasive joint manipulation and other manual therapies, and help patients with developing prevention strategies to remain healthy.

"...when considering effectiveness and cost together, chiropractic care for low back and neck pain is highly cost effective, [and] represents a good value in comparison to medical physician care..."¹

Our expertise in spinal and MSK health offers Canadians relief from pain and dysfunction that may have a profound impact on their ability to do activities they enjoy. Moreover, we offer the potential of bending the cost curve through significant productivity gains if allowed to play a bigger role in healthcare delivery.

Doctors of chiropractic are regulated by statute and overseen by independent regulatory bodies in all 10 provinces plus the Yukon Territory. These bodies are mandated to protect the public, when appropriate. Provincial Acts outline the specific scopes of practice of chiropractors. In fact, the chiropractic profession is well-established; provinces share similar scopes which facilitates patient care and mobility of providers.

As primary contact providers across Canada, chiropractors are ideally trained to support the healthcare team in early assessment and diagnosis of MSK conditions. In fact, a number of innovative triage models of care have demonstrated that engaging chiropractors, among others, in the assessment and co-management of MSK conditions can decrease the need for unnecessary diagnostic imaging and specialist visits, and likely associated costs.² Therefore, leveraging the expertise of chiropractors in MSK health could be a viable solution to both reduce overall costs, and improve workforce productivity and health outcomes.

Federal Leadership: Burden of MSK Conditions on Federal Programs

As the fifth largest purchaser and provider of healthcare in Canada, the federal government has a vital and critical role to play in advancing healthcare priorities for Canadians. In 2011 alone, the federal

¹ Choudhry, N.& Milstein, A. (2009). Do Chiropractic Physician Services for Treatment of Low-Back and Neck Pain Improve the Value of Health Benefit Plans? An Evidence-Based Assessment of Incremental Impact on Population Health and Total Health Care Spending. Harvard Medical School, Boston, Mercer health and Benefits, San Francisco.

² ISAEC. (2012). Data retrieved from www.isaec.org.

government spent a total of \$6.7 billion in direct healthcare provision, accounting for 3.3% of total health expenditure.³

MSK conditions do not get the attention they deserve. The conditions that are among the most burdensome and taxing on Canadians and governments are considered non-critical but may lead to chronic pain and disability. In fact, more than 11 million Canadians are affected by back pain or other MSK conditions annually.⁴ It remains the second-leading reason for physician visits, the number one cause of disability, and rivals cardiovascular disease in overall health burden.⁵ MSK conditions have a profound impact on Canada's economic welfare and stability, as well as strength of the workforces and levels of productivity.

Remarkably, all federal populations, including First Nations and Inuit, Canadian Forces members and veterans, RCMP and inmates, have a greater incidence of back pain and MSK conditions than the general population.

Example of Members of the Canadian Forces & Veterans

“Non-battle-related injuries are the ‘hidden epidemic’ plaguing modern armies...prevention of such injuries...has a pivotal role in preservation of unit readiness.”

– Surgeon General James Peake

The prevalence of low back pain in the Canadian Forces is double the general population. Between 35 to 45% of members on sick parade suffer primarily from at least one MSK condition, and these conditions are responsible for 53% of medical releases.⁶ In fact, 41% of reported chronic health conditions were due to MSK conditions, back pain leading in occurrence.⁷ Not surprisingly, MSK related injuries were also the leading cause of non-deployment (32%), followed by family issues.⁸

³ CIHI. (2013). National Health Expenditure Trends, 1975 to 2013. Retrieved from https://secure.cihi.ca/free_products/NHEXTrendsReport_EN.pdf

⁴ Building a Collective Policy Agenda for Musculoskeletal Health and Mobility; Canadian Orthopaedic Care Strategy Group backgrounder report. 2010.

⁵ Desjardins, D. (2006). Le fardeau de la maladie lié aux troubles musculosquelettiques au Canada. Prévention l'incapacité au travail : un symposium pour favoriser l'action concertée. Journées annuelles de la santé publique. Retrieved from <http://jasp.inspq.qc.ca/Data/Sites/1/SharedFiles/presentations/2006/JASP2006-Incapacite-SDesjardins2.PDF>

⁶ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.

⁷ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.

⁸ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.

