

Chiropractic Networks: Delivering Quality and Value to the Health Care Delivery System

The Importance of Chiropractic Care In a Reformed Health Care System

Introduction

Approximately 22 million people in the U.S. visit a chiropractor each year. Patients value the services of chiropractic practitioners, as evidenced by the steadily increasing use of chiropractic services due in large part to a high satisfaction rate. Over 80% of people report that they are satisfied with their chiropractic care; one study comparing satisfaction rates between conventional and complementary care found that chiropractic patients rated their therapies "very helpful" more than twice as often as those receiving care from conventional providers.¹

Chiropractors are eminently qualified to treat one of the most costly and chronic conditions in the U.S., low back pain. Up to 8 out of 10 people are expected to experience at least one episode of back pain, at a cost to the U.S. health care system of more than \$50 billion per year.² The American Medical Association identifies 75 million Americans who are partially disabled by pain, with low back pain leading the pack of root causes. Low back pain is the second most frequent reason for physician visits and accounts for nearly 50% of all narcotics prescriptions. About a third of visits to chiropractors seek treatment for back pain. As the primary cause of reduced mobility in the middle-aged working population, low back pain leads 10% of the workforce to miss at least one month of work each year.³ The issue is so prevalent that it consistently ranks in the top three spending categories of Health Plans across the nation. It is not only costly but often times frustrating for both the patient and provider if not treated timely and appropriately.

Evidence indicates that the most appropriate intervention for simple low back pain resulting in the highest level of outcome is chiropractic care. Access to and treatment by a chiropractor is paramount to achieve those outcomes. Primary care providers, often times the first step into the system for many, are not trained in back care and are overwhelmed by the myriad of issues that they must address on a daily basis. Consequently, the role of chiropractic care within the specialty health arena is critical to address the issues of quality care delivery, cost management and patient outcomes.

Chiropractors offer conservative, nonsurgical treatments to alleviate pain and prevent recurrences of back pain. Chiropractors offer "portal of entry" for back pain meaning they, in many cases, should be the first provider a patient suffering from back pain should see for diagnosis and care. It is the specialty care segment in which they are trained, and evidence shows that in the majority of cases, it is the best pathway to the highest level of outcome. As more Americans secure health insurance coverage under the Affordable Care Act, the demand for primary and chronic care practitioners will significantly increase. To avoid overwhelming and bottlenecking the health care system, it is important to deliver the right care at the right time by utilizing all trained practitioners to the full extent of their licensure.

In this White Paper we make the case that evidence-based chiropractic care is an effective approach to treatment of musculoskeletal disorders and that chiropractors are an important part of the multi-disciplinary health care team. We also describe and promote the important role of specialized chiropractic networks. Chiropractic benefits are a vital piece of comprehensive health care services. Health care benefits for chiropractic services improve access to treatment, and high quality treatment improves outcomes – especially for back pain. Chiropractic networks are an important driver in improving access to quality chiropractic care for payers and patients. Chiropractic networks help health plans and payers to improve and manage access to chiropractic care. They also help to ensure integration of chiropractic services into comprehensive health care benefits.

About Chiropractic Care

There are slightly more than 50,000 licensed practicing chiropractors in the U.S. Training for doctors of chiropractic, or chiropractors, as they are more commonly known, requires a four year bachelor degree plus an additional four years of specialized training in a college of chiropractic.⁴ Licensed practitioners are entitled to use the credential "D.C." after their names, indicating they have fulfilled the educational requirements needed to become a Doctor of Chiropractic. Other state and national board certifications indicating additional qualifications or areas of expertise are available to chiropractic doctors.

According to the American Chiropractic Association, chiropractors offer examination, diagnosis and treatment of patients, focusing on disorders of the musculoskeletal system. Chiropractors may perform manipulative procedures, prescribe rehabilitative exercises and administer treatment modalities such as heat and massage for back pain. Chiropractors specialize in "spinal manipulation therapy" (SMT) that can reduce back pain.

