



THE CANADIAN CHIROPRACTIC ASSOCIATION

Presentation to the Standing Committee on Industry, Science and Technology

Collaboration for Efficiency in Health Care

Dr. Richard Gehrke, DC, President

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Executive Summary

- Chiropractors are helping to put Canada's health care system back on track by getting Canadians back on their feet - quickly and cost-effectively.
- Every year more than 4.5 million Canadians seek the help of a chiropractor for relief from muscle, joint and spinal pain conditions such as repetitive strain injury, whiplash, sports injuries and home and workplace accidents - to name only a few of the causes of the \$8 billion burden that back pain and related disorders puts on the shoulders of Canada's health care system.ⁱ
- Numerous [studies](#)ⁱⁱ have demonstrated the effectiveness of chiropractic care for musculoskeletal disorders. It is often the most cost effective treatment for many common joint and muscle dysfunctions that damage Canadian productivity.

For patients and the health care system to get the best benefit from chiropractic, we need policies and practices that:

- Remove barriers to inter-professional referrals so Canadians can get the most appropriate care from the best qualified provider at the lowest cost in a timely manner;
- Expand the interpretation of the Canada Health Act to recognize chiropractic care as a fundamental choice for Canadians seeking to stay healthy and productive;
- Encourage and fund health care providers to work in inter-disciplinary teams;
- Encourage and fund inter-disciplinary research;
- Facilitate inter-disciplinary education and understanding.

Introduction:

The Canadian Chiropractic Association

The Canadian Chiropractic Association (The CCA) is a federated association representing the interests of the chiropractic profession in Canada through the co-operation and co-ordination of information and programming among its provincial divisions. All 10 provinces plus the Yukon are represented and through them, The CCA has a membership of approximately 6,000 chiropractors representing 85% of the number of licensed practitioners in Canada. The mission of The CCA is to help Canadians live healthier lives by informing the public about the benefits of chiropractic care, by facilitating chiropractic research, and by promoting the integration of chiropractic into the health care system.

The Chiropractic Profession History, Education, Licensing and Scope of Practice

The chiropractic profession has been in existence for approximately 106 years. It is a regulated health profession recognized by statute in all Canadian provinces and the Yukon. Chiropractors together with medical doctors, dentists, psychologists, and optometrists have the legislated right and obligation to communicate a diagnosis and to use the title doctor. There are two chiropractic educational institutions in Canada, the Canadian Memorial Chiropractic College in Toronto, and l'Université du Québec à Trois-Rivières. Applicants to chiropractic college, like applicants to medical school or dental school, require three years of university education but 90% have obtained a 4 year undergraduate degree prior to entering chiropractic college for an additional 4 years of intensive studies. Following this, all chiropractors must successfully pass both national and provincial examinations prior to being licensed in the appropriate jurisdiction.

Chiropractors deal primarily with musculoskeletal conditions. As primary contact health care practitioners, the public may consult them directly without mandatory referral from another health care professional. The primary goal of chiropractic care is to treat areas of decreased movement in the spinal and peripheral joints which can create a negative reaction in surrounding tissues. Chiropractic reduces pain, dysfunction and muscular spasm in ligaments, muscles and nerves. Chiropractors are trained to prescribe therapeutic exercise and other non-invasive therapies including dietary counseling. Between 86 and 96 per-cent of all visits to chiropractors are to address conditions related to headache, neck pain, back pain, and to improve overall function. As with all regulated health professionals in Canada, chiropractors are required to obtain informed consent from their patients prior to the delivery of professional services where a material risk may be involved.

What is the chiropractic profession & what are our goals within the Canadian health care system?

