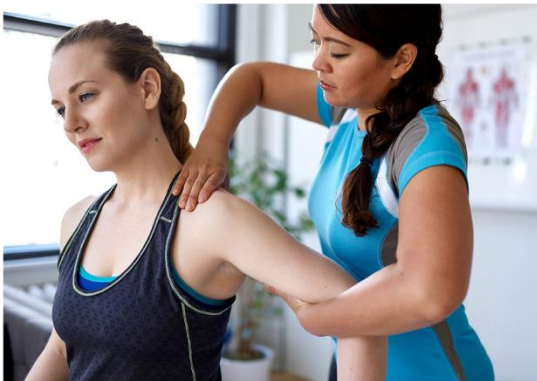


Association
chiropratique
canadienne



Canadian
Chiropractic
Association

A HEALTHIER FUTURE FOR CANADA: RESPONDING TO COVID-19 AND IMPROVING ACCESS TO PRIMARY HEALTHCARE



2022 Pre-Budget Submission



T (416) 585-7902 TF 1(877) 222-9303
184 Front St. East, Suite 200 Toronto, ON M5A 4N3
Info@chiropractic.ca

CHIROPRACTIC.CA • CHIROPRACTIQUE.CA



List of Recommendations:

A healthier future for Canada requires urgent efforts to mitigate the impacts of COVID-19 and an increased focus on reducing the burden of back, neck and muscle pain and disease. The CCA recommends the government take the following immediate steps:

- **Recommendation 1:** That the government extend the mandate of the Canadian Pain Task Force (CPTF) by an additional year to focus explicitly on developing an implementation strategy to address the epidemic of musculoskeletal pain and disease.
- **Recommendation 2:** That the government allow chiropractors to be assessors for the federal Disability Tax Credit Certificate.
- **Recommendation 3:** Ensure that chiropractic services are accessible by Canadian Armed Forces (CAF) members by removing the requirement of physician referral and the cap on the number of treatment visits.
- **Recommendation 4:** That the government support small businesses by implementing its 2021 Budget commitment to reduce credit card transaction fees.

Contact

Brad Lepp (He/Him)

Director of Public Affairs | Directeur des Affaires Publiques

416-585-7902 X 220

(c.) 647-993-6040

184 Front St. East, Suite 200

Toronto, ON M5A 4N3

CHIROPRACTIC.CA | CHIROPRACTIQUE.CA



Introduction

The Canadian Chiropractic Association (CCA) is the national association representing more than 9,000 licensed chiropractors across Canada. The CCA advocates on issues that impact the musculoskeletal health of Canadians.

Chiropractors are one of Canada's largest primary contact healthcare professions and experts in the assessment, diagnosis, and treatment of musculoskeletal conditions, as well as the management of pain caused by these conditions.

Each year, **more than 11 million Canadians** suffer from musculoskeletal conditions and by 2031 this number is projected to **grow to an alarming 15 million**.¹ Musculoskeletal conditions such as back pain, headaches, arm or neck strain and diseases of the muscle and joints are having a devastating impact on the health, quality of life, and workforce participation of Canadians, as well as on Canada's economy.

According to Health Canada, the total direct (healthcare) and indirect (lost production) cost of chronic pain in 2019 was \$38.2 - \$40.3 billion. Over the next decade the total cost is expected to increase by 36.2 per cent and reach \$55 billion.² The economic cost of musculoskeletal conditions specifically is an estimated \$22 billion annually.³

The COVID-19 pandemic has amplified ongoing healthcare system issues that often prevent Canadians from receiving timely care. Building healthcare system capacity and improving access to primary contact healthcare providers is now more urgent than ever. Chiropractors are well-positioned to support the government's COVID-19 recovery efforts and to improve the overall quality of healthcare Canadians receive.



1. Extend the mandate of the Canadian Pain Task Force (CPTF) by an additional year to focus on developing an implementation strategy to address the epidemic of musculoskeletal pain and disease.

The COVID-19 pandemic has worsened Canada's opioid overdose crisis with a record number of opioid-related deaths registered across the country. The latest national data from the Public Health Agency of Canada (PHAC) confirms that **2020 was the worst year for opioid-related deaths in Canada to date.**⁴

Canadians suffering from back pain and neck pain are often prescribed opioids as the first line of treatment. In fact, low back pain is one of the primary causes for over-use of prescribed opioids.⁵ Chiropractors are spine, muscle and nervous system experts, and have the necessary training and expertise to diagnose and treat musculoskeletal conditions including low back pain. According to the Canadian Pain Task Force (CPTF), the lack of access to non-opioid options to treat pain is one of the factors contributing to the crisis.⁶ CPTF's final report, *An Action Plan for Pain in Canada*, found that people who use substances and their families often point to the lack of appropriate pain care as one of the contributors to their substance use and an impediment to successful treatment and recovery.⁷ The implementation of the CPTF Action Plan will ensure that Canadians suffering from chronic pain have improved access to a broader spectrum of evidence-informed pain treatments.

