

Association des
chiropraticiens du
Nouveau-Brunswick



New Brunswick
Chiropractors
Association

Pre-budget Submission

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NBCA PRE-BUDGET SUBMISSION

Back pain and other musculoskeletal disorders have a profound impact on NB's economic welfare, stability and strength of the workforces, and levels of productivity.

The New Brunswick Chiropractors Association (NBCA) is the professional association representing NB licensed chiropractors and their patients. Every year, thousands of New Brunswickers rely on the care of chiropractors to help relieve pain, improve function and enhance quality of life. The NBCA and its members work to improve the health and wellbeing of New Brunswickers by regulating, supporting and promoting excellence in chiropractic practice and patient care.

NB chiropractors are trusted spine, muscle and nervous system experts who work to help improve patients' pain, function and quality of life. The chiropractic profession is regulated in all ten Canadian provinces and first legislated in 1958 in NB.

The NBCA believes it is time for the Government of New Brunswick (GNB) to invest in a long overlooked and under-estimated burden of disease. Musculoskeletal disorders (MSKD) pose a significant threat to New Brunswickers' health and wellbeing, in addition to the negative impact on New Brunswick's economic prosperity. Compounded by a quickly aging population, musculoskeletal disorders disproportionately affect workers among lower income New Brunswickers doing more physically-demanding work.

Up to 85% of workers may suffer from low back pain at least once in their lifetime¹ and often back pain will re-occur or become chronic. The disability costs alone are the most significant of any chronic disease at \$15 billion.² Over half of work days lost due to injury are for musculoskeletal conditions.³ In fact, back and neck pain are among the leading of disability and loss quality of life worldwide.⁴ In addition, evidence suggests that back pain is one of the leading reason for use of prescribed opioids. Yet, evidence suggests that the risks far outweigh the benefits. Instead, evidence recommends the use of conservative care, including chiropractic, as first-line treatment. The GNB should consider how to better integrate clinical alternatives to opioids to manage non-cancer pain as recommended in our [white paper](#).

Action is urgently needed. Currently, there is an insufficient focus in health innovation dedicated to understanding, preventing and treating musculoskeletal conditions. Evidence shows that addressing musculoskeletal conditions in a strategic way should allow existing health spending to be used more effectively, including in the prevention of musculoskeletal disorders.

¹ Andersson, G. (1997). The epidemiology of spinal disorders. In: Frymoyer JW, ed. The adult spine: principles and practice, 2nd ed. Philadelphia: Lippincott-Raven, 93–141.

² Mirolla, M. (2004). The Cost of Chronic Disease in Canada. Retrieved from <http://www.gpiatlantic.org/pdf/health/chroniccanada.pdf>

³ Marovino, T., Sabo, J. (2014). Chapter 10: Musculoskeletal health: A critical determinant of productivity and an important element in overall wellness. Retrieved from <file:///C:/Users/fleblanc/Downloads/TizJJulie%20article.pdf>

⁴ Woolf, AD., Pfleger B. (2003). Burden of major musculoskeletal conditions. *Bulletin of the World Health Organization*. 81(9). 646-656p.



Economic prosperity depends on a healthy and productive workforce. Achieving the productivity gains from prevention and management of musculoskeletal disorders requires increased investment in access to conservative care. The NBCA believes that this can be achieved by establishing strategic partnerships and investing in innovative models of care to ensure prompt access to care for all New Brunswickers.

Below are listed several innovative partnerships and models demonstrating the value of enhancing access to multi-disciplinary care teams including chiropractors. In the following examples, chiropractors work collaboratively with their peers to assess, examine, diagnose and manage musculoskeletal disorders using a combination of safe and effective treatment including manipulation and mobilization, soft tissue therapy, modalities, rehabilitation and lifestyle counselling.

HEALTHCARE INNOVATION IN CANADA

The Inter-Professional Spine Assessment and Education Clinics (ISAEC)

In 2012, the Minister of Health and Long-Term Care Inter-Professional Spine Assessment and Education Clinic (ISAEC) project, led by the University Health Network, was established in three sites across Ontario (Toronto, Hamilton and Thunder Bay) to evaluate a new model of care for low back pain patients. The pilot is aimed at providing improved low back pain care and reducing unnecessary utilization of diagnostic imaging and specialist consultations. Chiropractors and advanced-practice physiotherapists were hired to assess, educate, and provide evidence-based treatment plans for low back patients. In addition, in the process, to determine whether these individuals are candidates for surgical consultations and diagnostic imaging.