- One of the largest primary health care professions in Canada with approximately 6,500 practicing chiropractors.
- Canada's chiropractors are helping to put our health care system back on track by getting Canadians back on their feet - quickly and cost-effectively.
- Every year more than 4.5 million Canadians seek the help of a chiropractor for relief from muscle, joint and spinal pain conditions such as repetitive strain injury, whiplash, sports injuries and home and workplace accidents - to name only a few of the causes of the \$8 billion burden that back pain and related disorders puts on the shoulders of Canada's health care system.ⁱⁱⁱ
- The benefits of chiropractic care are well recognized by other health care practitioners. In a 1995 survey, 44 per cent of Ontario and Alberta physicians indicated that they refer patients for chiropractic treatment^{iv}
- The vast majority of patients who seek chiropractic health care do so for complaints of the musculoskeletal system, most often for conditions affecting the spine such as low back pain, neck pain and headaches, and research studies have demonstrated that chiropractic treatment is effective for these conditions.^v
- Three-quarters of chiropractors in Canada are male; however, there has been a 10% increase in the percentage of female chiropractors from 1997 to 2007.
- The average number of years in practice for chiropractors in Canada is 14. Two-thirds have been in practice for 15 or fewer years; there is no indication that chiropractors are retiring earlier.
- Almost three-quarters of full-time chiropractors are sole proprietors.
- Chiropractors continue to spend on average three-quarters of their time on direct patient care.
- There continues to be an increase in the education level obtained by chiropractors in Canada. There is a small but steady increase in the proportion of chiropractors who have a specialty.
- Chiropractors are increasingly diversifying their skills. The largest increase is in acupuncture. However, chiropractic adjustment/treatment continues to take over three-quarters of their time.
- Approximately two-in-ten chiropractors participated in research over the last three years, an increase from those who participated in 1997 and 2003.
- Four-in-ten chiropractors are in a multidisciplinary office. The most common health care provider working with chiropractors is a registered massage therapist.
- The majority of chiropractors report that the primary focus of their practice is general chiropractic service followed by wellness care.
- The majority of patients continue to be referred to chiropractors by other patients.
- Chiropractors typically recommend exercises, nutritional advice, lifestyle counseling, and stress management to the majority of their patients.

- A large majority of chiropractors indicate that their main source of funding comes from direct patient payments followed by provincial health plans, Worker's Compensation Boards, and third party payments. This varies by province.

Chiropractors conducting research in universities and hospitals:

In 2003, the Canadian Institutes of Health Research funded a Workshop to establish a Chiropractic Research Agenda in an effort to align chiropractic research directives with those of CIHR. This project was funded by four Institutes at CIHR. This demonstrates that the profession is integrating into the research mainstream. In addition, the Alberta CIHR Provincial Training Program in Bone and Joint Health between the University of Alberta and the University of Calgary has a chiropractor PhD candidate as one of the first award recipients.^{vi}

- Dr. Greg Kawchuk - awarded a Canada Research Chair at the University of Alberta, one of the federal government's highest research awards.
- Dr. Mark Erwin - the University of Toronto where he is investigating degenerative disc disease, the most common cause of lower back pain and associated disability.
- Dr. Jean-Sébastien Blouin DC, PhD has been named to the Professorship in Spine Biomechanics and Neurophysiology at UBC.
- Dr. Martin Descarreaux is the Chiropractic Research Chair at the Université du Québec a Trois Rivières
- Dr. Jill Hayden DC, PhD will take up the Canadian Chiropractic Research Foundation/Canadian Institutes for Health Research CRF/CIHR Chiropractic Chair at the Toronto Western Research Institute
- The next CCRF Professorship will be at the University of Manitoba requiring an investment of \$500,000 funded by the CCRF, the Manitoba Chiropractors' Association, the University of Manitoba and Manitoba Health. The 240 chiropractors in Manitoba committed \$330,000 over 5 years. The Manitoba government put up \$170,000. Professorships are now being examined at the University of Ottawa, Dalhousie University, and there is a potential at McGill University. These opportunities are currently under further exploration and development.
- *Hospital Privileges Granted* - Dr. Carlo Ammendolia DC, PhD has been granted treating privileges at Mt. Sinai Hospital in Toronto following his appointment as an Assistant Professor at the University of Toronto in September 2007.

What are the strengths of our sector?

