



ONTARIO CHIROPRACTIC ASSOCIATION
ASSOCIATION CHIROPRACTIQUE DE L'ONTARIO

Presentation

To

The Standing Committee on Finance
and Economic Affairs

Pre-Budget Consultations

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Dr. Brunarski:

Good Afternoon. My name is Dr. David Brunarski and I am the President of the Ontario Chiropractic Association. With me is Dr. Bob Haig, Executive Director of the OCA.

Thank you for considering our input. We would like to stress at the outset that our input and recommendations take into account the financial constraints the government is operating under – both from the perspective of the budgetary deficit, as well as the degree to which the province's budget is already devoted to health care expenditures.

We believe that the most significant area in which potential cost savings can be realized while improving rather than reducing services to Ontarians – is in health care.

By way of background, primary care represents the first contact between a patient and the health care system – the point of entry. Secondary care is provided by a specialist health care professional, and tertiary care is care that requires highly specialized skills, usually in facilities serving a large portion of the population.

The key to a well-functioning health care system is a primary care system which quickly and effectively handles patients – those with conditions that are appropriately handled within primary care settings, without requiring them to access emergency rooms, medical specialists, advanced testing, and hospital care that is simply not necessary.

We'll focus our comments on spine pain (back pain and neck pain) to illustrate how the current primary care system measures up on this count.

As many as 57% of emergency visits are not actually urgent¹, and a significant number of these are for acute and chronic back pain.

¹ Canadian Institute for Health Information. Understanding Emergency Department Wait Times: Who is Using Emergency Departments and How Long Are They Waiting? 2005, ISBN 1-55392-678-1.

The use of expensive MRI testing increased 619% from 1994-2005², suggesting that this sophisticated diagnostic tool is too often being used as a screening technique rather than to confirm a diagnosis or plan treatment.

Only about 5% of all back pain patients are candidates for spinal surgery, yet a referral to an orthopedic surgeon is very common, meaning that very few patients who are referred to an orthopedic surgeon for a surgical consult are actually surgical candidates. This represents a huge drain on the surgeon's time and contributes vastly to wait times for those who need surgery. It largely happens because our primary care system does not handle these patients well, and as such, they are too often pushed into secondary care settings

I'll now turn it over to Dr. Haig to talk about how the government's primary care reforms should be expanded to provide patients with enhanced care as well as make better use of scarce health care dollars.

Dr. Haig:

The examples Dr. Brunarski provided underscore the need for accelerated and more comprehensive primary care reform. The government is on the right track with its approach. It is widely acknowledged that Family Health Teams are by far the most promising primary care model that Ontario has ever seen.

Referring to the benefits offered by Ontario's FHTs, a recent article in the New England Journal of Medicine³ notes that "The use of interdisciplinary teams expands the range of services provided and reduces overload for individual physicians", concluding that "its [Ontario's] experience can provide useful lessons for the United States as it addresses its primary care crisis".

² ICES Access to Health Services in Ontario Atlas 2nd ed)

³ Patient-Centered Medical Homes in Ontario, Walter W. Rosser, M.D., Jack M. Colwill, M.D., Jan Kasperski, R.N., M.H.Sc., and Lynn Wilson, M.D. The New England Journal of Medicine

FHTs are designed to be interdisciplinary. This is an important distinction because there is extensive research showing that interdisciplinary team care is better health care.

The initial concept and announcement by the government included roles in FHTs for rehabilitation professions. By this I am referring to chiropractors, physiotherapists, and occupational therapists. As such, when the government announced the initiative, chiropractors were among the 17 professions included in the list of professionals eligible for FHT funding.

Despite this, there are no rehabilitation professionals included in any of the FHTs announced to date. That same article in the New England Journal of Medicine⁴ references this, noting that physicians in FHTs “are assisted by other health professionals, such as nurses, nurse practitioners, psychologists, pharmacists, social workers and health educators”. Rehabilitation professionals aren’t mentioned, because they’re not involved.

An October 2009 study conducted by Queen’s University⁵ looks at the questions why. The study recommends that the government reconsider its rationale for excluding rehab professionals from FHTs. It goes on to state that “There are a number of primary care services for which physicians are currently the professional of choice, but where rehabilitation professionals are clearly at least as well qualified, and in some cases better qualified”.

The study notes that there are a number of efficiencies that could be achieved by looking at roles for rehabilitation in primary health care. Most compelling, it indicates that long wait times mean that people with chronic diseases and disabilities are often showing up at the family physician’s office because they have nowhere else to go. The study also

⁴ Ibid

⁵ Why are there no Rehabilitation Professionals in Family Health Teams? Report submitted to Ontario Neurotrauma Foundation and Ontario Rehabilitation Research Advisory Network; Queen’s University October, 2009

includes a national policy scan of progress in implementing primary health care teams which in part concludes “that Ontario’s policy on the place of rehabilitation professionals within the primary health care teams differs from that of every other jurisdiction surveyed except PEI”.

An article posted on the website for the Canadian Medical Association Journal on January 22, 2010 reports on an important summit on primary health care that took place recently in Toronto. Attendees heard speaker after speaker criticize the failure to “more widely implement collaborative approaches to primary health care delivery”. One of them, Alba DiCenso, director of the Ontario Training Centre in Health Services and Policy Research noted that rehab professionals remain excluded from most policy-setting discussions – specifically referencing Ontario.

Despite original intentions, FHTs are not living up to their full promise. We believe the government has the ability to change this, and should.

Spine pain (defined as back and neck pain) is among the top reasons for a patient’s visit to a physician and is the second leading cause of disability in Canada. It is one of the most costly causes of illness and disability in Canada.

The inclusion of chiropractors in FHTs would **provide improved acute and chronic back pain management for patients and improved alignment of the care provider to patient needs, all as part of a coordinated, interdisciplinary team.** This would expand available therapeutic choice for patients, provide greater access to care as well as improved continuity of care and is consistent with the government’s focus on providing comprehensive, patient-centred, integrated health care.

We indicated earlier that our recommendations are mindful of the financial constraints the government faces. We believe that the government can make a lot of progress in enhancing interdisciplinary team care – within the context of FHTs – on an unfunded basis – without actually funding the services. This is happening now in a number of

Family Health Teams. In those circumstances the chiropractor is paying rent to the FHT – they have made their own infrastructure arrangements. The key is to ensure that the government’s policies facilitate rather than discourage this collaboration and the inclusion of unfunded services.

This is not a complete solution, of course, because the funding for these services comes directly from the patient or from private insurers. This means that the most vulnerable patients (the working poor, those on social assistance, and the elderly) who cannot access chiropractic services now will still not have that access. But it is a start.

We also believe that, as the government’s finances improve, FHT and CHC funding should be considered for the most vulnerable patients who either have no private health care insurance, or cannot afford the care provided by chiropractors.

Conclusion:

Integrating chiropractic into primary care as part of the care team will improve acute and chronic back pain management for patients, improve the alignment of care providers to patients’ needs, and will improve the delivery of primary care.

Recommendations:

- 1. Integrate rehabilitation services into Family Health Teams on an unfunded basis.**
- 2. Ensure that the infrastructure is in place to allow for the integration of unfunded services.**
- 3. As finances improve, develop a mechanism to fund chiropractic services for the most vulnerable who have no private insurance and/or cannot afford care.**

We very much look forward to answering any questions that you may have.