Chiropractors are licensed in all 50 states with each state defining the allowable "scope of practice." In all states, chiropractors are qualified to diagnose and treat musculoskeletal conditions. In most states chiropractors may utilize x-ray and laboratory diagnostic testing, and in some states may also perform such services as broad as treating "human ailments," selling vitamin supplements or prescribing selected medications within the chiropractic scope of licensure.⁵, Except in one state, chiropractors do not perform surgery.⁷

Chiropractic Networks

Chiropractic networks are health care organizations that specialize in contracting with chiropractors to participate in health benefits arrangements. The chiropractic network offers access to its provider network to employers, health plans and other insurance arrangements. Chiropractic networks are specialists in chiropractic care management and clinical issues. They typically include chiropractors in the senior leadership of the organization, particularly to support chiropractic medical management decisions.

A chiropractic network organization assesses the credentials of the participating providers to ensure they have met the applicable state licensing requirements and that the licensee is in good standing with the state licensing agency. The network organization also negotiates financial terms with the providers – either an agreed-upon rate or a standard discount that will be applied to the providers' fees for "in network" patients. Often the network also offers "medical management" or "medical necessity review"

services – meaning that it will apply evidence-based and best clinical practice guidelines to assure the treatment intervention is medically necessary and consistent with guidelines. Most chiropractic networks utilize "peer to peer" clinical management for medical management, as they are required to do when they are accredited by an external organization.

The value of chiropractic networks to stakeholders includes:

- Chiropractic networks add value for the employer or health plan by efficiently contracting with a large group of practitioners for cost-effective rates. Network functions include quality management, medical management and credentialing issues. Chiropractic networks typically offer utilization management specific to the chiropractic benefit, which helps to ensure appropriate levels of chiropractic diagnostic and treatment services. Networks make it easier for health plans and employers to add a chiropractic benefit to their benefit design and to ensure that quality, accountable care will be delivered.
- Chiropractic networks support purchasers' benefit plans. Network care management programs
 ensure that chiropractic services are delivered according to the purchaser or health plan's
 benefit coverage and medical management protocols. For purchasers that prefer to delegate,
 chiropractic networks have their own specialized medical management protocols.
- Chiropractic specialty networks align with health plan compliance requirements. They can be
 accredited by external organizations such as URAC. This enables them to participate in turnkey
 collaborations with accredited health plans, and to be "deemed" for their practitioner oversight
 through accredited programs.
- Networks add value for chiropractors by enabling the chiropractor to gain preferred access to
 patients covered by plans and insurers, adding volume to the chiropractic practice.
- Chiropractic networks help practitioners stay current on policy and practice. Most specialty
 health networks offer periodic updates to practitioners on trends in the industry (such as health
 care reform or information technology changes). Many offer opportunities for contracted
 providers to participate in continuing education and deliver feedback on quality and compliance
 that helps practitioners target areas of improvement.

What Does Chiropractic Care Offer the Delivery System – A Look at the Evidence

Health care benefit design leaders and public policy decision-makers are continually looking for the most effective treatment approaches to common problems in the health care system, and for ways to close quality gaps. As noted, back pain is one of the most common and costly conditions in the health care system. With the "baby boomers" entering middle age, the rate of back problems is expected to escalate. In this section we offer more details on the most common aspects of chiropractic care, and review the research evidence supporting this care.

Quality Treatment of Back Pain: Because back pain is frequently a chronic, recurring condition, treatment focuses on limiting the duration of the pain episode and helping the patient get back to usual activities. Most episodes of back pain resolve without aggressive interventions, although like other chronic conditions, back pain may recur.⁸ Treatment initially consists of evaluating the patient for rare "red flags" that may signal a severe or malignant underlying cause. When no red flags are present, the treatment is pain relief, muscular therapy, and restoration of physical function. In the absence of red flags, extensive diagnostic testing is not recommended. This diagnostic caution is due to adverse effects of the diagnostic radiation and the potential for unneeded over-treatment. Surgery should be considered a very last resort as it has a high failure rate, which can lead either to lack of resolution or worsening of back pain. An important aspect of treating a back pain episode is educating the patient on exercises and other strategies to prevent future episodes.⁹

