



H.R. 2654



Increase Access to Chiropractic Services to Decrease Costs in Medicare

The effect of increasing access to chiropractic services in Medicare is likely to be both real and substantial among Medicare beneficiaries age 65+, resulting in better care outcomes, fewer adverse events, and lower cost of care.

Greater availability of chiropractic care reduces costs for spine-related conditions:

- Access to chiropractic care in Medicare can reduce visits to primary care providers by 0.37 million visits, at a **savings of \$83.5 million annually.**⁹
- Conversely, reduced access to chiropractic services increases visits to primary care physicians (32.3 visits per 1,000) **and the rate of spine surgeries** (5.5 additional surgeries per 1,000). This equates to an additional expense of \$391 million to Medicare annually.¹⁰

Among Medicare beneficiaries:

- The risk of escalated care is **2.5 times greater** when care for back pain is initiated with opioid analgesic therapy versus spinal manipulative therapy (SMT). Escalated care includes hospitalizations, emergency department visits, advanced diagnostic imaging, specialist visits, back surgery, and interventional pain medicine techniques, all of which carry high risk of complications.¹
- Adverse drug events are **42 times more likely** when opioid analgesics are chosen compared to SMT for first-line care of back pain. Among patients who received an opioid analgesic, 18.3% experienced an adverse drug event, compared to less than 1% who received spinal manipulation at any point during their care.²
- Long-term healthcare costs under Medicare are nearly **twice as high** for back pain patients who initiate care with opioid analgesics instead of SMT, including Part A, B, and D payments.³

Meanwhile, consider the benefits of patient access to chiropractic services:

- Those who use chiropractic spinal manipulation only to treat low back pain have **lower overall cost of care and shorter episodes of pain** compared to medical care alone (highest cost), or a combination of both. Users of chiropractic care also had **lower rates of spinal surgery.**⁴
- **Chiropractic use appears to be protective against functional decline** in activities of daily living and increase self-rated health, compared to usual medical care.⁵
- **Chiropractic treatment for spine care is safer**, compared to the risk associated with spine care delivered by primary care physicians.^{6,7}
- 96.9 percent of 380 Medicare beneficiaries responding to an American Specialty Health patient satisfaction survey said that their **chiropractor was successful in treating their primary condition.**⁸
- 91 percent of the 380 Medicare beneficiaries responding to the ASH survey also **rated their chiropractic provider a 9 or 10 (the highest ratings available)**, compared with the ASH benchmark of 79% for providers receiving a 9 or 10 rating.⁸

For more about access to chiropractic for Medicare patients, visit www.HR2654.org.



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References

1. Whedon JM, Kizhakkeveettil A, Toler AW, Bezdjian S, Rossi D, Uptmor S, et al. Initial Choice of Spinal Manipulation Reduces Escalation of Care for Chronic Low Back Pain among Older Medicare Beneficiaries. *Spine*. 2021.
2. Whedon JM, Kizhakkeveettil A, Toler AW, MacKenzie TA, Lurie JD, Hurwitz EL, et al. Initial Choice of Spinal Manipulative Therapy for Treatment of Chronic Low Back Pain Leads to Reduced Long-term Risk of Adverse Drug Events Among Older Medicare Beneficiaries. *Spine*. 2021;46(24):1714-20.
3. Whedon JM, Kizhakkeveettil A, Toler A, MacKenzie TA, Lurie JD, Bezdjian S, et al. Long-Term Medicare Costs Associated With Opioid Analgesic Therapy vs Spinal Manipulative Therapy for Chronic Low Back Pain in a Cohort of Older Adults. *Journal of manipulative and physiological therapeutics*. 2021.
4. Weeks WB, Leininger B, Whedon JM, Lurie JD, Tosteson TD, Swenson R, et al. The Association Between Use of Chiropractic Care and Costs of Care Among Older Medicare Patients With Chronic Low Back Pain and Multiple Comorbidities. *Journal of manipulative and physiological therapeutics*. 2016;39(2):63-75.e2.
5. Weigel PA, Hockenberry J, Bentler SE, Wolinsky FD. The comparative effect of episodes of chiropractic and medical treatment on the health of older adults. *Journal of manipulative and physiological therapeutics*. 2014;37(3):143-54.
6. Whedon JM, Song Y, Mackenzie TA, Phillips RB, Lukovits TG, Lurie JD. Risk of stroke after chiropractic spinal manipulation in Medicare B beneficiaries aged 66 to 99 years with neck pain. *Journal of manipulative and physiological therapeutics*. 2015;38(2):93-101.
7. Kosloff TM, Elton D, Tao J, Bannister WM. Chiropractic care and the risk of vertebrobasilar stroke: results of a case-control study in U.S. commercial and Medicare Advantage populations. *Chiropractic & manual therapies*. 2015;23:19.
8. American Specialty Health (ASH) Aggregate Patient Reported Outcomes: Senior Chiropractic Population (2020 CG-CAHPS Survey).
9. Davis MA, Yakusheva O, Gottlieb DJ, Bynum JP. Regional Supply of Chiropractic Care and Visits to Primary Care Physicians for Back and Neck Pain. *Journal of the American Board of Family Medicine: JABFM*. 2015;28(4):481-90.
10. Davis M, Yakusheva O, Liu H, Anderson B, Bynum J. The Effect of Reduced Access to Chiropractic Care on Medical Service Use for Spine Conditions Among Older Adults. *Journal of manipulative and physiological therapeutics*. 2021;44(5):353-62.

Compiled by Dr. Michele Maiers for the American Chiropractic Association.