



26 February 2007

Hon. Jim Flaherty, Minister of Finance  
Office of the Minister of Finance  
Department of Finance  
L'Esplanade Laurier East Tower  
140 O'Connor Street, 21<sup>st</sup> Floor  
Ottawa, Ontario K1A 0G5

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Dear Minister Flaherty:

**Improving health care by increasing the use of chiropractic health care services**

**Introduction**

The Canadian Chiropractic Association (CCA) is a federated association representing the chiropractic profession in Canada. There are approximately 6,000 licensed chiropractors in Canada, of whom 80 per cent are members of the CCA. Our mission is to assist Canadians live healthier lives by informing the public about the benefits of chiropractic health care, by incorporating chiropractic into the health care system, and by facilitating chiropractic research. The profession has been in existence for over 100 years. It is regulated in all provinces. Within their scope of practice as primary health care providers, chiropractors have been recognized principally for their effectiveness in dealing with neuromusculoskeletal conditions primarily related to headache, neck pain, and back pain.

**Increasing efficiency in the Delivery of Health Care**

Primary health care reform in Canada is overdue. In the last decade the solution to the crises in health care has been to pass out more money. Recent efforts, most notably under the Primary Health Care Transition Fund,<sup>1</sup> have been too narrowly defined since chiropractic and other non-medical health care disciplines have not figured largely in these reform efforts.

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<sup>1</sup> [http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/index\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/index_e.html)

The Conference Board of Canada national study entitled *Enhancing Interdisciplinary Collaboration in Primary Health Care* concludes:

“Canadians know that health care providers on the front line are there to respond with care and skill to their health care needs. Primary health care providers are not only committed to caring for their patients directly, they also facilitate access for patients to other specialized services. But, more and more Canadians are expecting better co-ordination between those providers and they want to optimize their access to the skills and competencies of a range of health care professionals. As much as they want to be treated for illness, they want health promotion advice and information about preventing disease and illness, too.”<sup>2</sup>

The CCA, rather than requesting the allocation of additional funding, is recommending a reallocation of existing funds within current federal health care programming to initiate much needed change to our fractured health care system. Additionally, we recommend federal allocation of resources be conditional upon jurisdictional support of patient access to the right care at the right time. In other words we suggest that health care transfers to provinces be related to the delivery of specific healthcare initiatives which involve neuromusculoskeletal health. We further recommend that health providers be required to work collaboratively in the best interest of the patient so that chiropractic care is as readily available for neuromusculoskeletal disorders as other forms of care are for other disorders.

Specifically, we recommend that the flow of federal monies requires the inclusion of chiropractic in appropriate interdisciplinary pilot projects involving health care.

Health care delivery will improve under a more efficient co-operative system where, for example, patients who can benefit from chiropractic care may avoid more serious, unnecessary spinal surgeries and other related costly interventions. Currently within health care delivery systems, it is not in the interest of patients or medical practitioners to spend time screening for and treating those issues which can be addressed expeditiously and effectively with routine, non-invasive, cost effective chiropractic treatment.

### **The Impact of Neuromusculoskeletal Disorders**

Health Canada estimates that neuromusculoskeletal disorders, including back pain, cost society a total of \$16.4 billion in direct costs (treatment and rehabilitation) and lost

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<sup>2</sup> [Individual Providers and Health Care Organizations in Canada](http://www.eicp-acis.ca/en/resources/pdfs/Individual-Providers-and-Health-Care-Organizations-in-Canada.pdf), 2006, <http://www.eicp-acis.ca/en/resources/pdfs/Individual-Providers-and-Health-Care-Organizations-in-Canada.pdf>

productivity.<sup>3</sup> This places a tremendous socio-economic burden on Canada's health care system, resulting in recurring visits to health care providers and in time lost from the workplace.

The journal, *Scientific American*, reports that, "back pain is one of society's most significant non-lethal medical conditions."<sup>4</sup>

The impact of bone and joint disorders on society, has prompted the United Nations to declare 2000-2010 the Bone and Joint Decade (BJD). The extent of the problem and its burden on patients and society is highlighted in the BJD literature:<sup>5</sup>

- *Joint diseases* account for half of all chronic conditions in persons aged 65 and over.
- *Back pain* is the second leading cause of sick leave.
- Fractures related to *osteoporosis* have almost doubled in number in the last decade; it is estimated that 40 per cent of all women over 50 years will suffer from an osteoporotic fracture.

Research conducted by the CCA, indicates that more than two-thirds of the adult population or 22 million Canadians will experience back pain annually. In addition to the human toll, back pain also hurts Canada's economy. Of those who were working at the time they experienced back pain, 15 per cent report losing time off work ranging from a few days (18 per cent) to a month or more (53 per cent).<sup>6</sup>

Within existing health care delivery models, these issues clog the system, especially in emergency medical rooms, medical clinics and other treatment settings. At present, care for neuromusculoskeletal disorders is being driven to the highest cost providers and the highest cost treatment options. Physician shortages in many parts of Canada exacerbate the problem. Emergency rooms are filled with non-emergency cases of which neuromusculoskeletal disorders comprise a significant part. Reliance on pain-relieving and anti-inflammatory prescription medicines further drives up the cost of care, and the use of expensive diagnostic technologies such as MRIs continues to grow.

