

# **Comprehensive care for chiropractic patients: Better access to diagnostic procedures and treatment options**

## **An Alberta College and Association of Chiropractors White Paper**

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### **Executive Summary**

Every 60 seconds, someone in Alberta seeks health care for a musculoskeletal (MSK) condition.<sup>1</sup> MSK (or spine related) conditions like back pain are a substantial concern, as more than 85 per cent of adults will experience back pain during their lives.<sup>2</sup>

Chiropractors are primary care providers specifically educated and trained in clinical assessment, differential diagnosis, treatment and preventative care for MSK conditions. Recognizing the value of chiropractic in health care, in 1923 Alberta became the first jurisdiction in Canada to include chiropractic under the same regulation as medicine.<sup>3</sup> With almost 100 years of serving patients within a solid regulatory framework, chiropractors have now treated more than half of Albertans.<sup>4</sup>

It is the scope of practice for each health profession that dictates what diagnostic procedures and treatment options are available. For most patients chiropractic care is comprehensive – meaning they are able to access complete assessment, diagnosis and treatment from their chiropractor.

For other patients though, the parameters of the current scope do not permit certain diagnostic procedures or treatment options that would greatly assist in the timely delivery of efficient, effective MSK care. This structure simply does not support a patient-centred approach to care.

Healthcare policy and delivery is evolving rapidly in Canada; a phenomenon linked to new models of care, technological innovations, expanding scopes of practice and evolving patient expectations. With a strong public health policy of primary care (the right practitioner at the right time for the right treatment), more must be done to ensure that as the world of health care evolves, the right diagnostic procedures and treatment options are available to the right practitioner in the diagnosis and management of the prevalent issue of MSK conditions.

An expanded scope of practice for chiropractic will make these appropriate diagnostic procedures and treatment options available to chiropractors. Albertans seek comprehensive care from their chiropractors, and an expanded scope will support that care now and into the future.

It is estimated that Alberta Health Care expenditures for MSK conditions exceed \$1 billion annually.<sup>5</sup> An expansion in chiropractic scope of practice would permit chiropractors to take a larger share of the responsibility for Albertans' MSK care, and thereby play a vital role in creating a sustainable approach to better MSK care in Alberta.

## THE PROBLEM: complications and delays in patient care delivery

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### Background

More than 11 million Canadians are affected by back pain and other MSK conditions annually. It is the second leading reason for medical visits, the number one cause of disability, and it rivals cardiovascular disease in overall health burdens.<sup>6</sup> MSK conditions are also the second leading reason for medical visits<sup>7</sup> and have an overall economic impact greater than any other singly occurring condition.<sup>8</sup>

Alberta's chiropractors treat one in four Albertans<sup>9</sup> each year for injuries and disorders originating from the muscular, skeletal and nervous systems. Chiropractors are specifically educated and trained to provide expert care for MSK and related conditions. As regulated health providers under Alberta's *Health Professions Act* (HPA) chiropractors are among the few health professions with the authority to use the title *Doctor*.

There are currently 30 health professions in Alberta that are regulated under the HPA, with the intention that all regulated health professions will eventually fall under the same legislation.<sup>10</sup> The HPA was developed to regulate health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific skill or health service and different professions may provide the same health services.<sup>11</sup>

In the interest of public safety, the Government of Alberta continues to move toward the regulation of health professions. Similarly in the interest of safety, the Government of Canada continues to legislate treatment options available to Canadians. One of the areas that continually receives attention is the appropriate dispensing and usage of natural health products.

In addition to expert MSK care, chiropractors are educated and trained to provide nutrition advice and will recommend the use of natural health products in the appropriate course of patient counselling. In 2009 there was an initial attempt to regulate natural health products. Should legislation of this nature ever be successful, it may result in the requirement of prescriptions for these products. This would dramatically affect patient access and significantly affect care if chiropractors were no longer authorized to provide this service.

Many health professions in Alberta are considering, or are in the process of, expanding their scope of practice. As the world of health care evolves to fulfill the *over-lapping scopes of practice* objective of the HPA, an expansion of the chiropractic scope of practice will help meet the substantial MSK demands on our healthcare system.

## **Patient experience**

When diagnostic procedures and treatment options are not available through chiropractic care, patients must navigate their way through referral structures that often involve multiple healthcare practitioners. Specifically, chiropractors must refer to other practitioners for prescriptions to address pain, inflammation and muscle spasm; diagnostic ultrasound and certain electrodiagnosis methods.

The structure of handling these referrals is often complicated and quite disjointed. Access is usually granted based on the referring chiropractor's relationships with diagnostic labs and other practitioners, as well as the physical geography of where the patient lives. Appointments with medical specialists are also a challenge based on availability and severity of patients' conditions. Due to limited practitioner availability, higher priority health conditions are seen first.

