



Chiropractic Health Care Commission - Manitoba

Presentation Thursday May 15, 2003

Thank you for the opportunity to address you today.

I thought it may be helpful for the Canadian Chiropractic Association to make some brief comments with respect to your terms of reference and share some of our experiences to date on the ways to integrate chiropractic into the mainstream of the health care delivery system in Manitoba in an effort to mitigate direct and indirect costs of health care services.

As a general proposition, I believe chiropractors have the ability to positively influence Manitoba's health delivery system in a broad variety of areas such as (and I am speaking about both direct and indirect costs): Home care, First Nations care, Senior Care, Urban Primary Care, and even Discharge outcomes for long stay patients.

Canada's Economic Burden of Illness measures many constituent elements and have been set out as:

Direct Costs components include:

- Hospital expenditures,
- Drug expenditures,
- Physician care expenditures,
- Care in other institutions, and
- Additional direct health expenditures (other professionals, capital, administration, health research)

Indirect Costs components include:

- Mortality Costs
- Morbidity Costs (short and long term disability)

A recent Health Canada study (EBIC data) revealed that musculoskeletal disorders ranked second after cardiovascular disease in terms of highest cost of burden of illness in Canadian society, at over 17 billion dollars or 13.8% of the total (direct and indirect) cost of illness in 1993. While musculoskeletal diseases account for one of the largest cost components of illness in Canada, a relatively small portion of health research expenditures(2.9%) is allocated to musculoskeletal research. Musculoskeletal diseases are ranked number 1 in indirect costs to society. Chiropractic research is focussed on neuromusculoskeletal research. We obviously have a very significant role to play in reducing society's economic burden of illness – we just haven't been invited to the table as a full partner in order to share our new chiropractic knowledge.

What has the CCA done to date in terms of integrating chiropractic into the Canadian health system:

1. Journal of the Canadian Chiropractic Association (JCCA):

The Canadian Chiropractic Association supports a scientific scholarly, peer reviewed journal which has a multidisciplinary and international editorial board. The Editor, Dr. Allan Gotlib, is a member of the World Association of Medical Editors and the Canadian Association of Health Science Editors.

2. Canadian Chiropractic Association (CCA) Mission Statement:

The CCA mission statement is designed to advance the interests of the public and chiropractic patients.

“Helping Canadians live healthier lives by:

- 1) informing the public about the benefits of chiropractic care,
- 2) promoting the integration of chiropractic into the health care system, and
- 3) facilitating chiropractic research

3. CCA Strategic Plan

The CCA Strategic Plan and Objectives call for the following activities to be undertaken by its Research Committee:

1. establish a Research Agenda,
2. secure additional funding for research,
3. disseminate research,
4. promote a research culture, and
5. develop an electronic data gathering mechanism for practitioner driven research.

4. Consortium

The CCA created a Consortium of university-based Research Centers which now numbers 12 to build a network of chiropractic researchers and to establish linkages with the mainstream university based system.

5. Canadian Chiropractic Research Foundation

The CCA created a Research Foundation to establish and fund university based Centers of Research Excellence, and establish Chiropractic Research Chairs. Canada's 1st Chiropractic Research Chair was established at the University of Calgary and the 2nd Research Chair is planned at the University of Toronto. A 3rd is planned for the Maritimes.

6. Research Symposia

The CCA has hosted and facilitated three world class scientific research symposia each of which has been attended by over 200 interdisciplinary academics and senior researchers.

7. Canadian Institutes of Health Research (CIHR)

The CCA has established a working relationship with CIHR. Dr. Mark Bisby Vice President CIHR has been a keynote speaker at all three Symposia. The CIHR Chiropractic Research Chair at the University of Calgary required an initial \$300,000 investment. Dr. Greg Kawchuk DC, PhD has been awarded NSERC funding and Whitaker Foundation funding and other funding to the point where our initial investment has tripled. He has been nominated for a Canada Research Chair at the University of Alberta in Edmonton and named to a CIHR peer Review Committee. In addition, he has created funded masters and PhD positions to mentor our young upcoming chiropractic researchers. A 2nd Chiropractic Research Chair planned for the University of Toronto also required a \$300,000 investment funded by the CIHR and the Ontario Chiropractic Association, and Dr. Mark Erwin will shortly take up his duties. A link has already been established between these two researchers and they are already collaborating on a possible research project. The CCA is planning a 3rd Chair for the Maritimes.

The CIHR recently funded a Workshop to establish a Chiropractic Research Agenda in an effort to align our research directives with those of CIHR This project was funded by four Institutes at CIHR and is a measure of our credibility to date. We are 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.

8. CCA/CFCRB Clinical Guidelines Project

The CCA has partnered with the Canadian Federation of Chiropractic Regulatory Boards on a major undertaking to establish clinical guidelines. This project will ensure consistency in standards of care across the profession in all jurisdictions

9. Cochrane Collaboration

The CCA has now become an Affiliate Member Organization of the Cochrane Collaboration. The Cochrane Back Group is of immediate relevance to the CCA and is based at the University of Toronto. There are currently about 3000 systematic reviews at Cochrane which are updated regularly. There are over 300 hits in the Controlled Trials Registry. A chiropractor now sits on the Executive Committee.

All of these measures are designed to get us to the TABLE, to being accepted as a full and equal partner in Canada's health system.

The results of our success to date demonstrate that:

1. a true Research culture in chiropractic is developing, and at same time,
2. an emerging problem needs to be addressed quickly.

We have many DC, PhD candidates coming on stream and we need to find a home for these highly qualified CIHR funded chiropractic

Historically, chiropractic has been insular and thereby under-represented at the table. Our chiropractic knowledge needs to be integrated into the health system. In Manitoba, every chiropractor must support research as part of their annual re-licensure. We have chiropractors, chiropractic associations, and chiropractic regulatory boards all doing their part to integrate chiropractic. What is needed is the other half of the partnership – government - so that Manitoba's health care system and Manitobans may come to enjoy the full benefits of new chiropractic knowledge.

Recommendations specific to Manitoba:

1. establish and fund a Chiropractic Research Chair at the University of Manitoba,
2. establish funded training programs at University of Manitoba for chiropractic researchers.