Recommendations for Chiropractic Services in Guidelines for Care: Physicians, chiropractors and other medical specialists use "Clinical Practice Guidelines" (CPGs) to identify the most effective treatments for various medical conditions. To develop CPGs, experts examine research literature on the topic and identify the studies that use correct research methods and have the most reliable findings. These results are compiled into CPGs, which then guide other practitioners in making treatment decisions. CPGs for the treatment of back pain are either permissive of use of chiropractic care, or they recommend it as the first line treatment. For example, the Institute for Clinical Systems Improvement (ICSI) CPG for low back pain recommends SMT be considered as part of early treatment.¹⁰ The American College of Physicians' guideline recommends SMT as an option for patients who do not recover on self-management alone.¹¹

Quality Gap: Quality gaps in back pain care have been well documented. Failure to adhere to best practice care often falls into the categories of overuse of narcotic pain medications, overuse or inappropriate use of imaging services, or overly aggressive use of surgery. For example, a recent study of current practice found over 40% of back pain patients had imaging, 42% received narcotic pain medication, and 2% had surgery before the guideline recommended time period.¹²

Effectiveness of Chiropractic Back Pain Care: In conjunction with other services in a comprehensive chiropractic care visit for back pain, patient outcomes are improved and satisfaction is high. Chiropractors may also offer other therapies such as heat, massage and exercise for pain relief. Research evidence shows clinical outcomes including pain and disability are approximately

equivalent between chiropractors and medical doctors for low back pain patients, and patients were more satisfied with chiropractic doctors.¹³ Chiropractic care has also been shown effective in settings where back pain is prevalent and both medical and chiropractic care is available. For example, a study in the Veterans Affairs system on chiropractic outcomes found that chiropractors achieved meaningful clinical improvement.¹⁴ Research is inconclusive about the value of SMT alone in reducing back pain, as it is usually combined with other chiropractic modalities. ¹⁵

Cost Issues: Researchers have concluded that chiropractic care appears to be cost effective for treatment of back pain. Chiropractic services cost less per unit than medical services, particularly for specialty physician services. Chiropractic care is considered "conservative" treatment – it results in substantially less advanced imaging services, and many fewer surgical interventions than care provided by specialists. Patients typically substitute chiropractic care for medical care, thus substituting a more cost effective approach to management of back pain. One study showed that access to a chiropractic care health benefit was associated with 1.6% lower annual health care costs for members using the benefits, thought to be related to the factors identified above.

Note that many studies examine cost of back pain care for one "episode" of treatment. In reality, back pain can be a recurring condition for many people. Part of the cost value of chiropractic care is that it effectively manages the condition so that the condition does not escalate into a need for surgery.

Chiropractic care has also been studied for treatment of neck pain. A study at the Veterans Affairs system concluded that clinical outcomes for chiropractic treatment of neck pain were both statistically significant and clinically meaningful. ²² Evidence shows high patient satisfaction and improvements in patient reported outcomes for neck pain. ²³

Enhancing the Value Equation – Delivering Chiropractic Care Through Chiropractic Networks

Approximately 8% of Americans have used chiropractic care,²⁴ and the number of users grows steadily.²⁵ Working collaboratively, chiropractic networks and chiropractors expand access to affordable, quality care. Access to the appropriate type of care by appropriate practitioners, in the right setting, is increasingly important in this environment of expanded health insurance coverage through reforms. Chiropractors are important as a point of entry to the health care system, one that can ensure appropriate treatment in the first encounter. As the health care system moves to a more coordinated care platform known as the medical home, chiropractors have an important role to play in helping to provide musculoskeletal care in these integrated settings.²⁶

Chiropractic networks recognize the need to continually improve their support services to practitioners. Chiropractic network organizations to support chiropractic doctors by:

- Educating providers on evidence based practice and medical management protocols to increase the use of evidence based protocols and avert misunderstandings about appropriate and covered services;
- Advocating to health plans and purchasers for appropriate chiropractic coverage policy and benefit design. This includes promoting access to chiropractic services as a "primary care" visit rather than a specialty physician visit, which may result in a higher co-pay for the patient;
- Streamlining requirements for administrative encounters, including offering electronic claims submission, credentialing, eligibility inquiries and other areas of interface;
- Helping chiropractors meet their business priorities by:
 - Improving and automating office processes (including record-keeping and claims submission);
 - o Increasing volume of in-network patients using network practitioners;
 - Offering continuing education to providers and their staff on professional issues such as coding changes, reimbursement strategies, and care management best practices.
- Achieving external accreditation that demonstrates quality and efficiency in delivering chiropractic care to purchasers and plans.