### **Reducing the Burden of Care**

Doctors of chiropractic are purpose-educated for cost-effective neuromusculoskeletal care in Canada. Canadian chiropractic teaching institutions comprise four to five years of full-time study following university or graduation from CEGEP in Quebec.

Chiropractors are trained to conduct a patient assessment and evaluation, provide a diagnosis, and develop treatment plans. The chiropractic scope of practice in every jurisdiction includes the controlled act of adjustment and chiropractic education covers a broad range of treatment

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<sup>3</sup> Health Canada, Policy Research Division, Strategic Policy Directorate, Population and Public Health Branch. *Economic Burden of Illness in Canada*, 1998.

<sup>4</sup> Deyo, R. Low Back Pain. *Scientific American*. August 1998.

<sup>5</sup> [www.boneandjointdecade.org](http://www.boneandjointdecade.org)

<sup>6</sup> Environics Research Group. *Back Pain in Canada*. April 2003.

modalities including mobilization and myofascial release techniques to address muscle and joint dysfunction. Chiropractors are also qualified to provide nutritional and lifestyle counselling, and to prescribe therapeutic exercise. A vital component of chiropractic practice is identifying when to make appropriate referral to other health care providers.

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.<sup>7</sup>
- Improved access to chiropractic health services results in direct health care cost savings and reduced reliance on expensive imaging.<sup>8</sup>
- Injured workers experience faster treatment response times and return to normal function.<sup>9</sup>

Despite the considerable body of evidence for the efficacy and cost-effectiveness of chiropractic care for neuromusculoskeletal disorders, provincial health care spending remains largely fixed on a disease model and chiropractic remains significantly underutilized – to the detriment of both patient outcomes and cost efficiencies. Current funding models discourage referral to non-medical health professionals and removal of chiropractic services from provincial insurance plans have further added to the burden of systemic cost, not reduced it.

For example, an analysis developed by Deloitte Touche concludes that the de-listing of chiropractic care by the Liberal government in 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.<sup>10</sup>

The federally funded *Enhancing Interdisciplinary Collaboration in Primary Health Care* (EICP) pilot project in Hamilton, Ontario points the way to true interdisciplinary health care models. 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. The range of services at Rosedale is broad but, we contend, appropriate. There are family physicians, nurses and nurse practitioners, chiropractors, mental health counsellors, physiotherapists, pharmacists, a breast-feeding/parenting specialist, home care co-ordinators as well as a range of technical and other

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<sup>7</sup> Canadian Agency for Drugs and Technologies in Health. *Costs and Outcomes of Chiropractic Treatment for Low Back Pain*. July 2005. ([www.cadth.ca](http://www.cadth.ca))

<sup>8</sup> 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.

<sup>9</sup> 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](http://www.chiropractic.on.ca/reschreport.htm)

<sup>10</sup> Deloitte & Touche. Impact of Delisting Chiropractic Services in Ontario. September 2004.

support staff. At Rosedale, integration is so thorough that it has become part of the work culture and occurs seamlessly.<sup>11</sup>

### **Working Together**

We are happy to offer our services to assist in broadening the reach of interdisciplinary care models. These services could include research, clinical, screening and patient education services. There are, due to the Primary Health Care Reform initiative, many clinical sites where a variety of professionals have been learning to work more closely. But these have not been inclusive. We suggest that a series of interdisciplinary pilots in health clinic settings, which incorporate chiropractic care, will demonstrate to provincial jurisdictions that chiropractic saves money and enhances care. In this regard, we would be pleased to meet with representatives of your Ministry and representatives of the Ministry of Health in order to devise specific protocols for the establishment and funding of chiropractic being added to a number of multidisciplinary settings.

We conclude with one of the Key Implications for Decision Makers from *The Taber Integrated Primary Care Project - Turning Vision into Reality*:

“Successful integration leads to increased job satisfaction among healthcare workers, improved patient service, improved population health, and less inefficient use of the healthcare system.”<sup>12</sup>

Yours truly,



Dirk Keenan, DC, Chair  
Government Relations Committee

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<sup>11</sup> *Interdisciplinary Health Care: Finding the Answers- A Case Study Report*: a draft report prepared by EICP, 2006. [www.eicp-acis.ca](http://www.eicp-acis.ca)

<sup>12</sup> [http://www.chsrf.ca/final\\_research/ogc/hasselback\\_e.php](http://www.chsrf.ca/final_research/ogc/hasselback_e.php), 2003.