As with the challenge of accessing medical specialists, patients who require components of treatment from a medical doctor may face additional complications when they cannot readily access their family physician or when they do not have a regular medical doctor. In 2013, one in five Albertans (aged 12 and older) reported they did not have a regular medical doctor.<sup>12</sup> The issue of access is compounded for rural Albertans whose access to medical doctors and specialists is significantly more limited.

The delivery of timely, effective care is compromised by these additional appointments and the resulting added time to secure a fulsome assessment, diagnosis and, ultimately, treatment. This disjointed approach to care becomes tiresome and frustrating for patients who are attempting to facilitate all of this while in pain.

When patients finally reach the treatment stage, clinical efficacy may be compromised as the MSK condition may have deteriorated, become increasingly complex, or at worse may now require surgical intervention. As a last resort, some patients who are not able to access sufficient treatment through chiropractic care can end up in emergency rooms (ER).

## **Economic impact**

Chiropractic functions largely outside the publicly funded healthcare system in Alberta. Patients pay for care out-of-pocket or with third-party insurance. When a chiropractic patient has to access a medical doctor for approval of a diagnostic test or for a prescription, the healthcare system pays for that duplicate appointment. This creates an additional and unnecessary cost burden.

There are approximately 50,000 ER visits for back pain each year in Alberta with only three per cent resulting in admission. At [approximately] \$1,000 per visit, the potential cost savings totals \$49 million.<sup>13</sup>

Looking at both the impact on practitioner time and availability, as well as the costs of MSK conditions on the healthcare system, facilitating easier access to diagnostic procedures and treatment options for chiropractic patients could mean significant cost savings.

## **THE SOLUTION: Expanded scope of practice for chiropractic**

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Expansion is necessary for Alberta to continue to be a leader in providing the best possible health care. No profession practices now the way they did in 1900, 1920 or even 1970. Chiropractic is no different, having added new diagnostic procedures and treatment options since its inception in 1895. For example, chiropractors now use radiography, magnetic resonance imaging (MRI), ultrasound and electromyography (EMG) in diagnosis; and they use activators, decompression tables, flexion distraction, and multiple rehabilitation equipment in treatment and therapy. Continued evolution of all health professions is appropriate in the delivery of comprehensive care that best serves the needs of patients.

As with all health professions, each practitioner is permitted to choose how they practice within their profession's scope of practice. An expansion for chiropractic does not require all chiropractors to practice one way, but gives each practitioner the ability to choose what elements to include in their practice to best serve their patients.

The HPA was implemented with a clear intent to improve access for Albertans to the broadest range of services from all regulated health professions. An expanded scope of practice for chiropractic is the next step in realizing this intent for chiropractic patients.

### **Inclusion of prescribing authorization for Schedule 1 drugs**

The most significant area of expansion is the inclusion of prescribing authorization for Schedule 1 drugs. In the course of addressing many MSK conditions there are generally three considerations that will be most effectively addressed with Schedule 1 drugs, the issues of: pain, inflammation and muscle spasm. These three elements of MSK conditions can often be better co-managed with the pharmacological agents of anti-inflammatories, analgesics and antispasmodics.

Inclusion of prescribing authorization in the chiropractic scope of practice will require specific, additional education and training – as it did for many of the other professions who hold this authority. Under the *Health Professions Act* there are currently nine health professions that hold prescribing authority (within their scope of practice/regulation):

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|----------------------|---|
| 1. Dental Hygienists | 6. Physicians, Surgeons and Osteopaths                |
| 2. Dentists          | 7. Podiatrists  |
| 3. Midwives          | 8. Registered Dieticians and Registered Nutritionists |
| 4. Optometrists      | 9. Registered Nurses (Nurse Practitioner)             |
| 5. Pharmacists       |   |

Chiropractors interested in obtaining the appropriate certification to prescribe will be required to successfully complete an education program and training as specified by the Council of the Alberta College and Association of Chiropractors.

Prescription authority would only encompass pharmaceuticals that will aid in treating MSK and related conditions that are within the scope of practice for chiropractic – specifically certain anti-inflammatories, analgesics and antispasmodics, (whether they are ingested, injected or applied topically). These would be the class of drugs permitted under the Alberta College and Association of Chiropractors Standard of Practice for prescribing certification.

### **Evolution of conservative care**

It is true that chiropractic is a health profession that has a history rooted in providing conservative care, focusing on the body as one functioning unit and treating without the use of surgery or drugs. While chiropractors continue to practice without the use of surgery (referring to specialists when surgery is required), it is clear that to provide care that considers the whole patient, and not just individual symptoms, one cannot ignore the effect of pain, inflammation and muscle spasms on the patient.