Musculoskeletal conditions are among the most prevalent and costly of chronic conditions, and one of the leading causes for emergency room visits.⁸ Furthermore, pain and musculoskeletal conditions have an impact on productivity. In a recent survey, fifty-eight percent of Canadians reported that they missed work or found it harder to do their job because of chronic pain.⁹

According to an Institute for Employment Studies survey, more than **half of the employees working remotely due to the pandemic reported a significant increase in musculoskeletal complaints.**¹⁰ This 'new normal' will likely increase the need and demand for musculoskeletal treatment services, particularly chiropractic care.

Sustaining our healthcare system requires the kinds of innovations that deliver better outcomes at a lower cost, which includes enhancing access to conservative forms of pain management. The evidence and clinical practice guidelines support the use of conservative pain management as first line interventions for many musculoskeletal conditions. Canada's chiropractors are a critical part of the solution to address this growing epidemic and can help reduce public healthcare costs by ensuring that people with musculoskeletal conditions receive the care that they need when they need it.



Extending the mandate of the Canadian Pain Task Force by an additional year to focus explicitly on developing an implementation strategy of *An Action Plan for Pain in Canada* would help address the epidemic of musculoskeletal pain and disease. This measure would allow Canada to enhance the current approach to pain management by improving the integration of non-pharmacological treatments and **reducing the reliance on opioids in the treatment of pain.**

2. Allow chiropractors to assess patients for the Disability Tax Credit Certificate.

Canadians with disabilities have been disproportionately affected by the health, social and economic impacts of the COVID-19 pandemic. The government's commitment to develop a Disability Inclusion Action Plan dedicated to improving the lives of Canadians living with disabilities offers an opportunity to improve patients' ability to access the Disability Tax Credit (DTC).

According to the World Health Organization (WHO), musculoskeletal conditions are the leading contributor to disability worldwide, with **low back pain being the single leading cause of disability globally**.¹¹ A recent Statistics Canada study found that one in three persons with a pain-related disability use chiropractic, physiotherapy or massage therapy treatments.¹² Every year, 4.7 million Canadians rely on services offered by chiropractors¹³ and a significant portion of these are patients living with disabilities who require ongoing treatment and management of their musculoskeletal conditions.

These patients continue to face an unfair obstacle in accessing the DTC they are entitled to because the chiropractors they regularly rely on are not authorized to assess patients for the DTC benefit. This oversight was acknowledged in the December 2018 pre-budget report of **the Standing Committee on Finance which recommended that the government amend the Income Tax Act to allow chiropractors to assess their patients for the DTC benefit.**¹⁴

Amending the *Income Tax Act* (1985), s. 118.4 (2) by adding chiropractors to the list of practitioners eligible to assess disability for the DTC would finally address this oversight in legislation and reduce the burden on eligible patients who need this important benefit. Chiropractors are regulated musculoskeletal experts and already have the authority to diagnose disability in every province, and are recognized as assessors under many provincial programs such as Workers' Compensation and Motor Vehicle Accident rehabilitation. This action will facilitate efforts to better support Canadians living with disabilities and ensure that the Disability Inclusion Action Plan reflects the needs of patients relying on chiropractors to manage their pain and disability.



3. Remove impediments for Canadian Armed Forces (CAF) members to timely chiropractic care.

Among the millions of Canadians suffering from musculoskeletal pain are thousands of Canadian Armed Forces (CAF) members. Due to the physical demands put on active military personnel, musculoskeletal conditions like back and neck pain for active servicepeople are double that of the general Canadian population.¹⁵ Further, **musculoskeletal injury is a major occupational risk of a military career and is responsible for 42 per cent of medical releases** – which is the leading cause of a military career ending as a result of a medical condition.¹⁶

Canada's service members continue to face barriers to accessing and receiving chiropractic care. This is problematic and concerning given the increased stresses placed on the musculoskeletal health of service members in the course of their work.