Being a soldier is one of the most physically demanding careers. Rarely do jobs have comparable risks as those of a soldier. In some cases, it may be prudent for a soldier to ignore early signs of pain or dysfunction. However, in terms of healthcare delivery, evidence has demonstrated that delaying treatment can worsen the prognosis and increase related costs. Even though preventative care may be warranted or sought, it is often not available. Seeking prompt and “appropriate” treatment may pose a risk on members’ careers and deployment. Unfortunately, initial injury may become chronic and lead to unnecessary or at least premature medical release. In addition, MSK conditions have also led to increased medical evacuations, decreased force strength and fitness, and ultimately decreased operational readiness.⁹ The impacts are felt by Canadian Forces members and leadership alike.

Injured soldiers eventually go on to be veterans. Fifty percent of Veterans Affairs claims are due to MSK conditions, resulting in over \$60 million in annual pension expenditure prematurely.¹⁰ Chronic pain and disability are often overlooked and underestimated in terms of impact compared to other health conditions, however the impact on individuals, families and communities can be profound.

Patients rarely present with only one condition, and most suffer from a variety of ailments. For example, MSK conditions can complicate the management of other conditions such as mental health. The relationship between chronic pain and mental health is well documented. Hence, the availability of alternatives and “appropriate” care is crucial. The management of MSK conditions with opiates and other pain medications may complicate the treatment of comorbid or underlying mental health issues. As well, undue reliance on opiates can create dependency, associated with related consequences.

While the reasons differ for the high incidence, the reality remains that MSK conditions should be recognized as a key health priority for the federal government. The chiropractic profession believes that it can help mitigate the risks and co-manage appropriate care. Access to appropriate conservative treatment for MSK conditions is critical for the management of federal populations who may be at greater risk for comorbidities and chronicity. The previous example of the member of the Canadian Forces was used to demonstrate the need; however, similar burden is felt in all federal populations for differing reasons.

Recommendations

Currently, among the federal populations including Canadian Forces, veterans, RCMP, First Nations and Inuit and inmates, for those suffering from MSK conditions or related ailments, access to appropriate care varies not only by the structure in place but also depending on geographical location. As discussed above, the structure and policy governing healthcare provision for all five groups vary considerably from direct provision to an extended healthcare model. Even though variation in design and detail may differ based on the specific needs of the population, general guidelines on best practices on managing MSK

⁹ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.

¹⁰ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.

conditions developed and shared among federal agencies delivering and funding healthcare would be appropriate.

The funding available is already limited with an increase in competing needs and demands. Better care doesn't have to cost more. We can better use our healthcare dollars by developing comprehensive strategies and complementary models of care to deliver better care at a better value. The CCA believes that by addressing two specific areas, the federal government could better provide for those Canadians in need and under their responsibility. The recommendations are as follows (and will be discussed further):

Recommendation 1: Federal leadership in optimizing team-based care for federal populations

Across Canada, communities are thriving because Canadians are looking to do things better and at a lower cost. It appears that patients, providers and governments are collaborating to reimagine how services can be delivered more appropriately to meet the needs of Canadians. New, innovative community-based models of care have been developed to increase access and better address healthcare needs. These can serve as examples for interdisciplinary models that could support federal programs.

The evidence in support of manual therapy and other chiropractic approaches has made chiropractors an increasingly valuable part of collaborative care teams.¹¹ This allows teams to use health dollars more effectively in managing patients with MSK conditions. For example, a number of provinces, including Saskatchewan and Ontario, are using chiropractors and advanced practice physiotherapists to assess and triage patients with chronic low back pain awaiting referral to specialists. Among these, over 90% are not candidates for surgery, but can crowd wait lists for unnecessary diagnostic imaging, such as MRI and CT.¹² The outcomes include higher patient satisfaction, improved outcomes, and reduced system costs. For example, one recent study in Ontario attributed \$24 million per year in wasted resources to unnecessary MRI and CT.¹³ The hands-on assessments that chiropractors provide could be an effective and viable means of triage.

St. Michael's Hospital Family Health Team is a great example of a collaborative care model, and was recognized as one of four centers of excellence by the Council of the Federation in 2013. The integrated, team-based model includes nine provider groups such as medical doctors, nurses and chiropractors. Chiropractors' unique role in this model has focused on better assessment and treatment of MSK conditions. Waiting lists for MSK assessment have grown since the inception of the program as these conditions became a part of the primary care intake process and patients were referred to chiropractors

¹¹ Goertz, C., Long, C., Hondras, M., Petri, R., Lawrence, D., Owens, E. & Meeker, W. (2013). Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study. *Spine*, 38(8) 627-634.

