2022 Budget Consultation Submission

Supporting Ontario Workers and Patients in Accessing Necessary Musculoskeletal (MSK) Health Care Services Through Scope Enhancement

Submitted by the Ontario Chiropractic Association

January 25, 2022

Standing Committee on Finance and Economic Affairs
99 Wellesley Street West
Room 1405, Whitney Block
Queen's Park
Toronto, ON M7A 1A2

Dear MPP Hardman and Members of the Standing Committee on Finance and Economic Affairs:

Re: Pre-Budget Consultation 2022- Ontario Chiropractic Association Submission

On behalf of the Ontario Chiropractic Association (OCA) and its more than 3800 members, representing 80 per cent of chiropractors in Ontario, I want to thank you and your government for your continued efforts to protect Ontarians during the ongoing COVID-19 pandemic and ensuring continued access to necessary health care services.

Chiropractors are clinical specialists who treat patients suffering health issues related to the spine, muscles, joints and nervous system (neuro- musculoskeletal or MSK issues) as well as chronic pain. Working together, the profession has brought the government a solution that improves access to care for patients in the community, reduces red tape, aligns with, and supports the government's opioid crisis response, and **will save our publicly funded health care system between $6 and $13 million dollars annually (up to $66.5 million over 5 years).**[1]

Issue

Currently, chiropractic patients needing essential diagnostic tests, face delays and red tape that requires them to visit their physician to obtain a referral for a diagnostic or lab test. In Canada, MSK conditions account for over $22 billion in direct and indirect costs.[2] In Ontario alone, musculoskeletal conditions cost taxpayers over $2 billion annually in medical expenditures, in addition to loss in worker productivity and associated disability payments.[3] Yet Ontario chiropractors do not have authority to order advanced imaging and laboratory tests, unlike in many other Canadian jurisdictions, including Alberta (magnetic resonance imaging [MRI] and diagnostic ultrasound), British Columbia (MRI & CT scan) and Saskatchewan (diagnostic ultrasound).

[1] Data obtained from the College of Chiropractors of Ontario based on objective analysis from Beaconsfield Group
[2] Canadian Institutes of Health Research (CIHR). (2017). *Evaluation of the Institute of Musculoskeletal Health and Arthritis (IMHA).* Government of Canada.
[3] Public Health Agency of Canada. (2014). Economic burden of illness in Canada, 2005- 2008. Retrievable from: ebic-femc.phac-aspc.gc.ca/index.php.

Our Solution

Enable chiropractors to practice to the full extent of their scope so that they can order specific diagnostic and laboratory tests, for which they are trained and for what is needed to formulate a diagnosis and treatment plan. Chiropractic is one of few regulated health professions in Ontario who have been granted the authority under the legislative and regulatory framework the "controlled act" of Communicating a Diagnosis. Chiropractors in Ontario are able to order for x-rays. Regulations and red tape however still limit their authority to order specific diagnostic and laboratory tests consistent with the controlled act to communicate a diagnosis.

The College of Chiropractors of Ontario regulating Ontario chiropractors are implementation ready and have drafted the necessary Standards of Practice regarding the ordering of laboratory and advanced imaging tests. The Canadian Memorial Chiropractic College (CMCC), a world class chiropractic college, already educate chiropractors in the appropriate use of diagnostic and laboratory tests and therefore chiropractors in Ontario are trained to order tests as needed.

Enhancing the scope of practice for chiropractors in Ontario to authorize the ordering of select laboratory tests and diagnostic imaging will:

- Reduce wait times for patients in primary care;
- Enable faster diagnosis and access to evidence-based care for patients living in pain;
- Support the Ministry of Health's goals of building a better-connected healthcare system, improving patient experience, and making it easier for patients to navigate the system; and,
- Generate between $6 and $13 million in annual OHIP savings and up to 66.5 million over five years by eliminating between 450,000 to 700,000 unnecessary visits to family doctors.

Despite Ontario experiencing a backlog of diagnostic and lab tests due to COVID-19, as chiropractors are trained to know when to order specific tests as needed, they will be part of Ontario's recovery. With the knowledge and ability to directly order essential tests only when needed, they will assist in freeing up precious medical and financial resources so patients can receive care without waiting.