These collaborative strategies improve efficiency of chiropractic care and add value of chiropractic network services to purchasers.

The Future: Collaborative Approaches to Strengthening the Industry

Back pain can be extremely uncomfortable for patients and has an impact on productivity, but it is often self-limiting in duration. Experts agree that treatment for low risk cases should focus on addressing the pain and helping the patient return to normal activities. High intensity interventions and narcotic medications can be counter-productive – they may prolong the return to normal activity and increase cost to the system. Working together with patients, chiropractors and chiropractic networks offer cost effective, high quality care that meets patient needs and addresses the musculoskeletal issues underlying a substantial amount of health care costs.

Health care reform represents an opportunity for health benefit purchasers to improve access to chiropractic care. An evidence-based approach to including chiropractic benefits will improve access to care, delivery of evidence based care, and patient satisfaction. Through a network of qualified providers, chiropractic benefits can be delivered cost effectively and with effective quality oversight. This benefits both purchasers and consumers, and enhances the perception of chiropractic care. As care demand increases for back pain care and health care reform creates purchasing opportunities, chiropractic care offers a safe, cost effective, evidence-based care treatment solution.

Resources for More Information

NASHO www.nasho.org

Foundation for Chiropractic Progress http://www.f4cp.com/

American Chiropractic Association http://www.acatoday.org/

Council on Chiropractic Guidelines and Practice Parameters (CCGPP) www.ccgpp.org

National Center for Complementary and Alternative Medicine – National Institutes of Health http://nccam.nih.gov/

WebMD

http://www.webmd.com/pain-management/guide/chiropractic-pain-relief

National Board of Chiropractic Examiners http://www.nbce.org/index.html

Federation of Chiropractic Licensing Boards http://www.nbce.org/index.html

This white paper was published May 14, 2013 by the National Association of Specialty Health Organizations (NASHO). For more information please visit www.nasho.org or contact Julian Roberts, Executive Director, jroberts@nasho.org.

References

- ¹ Spine J. 2003 Feb;28(3):292-97
- National Institutes of Health. What is Back Pain Fast Facts http://www.niams.nih.gov/Health_Info/Back_Pain/back_pain_ff.asp#g
- ³ Institute for Health and Productivity Management
- ⁴ Bureau of Labor Statistics. http://www.bls.gov/ooh/ Healthcare/Chiropractors.htm
- ⁵ Wikipedia. "Chiropractic" Accessed June 30, 2012. http://en.wikipedia.org/wiki/Chiropractic#cite_note-60
- ⁶ Morrison P (2009). "Adjusting the role of chiropractors in the United States: why narrowing chiropractor scope of practice statutes will protect patients". Health Matrix Clevel 19 (2): 493–537. Available at: http://law.case.edu/studentLife/organizations/healthmatrix/files/Morrison%20PDF.pdf
- ⁷ American Chiropractic Association. "What is Chiropractic?" http://www.acatoday.org/level2_css.cfm?T1ID=13&T2ID=61
- 8 See NIH/NIAMS
- ⁹ Dagenais S, Tricco AC, Haldeman S. Synthesis of recommendations for the assessment and management of low back pain from recent clinical practice guidelines. Spine J. 2010 Jun;10(6):514-29.
- ¹⁰ ICSI. Health Care Guideline: Adult Acute and Subacute Low Back Pain. January, 2012 Available at: http://www.icsi.org/ low_back_pain/adult_low_back_pain_8.html
- ¹¹ Chou R, Qaseem A et. a.. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2 October 2007;147(7):478-491. Available at: http://annals.org/article.aspx?volume=147&issu e=7&page=478#r65-6
- ¹² Ivanova JI, Birnbaum HG, Schiller M, Kantor E, Johnstone BM, Swindle RW. Real-world practice patterns, health-care utilization, and costs in patients with low back pain: the long road to guideline-concordant care. Spine J. 2011 Jul;11(7):622-32. Epub 2011 May 20.
- ¹³ Nyiendo J, Haas M, Goldberg B, Sexton G. Pain, disability, and satisfaction outcomes and predictors of outcomes: a practice-based study of chronic low back pain patients attending primary care and chiropractic physicians. J Manipulative Physiol Ther. 2001 Sep;24(7):433-9.
- ¹⁴ Dunn AS, Green BN, Formolo LR, Chicoine D. Retrospective case series of clinical outcomes associated with chiropractic management for veterans with low back pain. J Rehabil Res Dev. 2011;48(8):927-34.
- ¹⁵ Rubinstein SM, van Middelkoop M, Assendelft WJ, de Boer MR, van Tulder MW.Spinal manipulative therapy for chronic low-back pain. Cochrane Database Syst Rev. 2011 Feb 16;(2):CD008112.

