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Canadian
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Association

Public Consultation: Defence Policy Update

Submission



April 2023



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Overview:

To ensure the success of Canada's defence policy, the Department of National Defence and the Canadian Armed Forces must address the tremendous impact musculoskeletal (MSK) conditions have on our men and women in uniform, and the organizational capacity of the Canadian Armed Forces. Lower back pain, neck pain, repetitive strain injuries and other MSK conditions are an occupational risk of military duty, and by far the leading reason for medical leave and rendering members un-deployable. Due to the prevalence and impact of MSK conditions, service members have shorter military careers, and often a lifetime of chronic pain. MSK conditions also create direct and indirect costs to the health care system, diminished operational readiness, and increase cost to the CAF in training of replacement soldiers.

To increase Canadian Armed Forces readiness, the Canadian Chiropractic Association recommends the Department of National Defence and the Canadian Armed Forces take the following steps to support its people and build organizational resilience:

- **Recommendation:** That the Canadian Armed Forces improve timely access to chiropractic musculoskeletal care for its members by removing the physician referral requirement and the cap on the number of treatment visits.
- **Recommendation:** Optimize team-based care and interprofessional collaboration to treat MSK conditions in the CAF.

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Introduction

The Canadian Chiropractic Association (CCA) is the national association representing more than 9,000 licensed Doctors of Chiropractic 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. 49% of Canadians will visit a chiropractor in their lifetime.¹

There are more than 9,000 licensed chiropractors practicing in Canada and each practitioner has completed a rigorous academic and practical education to become a Doctor of Chiropractic. This process includes meeting national and international standardized curriculum requirements and passing a licensing examination.

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.² 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.

Doctors of Chiropractic are well-positioned to support the Canadian Armed Forces in improving the access to musculoskeletal healthcare for its members and assist in building organizational resilience.

Training, Expertise and Experience

Doctors of Chiropractic complete eight years of post-secondary education and complete extensive training and clinical education as part of their studies. They are regulated in all Canadian provinces and because of their extensive training are designated to use the doctor title, like physicians, optometrists, and dentists. As experts in non-pharmacological pain management, chiropractors can lead and facilitate an inter-professional, evidence-based, and patient-centred approach to pain care.



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

Among the millions of Canadians suffering from musculoskeletal (MSK) pain are thousands of CAF members. Due to the physical demands put on active military personnel, MSK conditions like back and neck pain are double that of the general Canadian population.³ Further, MSK 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 military careers ending as a result of a medical condition.⁴ MSK conditions are considered the primary reason (32%) for rendering members un-deployable, greater than family circumstances, illness and mental health.⁵

The most prevalent diagnosed chronic conditions among Canadian Regular Force personnel are: lower limb muscle or joint problems (18.1%); back problems (16.2%); and upper limb muscle or joint problems (11.4%) - all of which fall within the regulated scope of practice for Doctors of Chiropractic. Nearly 20% of Regular Force personnel had missed at least one day of work in a month because of their own illness, or disability from an injury. Overall, 38,113 workdays were lost due to health-related absenteeism, which translates to eight workdays per month for every individual serving in the Regular Force.⁶ The readiness and ability to deploy is greatly impacted by MSK conditions, however, addressing musculoskeletal injuries in the early stage minimizes the risk of developing further chronic pain conditions and the costs associated with it.

Barriers to Access

There currently exists significant barriers to the appropriate management of MSK conditions during a military career. In order for CAF members to access chiropractic care they require a physician referral to off-base care. Scheduling a physician appointment, reviewing a patient's history, assessment, and diagnosis can all take significant time and delay access to care. This places an additional burden on CAF members seeking treatment for a work-related injury. Evidence shows that early treatment of acute MSK conditions has a higher efficacy and better outcomes for patients, while avoiding the onset of chronic conditions.⁷ In contrast, most Canadians can easily access chiropractic care through their healthcare plans without the need for a referral.

The chiropractic care benefit currently available to CAF members is limited to 10 visits. While this may be sufficient to treat an acute case, it is insufficient should issues reoccur or a new injury presents itself, which is common in physically demanding professions. If members exceed their 10 visits per year, they are then required to start the process over again. This is both timely and costly to the soldier, and the base as a whole.



In comparison, chiropractic care is well integrated into the US military and Veterans Administration. While we recognize very different operational models exist between the two countries, evidence from the US shows that adding chiropractic care to standard medical care in the US military decreased pain and improved physical function.⁸

Case Study: US Department of Defense

In the US, similar to Canada, MSK injuries are the leading cause of outpatient medical encounters (more than two million annually) among active-duty soldiers, and may account for nearly 60% of soldiers limited duty days, and 65% of soldiers who cannot deploy for medical reasons. Once deployed, nonbattle injuries accounted for approximately 30% of all medical evacuations, and were the largest category of soldier evacuations from both recent major combat theaters (Iraq and Afghanistan).⁹

As a result, the US Department of Defense and Veterans Health Administration have sought to develop and implement innovative strategies to prevent and manage conditions appropriately. Members of the military and veterans have access to team-based care, which includes chiropractic care. Currently, over 60 military bases and clinics have chiropractic care integrated on base. This model of care allows for the full range of providers to work collaboratively to treat a soldier. Successful integration relies on such principles as patient-centred, community-based and collaborative health care delivery.

The following table provides a comparison of the enhanced care available to the US military that is not currently available to members of the Canadian military.

