



Presentation to the Standing Senate Committee on Social Affairs, Science and Technology and The Honourable Justice Michael Kirby

The Honourable Justice Michael Kirby
CANADA'S HEALTH CARE SYSTEM
WEDNESDAY, MAY 16, 2001

The Canadian Chiropractic Association

As President of the Canadian Chiropractic Association, it is my pleasure to address this committee. 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 4,500 chiropractors. The association was incorporated in 1953 under the Companies Act but was active informally for some years previously.

Mission

The mission statement of The CCA is: To help Canadians live healthier lives by informing the public about the benefits of chiropractic care; promoting the integration of chiropractic into the health care system; and by facilitating chiropractic research.

History, Education, Licensing

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. 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 require 3 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.

Scope of Practice

Chiropractors deal primarily with neuromusculoskeletal conditions. As primary health care practitioners, the public may contact them directly without mandatory referral from another health care professional. The primary goal of chiropractic adjustments is to treat areas of decreased

movement in the spinal and peripheral joints which can create a reaction in surrounding tissues, that is, ligaments, muscles and nerves, resulting in pain, dysfunction and muscular spasm. 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.

Points of Submission

The CCA supports and applauds the work of the Senate in examining Canada's health care system and the challenges facing Canadians in a world radically different from that which gave rise to the Canada Health Act. We have been asked to comment on issues related to the existing and foreseeable pressures for change within the health care system that have the potential to more fully address Canada's economic burden of illness and injury issues. We would like to specifically address the following points in our submission:

- trends impacting on the costs and method of health service delivery and public funding implications;
- demographics of an ageing general population coupled with strong growth within aboriginal and special needs populations;
- increasing public expectations about health care in terms of the variety of services available;
- the impact of research

Trends impacting on the costs and method of health service delivery and public funding implications

The CCA believes that pressures on the costs of health service delivery are well known, but have incorrectly resulted in a crisis of public confidence in the sustainability of Canada's health care system. Persistent media reports of spiraling and out of control health care expenditures fail, in most instances, to note other than superficial causes. We feel that the underlying cause has resulted from a shift in public funding away from a focus on patient care and well-being to one of cost containment based on the continuity of existing methods of health service delivery.

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.

Recommendations - Efficiency and Cost-Effectiveness

The CCA recommends:

- a) minimizing or eliminating unnecessary duplication of services;
- b) increasing the accuracy and speed of diagnoses thereby preventing inappropriate treatment, such as ensuring that neuromusculoskeletal related conditions are referred to chiropractors in the first instance;
- c) shifting from institutional based care to community based care reducing hospitalization;
- d) implementing an intrasystem shift in utilization of providers respective of specific health conditions;
- e) investing in health promotion, maintenance and protection and in disease prevention.

The current perceived crisis in health care funding is more accurately characterized as a crisis generated by a lack of system wide planning, effectiveness and accountability. We believe that health care funding could be significantly leveraged through a fundamental re-examination and re-configuration of service delivery methods.

Demographics of an ageing general population coupled with strong growth within aboriginal and special needs populations

It has been estimated that 20% of Canadians utilize 80% of health system resources. As Canada's population ages, the 20% is growing rapidly and the current system will not be sustainable. Special needs populations such as HIV/AIDS patients and others who enjoy longer lives resulting from drug therapy will demand more human resources in terms of the management of their conditions. This human resources health service delivery deficit will be further strained through the introduction from offshore locales of diseases previously considered under control or unknown in Canada. Generally, Canada's aboriginal populations, which have long accepted chiropractic as an alternative to their health care needs, are expected to grow at a faster pace than non-aboriginals resulting in increasing demands for service delivery in locations where population densities have traditionally been considered insufficient to support the current system's infrastructure.

Canadians are becoming concerned about the future of health care. The traditional delivery methods are no longer effective or efficient at responding to total health care requirements. While traditional medicine has enjoyed successes in treating acute illnesses, it has yet to address any substantive benefit to Canadians in treating or preventing chronic diseases. There are significant quality of life challenges related to chronicity, disability and longevity. The delivery of health care must now address those chronic illnesses and this is where other regulated health professions can ease the pressures on the current health system. Systemic pressures are reduced by enhancing innovative utilization of health professions in a health care system which is

demanding better service at lower costs.

