

Attachment 5

Council on Chiropractic Guidelines & Practice Parameters



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July 23, 2008

Anton B. Dodek, MD
Medical Director, Pediatrics, Pharmacy
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

RE: Chiropractic Care of Children under 12

Dear Dr. Dodek:

Recently Tufts Health Plan¹ implemented a policy to deny chiropractic care for children under 12 due to concerns over the safety of spinal manipulation. The Council on Chiropractic Guidelines and Practice Parameters (CCGPP), the principal agency in the United States that evaluates guidelines and literature of interest to chiropractic practice, reviewed this bulletin and has serious concerns, especially over the potential harm to children as a result of this policy. Given the research available on the topic in question, in combination with how evidence is translated into clinical practice, we believe the conclusions and policy limits implied by Tufts were flawed in many respects. We have reviewed the American Chiropractic Association's (ACA) objection to your policy, as well as your response. As did the ACA, we respectfully disagree with your policy and interpretation of the literature related to the medical necessity and safety of chiropractic care for children. Please consider the following issues.

Issue #1: Scope of practice

In this policy Tufts mistakenly equates the licensure of the chiropractic profession with the singular modality/treatment of spinal manipulation. Chiropractic physicians are primary care/portal of entry physicians recognized by statute at both federal and state levels, e.g. Medicare, Medicaid, Department of Defense and Veterans Administration programs, just to name a few. The treatment of special patient populations, e.g. children and adolescents, and specific conditions, e.g. ear infections, colic, back pain, and headaches, has been established for many years to be well within the scope of chiropractic practice. Treatment includes not only spinal manipulation, but also active and passive therapeutic modalities, evaluation and management services, instruction on lifestyle modifications, diet and exercise, posture and nutritional advice and other facets of chiropractic practice. Chiropractic is not limited to just spinal manipulation and the Tufts' policy is unclear whether other aspects of a chiropractic clinical encounter are reimbursable.

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Issue #2: Discriminatory policy/standards

In our opinion, it does not appear that Tufts' new standards concerning research and newly announced policy were applied in equal fashion across the spectrum of healthcare professions. In fact, if every licensed profession were held to the same unrealistic standard being imposed upon the chiropractic profession, virtually no treatment or drug therapy would be reimbursable by Tufts. As is commonly known, the FDA did not permit research on children until 2005. In fact, most pediatric dosages were prescribed on a hypothetical by-weight basis because of this restriction. Therefore, there exists no significant body of data, beyond case studies, etc. (i.e. no RCTs), supporting the treatment of children by typical medical intervention. Clearly the new Tufts policy holds chiropractic physicians to a different set of standards. What medical treatments exist that Tufts' believes are supported by significant literature? Is Tufts denying payment to medical and osteopathic physicians and physical therapists for treatment of children and adolescents and for treatment of the conditions mentioned in your response? If not, we request that Tufts forward the literature supporting the decisions to continue to reimburse those interventions for our review.

Issue #3: Research

A brief review of the literature revealed numerous papers related to spinal manipulative therapy (SMT) and cervical pain, including headaches.^{ii,iii,iv,v} Chronic and cervicogenic headaches remain some of the most prevalent forms of headaches, and chiropractic physicians are particularly well-trained to treat these conditions.^{vi,vii,viii,ix} Additional literature exists related to many of the other conditions mentioned in your response to the ACA.^x Additionally, there are many other conservative measures that chiropractic physicians can utilize within the scope of practice to assist patients with these conditions. Not every patient desires drug management and conservative alternatives should be available and allowable by any providers licensed to provide those services.

Literature related specifically to children is less voluminous; however, is it truly necessary? What evidence does Tufts have in its possession indicating that the spines of children and adolescents respond any differently to spinal manipulation and numerous other passive and active interventions used not only by chiropractic physicians, but also medical and osteopathic physicians and physical therapists? What evidence exists that would suggest to Tufts that children and adolescents are somehow immune to spinal injury/pain? To deny coverage for a special population of patients based upon the lack of research is analogous to denying payment for spinal manipulation for patients living in West Virginia since no randomized trials exist for that population of patients. In our opinion Tufts' logic is flawed in its application of research in a clinical setting. Does Tufts possess any literature suggesting that the spines of children and adolescents respond any differently to passive and active modalities and treatment compared to adult populations for which spinal manipulation has proven value?

The literature clearly shows that children suffer significant back pain.^{xi} In fact, in a study of 1,126 children, the prevalence of nonspecific back pain increases dramatically during adolescence from less than 10 percent in the pre-teenage years up to 50 percent in 15- to 16-year-olds. Of 1,122 backpack users, 74.4 percent were classified as having back pain, validated by significantly poorer general health, more limited physical functioning, and more bodily pain. There is widespread concern that heavy backpacks carried by adolescents contribute to the development of back pain.^{xiii}

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Other contributing factors to the near epidemic of back pain in adolescents are: sedentary lifestyle, obesity, de-conditioning, excessive sitting, poor diet, etc. These issues are being routinely addressed with successful therapeutic outcomes, in the normal visit to a chiropractic physician.