- Chiropractors provide hands-on interaction with patients who are vulnerable and quite often incapacitated with severe back/neck pain or headache. They are able to effect changes in a patient's behaviour, decreasing the effects of the conditions which lead to chronic problems that contribute to the dramatically rising costs to the healthcare system.
- The Health Quality Council of Alberta did an extensive and independent survey of Albertans related to their satisfaction with health services. Chiropractic received a 90% satisfaction level with health care services which was second only to pharmacist services and ahead of all other health care providers^{vii}.
- Numerous [studies](#)^{viii} have demonstrated the effectiveness of chiropractic care for musculoskeletal disorders. It is often the most cost effective treatment for many common joint and muscle dysfunctions which compromise Canadian productivity.
 - Research was conducted by Professor Pran Manga, a noted health economist at the University of Ottawa. He concluded that a spinal adjustment applied by chiropractors is more effective than alternate treatments for lower back pain, and that there would be significant cost-saving to the health care system if more management of lower back pain was transferred from physicians to chiropractors.¹ Major savings from chiropractic management come from fewer and lower costs of auxiliary services, fewer hospitalizations, and a significant reduction in chronic problems, as well as in levels and duration of disability.^{ix} Estimates have shown the cost savings for the Ontario government alone of up to \$1.25 billion annually through the greater incorporation of chiropractic services into the public health care system in that province.
- Commitment to multidisciplinary care, research & collaboration.
 - Research program at the University of Calgary with Dr. Walter Herzog and chiropractic's long standing financial support of the program. This began in the late '80's and has only grown stronger year by year.
 - National Spine Care, a public/private collaboration in association with the University of Calgary, which has chiropractors and physiotherapists conducting triage for neurosurgeons. As a result of this program over 90% of the patients who see a surgeon actually undergo surgery as compared to 20%, which is common in a non-controlled environment. The collaboration has improved the efficiency of surgical consultations up to three fold.^x
 - Carlington and Southeast Community Centres, Ottawa: These centres ran an 18-month program of chiropractic care for their clients who are principally new Canadians, landed immigrants, working poor and the unemployed or unemployable.^{xi}
 - Rosedale Medical Group, Hamilton: The federally funded *Enhancing Interdisciplinary Collaboration in Primary Health Care* (EICP) pilot project

- in Hamilton. The Rosedale pilot project is a very successful physician-run clinic which serves approximately 14,500 patients in the Hamilton area. Rosedale is focused on efficiency of service and inclusivity in health care provision.^{xii} In 2006 Rosedale was chosen as one of five demonstration sites in Canada which represent best practices for co-operation across the health professions.
- The profession nationally is a well co-ordinated body devoted to the prevention of illness and injury. An example of this would be our falls prevention program known as “Best Foot Forward”.
 - In response to a very clear, emerging need expressed by representatives of the Public Health Agency of Canada the CCA produced a targeted public education program to aid in prevention of falls in seniors. It was launched internally at the inter-association Communications Forum in Winnipeg in October 2007. It is being publicly launched in February 2008. The program will also be featured at the Canadian Public Health Association annual conference in June 2008, Program components include:
 - a detailed video updating chiropractors on the most recent research in this area and detailed instructions in conducting assessment for the risk of falling;
 - prevention tips brochure for patients;
 - prevention tips sheets for patients;
 - consumer educational PowerPoint presentations;
 - “How To” implementation guide.
 - The development of this program was strongly supported by all provincial chiropractic associations. Content was developed by CCA staff in consultation with CMCC Associate Professor Dr. Brian Gleberzon who was a reviewer of the Public Health Agency of Canada Report on Seniors’ Falls in Canada.

Cost-effectiveness, recent Canadian and international studies demonstrate that:

- In terms of improving lost time from work, chiropractic care was similar to physical therapy, and as effective as or better than standard medical care.^{xiii}
- Improved access to chiropractic health services results in direct health care cost savings and reduced reliance on expensive imaging.^{xiv}
- Injured workers experience faster treatment response times and faster return to normal function.^{xv}
- With respect to chiropractic, 4.5 million Canadians annually have overcome the barriers of cost, regulation, and non-referral to find their way to chiropractors’ offices to seek the treatment they want and need. Our research shows that new chiropractic patients have often been in the public system for six months and have not obtained relief from symptoms before finding their

way to a chiropractor. This represents six months of ineffective treatment, six months of discomfort, six months of unnecessary suffering, and six months of additional expense to the system. In those provinces where chiropractic is not publicly supported, this means continuity of a negative situation to the detriment of the patient, the publicly supported system, and the public purse for as long as the patient suffers. In chronic cases, this can be indefinitely.

The following demonstrates how the reduction of chiropractic services is not cost effective. Recent policy decisions in Ontario, designed to save expense are penny wise but pound-foolish.

- An analysis developed by Deloitte & Touche, concludes that the de-listing of chiropractic care by the government of Ontario will actually cost the public system more than will be saved by driving care to higher cost providers who remain covered by the system:
- Between 588,000 and 1,170,00 additional visits to family physicians
- Between 382,000 and 754,000 additional visits to emergency
- Increased costs of between \$12 million and \$125 million.^{xvi}

What are the challenges?