Impact on Opioid Crisis

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain recommends non-drug approaches, such as manual therapies performed by chiropractors and other musculoskeletal practitioners before

prescribing opioids.[4] Despite the evidence to support the use of non-drug therapies to treat back pain first, back pain continues to be poorly managed, leading to over-prescription of opioids and multiple visits to emergency departments. Poor integration of evidence-based best treatment practices means family doctors will commonly refer patients with back pain to an orthopaedic surgeon, even though more than 90% of patients being referred are not actually candidates for surgery. This overwhelms specialists, causes long and expensive wait times, and creates a high risk that the patient will be prescribed opioids to manage their pain while waiting.

This solution would therefore also ensure patients receive the care they need in a timely manner thereby supporting the government's ongoing efforts to address the opioid crisis.

We therefore strongly urge the government to support chiropractors in treating their patients and make these important and necessary minor regulatory changes.

Attached, please find the relevant evidence to support our case for saving Ontario taxpayers needless OHIP costs and reducing red tape for patients.

We look forward to continuing to work with the government to reduce taxpayer costs, and eliminate needless red tape for patients, while we provide exemplary care for Ontarians.

Sincerely,

Caroline Brereton, RN, MBA CEO

[4] Busse, J. (2017). The 2017 Canadian guideline for opioids for chronic non-cancer pain. Retrieved from: http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01m ay2017.pdf

Backgrounder: A Case for Scope Enhancement

Chiropractors Expertise as Healthcare Professionals

Chiropractors in Ontario are regulated health professionals who are highly educated, trained and qualified having undergone a four-year Doctor of Chiropractic program, making them neuro musculoskeletal (nMSK) experts, providing assessment, diagnosis, treatment and preventative care of biomechanical disorders originating from the spine, muscles, joints and nervous system. Annually, nearly 2.7 million patients in Ontario rely on chiropractic care.

Issue

The *Chiropractic Act, 1991* permits chiropractors the Controlled Act of *Communicating a Diagnosis* as part of its scope of practice; however, the ability to order these tests directly remains prohibited thus hindering chiropractors' capacity to enhance the care provided to patients. Diagnostic tests are important tools in the formulation of a diagnosis and treatment plan, enabling chiropractors, who have the Controlled Act of communicating a diagnosis in their scope of practice, to both rule in and rule out certain conditions. The lack of authority for chiropractors to order laboratory and diagnostic tests; restricts equitable access to care across the province.

Financial Case for Scope Enhancement – Cost Savings

Back pain and other MSK conditions have major impacts on Ontario workplaces and the Ontario economy. MSK conditions remain the number one reason for work-related lost time claims, and cost workplaces hundreds of million dollars from absenteeism and lost productivity. In Canada, MSK conditions are said to amount to over $22 billion in direct and indirect costs.[5] In Ontario alone, musculoskeletal conditions cost taxpayers over $2 billion annually in medical expenditures, in addition to loss in worker productivity and associated disability payments.[6] To date, little effort has been made to make the healthcare system work better for Ontarians struggling with MSK pain, including better integration and supports for the appropriate use of $17 billion in annual workplace benefits, and scaling up alternatives for Ontarians who do not have adequate benefits.

Enabling chiropractors to order lab and diagnostic tests, does not pose a further financial burden on our publicly funded healthcare system. Rather, our request for scope enhancement will:

[5] Canadian Institutes of Health Research (CIHR). (2017). *Evaluation of the Institute of Musculoskeletal Health and Arthritis (IMHA).* Government of Canada.
[6] Public Health Agency of Canada. (2014). Economic burden of illness in Canada, 2005- 2008. Retrievable from: ebic-femc.phac-aspc.gc.ca/index.php.

- Eliminate 2.8 million unnecessary visits to family physicians over the next five years and save $66.5 million in avoidable OHIP billings for simply requesting a referral for an essential test.[7]

Eliminate 2.8 million unnecessary visits to family physicians over the next five years and save $66.5 million in avoidable OHIP billings for simply requesting a referral for an essential test.

- No new costs to the publicly funded health system.
- Remove needless red tape for patients choosing chiropractic care by enabling faster access to care, especially chronic pain management. Faster access to diagnostic testing by chiropractors will reduce the need for patients to visit their doctor for a referral to simply receive a referral to a test that chiropractors are trained and qualified to request.

