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ACA CHIROPRACTORS  Hands down better™

October 27, 2017

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation  
Strategic Planning Team  
Attn: Strategic Plan Comments  
200 Independence Avenue, SW, Room 415F  
Washington, DC 20201

**Re: *Government Performance and Results Modernization Act of 2010 (GPRA-MA)(P.L. 111-352); HHS Strategic Plan FY 2018-2022; Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare***

Dear Acting Assistant Secretary Graham,

The American Chiropractic Association (ACA) is the largest organization in the United States representing doctors of chiropractic. ACA is leading the chiropractic profession in the most constructive and far-reaching ways – by working hand in hand with other health care professionals, by supporting meaningful research, and by using that research to inform chiropractic practice. ACA members pledge to adhere to the highest standards of ethics and patient care, contributing to the health and well-being of the estimated 35 million individuals across the United States who seek chiropractic care each year. We appreciate the opportunity to provide comments on the draft HHS Strategic Plan for FY 2018-2022.

ACA strongly supports HHS' efforts to strengthen the health care workforce and increase health care affordability, quality of care and access. We offer the following comments and encourage HHS to broaden and expand health care options for all Americans.

Since the inception of the chiropractic profession, doctors of chiropractic (DC) have been trained to consider the whole patient, and practice according to the evolving biopsychosocial philosophy of health. With an education that is equivalent in the basic and clinical sciences (including examination and diagnosis) to that of other physicians, the chiropractor is well equipped to function in today's evolving integrated health care settings--as demonstrated by their successful participation in out-patient spine centers, interdisciplinary practices and hospitals, as well as in military and veterans' health care facilities. As their training as primary care providers dictates, chiropractors examine and diagnose their patients, develop treatment plans, and/or consider referral or co-management with providers of other specialties.

Current health care delivery models continue to lack access to the provider types and services that are critical to the team-based care structure. ACA strongly urges HHS to ensure that all effective, efficient, justified, and coordinated treatment options are considered in the strategic plan. We are especially supportive of efforts that encourage the use of conservative treatment methods for pain prior to the use of riskier and more invasive treatments such as prescription opiates and surgery. Such an approach will improve the overall health of individuals as well as decrease health care expenditures.

Nowhere is the value of chiropractors more evident today than in addressing the impact of musculoskeletal conditions, particularly chronic pain. The treatment of stress and chronic pain account for more health care

spending than heart disease, diabetes and cancer combined. Musculoskeletal pain and disease weigh heavily on our health care system, society and industries. According to a 2011 report from the Institute of Medicine (IOM), an estimated 100 million Americans are affected by chronic pain, with an estimated annual cost to American society of at least \$560-\$635 billion.<sup>1</sup> This figure represents the monetary impact of providing health care to patients experiencing pain as well as the cost of their lost productivity. What these figures cannot capture, however, is the toll in human suffering underlying chronic pain.<sup>2</sup> Low back pain (LBP) is the single leading cause of disability worldwide<sup>3</sup> and a recent systematic review showed that LBP rates sixth in terms of overall disease burden.<sup>4</sup> According to the United States Bone and Joint Initiative, musculoskeletal diseases affect nearly three out of four people age 65 and over.<sup>5</sup>

The majority of patients in pain, including those with chronic symptoms, will seek treatment from primary care providers (PCPs) to get relief.<sup>6</sup> Low-back pain is the most common neuromusculoskeletal symptom presenting to primary care providers and the fifth most common cause for all physician visits.<sup>7</sup> But current systems of care do not adequately train or support internists, family physicians, pediatricians and other healthcare providers who provide primary care in meeting the challenge of treating pain as a chronic illness. Primary care providers often receive little training in the assessment and treatment of complex chronic pain conditions.<sup>8</sup> In one interview study, primary care providers perceived back pain as a low clinical priority and uninteresting in comparison to major chronic illnesses such as heart disease or diabetes that they manage for their patients.<sup>9</sup> In the same study, the idea of shifting this population of back pain patients to a non-physician provider was perceived by PCPs as a positive step toward alleviating their workload.