The major challenge is restricted access to chiropractic care for Canadians primarily due to removal of funding as particularly among First Nations, seniors on fixed income, new Canadians, the working poor, and those on social assistance or in hospitals and long-term care institutions.

- Canadians are entitled to safe and effective health care options, which are accessible, affordable and appropriate. Many studies have now provided unequivocal evidence as to the effectiveness and cost-effectiveness of chiropractic care. However, chiropractors have not been utilized by Canada's health care system in the most effective way. This has sometimes resulted from legislative and policy barriers and sometimes from funding decisions made on a silo basis, which result in inequitable resource allocation irrespective of patient choice, effectiveness, or cost-effectiveness. Canadians have been similarly restricted in obtaining the services of midwives and nurse practitioners.^{xvii}
- Canadians suffering from musculoskeletal conditions often cannot obtain the services of a chiropractor due to the existence of barriers which are impractical, unnecessary, and inequitable. For example, chiropractors do not normally have hospital privileges; they cannot-in all provinces- refer their patients to publicly supported X-ray facilities or diagnostic laboratories, or render services to their patients who may require hospitalization. Senior citizens who may have been life long chiropractic patients are often denied access to chiropractic services should they be institutionalized.

- Doctors of Chiropractic are infrequently consulted on health issues by policy makers. They can save the health system a great deal of wasted treatment time and resources if consultation processes were expanded.
- Lack of public funding for education and research – CMCC, the English educational institution in Canada for student chiropractors, is a private institution where student tuition is not subsidized. This means that only students who have, or can arrange to find, in excess of \$100,000 are able to apply. This is, of course, immensely unfair to gifted young Canadians of modest means.
- Different levels of support for chiropractic care from province to province. Prairie provinces provide some assistance to the public to access chiropractic care. Central and eastern provinces have no such support through medicare. Curiously, all provinces support chiropractic care through WSIB since chiropractors get workers back on the job so quickly. Regrettably, public policy has not extended this benefit to the general public.

What do we contribute to the economy?

Chiropractors are the third most frequently consulted health care practitioners in Canada after physicians and dentists.

- There continues to be an increase in the percentage of chiropractors who are serving larger communities (6% more since 1997 in communities of 500,000 or more).
- The average gross income of chiropractors in Canada is \$177,428 (median is \$146,000) and net income is \$95,650 (median is \$70,000). Gross and net incomes are increasing over time.
- Consumers spent \$21.5 million on back pain products in Canada in 1999.
- Back pain is a costly condition: in 2003 Health Canada estimated that musculoskeletal disorders, including back pain, cost society \$16.4 billion in combined direct (treatment and rehabilitation) and indirect (lost productivity) costs.^{xviii} Seven per cent of the 22 million Canadians who experienced back pain lost a month or more off work. Sixteen per cent report pain that has never gone away. In North America, occupational low back injury accounts for the largest single area of claims, making up approximately 30% of lost time claims.^{xix} Chiropractic care can help change this, by providing patients with more timely and often more effective care which reduces the incidence of chronic disorders.
- Appropriate utilization of chiropractic care will, therefore, create faster return to work for more of those people, decreasing the burden on the system and increasing productivity – already proven through our co-operation with WCBs and auto insurance companies
- The first development and implementation of a Direct Capture Digital Radiography system occurred in Calgary in direct co-operation and working

with the Alberta College and Association of Chiropractors and field chiropractors. It was a chiropractic office in Calgary which first delivered Plain Film Digital Radiography to the public in Canada.

- Of a modest budget of less than \$2.5M annually, the CCA invests more than \$500,000 each year in research and research related activities. This figure is not large in comparison with the amounts spent on research in other health fields yet investments in research consistently represent the single largest programming portion of the CCA's budget.^{xx} This is more significant when considering that research in most health care fields is publicly supported at universities or funded through the pharmaceutical industry.

Participation in Health Policy:

- Chiropractors were invited to collaborate with other health professionals in addressing the issue of seniors and falls: The CCA now has a public education program aimed at seniors and those who care for them on preventing falls and the detrimental outcomes that follow for seniors.
- The ACAC has been invited to partner with the government, the medical profession and the physical therapists in Alberta to review the current legislation related to minor injuries in motor vehicles. This legislation is unique in Canada and we participated in the initial development and are now back at the table for a formal review. This speaks to the issue of inter-collaborative activities between our profession and both government and other health professions.