Solution: Access to Healthcare through Scope Enhancement

The College of Chiropractors of Ontario (CCO) has been in discussions with the Ministry of Health and Long-Term Care (MOHLTC) about the modernization of diagnostic testing in chiropractic since 2009, when it first proposed common-sense scope enhancements in the context of Bill 179, introduced during the 39th Legislative Assembly of Ontario. Bill 179 did not receive royal assent prior to the Ontario general election of 2011 and its changes were not implemented.

In September 2017, the Ministry of Health issued a directive indicating the government was moving forward with allowing chiropractors to order essential diagnostic tests, this includes diagnostic ultrasounds; magnetic resonance imaging (MRIs); computerized tomography (CT) scans; and x-rays (i.e., hospital X-rays in over 60 communities without IHFs). In response to the 2017 directive, in February 2018, CCO, with the support of the Canadian Memorial Chiropractic College (CMCC) and the Ontario Chiropractic Association (OCA) formally submitted a 91-page comprehensive report containing its recommendation with supporting rationale to the Health Workforce Planning and Regulatory Affairs Division of the MOHLTC as part of its Model for the Evaluation of Scopes of Practice in Ontario (MESPO) process. To date, however, no action has been taken from the directive.

[7] Statistic obtained from the College of Chiropractors of Ontario

Similar amendments were made recently for other regulated health professionals, demonstrating such changes provide significant benefits.

Barriers to full scope of practice can be easily remedied by minor regulatory changes that would:

1. **Reduce public health care costs**
2. **Faster treatment for patients**
3. **Reduce the risk of emergency department visits, especially during COVID-19**

These benefits could be realized quickly and with minimal changes to existing Acts and Regulations. CCO's submission to MOHLTC outlines the details of the changes and how they can be implemented, including necessary by-laws and standards.

Jurisdictional Scan

In Ontario, chiropractors do not have the authority to order advanced imaging and laboratory tests unlike in many other Canadian jurisdictions, including Alberta (magnetic resonance imaging [MRI] and diagnostic ultrasound), British Columbia (MRI & CT scan) and Saskatchewan (diagnostic ultrasound).

The Case for Change - Reducing Wait Times and Addressing the Opioid Crisis

Minor amendments support Ontarians by reducing OHIP-related healthcare costs, reducing wait times to primary care, helping to reduce the risk of hospital ED visits, especially during the COVID-19 pandemic, while improving patient satisfaction.

Additionally, enhancing the scope of practice for chiropractors and enabling them to order essential lab and diagnostic tests will also enable clinically proven first line of treatment of pain before prescribing opioids. Over 80 per cent of Canadians suffer from back pain at some point in their lives. Every year, over 400,000 Ontarians with MSK conditions like back, neck and shoulder pain visit an emergency department. In fact, back pain is one of the top four reasons why people visit emergency departments in Ontario.[8] Over 97 per cent of those patients are not admitted to hospital; but they contribute to hallway healthcare and healthcare costs.[9]

In Ontario, back pain is the most common diagnosis for opioid prescriptions by both emergency doctors and family physicians.

[8] National Ambulatory Care Reporting System, 2016-2017, Canadian Institute for Health Information.
[9] CIHI, NACRS Emergency Department Visits and Length of Stay, 2017-2018

That's because back pain is reported in over half of regular opioid users.[10] [11] Research shows that in Ontario, back pain is the most common diagnosis for opioid prescriptions by both emergency doctors and family physicians; and it takes less than one week on opioids to become addicted.[12] [13]

In most cases, patients awaiting a surgical consultation are, in fact non-surgical candidates. However due to long wait times, unbearable pain and a lack understanding of alternative treatment options, opioids remain the primary prescription, which contributes to ongoing opioid crisis in Ontario.

Over 97% of those patients that go to the emergency department for back pain are not admitted to hospital.

Poor integration of evidence-based best treatment practices means family doctors will commonly refer patients with back pain to an orthopaedic surgeon, even though more than 90% of patients being referred are not actually candidates for surgery.[14] This overwhelms specialists, causes long and expensive wait times, and creates a high risk that the patient will be prescribed opioids to manage their pain while waiting.

Opioid Referral Tool

The opioid crises in Ontario that impacts many patients is a concern for chiropractors. Recognizing that MSK conditions are a key reason for opioid prescribing, the OCA recently partnered with the Centre for Effective Practice (CEP) to produce an evidence-based clinical tool for physicians and nurse practitioners. This tool helps physicians and nurse practitioners determine if their patient is a candidate for alternative evidence-based treatments and should be referred to other healthcare professionals, such as chiropractors, in place of opioid prescriptions.

