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Canadian
Chiropractic
Association



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**Consultation: Modernize
the Development of
Preventive Health Care
Guidelines in Canada**

Executive Summary

The Canadian Chiropractic Association is pleased to have an opportunity to contribute to the consultation process to modernizing the development of preventative healthcare guidelines in Canada.

List of Recommendations:

The Canadian Chiropractic Association recommends the following steps:

- **Recommendation 1:** That the composition of the Canadian Task Force on Preventative Health Care including allied healthcare professionals, like chiropractors.
- **Recommendation 2:** That allied healthcare professionals be consulted or be part of the process when developing guidelines.
- **Recommendation 3:** For the governance structure not only include Indigenous representation within the Task Force but also ensure the inclusion of voices from other marginalized populations.
- **Recommendation 4:** For the Task Force to amend its current mandate to include rehabilitation and management of chronic pain conditions throughout a patient's lifecycle.
- **Recommendation 5:** For the Task Force to actively engage with a broad range of academic institutions, specialty colleges, international organizations, and professional organizations to develop and disseminate guidelines.
- **Recommendation 6:** For the Task Force to establish a mechanism for feedback and collaboration with stakeholders. This could include regular community consultations, advisory panels, or feedback surveys to monitor the effectiveness and equity impact of the guidelines over time.
- **Recommendation 7:** For the Task Force to actively seek out subject-matter experts in health equity, social determinants of health, and cultural competence when developing guidelines.

About Us

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 (MSK) conditions, such as back pain, headaches, arm or neck strain and diseases of the muscle and joints, as well as the management of pain caused by these conditions.

Every chiropractor receives at least seven years of post-secondary academic and clinical education. A chiropractor's education also includes courses in radiology, pain management, prescribed exercise and rehabilitation, among others. Some chiropractors also pursue additional academic and practical education to specialize in other areas. These areas of specialization include clinical sciences and diagnostic imaging, pediatric, rehabilitation, spinal stenosis, sports sciences and animal chiropractic care.

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 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

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Which practices should be maintained or what changes to the Task Force governance or structure could further support transparency, accountability, independence and leadership, towards scientifically rigorous, timely, agile and inclusive guidelines?

The Task Force creates national preventive health care guidelines based on systematic reviews of scientific evidence. The Task Force utilizes a Grading of Recommendations, Assessment, Development and Evaluation (GRADE) method in its evidence reviews which is considered the international standard. The CCA supports this approach and encourages the Task Force to maintain this process.

The CCA would recommend a change in the composition of the Task Force board. Currently, the board consists solely of doctors and nurses, but we strongly believe that including allied healthcare professionals, particularly chiropractors, would significantly enhance the work of the Task Force and foster a more inclusive approach. Integrating chiropractors and other allied healthcare professionals into the Task Force membership would bring a broader perspective to discussions, ensuring that a more diverse range of healthcare practices is considered in the development of guidelines. The CCA believes that interprofessional collaboration is critical for improving the quality of healthcare for Canadians. When healthcare professionals from different disciplines work together, they bring their unique expertise and insights, resulting in more comprehensive and holistic care for patients. The inclusion of chiropractors and other allied healthcare professionals in the Task Force would not only enhance the effectiveness of this collaboration at the system level, but it would also help develop guidelines that are more inclusive, evidence-based, and applicable to a wider range of healthcare settings.

In addition, the CCA recommends that allied healthcare professions, like chiropractors, be consulted when guidelines are being developed or discussed. This should be part of a guiding principle to ensure transparency, collaboration, and inclusive guideline development.

In addition, the CCA recommend that the Task Force have representation from Indigenous populations. This recommendation is in line with the Office of Audit and Evaluation report.⁶ Incorporating Indigenous representatives into the Task Force or consulting with them during the development of guidelines is crucial to creating holistic and culturally relevant health services and policies. The CCA recommends that the governance structure not only include Indigenous representation within the Task Force but also ensure the inclusion of voices from other marginalized populations.