Deficiencies in the training of primary care providers in pain management as well as the failure to adequately educate consumers about the benefits of conservative health care options has resulted in unnecessary suffering, exacerbation of other medical conditions, enormous loss of human potential and massive financial and personal costs. Now is the time to promote the integration of health care professionals, including chiropractors, into care coordination teams to offer holistic, evidence-based and patient-centered services to individuals suffering from musculoskeletal pain. This would meet the goals of improving outcomes, increasing quality care and reducing costs.

Chiropractors play a critical role in the care of chronic conditions and acute episodes of pain experienced by Americans. Practice guidelines, including those from the American Pain Society/American College of Physicians<sup>10</sup> and the American Geriatric Society<sup>11</sup> recommend the use of chiropractic manipulative treatment (CMT) for chronic

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<sup>1</sup> Institute of Medicine Report from the Committee on Advancing Pain Research, Care, and Education: Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research. The National Academies Press, 2011.

[http://books.nap.edu/openbook.php?record\\_id=13172&page=1](http://books.nap.edu/openbook.php?record_id=13172&page=1)

<sup>2</sup> Buckenmaier, C. & Schoemaker, E. (2014). Patients' use of active self-care complementary and integrative medicine in their management of chronic pain symptoms. *Pain Medicine*, 15(S1), S7-S8.

<sup>3</sup> 5 Global Burden of Disease Study 2010. <http://www.thelancet.com/global-burden-of-disease>. Accessed 1/22/16.

<sup>4</sup> 6 Hoy D, March L, Brooks P, et al. "The global burden of low back pain: estimates from the Global Burden of Disease 2010 study" *Annals of the Rheumatic Disease* (2014);73:968-74.

<sup>5</sup> 7 <http://www.boneandjointburden.org/>

<sup>6</sup> 8 Breuer B, Cruciani R, Portenoy RK. Pain management by primary care physicians, pain physicians, chiropractors, and acupuncturists: a national survey. *South Med J*. 2010 Aug; 103(8):738-47.

<sup>7</sup> 9 Deyo RA, Weinstein JN: Low back pain. *N Engl J Med* 344:363, 2001.

<sup>8</sup> 10 The Mayday Fund. A Call To Revolutionize Chronic Pain Care in America: An Opportunity for Health Care Reform

<sup>9</sup> 11 Sanders et al. "Perceptions of general practitioners towards the use of a new system for treating back pain: a qualitative interview study" *BMC Medicint* (2011); 9:49.

<sup>10</sup> 13 Chou R, Qaseem A, Snow V, Casey D, Cross JT, Jr., Shekelle P, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007;147(7):478-91.

<sup>11</sup> 14 American Geriatrics Society. The management of chronic pain in older persons: AGS Panel on Chronic Pain in Older Persons. *J Am Geriatr Soc*. 1998;46:635-51.

conditions. The risk profile of CMT is extremely low, calculated at between 5-10 serious complications per 10 million manipulations,<sup>12</sup> and chiropractic care is effective at protecting beneficiaries from declines in functioning as measured by Activities of Daily Living, instrumental Activities of Daily Living and self-rated health.<sup>13</sup> Chiropractic care has also continually earned very high levels of patient satisfaction. The Brandeis Report to Congress on the Demonstration of Expanded Coverage of Chiropractic Services under Medicare noted that 60% of chiropractic patients reported “complete” or “a lot” of relief from symptoms and 87% reported high satisfaction with care (8 or higher on a 10-point scale), with 56% indicating a perfect 10. Similarly, high proportions of Medicare beneficiaries reported that chiropractors listened carefully and spent sufficient time with them.<sup>14</sup>

Patients should be empowered to play a greater role in managing their health and engaging meaningfully with their health care providers. ACA believes that one way this can be accomplished is by educating health care consumers about early intervention from conservative health care providers, such as doctors of chiropractic. Chest pain does not always indicate the need for a cardiologist and an episode of back pain does not usually mean an MRI and surgery is an immediate imperative. Health care providers should encourage treatment options for their patients that are effective, conservative and inexpensive. Chiropractors are trained in the most conservative treatment methods for neuromusculoskeletal conditions. When other medical conditions exist, chiropractic care may complement or support medical treatment by relieving the musculoskeletal aspects associated with the condition.