Many patients presenting with MSK conditions can be effectively treated with only a manual, hands-on approach; but for others there is no doubt that quality of life during treatment can be much improved with the control of pain, swelling and muscle spasm; particularly during the acute phase. There is subjective evidence to support better clinical outcomes for these patients as their mobility is improved and they can move through treatment with greater ease.

Addressing a patient's pain, inflammation and muscle spasm with the use of Schedule 1 drugs is an approach specifically identified as a recommendation in the Alberta Institute of Health Economics TOP (Toward Optimized Practice) Guideline for the Evidence Informed Primary Care Management of Low Back Pain<sup>14</sup> and should be permitted in the chiropractic scope of practice for efficient, effective MSK care.

As evidenced in the Alberta Institute of Health Economics TOP Guideline, the conservative care approach to treating MSK conditions has evolved to include non-surgical treatment options, such as medication and injections, in addition to manual and physical therapy.

Evidence also suggests that Albertans already self-treat with over-the-counter products to manage the pain, spasms and inflammation associated with various MSK conditions.<sup>15</sup> An expansion of scope of practice to include prescribing authorization would permit a regulated way for these patients to access appropriate prescriptions (doses, duration) rather than using over-the-counter products without their chiropractor's involvement or assistance.

Alberta has already clearly demonstrated the priority of ensuring appropriate prescribing authorization. While this expansion is the first of its kind for chiropractic in Canada, other chiropractic jurisdictions around the world that are authorized as non-medical prescribers include New Mexico (2009) and Switzerland (1995), and other US jurisdictions are known to be moving in this direction. In Canada, Naturopaths also hold limited prescribing authorization in both British Columbia and Ontario.

## **Inclusion of non-ionizing radiation in ultrasound diagnostic imaging**

Chiropractors are currently trained in, and have the ability to order, non-ionizing radiation via a medical ultrasound image under the current scope of practice; however, the ability to apply non-ionizing radiation in medical ultrasound imaging will require additional education and training as specified by the Council of the Alberta College and Association of Chiropractors.

Ultrasound imaging for MSK conditions is a diagnostic method that is important in soft tissue diagnosis. It is less invasive, can be more informative and is far less costly than the alternative of MRI. The additional value in using ultrasound imaging for diagnosis is during the ultrasound process itself. The practitioner conducting the test is able to have the patient move in different directions to better identify damaged tissues and aid in the diagnosis.

Inclusion of the application of ultrasound imaging in the chiropractic scope of practice will permit chiropractors to conduct testing, thereby reducing the time patients may wait within the current referral structure. It will facilitate a faster diagnosis and will allow for ongoing tests to monitor a patient's progress during treatment without the need to be referred to other specialists, medical doctors or labs.

## **Inclusion of Electrodiagnosis**

Electrodiagnosis (EDX) is a group of technologies frequently used to aid in the diagnosis of specific neuromuscular disorders. EDX has evolved into an important and key set of diagnostic tools necessary in health care for the 21st century. Among EDX studies nerve conduction studies (NCS) and needle electromyography (EMG) form the core.

### **Needle EMG and Nerve Conduction Studies**

This area of expansion is an advanced restricted activity for chiropractic, but is not unlike the current inclusion of acupuncture. Chiropractors would be required to successfully complete an education program in needle EMG and NCS testing, as approved by Council of the Alberta College and Association of Chiropractors.

The use of needle EMG and NCS are highly effective methods to diagnose certain MSK conditions. Access to these diagnostic procedures through chiropractors would also mean that Albertans would no longer have to rely on referrals to a medical specialist (e.g. Neurologist or Physiatrist).

Access to medical specialists is extremely limited. Receiving this testing and the subsequent diagnosis is not always possible for chiropractic patients. Expanding the scope to include these diagnostic procedures will cut down on lengthy wait times for patients and the unnecessary added costs to the publicly funded health system.

## **Benefits of scope expansion**

The current chiropractic scope of practice creates barriers to care for some chiropractic patients in their direct access to timely diagnostic procedures and treatment options. Expanding the chiropractic scope of practice opens the door to options for chiropractors to facilitate timely, effective care to better serve the needs of more chiropractic patients in the management of general MSK and related conditions.

With an expanded scope of practice, chiropractors will be able to effectively and efficiently manage the majority of MSK conditions without the need for as many referrals. This will reduce the time patients wait to secure their diagnosis and/or treatment, as well as the confusion and frustration of having to navigate complicated referral structures. Less reliance on referrals will also mean less fragmentation in the care provided to chiropractic patients.

The expansion in scope of practice for chiropractic will result in earlier intervention to resolve MSK conditions before they have a chance to deteriorate or require surgical consults and interventions. This may eventually help reduce the overall need for these surgical consults and interventions.