Canadian Armed Forces	US Military
Active duty	Active duty, national guard and reservist
Extended health benefit, referral required	Integrated into healthcare team
Off-base only	Chiropractors working at bases
No services available overseas	Available overseas at key rehab centres
PTs primarily responsible for MSK conditions	MDs, DCs, PTs working collaboratively
Referral made by MD, PT or RN	Primary care manager decides if chiropractic care is required
10 treatments with possibility for extension	Primary care manager decides on duration of chiropractic services

Research from the US has demonstrated that the addition of chiropractic manipulation therapy in addition to standard medical care (including other manual therapies) had a significant advantage of decreasing pain and improving physical functioning compared to standard medical care alone.¹⁰ Such evidence simply re-iterates the need and value of collaborative, on-site provision of care.



In addition, the U.S. Department of Defense has conducted clinical trials to assess how chiropractic care improved fitness measures among active-duty service members with lower back pain. The trials found that after just eight chiropractic visits over a four-week period, the active service members receiving chiropractic care demonstrated a 5% increase in isometric strength, compared to a 6% decrease by the non-care control group. Balance increased 28% in the chiropractic group, compared to no change in the control group. Endurance increased 14% in the chiropractic group, compared to a 10% decrease in the control group.¹¹ The ability to treat and care for MSK conditions can assist in ensuring combat readiness for the military.

Insurance Best Practice:

Extended health benefits for active military personnel are administered through Medavie Blue Cross. The requirement of a physician's referral before seeking care is no longer included in standard policies at Medavie Blue Cross, nor is it considered 'Best Practice' by most insurance companies. Fewer than 5% of Medavie Blue Cross clients still require a physician's referral prior to accessing care. At a time when there are long wait times to see an MD, such referrals can create unnecessary administrative work. There are no provincial or federal legislative requirements for patients to require physician approval or referral prior to receiving treatments from licensed chiropractors who are trained as primary healthcare providers.

Continuity of Care:

MSK conditions resulting from military service often continue, or can develop into major health issues, or add complications to other pre-existing health issues. Achieving an overall alignment between the chiropractic benefits afforded to CAF members and veterans would improve access to care, facilitate continuity of care and help manage MSK conditions 'upstream', which could help prevent chronicity.

To better support and ensure operational readiness, the CAF and Department of National Defence should not only remove the physician referral requirement, but integrate chiropractic care within the base to ensure prompt treatment and continuity of care.

Optimize team-based care and interprofessional collaboration to treat MSK condition in the CAF

The CCA urges the Department of National Defence and CAF to optimize team-based care and interprofessional collaboration to allow for greater access to tools and strategies to appropriately managed MSK conditions.



Canada's chiropractors are committed to ensuring that the most appropriate and cost-effective patient care is delivered by the best qualified health professional based on objective outcomes and patient satisfaction measures. The CCA believes that patient-centred interprofessional collaboration is critical to improving the quality of healthcare for Canadians and members of the Canadian Armed Forces. Inter-professional teams should be expanded to include chiropractors and other regulated allied health care professions who can assist with diagnosis, triage, and management of a soldiers' MSK care.

There are inherent occupational risks that come with the physical activities and military training performed by active-duty soldiers. The unique nature of the military makes members prone to injury and re-occurrence, including equipment, time-constraints, asymmetric working postures, repetitious tasks, exposure to forces and continuous vibration. Moreover, unlike any other occupation, soldiers are not in a position to avoid activities that might be a source of concern for re-injury or exacerbating an existing MSK problem. Overall, 44.4% of all Canadian Regular Force personnel will sustain an acute and/or a repetitive strain injury during the year.¹²

According to the National Defence Health and Lifestyle Information Survey, activities that were associated with a large proportion of reported repetitive stress injuries – such as sports, military training, and physical training were associated with the majority of the most serious acute injuries.¹³ Furthermore, the vast majority of personnel who sustained an acute injury during sports or physical training reported that the activity was supervised. The fact that many injuries are occurring during supervised activities provides an opportunity to optimize injury prevention interventions.¹⁴ MSK conditions are a health challenge directly linked to the nature of a military career.

The CAF and Department of National Defence should increase interprofessional collaboration and optimize team-based care by adopting models of care that have utilized and leveraged interprofessional collaboration. These models of care have been shown to increase access and improve care by optimizing the expertise of various healthcare professionals to better address healthcare needs. For example, a number of provinces, including Saskatchewan, Manitoba, 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.¹⁵

One recent study in Ontario attributed \$24 million per year in wasted resources to unnecessary MRI and CT.¹⁶ The hands-on assessments that chiropractors provide is an effective and viable means of reducing pressures to the healthcare system. The evidence in support of manual therapy and other chiropractic approaches has made chiropractors an increasingly valuable part of collaborative care teams.¹⁷ This allows teams to use health dollars and the health workforce more effectively in managing patients with MSK conditions.



These benefits can also help the CAF healthcare system by effectively treating and managing MSK conditions among CAF members. Greater interprofessional integration and collaboration can assist the CAF to triage and treat injured CAF members by seeing the right provider at the right time.

Conclusion

The CCA urges the Canadian Armed Forces and the Department of National Defence to decrease barriers to MSK care by removing the physician referral requirement to see a chiropractor, increase the number of visits covered for chiropractic care, and for the CAF and Department of National Defence to increase interprofessional collaboration to better support CAF members suffering from MSK conditions, prevent conditions, and improve the operational readiness.



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