Chiropractic care provides an alternative to more invasive treatments that are increasingly used and may have severe negative outcomes. Research shows Medicare spending on various invasive treatments for back pain increased substantially over the past decade. According to an article published in 2009, a review of the literature found that over approximately a decade, epidural steroid injections increased by 629% and spinal fusions by 220%; however, these increases were not accompanied by improvements in patient outcomes or reductions in disability rates.<sup>15</sup> Indeed, several recent articles have documented the potential negative outcomes of spinal fusion.<sup>16 17 18</sup> During that same period, opiate use increased by 429% and recent studies have documented high utilization rates of opiate use among younger, disabled individuals. Providing accurate information and access to conservative intervention methods can empower patients to better manage their chronic diseases, improve health care quality and outcomes, and reduce costs to both beneficiaries and the healthcare system as a whole.

Given the prevalence of acute and chronic musculoskeletal conditions today, and the growing body of research supporting conservative chiropractic care, it’s clear that chiropractic care should be a covered and integrated condition-based service in a modern, value-based health care system. ACA strongly believes that federal government health care policy should encourage the use of -- and provide access to -- conservative, non-drug, non-surgical chiropractic services. The inclusion of chiropractors in the coordination of care for patients living with

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<sup>12</sup> 15 Hurwitz EL, Aker PD, Adams AH, Meeker WC, Shekelle PG. Manipulation and mobilization of the cervical spine. A systematic review of the literature. *Spine*. 1996;21(15):1746-59. <http://www.ncbi.nlm.nih.gov/pubmed/8855459>

<sup>13</sup> 16 Weigel, Paula, et al., “The Comparative Effect of Episodes of Chiropractic and Medical Treatment on the Health of Older Adults,” *Journal of Manipulative and Physiological Therapeutics*, March/April 2014, page 143.

<sup>14</sup> 17 Brandeis University, Report to Congress on the Evaluation of the Demonstration of Coverage of Chiropractic Services Under Medicare, June 16, 2009, page 7.

<sup>15</sup> 17 Brandeis University, Report to Congress on the Evaluation of the Demonstration of Coverage of Chiropractic Services Under Medicare, June 16, 2009, page 7.

<sup>16</sup> 20 Marquez-Lara A, Nandyala SV, Fineberg SJ, Singh K. “Cerebral Vascular Accidents Following Lumbar Spine Fusion.” *Spine (Phila Pa 1976)*. 2013 Dec 30. [Epub ahead of print]

<sup>17</sup> 21 Fineberg SJ, Nandyala SV, Kurd MF, Marquez-Lara A, Noureldin M, Sankaranarayanan S, Patel AA, Oglesby M, Singh K. “Incidence and risk factors for postoperative ileus following anterior, posterior, and circumferential lumbar fusion.” *Spine J*. 2013 Oct 31. pii: S1529-9430(13)01610-0. doi: 10.1016/j.spinee.2013.10.015. [Epub ahead of print]

<sup>18</sup> 22 Martin BI, Mirza SK, Franklin GM, Lurie JD, MacKenzie TA, Deyo RA. “Hospital and surgeon variation in complications and repeat surgery following incident lumbar fusion for common degenerative diagnoses.” *Health Serv Res*. 2013 Feb;48(1):1-

musculoskeletal conditions will allow for the delivery of high quality care with strong patient outcomes, increase program efficiency and contribute to an overall reduction in Medicare spending.

Again, ACA appreciates the opportunity to weigh in on this very important initiative. If you should have any questions regarding our comments, please contact Julie Lenhardt, Senior Director, Payment Policy, at (703) 812-0222. Thank you.

Respectfully,

A handwritten signature in black ink that reads "David A. Herd, D.C." in a cursive script.

David A. Herd, D.C.  
President