Canadians suffering from neuromusculoskeletal 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 have hospital privileges, they cannot 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. By law, chiropractors are required to refer conditions outside of their scope of practice to other health professionals in order to ensure patients receive the best possible treatment. But there is no necessity to refer patients suffering from NMS conditions to chiropractors who have the best education, training, and experience to deal with these conditions. As a result, Canadians suffer needlessly and costs to the public purse mount. Responding to the current and future health needs of Canadians calls for managing the system as opposed to managing any one profession's economic interests.

Recommendations - Demographic and special needs populations

The CCA recommends:

- a) focusing on health promotion and disease prevention among an ageing population to improve overall health and well being and to reduce pressures on the current system;
- b) funding quality of life health care interventions among chronic populations by the best qualified practitioners, for example, chiropractors are well trained and experienced in pain reduction and nutritional counseling, but patients are often unable to access their services due to the lack of system integration and patient focus;
- c) removing or reducing system restrictions which prevent aboriginal populations from seeking other than expensively funded health care services;
- d) aligning and managing health care services on a basis more sensitive to the cultural values of aboriginal and other identified populations;
- e) shifting financial resource allocation to better address the needs of specialized populations rather than committing more money to the current system.

Increasing public expectations about health care in terms of the variety of services available

It is well known that Canadians want choices in all aspects of their lives, yet this expectation is not being met by the current health care system with its emphasis on medicine, hospitals and drugs. Patients do not want exclusivity of health care management, they want choice. They want to "mix and match" professional services to the benefit of their individual circumstances. Patients are also increasingly and

beneficially knowledgeable about their own health conditions and the benefits and risks of the treatments available to them. Because of this, the demands on traditional services and the time required to respond to the legitimate health care questions of patients will only increase. Multiple consultations with different health care professionals and the pressures to diagnose quickly may lead to an over reliance on drug therapy with its attendant potential negative ramifications and high costs.

The Senators are well aware of the research in the area of choice and Canadians are voting with their feet. 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. This represents an increase of 25% over the past 5 years. 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.

Recommendations - Public expectations and health service variety

The CCA recommends:

- a) promoting the evolution in the roles played by individual professions to provide flexibility of patient choice and to reduce pressures on the current system;
- b) realigning public resources to recognize and support existing but underfunded health care interventions and those which are culturally sensitive;
- c) ensuring that the most appropriate and cost-effective care is provided to patients based on quality outcome and patient satisfaction measures as supported by research;
- d) broadening definitions under The Canada Health Act to incorporate chiropractic and other regulated health professions as "medically necessary" based on quality outcome and patient satisfaction measures as supported by research.

The impact of research

Within healthcare, education and research are the currency by which we provide value to the public. Lacking extensive knowledge of the complexities of health care, Canadians have a right to expect that credible and high quality research conducted to the highest international standards can provide them with objective third party information upon which they can evaluate decisions about diagnoses, treatments, and health care recommendations. Consumer confidence

~~— must be obtained and maintained upon the demonstrated outcomes of —~~
clinical trials in terms of efficacy, cost-effectiveness, and patient satisfaction.
© Copyright 2009 Canadian Chiropractic Association. All rights Reserved.

The chiropractic profession, without benefit of the deep pockets of third parties such as the pharmaceutical industry or publicly funded research centres, and with a comparatively small base of practitioners, has been involved in producing over 30 randomized clinical trials comparing adjustment to other therapies. There are an additional 14 studies proving cost-effectiveness and a further 16 studies showing reduction in work time loss. Research conducted by Professor Pran Manga, a noted health economist at the University of Ottawa, estimates cost savings to 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. Similar studies have been conducted in Saskatchewan and Manitoba with similar results. As both health care professionals and as Canadian taxpayers, chiropractors, as well as their patients, continue to be frustrated with the lack of resolve and action to seriously examine alternatives to the present system when research demonstrates that it can clearly be assisted without the need for additional financial resources.

Recommendations - research

The CCA recommends:

- a) undertaking econometric research to examine the cost-effectiveness of the provision of health care services based upon the elimination of duplication of services;
- b) providing health care services by those practitioners who have the best and most effective demonstrated education, training, skill, and competency for their areas of expertise and scope of practice;
- c) funding treatments and therapies on the basis of demonstrated positive outcomes;
- d) Publicly funding research into the benefits of preventative health care
- e) incorporating into the publicly funded system those health care interventions identified by research as producing positive outcomes in patient and condition management.

The Canadian Chiropractic Association thanks the Committee for the opportunity to have addressed it.