



The Case for Full and Non-Discriminatory Inclusion of Doctors of Chiropractic in America's Health System

Over 70,000, doctors of chiropractic (DC), also referred to as chiropractic physicians, practice across the nation, providing care for tens of millions of the US population annually. Doctors of chiropractic are defined as physicians by the Federal Employee Health Benefit Program, Medicare, and the Federal Workers' Compensation program.

Doctors of chiropractic can help to address the looming provider shortage. As physicians who are educated and licensed to diagnose, treat, co-manage conditions and refer to other providers when necessary, doctors of chiropractic can help America fill the workforce gap. Doctors of chiropractic are well trained in the cost-effective care of common conditions impacting the health of Americans. For example, studies show that low back problems are the most prevalent pain complaint affecting the general population, with up to 75 percent of Americans experiencing low back pain in their lifetime. The cost of treating spinal pain has made it the sixth most expensive medical condition in America at \$86 billion in 2005--a 65 percent increase since 1997. Doctors of chiropractic provide unparalleled expertise in the care of neuromuscular and musculoskeletal disorders and their services are a cost-effective care option for these conditions. A 2010 study at the University of British Columbia found that care provided by chiropractic physicians is significantly more effective than "usual care" provided by medical physicians for patients with acute and sub-acute low back pain.¹ Further studies have shown that spinal manipulative care for both chronic and acute lower back pain was more effective and provided more short-term relief than many other types of care, including prescription drugs, physical therapy and home exercise.² Doctors of chiropractic are also trained to provide wellness and preventive services.

There is no dispute that the leading causes of sickness and death in America are chronic diseases that can be prevented or mitigated by adopting a healthier lifestyle. The incidence of conditions such as heart disease, stroke, Type II diabetes, arthritis, and certain cancers can be reduced by eliminating smoking, eating properly, getting regular exercise, managing stress, and partnering with health care providers to take an active role in maintaining a healthy and balanced life style. A recent survey showed that doctors of chiropractic commonly utilize the following interventions: ergonomic/postural advice, physical fitness/exercise promotion, changing risky/unhealthy behaviors, nutritional/dietary recommendations, relaxation/stress reduction and self-care strategies. Shifting patients from illness/injury-based model to a wellness model is one of the goals of healthcare reform and is consistent with foundations of a chiropractic practice. Chiropractic health care enjoys high patient satisfaction and quality outcomes.³ The full inclusion of chiropractic services will ensure patient access to services that may lower costs by preventing emergency room visits, preventing the onset of chronic disease by enabling and encouraging healthy lifestyles and shifting health-care expense to less costly interventions.

The services provided by doctors of chiropractic are cost effective. The Patient Protection and Affordable Care Act (PPACA) strives to shift the focus from very costly illness and injury care to the more cost effective health promotion, prevention and wellness model of care. Chiropractic physicians have an important role to play in this imperative transition. Research reveals that utilizing doctors of chiropractic may lead to lower health care costs. A 2010 study of patients with low back pain who initiated care with a Doctor of Chiropractic resulted

¹ Bishop PB, Quon JA, Fisher CG, Dvorak MF. The Chiropractic Hospital-based Interventions Research Outcomes study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain. Spine Journal, 2010

² Bronfort G, Haas M, Evans R, Bouter L. Efficacy of Spinal Manipulation and Mobilization for Low Back Pain and Neck Pain: A Systematic Review and Best Evidence Synthesis. Spine Journal, 2004

³ Nyiendo J, Haas M, Goodwin P. Patient characteristics, practice activities, and one month outcomes for chronic, recurrent low-back pain treated by chiropractors and family medicine physicians: a practice-based feasibility study. Journal of Manipulative and Physiological Therapeutics 2000; 23: 239-45.

in 40% lower health care costs when compared with care initiated through a medical doctor.⁴ Another study found that patients using chiropractic physicians as their primary care providers had significant decreases in hospital admissions (43%), pharmaceutical costs (52%) and outpatient surgeries and procedures (43%).⁵ These findings were confirmed in a follow up study of the same population.⁶ A study published in the *British Medical Journal* found that patients receiving manipulation and exercise had lower relative care costs and experienced more benefits than those treated with general medical care.⁷

Exchanges and essential benefits: DC's are physicians whose services should be fully included as Essential Benefits. Chiropractic colleges and universities are fully accredited by the Council on Chiropractic Education (CCE) under the authority of the US Department of Education with the stated mission of educating doctors of chiropractic as primary care providers. As such, doctors of chiropractic should be fully included as physician providers of all minimum essential benefit services for which they are educated and licensed to provide under state law. Section 2706 of PPACA directs this non-discriminatory inclusiveness.

Doctors of chiropractic:

- provide physician services: consultation, examination, patient diagnosis and management;
- provide the vast majority of spinal adjustments/manipulation services and are well trained in providing Physical Medicine and Rehabilitation (PMR) services;
- order and interpret diagnostic imaging, and laboratory and other testing;⁸
- design clinical care plans and offer conservative care options for patient management;
- co-manage of patients of all ages with other providers and refer as needed.

These varied services clearly fall within multiple categories of the minimum essential benefits delineated in the PPACA statute. Patients must be given a real choice of recognized health care providers, to the full extent of state licensure. True competition and a level playing field is necessary to improve the quality of health care delivery and lower costs. Using conservatively-focused chiropractic physicians as fully as possible is a sensible and logical way to encourage the use of more conservative and less costly testing and treatment interventions where appropriate.

- The services delivered by chiropractic physicians fall into several categories of essential benefits that have been outlined, but not yet fully defined, in the PPACA. "Ambulatory Patient Services," "Rehabilitation and Habilitation Services," and "Preventive and Wellness Services and Chronic Disease Management," are just several sections already cited in the PPACA (sec. 1302) where the services delivered by a Doctor of Chiropractic should be included.
- All patient protections currently in place at the state level should be included in any essential benefit package in an exchange.

Health Insurance Exchanges As the definition of minimum essential benefits and the formation of health insurance exchanges intersect in 2014 and beyond, it is imperative that a variety of stakeholders have representation on committees or task forces charged with overseeing health insurance exchange actions and their regulation of coverage for minimum essential benefits. The broad intent of this legislation is to lower costs while providing for increased quality, competition and freedom of choice. This cannot be achieved without ensuring increased access to a variety of health care providers as intended. Insurance exchange responsibilities should not be left to one individual, but rather a panel of individuals who represent a variety of citizen interests, including the health care provider community.

⁴ Cost of Care for Common Back Pain Conditions Initiated With Chiropractic Doctor vs. Medical Doctor/Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer," *Journal of Manipulative and Physiological Therapeutics (JMPT)*, 2010.

⁵ Sarnat, R.; Winterstein, J. Clinical and Cost Outcomes of an Integrative Medicine IPA. *JMPT*, 2004.

⁶ Sarnat, R.; Winterstein, J; Cambron JA. Clinical and Cost Outcomes of an Integrative Medicine IPA; an additional 3-year update. *JMPT*, 2007.

⁷ United Kingdom Back Pain, Exercise and Manipulation Randomized Trial: Cost Effectiveness of Physical Treatments for Back Pain In Primary Care. *BMJ*. 2004 Dec 11;329(7479):1381. Epub 2004 Nov 19.

⁸ Practice Analysis of Chiropractic. National Board of Chiropractic Examiners. http://www.nbce.org/pdfs/practice-analysis/chapter_01.pdf 2010.