To ensure timely guidelines, the CCA recommends that the Task Force fill vacancies to ensure that guidelines are developed in a timely manner. As noted in the Office of Audit and Evaluation report, the Task Force has not had its usual fifteen members since July 2022.⁴ As of December 2024, the Task Force has eleven members instead of its usual fifteen. This vacancy has affected the development of guidelines and has slowed down the release of guidelines. The CCA recommends a recruitment strategy be established to diversity within Task Force membership, based on geographic location, gender, ethno-cultural background, marginalized communities, Indigenous groups.

The CCA firmly believes that enhancing the composition of the Task Force and fostering a collaborative, inclusive approach will help improve the quality and accessibility of healthcare in Canada and ensure that all Canadians, including Indigenous populations and marginalized groups benefit from effective and culturally appropriate healthcare guidelines.

Considering the broader preventive health care landscape, what should be the mandate of the Task Force of the future and how can it collaborate with other entities involved in guideline development nationally and internationally?

The current mandate of the Task Force is to develop and disseminate evidence-based recommendations to support primary care practitioners in their delivery of preventive health care for Canadians. The Task Force uses the following definition of primary care based on the World Health Organization, Europe:

Primary care is a key process in the health system. It is first-contact, accessible, ongoing, comprehensive and coordinated care. First-contact care is accessible at the time of need; continued care focuses on the long-term health of a person as well as the short duration of the disease; comprehensive care is a range of services appropriate to the common problems in the respective population, and; coordination is the role by which primary care acts to coordinate other specialists that the patient may need.⁷

The recommendations of the Task Force are aimed at improving clinical practices relevant to primary or secondary disease prevention.

The CCA recommends that the Task Force amend its current mandate to include rehabilitation and management of chronic pain conditions throughout a patient's lifecycle/for patients of all age groups. Rehabilitation is a key component of comprehensive healthcare as it focuses not only on the restoration of physical health, but also supports individuals to adapt and thrive despite health challenges, such as chronic musculoskeletal pain. By integrating rehabilitation guidelines, the Task Force can ensure that healthcare professionals are equipped with the necessary tools and frameworks to address the needs of patients after treatment or provide guidelines to support patients in managing their conditions. It is important to address not only the immediate needs of patients through acute care and preventative care, but also their long-term needs following treatment and/or management of chronic conditions like musculoskeletal conditions.

The Task Force should collaborate with national organizations like the Canadian Chiropractic Guidelines Initiative (CCGI). CCGI's mission is to develop evidence-based clinical practice guidelines and best practice recommendations about musculoskeletal conditions. Organizations like CCGI can facilitate the dissemination and implementation of clinical guidelines within the chiropractic profession. National specialty colleges where healthcare professionals have attained postgraduate qualifications as an expert in a specific area can help in disseminating guidelines or utilizing national expertise. For example, the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (CCSCPOR) and other chiropractic specialty colleges can be a venue to collaborate and disseminate guidelines within the chiropractic profession or other professions.

The Task Force should utilize internationally recognized academic institutions like Ontario Tech University. The Task Force should partner with Ontario Tech University Institute for Disability and Rehabilitation Research (IDRR) which has been recognized as a World Health Organization (WHO) Collaborating Centre for Rehabilitation and Musculoskeletal Health. By collaborating with this institution, the Task Force can gain access to cutting-edge research, expert guidance, and a wealth of experience in the field of rehabilitation. This partnership will provide significant value in the development of evidence-based guidelines and will help ensure the Task Force's initiatives are in line with best practices.

We recommend that the Task Force also establish collaborations with international organizations, such as the World Federation of Chiropractic's Disability and Rehabilitation Committee (WFCIDRC). This body provides valuable insight into evidence-based disability prevention and rehabilitation practices, particularly as they pertain to chiropractic care. By engaging the WFCIDRC, the Task Force can tap into a global network of healthcare professionals who specialize in the prevention and rehabilitation of musculoskeletal conditions, a critical area of patient care.