In the interest of offering the broadest possible service to patients, prescribing authority also protects the care chiropractors currently offer to patients in the area of natural health products. Upon the implementation of stricter control over natural health products, more health professions with prescribing authority will be needed to meet the demand of patients to access natural health products that many Albertans depend on in their daily lives.

The enhanced education and training required for the elements in this expansion will also facilitate clearer communication between patients' other practitioners and their chiropractor, which will ultimately result in a more cohesive approach to patient care.

Improved access to the diagnostic procedures and treatment options through chiropractors reduces the duplication of services provided by publicly funded healthcare practitioners and will help reduce the frequency of visits to medical doctors and specialists, and emergency rooms.

The impact of this scope may also indirectly improve health care for other patients. By better addressing MSK conditions within an expanded scope of practice for chiropractic, the demand on medical doctors and emergency room facilities, as well as diagnostic testing will be lowered, thus freeing them for other patients waiting in the queue.

## CONCLUSION

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Civilizations do not remain static or unchanging lest they become irrelevant and obsolete. In response to this, health care must be ever evolving, ever changing, to accept the technologies, methods and treatment options that best serve the health challenges of our time.

With the evolution of evidence and the best available research, our goal should always be to be ready and able to meet patients' needs and expectations. Every health profession owes their patients a commitment to seeking out and delivering the best possible care.

Our patients trust us with their health and wellbeing. We owe them the best possible care based on timely, effective diagnostic procedures and every appropriate treatment intervention. An expanded scope of practice will permit chiropractors the ability to choose to add, to their own practice, elements of enhanced diagnostic procedures and treatment options based on the needs of their patients.

This expansion does not suggest that chiropractic will solve the entire issue of MSK conditions. However, the expansion in scope of practice for chiropractic will help ensure healthcare resources are utilized appropriately by reducing reliance on additional practitioners and ensuring the right treatment options are available through chiropractors; thereby ultimately permitting a more patient-centred approach to MSK care.

As we press into the future of health care, we must be mindful of the vital role chiropractors play in treating the MSK and related conditions that plague more than 85 per cent of the population.<sup>16</sup> Chiropractors can offer significant contributions to helping Albertans better manage their MSK conditions, while helping to decrease costs by lowering the frequency of medical and ER visits.

Evolution in health care means better access, better options and better care for patients. There is an opportunity for Alberta to once again be a leader in Canada.

## Endnotes

1 *Bone and Joint Health Strategic Clinical Network Proposal for Team-Based Musculoskeletal Care in Alberta*. Bone and Joint Health Strategic Clinical Network, Alberta Health Services, 2014-15.

2, 16 Bone and Joint Health Strategic Clinical Network. Alberta Health Services, 2014-15. Woodhouse, L, Kawchuk, G, Phillips, L. *SpineAccess Alberta Research Project*, 2014-15.

3 Elise A. Corbet. *Look to the Spine*. The College and Association of Chiropractors, 1995 pg 25

4 *Alberta College and Association of Chiropractors 2012 Market Assessment*, Ipsos Reid, 2012 and *ACAC 2014 Market Assessment*, Ipsos Reid, 2014.

5 *Bone and Joint Health Strategic Clinical Network Proposal for Team-Based Musculoskeletal Care in Alberta*. Bone and Joint Health Strategic Clinical Network, Alberta Health Services, 2014-15 (based on Alberta Health Care Insurance 2010/2011 data).

6 Desjardins, 2006. Canadian Chiropractic Association 2014-15

7 *Burden of major MSK conditions, Bone and Joint Decade 2000-2010, 2003 Bulletin*. World Health Organization.

8 Van Der See-Neun A, Putrick P, Ramiro S, et al. *The Number of Morbidities Drives the Health Care Expenditure and Presence of MSK Condition is Additionally Accountable for Higher Costs*. European League Against Rheumatism Annual Congress (EULAR) 2014, Paris. OP0197

9 *Alberta College and Association of Chiropractors 2012 Market Assessment*, Ipsos Reid, 2012 and *ACAC 2014 Market Assessment*, Ipsos Reid, 2014.

10 <http://www.health.alberta.ca/professionals/regulatory-colleges.html> February 2015

11 <http://www.health.alberta.ca/professionals/regulated-professions.html> February 2015

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13 Woodhouse, L, Kawchuk, G, Phillips, L. *SpineAccess Alberta PRIHIS Grant Proposal*. SpineAccess Alberta Research Project, 2014-15.

14 *Guideline for the Evidence-Informed Primary Care Management of Low Back Pain. 2<sup>nd</sup> Edition, 2011*. Toward Optimized Performance (TOP) Program and the Institute of Health Economics.

15 *College of Chiropractors of Alberta Market Assessment, Qualitative Report*. Criterion Research Corporation, 2005.