Most Canadians can access chiropractic care through their healthcare plans without the need for a referral. The chiropractic benefit currently available to CAF members requires a physician referral to off-base care. This referral requirement delays access to timely care and places an additional burden on members seeking treatment for a work-related injury. Unfortunately, CAF members continue to experience barriers to care even once they are no longer active service members. This issue was noted in the CPTF's *An Action Plan for Pain in Canada* which recommended improving access to interdisciplinary care for all veterans, including to physical practice approaches.¹⁷

Evidence shows that early treatment of acute musculoskeletal conditions has a higher efficacy and better outcomes for patients and helps to avoid the onset of debilitating chronic conditions.¹⁸ From defending our country abroad to supporting us at home during times of crisis, we must ensure that members of our armed forces receive the care they need and deserve in a timely fashion.



4. Support small businesses by implementing the government's 2021 Budget commitment to reduce credit card transaction fees.

Chiropractic clinics are small businesses who had to close at the start of the pandemic, increase their operating cost to provide safe care, and had to increase their debt load to keep their clinics open. The impact of the COVID-19 pandemic on small businesses has been severe with many at risk of closure. According to the Canadian Federation of Independent Business (CFIB), one in six (181,000) Canadian small business owners are seriously contemplating permanently closing.¹⁹ CFIB estimates that small businesses in Canada now owe a collective \$135 billion, with an average of \$170,000 per business.²⁰

The implementation of the government's 2021 Budget commitment dedicated to **lowering the average overall cost of interchange fees for merchants will help ensure that small businesses benefit from pricing that is similar to large businesses.** Completing this initiative is urgent and will provide necessary relief to Canada's heavily-indebted small business sector.



References:

1. Canadian Orthopaedic Care Strategy Group. (2010). Background Report: Building a Collective Policy, Agenda for Musculoskeletal Health and Mobility.
2. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>
3. Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2013. 2013. Accessed August 7, 2014.
4. <https://www.canada.ca/en/public-health/news/2021/06/joint-statement-from-the-co-chairs-of-the-special-advisory-committee-on-the-epidemic-of-opioid-overdoses--latest-modelling-projections-on-opioid-re.html>
5. Bhamb B, Brown D, Hariharan J, Anderson J, Balousek S, Fleming MF. Survey of select practice behaviors by primary care physicians on the use of opioids for chronic pain. *Current medical research and opinion*. 2006;22(9):1859-1865.
6. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>
7. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>
8. Edwards J, Hayden J, Asbridge M, Gregoire B, Magee K. Prevalence of low back pain in emergency settings: a systematic review and meta-analysis. *BMC Musculoskelet Disord*. 2017;18(1):143.
9. Sanofi Canada, Future Forward: Frontline Perspective on the Future of Health Benefit Plans, Sanofi Canada, June 2020.
10. Bevan S, Mason B, Bajorek Z, IES Working at Home Wellbeing Survey, Institute for Employment Studies (IES): <https://www.employment-studies.co.uk/resource/ies-working-home-wellbeing-survey>
11. World Health Organization. Musculoskeletal conditions: WHO, November 2019. Accessed January 9, 2020. <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>
12. Statistics Canada, "The Dynamics of Disability: Progressive, Recurrent or Fluctuating Limitations", December 3, 2019.
13. Canadian Institute for Health Information, Health Care in Canada Report, 2002.
14. Canada. 42-nd Parliament. 1-st Session. House of Commons. Standing Committee on Finance, „Cultivating Competitiveness: Helping Canadians Succeed“, Recommendation Number 23, December 2018.
15. Rowe, P., Hébert, L.J. "The impact of musculoskeletal conditions on the Canadian Forces." In: Aiken A BS, editor. *Shaping the future: military and veteran health research*. Kingston: Canadian Defence Academy Press; 2011. P. 377-91.
16. Canadian Forces Health Services Group, "Surgeon General's Report 2014: Consolidation Innovation Readiness," National Defence, 2014.
17. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>
18. Goertz, C. M., Long, C. R., Vining, R. D., Pohlman, K. A., Walter, J., & Coulter, I. (2018). Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among US Service Members With Low Back Pain. *JAMA Network Open*, 1(1), e180105. <https://doi.org/10.1001/jamanetworkopen.2018.0105>
19. <https://www.cfib-fcei.ca/en/media/news-releases/181000-canadian-small-business-owners-now-contemplating-pulling-plug-putting-24>
20. <https://www.cfib-fcei.ca/en/media/news-releases/canadas-small-businesses-now-collectively-owe-over-135-billion-result-pandemic>