Chiropractic Services in the Canadian Armed Forces: A Pilot Project

In 2000 chiropractic was introduced at the Archie McCallum Hospital in Halifax through a Canadian Armed Forces Pilot Project. Military personnel were quite satisfied with this pilot to the extent that it has been continued indefinitely.

Conclusion:

We know how chiropractic care can help patients. Here's how helping those patients helps Canada and the health care system:^{xxi}

- Costly and unnecessary back surgeries can often be avoided;
- Ineffective and costly treatments are avoided;
- Emergency room crowding can be reduced;
- Medication costs are lowered;
- People feel better more quickly;
- Recurrent injury is prevented or minimized;
- Workforce productivity is improved;
- Dysfunction is minimized;

- Chronic care costs are minimized;
- Workers are back on the job more quickly.

To get the best benefit for the health care system from chiropractic, we need policies and practices that:

- Remove barriers to inter-professional referrals so Canadians can get the most appropriate care from the best qualified provider at the lowest cost in a timely manner;
- Expand the interpretation of the Canada Health Act to recognize chiropractic care as a fundamental choice for Canadians seeking to stay healthy and productive;
- Encourage and fund health care providers to work in inter-disciplinary teams;
- Encourage and fund inter-disciplinary research;
- Facilitate inter-disciplinary education and understanding.

ⁱ <http://www.ccachiro.org/client/cca/cca.nsf/web/Government%20Relations?OpenDocument>

ⁱⁱ <http://www.ccachiro.org/client/cca/cca.nsf/web/Effectiveness+and+Cost-Effectiveness?OpenDocument>

ⁱⁱⁱ <http://www.ccachiro.org/client/cca/cca.nsf/web/Government%20Relations?OpenDocument>

^{iv} Verhoef MJ, Sutherland LR. Alternative Medicine and General Practitioners: Opinions and Behaviours. Canadian Family Physician 1995; 41:1005-1011.

^v <http://www.ccachiro.org/client/cca/cca.nsf/web/Chiropractic?OpenDocument>

^{vi} <http://www.ccachiro.org/client/cca/cca.nsf/web/Chiropractic+Health+Care+Commission+-+Manitoba?OpenDocument>

^{vii} http://www.hqca.ca/assets/pdf/executive_summary.pdf

^{viii} <http://www.ccachiro.org/client/cca/cca.nsf/web/Effectiveness+and+Cost-Effectiveness?OpenDocument>

^{ix} Manga Report, <http://www.ncschiropractic.com/manga.htm>

^x <http://www.nationalspinecare.com/>

^{xi} <http://journals.elsevierhealth.com/periodicals/yymm/issues/contents>

^{xii} *Interdisciplinary Health Care: Finding the Answers- A Case Study Report*: a draft report prepared by EICP, 2006. www.eicp-acis.ca

^{xiii} Canadian Agency for Drugs and Technologies in Health. *Costs and Outcomes of Chiropractic Treatment for Low Back Pain*. July 2005. www.cadth.ca

^{xiv} Legoretta AP et al. Comparative Analysis of Individuals With and Without Chiropractic Coverage: Patient Characteristics, Utilization and Costs. *Arch Intern Med*. 2004; 164: 1985-1992.

^{xv} Workplace Safety & Insurance Board of Ontario. Program of Care for Acute Low Back Injuries: One-year Evaluation Report, June 2004; www.chiropractic.on.ca/reschreport.htm

^{xvi} Deloitte & Touche. Impact of Delisting Chiropractic Services in Ontario. September 2004.

^{xvii}

<http://www.ccachiro.org/client/cca/cca.nsf/web/Presentation+to+the+Standing+Senate+Committee+on+Social+Affairs!OpenDocument>

^{xviii} http://secure.cihi.ca/cihiweb/products/hcic2003_e.pdf

^{xix}

<http://www.ccachiro.org/Client/cca/cca.nsf/web/The%20Case%20For%20Back%20Pain?OpenDocument>

^{xx} CCA Presidents' Meeting The Fairmont Lombard, Winnipeg October 19-20, 2007

^{xxi} www.ccachiro.org