¹² Kim JSM, Dong JZ, Brener S, Coyte PC, Rampersaud YR. Cost-Effectiveness Analysis of a Reduction in Diagnostic Imaging in Degenerative Spinal Disorders. *Healthcare Policy*. 2011; 7(2): e105

¹³ Kim JSM, Dong JZ, Brener S, Coyte PC, Rampersaud YR. Cost-Effectiveness Analysis of a Reduction in Diagnostic Imaging in Degenerative Spinal Disorders. *Healthcare Policy*. 2011; 7(2): e105

much earlier in the treatment process. This model has grown and continues to operate successfully to meet the needs of patients and the community at large.

The federal government can play an important role in ensuring that federal populations' needs are met by introducing integrated team-based models that would enhance federal programs – better care at a lower cost.

Recommendation 2: Enhance the role of Health Canada in coordinating the management of MSK conditions among federal populations

The burden of MSK conditions continues to be a costly reality among the federal government populations, even though its impacts are underestimated and under-recognized. Better care at a better value is possible. However, innovative models and coordination of resources will be needed to provide consistent access to appropriate care for all federal populations. Presently, healthcare provision is under the direction of five different ministries directed by five structures, systems and guidelines. Alignment between federal programs could ensure that the right care is provided to meet the needs of Canadians while enhancing health outcomes. This could take form in the re-establishment of the Federal Healthcare Partnership program or similar process. Better coordination of resources and strategies for the appropriate management of MSK conditions is key to better care at a lower cost.

Even though the needs of the individuals may vary, in general, federal populations share enough similarities that developing a comprehensive MSK strategy to provide appropriate and adequate services would be warranted. By better managing resources by collaborating on comprehensive strategy Canadians would have access to prompt and appropriate care, leading to better health outcomes and satisfaction. Furthermore, a comprehensive MSK strategy would facilitate transition of individuals among the various jurisdictions. For example, a member of the Canadian Forces discharged to Veterans Affairs Canada due to MSK disability would greatly benefit from maintaining continuity of care while transitioning. The effectiveness of such a model is observed in the US where active military members and veterans have access to very similar care and accessed similarly which has proven to be highly beneficial for veterans.^{14 15}

As part of developing an MSK strategy, the federal departments and ministries should look for opportunities to advance collaborative approaches in delivering healthcare to those who are the responsibility of the federal government. The reality remains that federal departments or ministries manage resources in mutually exclusive ways, and could benefit from coordinating efforts that could help reduce costs, improve efficiency in delivery and improve care.

The example of Canadian Forces and veterans perfectly illustrates the need for further consideration on how we deliver care today. It is estimated that 53% of Canadian Forces medical releases are due to MSK

¹⁴Goertz, C., Long, C., Hondras, M., Petri, R., Lawrence, D., Owens, E. & Meeker, W. (2013). Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study. *Spine*, 38(8) 627-634.

¹⁵ Dunn, A., Green, B. & Gilford, S. (2009). An analysis of the integration of chiropractic services within the US Military and Veterans' Health Care System. *Journal of Manipulative and Physiological Therapeutics*, 32(9): 749-757.

conditions.¹⁶ There is a tremendous opportunity for Veterans Affairs to work proactively with Canadian Forces to identify patterns of medical release, and develop strategies to prevent and promptly treat MSK injuries to reduce the number of military careers shortened by MSK injury, and in the process of improving lives, also reduce future costs of veteran benefits.

As well, members of the Canadian Forces who are injured and released transition from a highly controlled and organized system to community-based care. One could imagine the difficulties associated with navigating a new delivery and funding system while suffering from pain. The lack of complementarity between models can, in fact, delay access to appropriate care for veterans and result in chronic pain, loss of function and disability.

The CCA recommends that the federal government consider “breaking down silos” and engage all departments/ministries involved in the delivery of MSK health services to federal populations to work collaboratively and share best practices for prevention and the provision of care. It is apparent that the status quo of five systems operated by five ministries is not a cost-effective model to deliver care, and federal populations and their families suffer as a consequence.

Concluding Remarks

Any recommendations from the Committee related to health and human resources strategies should look at how to better coordinate services to meet the needs of 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 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. We commend the Canadian Forces 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.

We recommend that the federal government lead in developing new approaches that would not just improve health outcomes, but also use federal dollars more effectively.

¹⁶ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.