This referral tool was adopted by the Centre for Addiction and Mental Health (CAMH) as part of its Opioid De-implementation Pathway.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain recommends non-drug approaches, such as manual therapies performed by chiropractors and other musculoskeletal practitioners before prescribing opioids.[15]

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain recommends manual therapies such as chiropractic care before prescribing opioids.

[10] Deyo, R.A., Von K.M., & Duhrkoop, D. (2015). Opioids for Low Back Pain. BMJ, 350:g6380.
[11] Borgundvaag, B., McLeod, S., Khuu, W., Varner, C., Tadrous, M., & Gomes, T. (2018). Opioid prescribing and adverse events in opioid-naïve patients treated by emergency physicians versus family physicians: a population-based cohort study. CMAJ open, 6(1), E110.
[12] Deyo, R.A., Von K.M., & Duhrkoop, D. (2015). Opioids for Low Back Pain. BMJ, 350:g6380.
[13] Centers for Disease Control and Prevention. (2017). Characteristics of initial prescription episodes and likelihood of long-term opioid use- United States, 2006-2015. Weekly, 66(10), 265-269.
[14] Ontario Chiropractic Association, Enhancing Musculoskeletal Care for Ontarians. Pre-budget submission. January 2018.
[15] Busse, J. (2017). The 2017 Canadian guideline for opioids for chronic non-cancer pain. Retrieved from: http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01m ay2017.pdf

Despite the evidence to support the use of non-drug therapies to treat back pain first, back pain continues to be poorly managed, leading to over-prescription of opioids and multiple visits to emergency departments.

Healthcare Sector Collaboration - Low Back Pain Programs

In 2015, the Ministry of Health and Long-Term Care also launched the *Primary Care Low Back Pain* program in recognition of the ongoing lack of support for patients suffering from musculoskeletal (MSK) issues that also contributes to the opioid crisis now being faced in Ontario. Currently, there are seven *Primary Care Low Back Pain* programs across Ontario, six of which chiropractors are key contributors. Working collaboratively, chiropractors, physiotherapists and other musculoskeletal (MSK) experts work with physicians and nurse practitioners to provide appropriate care for patients with low back pain. Care is funded through the MOH for direct care and does not cost any costs for physical infrastructure or administrative overhead.

Likewise, chiropractors play a key role in the government funded Rapid Assessment Clinics (RACs) which helps support Ontario patients suffering from low back pain. Due to the importance of this program, the Rapid Assessment Clinics (RACs) met with CCO and other participating regulated health professionals during the COVID-19 pandemic to ensure care triage and assessment continues for patients initially referred for a surgical consultation.

Chiropractors and other musculoskeletal (MSK) experts assess those patients' conditions, develop care plans and provide recommendations for treatments. This alternative, evidence-based care pathway for patients with low back pain supports patients in managing chronic pain and reduces the need for opioids It reduces costs by providing physicians and nurse practitioners with alternatives to prescribing opioids, while increasing equity of access to services for vulnerable patients without extended health care benefits.

Today, in Ontario, patients are required to book and attend at least one appointment with their family doctor to obtain a referral for the essential tests that chiropractors may order. Research shows that chiropractors order tests only when necessary. Chiropractors are trained to use diagnostic imaging only when clinically necessary to accurately diagnose a patient's condition. This is why patients receive 40% less diagnostic tests when they receive chiropractic care.[16] However, some patients may need diagnostic tests and should not have to experience unnecessary red tape to receive the care they need. Eliminate and unnecessary costs

[16] Legorreta, A., Metz, R., Nelson, C., Ray, S., Chernicoff , H., & DiNubile, N. (2004). Comparative analysis of individuals with and without chiropractic coverage. Archives of Internal Medicine, (164), 1985-1992. Retrievable from: archinte.jamanetwork.com/article.aspx?articleid=217450

due to extra physician and emergency department visits. Onerous regulatory barriers hinder Ontarians from receiving the healthcare services they need and deserve.

We therefore strongly urge the government to support chiropractors in treating their patients, especially those suffering from chronic pain by permitting chiropractors to order tests including diagnostic ultrasounds; magnetic resonance imaging (MRI); computerized tomography (CT) scans; and x-rays that will help treat patients faster, reduce wait times and encourage interprofessional collaboration through Rapid Access Clinics and other means.