- ¹⁶ Haas M, Sharma R, Stano M. Cost-effectiveness of medical and chiropractic care for acute and chronic low back pain. J Manipulative Physiol Ther. 2005 Oct;28(8):555-63.
- ¹⁷ Nelson CF, Metz RD, LaBrot T. Effects of a managed chiropractic benefit on the use of specific diagnostic and therapeutic procedures in the treatment of low back and neck pain. J Manipulative Physiol Ther. 2005 Oct;28(8):564-9.
- ¹⁸ Grieves B, Menke JM, Pursel KJ. Cost minimization analysis of low back pain claims data for chiropractic vs medicine in a managed care organization. J Manipulative Physiol Ther. 2009 Nov-Dec;32(9):734-9.
- ¹⁹ Metz RD, Nelson CF, LaBrot T, Pelletier KR. Chiropractic Care: Is It Substitution Care or Add-on Care in Corporate Medical Plans? JOEM Volume 46 (8) 2004.
- ²⁰ Liliedahl RL, Finch MD, Axene DV, Goertz CM. Cost of care for common back pain conditions initiated with chiropractic doctor vs medical doctor/doctor of osteopathy as first physician: experience of one Tennessee-based general health insurer. J Manipulative Physiol Ther. 2010 Nov-Dec;33(9):640-3.
- ²¹ Legorreta AP, Metz RD, Nelson CF, Ray S, Chernicoff HO, Dinubile NA. Comparative analysis of individuals with and without chiropractic coverage: patient characteristics, utilization, and costs. Arch Intern Med. 2004 Oct 11;164(18):1985-92.
- ²² Dunn AS, Green BN, Formolo LR, Chicoine DR. Chiropractic management for veterans with neck pain: a retrospective study of clinical outcomes. J Manipulative Physiol Ther. 2011 Oct;34(8):533-8.
- ²³ Eriksen K, Rochester RP, Hurwitz EL. Symptomatic reactions, clinical outcomes and patient satisfaction associated with upper cervical chiropractic care: a prospective, multicenter, cohort study. BMC Musculoskelet Disord. 2011 Oct 5;12:219.
- ²⁴ Barnes PM, Bloom B, Nahin RL. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. Division of Health Interview Statistics, National Center for Health Statistics and the National Center for Complementary and Alternative Medicine, National Institutes of Health. December, 2008. Available at: http://www.cdc. gov/nchs/data/nhsr/nhsr012.pdf
- Davis MA, Sirovich BE, Weeks WB. Utilization and expenditures on chiropractic care in the United States from 1997 to 2006. Health Serv Res. 2010 Jun;45(3):748-61.
- ²⁶ Foundation for Chiropractic Progress. "The Role Of Chiropractic Care In The Patient-Centered Medical Home." July, 2011. Available at: http://www.f4cp.com/