To maximize the reach and impact of its guidelines, the Task Force should actively engage with a broad range of academic institutions, specialty colleges, and professional organizations. This outreach can serve to promote the dissemination of evidence-based guidelines, facilitate collaboration with experts in the field, and ensure that the Task Force's recommendations are widely adopted. By collaborating with these entities, the Task Force will benefit from the wealth of knowledge and expertise within the academic and clinical communities, both nationally and internationally.

How can the Task Force strengthen interest holder engagement including subject-matter experts, equity-deserving communities, and other groups to address health equity disparities and reflect Canadian diversity in guideline development and implementation?

One of the most effective ways to reflect Canadian diversity is to ensure that the Task Force includes members from a broad range of backgrounds. This includes

diverse, multidisciplinary healthcare professionals, such as those from allied health professions (e.g., chiropractors, physiotherapists, social workers), and representatives from equity-deserving communities, such as Indigenous populations, and racialized groups. This diversity in membership will help ensure that a variety of perspectives are included in the decision-making process, that it includes contributing insights on non-pharmacological interventions, and that the guidelines are more comprehensive and inclusive.

The Task Force may also want to consider engaging directly with healthcare professionals and organizations who have a process to consult within their membership to help address health inequities and ensure diversity within their profession. For example, the Task Force could engage organizations like the Indigenous Chiropractic Caucus, the Women's Chiropractic Caucus, the Indigenous Physicians Association of Canada, the Canadian Indigenous Nurses Association, or other organizations to ensure engagement with subject matter experts and ensure diversity by increasing participation in decision-making in guideline development. By partnering with leaders within the healthcare system, the Task Force can ensure that guidelines are relevant and responsive to the unique needs of these populations.

The Task Force should actively seek out subject-matter experts in health equity, social determinants of health, and cultural competence to provide input on guideline development. These experts can offer valuable insights into addressing disparities in healthcare access, quality, and outcomes, ensuring that health equity is a central consideration in all aspects of the guidelines. This could be done through regular consultations or workshops with healthcare providers to ensure guidelines are practical and applicable.

As the Task Force develops and revises healthcare guidelines, health equity should be an explicit, guiding principle. This includes identifying and addressing potential biases in healthcare systems, ensuring that guidelines reflect the diverse cultural needs of Canadians, and considering how social factors (e.g., socioeconomic status, geographic location, and language) impact health outcomes. Additionally, the guidelines should be flexible enough to accommodate the specific needs of equity-deserving groups while promoting universal accessibility.

The Task Force should establish ongoing mechanisms for feedback and collaboration with stakeholders. This could include regular community consultations, advisory panels, or feedback surveys to monitor the effectiveness and equity impact of the guidelines over time.

By adopting these strategies, the Task Force can foster a more inclusive and equitable process for developing and implementing healthcare guidelines. This approach will ensure that the guidelines not only address the diverse needs of Canadians but also actively work to reduce health disparities and promote health equity across the population.

Conclusion

Thank you for the opportunity to contribute to the Task Force on Modernizing the Development of Preventative Healthcare Guidelines in Canada. The CCA strongly recommends that the Task Force amend its mandate to include rehabilitation, ensuring that the development of guidelines addresses not only acute care and prevention but also post-treatment care.

We also urge the Task Force to prioritize equity and inclusion in its structure and as a guiding principle in the development of these guidelines. We also encourage the inclusion of allied healthcare professionals within the Task Force and recommend consulting with relevant experts during the guideline development process.

We look forward to continuing to engage with you and welcome the opportunity to answer any questions you may have regarding our submission.

References:

1. Canadian Orthopaedic Care Strategy Group. (2010). Backgrounder Report: Building a Collective Policy, Agenda for Musculoskeletal Health and Mobility.
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4. Office of Audit and Evaluation Public Health Agency of Canada, Evaluation of the Canadian Task Force on Preventative Health Care, Final Report. December 2022
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