Wait times to see a professional have been consistently in the range of 12 days for the past 5 years, and a rate of referrals for imaging or specialist consultation of approximately just 7-8% only.⁵ This project has demonstrated possible opportunities to provide patients with more timely access to care and to reduce the use of unnecessary diagnostics and referrals—a huge cost to the system.⁶

Primary Care Low Back Pain (PCLBP) project

The Minister of Health and Long-Term Care established inter-professional primary care teams in Ontario (i.e., Aboriginal Health Access Centers (AHACs), Community Health Centers (CHCs), Family Health Teams (FHTs), and Nurse Practitioner-Led Clinics (NPLCs)) to design, plan, and implement primary care low back pain management programs. The project was established in seven sites across the province, targeting specific vulnerable populations that would not otherwise have access to these services.

Chiropractors are playing a prominent role in six out of seven sites as musculoskeletal (MSK) experts and clinical leads. The initial \$2.3 million governmental investment has already shown great promise. The data is still being analyzed, however there has already been clear indications that embedding health

⁵ ISAEC Newsletter. (2015): Retrieval from: http://www.isaec.org/uploads/1/3/1/2/13123559/isaec_-_pcp_newsletter_-_may_2015.pdf

⁶ ISAEC Newsletter. (2014): Retrieval from: http://www.isaec.org/uploads/1/3/1/2/13123559/isaec_-_pcp_newsletter_-_august_2014_-_website.pdf



professions with expertise in management of musculoskeletal disorders within primary health care practices has illustrated how increased trust, communication, and relationship building among care providers has led to more coordinated and effective care for patients. In addition, a reduction of use of pharmacotherapies including opioids has been reported.

Mount Carmel Clinic

Mount Carmel Clinic situated in an under-served area of Winnipeg, Manitoba, was founded on the principle that everyone has the right to accessible healthcare. In 2011, MCC introduced chiropractic services, subsidized by the Government of Manitoba, its multi-disciplinary team.

A preliminary study⁷ evaluated the outcomes of introducing the service. On average, improvement was demonstrated after 12.7 treatments which was indicated by a statistically and clinically significant reduction in pain. The study concluded that chiropractic services were being utilized and referred to by other providers and that overall the services rendered significantly decreased musculoskeletal pain in an inner-city population. The initial study should be a very promising indication for government and policy makers in the positive outcomes of targeted investments, notably in musculoskeletal care for specifically vulnerable subgroups.

NBCA PRE-BUDGETARY RECOMMENDATIONS

The NBCA advances that to achieve the needed productivity gains to ensure NB's economic growth and prosperity as well as curb the costs of chronic (non-cancer) pain and disability, a strategic investment in musculoskeletal health is needed. Specifically, the Government of New Brunswick should consider the following key recommendations:

1. Curbing the cost of musculoskeletal disorders

As musculoskeletal (MSK) health experts, New Brunswick chiropractors already play an important role in the management of musculoskeletal disorders, including highly prevalence back and neck pain, by providing safe and effective care to thousands New Brunswickers each year. With four years full time post-university, professional training, chiropractors are regulated as doctors with the required expertise to diagnose the underlying causes of musculoskeletal pain and dysfunction. Utilizing chiropractors in the evidence based triage of patients (www.isaec.org) with musculoskeletal pain has been shown to reduce unnecessary visits to specialists such as orthopedic surgeons by as much as 90% as well as to reduce use of diagnostic imaging significantly. Therefore, exploring ways to ensure that patients have access to chiropractors through multidisciplinary teams is essential to improving outcomes for patients and reducing unnecessary health care expenditures is needed.

As previously referenced, chiropractors are currently integrated within other provincial health care systems with great success to reduce pressures on the system, save money, efficiently triage, case manage or treat musculoskeletal patients and act as an alternative for patients with medication issues.

⁷ Passmore, S., Toth, A., Kanovsky, J., Olin, G. (2015). Initial integration of chiropractic services into a provincially funded inner-city community health centre: a program description. *Journal of the Canadian Chiropractic Association*, 59(4).



New Brunswickers deserve similar access to conservative care. Such innovation is also expected to reduce costs and improve outcomes, while helping to maintain a healthy and productive workforce.

2. Reducing over-reliance on opioids and other pharmacotherapies

The ongoing and growing interest in the overuse of opioids to manage non-cancer pain is prompting governments and others to look at solutions to enhance access to non-opioid clinical alternatives to manage pain. For chronic non-cancer pain, the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain strongly recommends the use of non-opioid and non-pharmacological care interventions as first-line to manage chronic non-cancer pain. Yet, clinical alternatives commonly fall outside publicly funded care and for the most vulnerable among us access is nearly impossible.

Considering that back pain is one of the leading reason for the use of prescribed opioids and narcotics, access to safe and effective clinical alternatives is needed to address this crisis. For example, a recent study demonstrated that the integration of an inter-professional back pain team at Vancouver General Hospital that included spinal manipulation decreased the use of opioids, compared to 78% of control group patients. The use of alternatives to reduce the pressure to prescribe is a central part of prevention efforts. However, because most non-pharmacological alternatives fall outside of the publicly funded system, new efforts are needed to better integrate clinical alternatives into primary care settings.