Another study of pediatric patients concluded that patients responded favorably to chiropractic management, and there were no reported complications.^{xiii}

Numerous recognized and respected guidelines support the use of spinal manipulation, along with other therapies, in the treatment of back pain.^{xiv} Just recently, the widely-respected journal, *Annals of Internal Medicine* stated: *Recommendation 7: *For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacologic therapy with proven benefits—for acute low back pain, **spinal manipulation** [emphasis added]; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, **spinal manipulation** [emphasis added], yoga, cognitive-behavioral therapy, or progressive relaxation.^{xv}

Issue # 4: Clinical skills, financial impact, and patient safety

Given the reality of back pain in children and adolescents, why would Tufts restrict access and benefits to the profession best suited to evaluate and treat these conditions? Chiropractic physicians clearly possess more education and clinical skills in the area of musculoskeletal diagnosis and treatment compared to general medical physicians and physical therapists. If this policy is permitted, young patients will have nowhere to turn except to general medicine. Will that shift result in dollars saved? The answer is no. A limited or complete loss of chiropractic benefits will result in a shift toward increased payment for traditional care with its inherent higher costs for treatment, diagnostics and the risks associated with prescriptions and invasive procedures. Given the fact that our society, especially the young, is already overmedicated, does that policy make good fiscal or epidemiological sense? In CCGPP's opinion, it does not. We are justifiably concerned that Tufts' policy will force unnecessary drugs on children who suffer back pain and other conditions commonly treated by chiropractic physicians. The side effects of those drugs can easily be avoided by the use of more conservative chiropractic care.

Issue #5: Proper use of guidelines

In CCGPP's opinion, Tufts failed to consider that evidence/research is only one facet of a best practice strategy in clinical practice. Other equally important elements include the provider's clinical decision-making/experience, patient values, documentation, process of care, response to care, and risk stratification. Over reliance on literature is impractical in a clinical setting where unique patient attributes often exceed the strict controls found in most randomized controlled trials. The CCGPP wishes to remind Tufts of the following concerning research and guidelines:

- ☞ All guidelines serve merely as background information to assist doctors in the clinical decision-making process.
- ☞ A guideline serves as a “compass” for care, not a cookbook for care.

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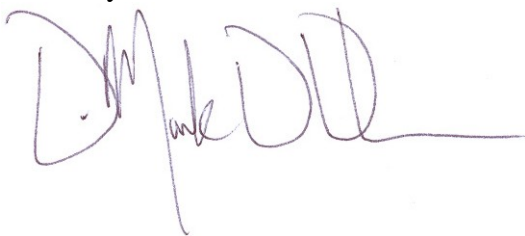
- ☞ Guidelines should never be used punitively or as prescriptions for care.
- ☞ Each patient is unique and treatment recommendations must be based upon the specific factors pertaining to the individual case.
- ☞ Guidelines are only one piece of evidence to consider when considering the medical necessity of care. Other pieces of evidence include: research, clinical experience/decision-making, patient values, risk stratification, process of care, response to care, documentation, etc. Again, guidelines are not cookbooks with rigid dosages for treatment.
- ☞ Nearly all guidelines are based upon the acute, non-complicated patient. These are not the typical patients found in clinical practice.

Issue #6: Civil Rights of children

A major concern of CCGPP is the possible violation of civil rights against this special population, children. Discrimination based upon age is not acceptable in any venue. Given the lack of reason, science, logic, clinical applicability, and the apparent double standards imposed on chiropractic versus medical licensees, this policy should be immediately withdrawn by Tufts. Forcing children into more invasive medical procedures, including medications, by denying coverage for more conservative treatment should be acceptable to no one.

We sincerely hope the observations of CCGPP and recommendations contained in this letter are seriously considered by Tufts. Please provide us with confirmation that this egregious policy has been rescinded. We would also like to note that CCGPP, with its extensive literature searching and review abilities, is available to provide both peer-reviewed and consensus information about chiropractic practice that can be useful to all parties and we do consider Tufts Health Plan as a stakeholder. If there are additional questions, please do not hesitate to contact my office. I can be reached at (507)388-7744 or by electronic mail at dehenchiro@juno.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'D. Dehen', with a long horizontal flourish extending to the right.

Dr. Mark D. Dehen
Chairman

cc: American Chiropractic Association

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References

ⁱ Tuft Health Plan Policy

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^{xiii} Evaluation of chiropractic management of pediatric patients with low back pain: a prospective cohort study. JMPT 2003 Jan;26(1):1-8

^{xiv} AHCPR guideline 1994, URAC guidelines

^{xv} Annals of Internal Medicine Clinical Guidelines Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society 2 October 2007 | Volume 147 Issue 7 | Pages 478-491