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**Ontario Chiropractic Association  
Submission to the Premier's Council on Improving Health Care and Ending  
Hallway Medicine  
Working Draft. January 3, 2019**

**Introduction**

The OCA welcomes the establishment of the Premier's Council on Improving Health Care and Ending Hallway Medicine.

Can a better approach to helping Ontarians who are struggling with back pain also help to end hallway medicine? It may be surprising that the answer is yes.

Back pain and other musculoskeletal (MSK) conditions are one of the most common reasons for Ontarians to seek health care. Back pain alone is the third-leading reason for an adult to go to the Emergency Department.<sup>1</sup> And because of limited care options in this setting, back pain is the top reason for leaving the Emergency Department with a new opioid prescription.

What this shows is that there is an "upstream" problem in primary care for Ontarians struggling with MSK pain that the Council can help solve. The most important part of the solution to deliver better results – namely, breaking down barriers to the integration of care funded by workplace benefits -- does not rely on provincial health dollars.

This Phase 1 submission provides the importance of MSK conditions for the Council's mandate. Phase 2, to be delivered in February, will provide more detailed and practical recommendations on opportunities for healthcare system improvements.

**Section 1: How Back Pain Impacts the Health Care System, Economy & People of Ontario**

**MSK pain is one of the most prevalent health conditions**

Back pain and other MSK conditions affect more than 4 million Ontarians each year.<sup>2</sup> This includes 1 in 8 who struggle with chronic back problems, making it a leading cause of disability.<sup>3</sup> Demographic trends, particularly an aging population, are likely to add to the prevalence of these conditions.

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<sup>1</sup> Canadian Institute for Health Information. (2015). *Quick Stats, Emergency Department Visits in 2014-2015*. Ottawa: CIHI

<sup>2</sup> Canadian Orthopaedic Care Strategy Group. (2010). *Building a Collective Policy Agenda for Musculoskeletal Health and Mobility*

<sup>3</sup> McGee, R. et al (2011). *Fit for Work. Musculoskeletal Disorders and the Canadian Labour Market*. The Work Foundation. p20.

### **MSK conditions are one of the most common reasons for seeking health care**

More than 3 million adults make over 8 million visits to Ontario physicians seeking care for MSK concerns annually.<sup>4</sup> Overall, the annual cost to the Ontario health care system related to MSK conditions has been estimated at \$2.7 billion.<sup>5</sup> In addition, more than 2 million [TBC] Ontarians receive care each year from Ontario's chiropractors.

### **Back pain is one of the most common reasons to go to the Emergency Department**

Every year, more than 400,000 Ontarians with MSK conditions like back, neck and shoulder pain visit the Emergency Department.<sup>6</sup> Back pain alone is the 3rd most common reason for adults to seek emergency care.<sup>7</sup> In some cases, MSK pain does require emergency care, such as a traumatic injury, or where it may be a sign of something more serious. However, most MSK pain can be better assessed and managed in primary care settings, and 97% of Emergency patients with back pain were not admitted.<sup>8</sup> This is an expensive approach to delivering care, and impacts wait times. As well, the limited options for assessment and treatment of MSK pain in Emergency likely contributes to back pain being the leading reason for a patient leaving the hospital with a new opioid prescription.<sup>9</sup>

### **Back pain is a key driver of new opioid prescriptions**

Canada is the 2<sup>nd</sup> highest consumer of prescription opioids in the world. Over 8% of Ontarians received a new prescription for opioids in 2017.<sup>10</sup> In both Ontario Emergency Departments and Family Health teams, back pain was the most common reason for a new prescription. This is particularly troubling because evidence shows that relying on opioids is not clinical best practice. In addition to the established risks, new research also makes clear that opioids are not effective in managing chronic pain.<sup>11</sup> In total, 1 in 7 Ontarians (and 1 in 5 seniors) were prescribed opioids – about 1.7 million in total. And the highest rates were in northern and rural areas.<sup>12</sup> Opioids are now a leading cause of premature death in much of the developed world. The opioid crisis is complex, and overuse of prescription opioids is contributing substantially to the problem.

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<sup>4</sup> Rampersaud YR, Power JD, Perruccio AV, Paterson M, Veillette C, Badley EM, Mahomed NN. Ambulatory and Hospital Care for Osteoarthritis and Other Musculoskeletal Disorders in Ontario, Canada. *Osteoarthritis and Cartilage* 2017; 25(S1):S33.

<sup>5</sup> MacKay C, Canizares M, Davis AM, Badley EM. (2010) Health care utilization for musculoskeletal disorders. *Arthritis Care & Research*. 62(2) 163-169. (\$2010 inflated to \$2018)

<sup>6</sup> Mackay (2010)

<sup>7</sup> CIHI, NACRS Emergency Department Visits and Length of Stay, 2017-2018

<sup>8</sup> CIHI, NACRS Emergency Department Visits and Length of Stay, 2017-2018

<sup>9</sup> Burgundvaag, B. et al. (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).

<sup>10</sup> Health Quality Ontario. *Measuring Up 2018*. p16.

<sup>11</sup> Busse, JW. (2018) Opioids for chronic non-cancer pain: a systemic review and meta-analysis. *JAMA*. 2018;320(23).

<sup>12</sup> Ontario Drug Policy Research Network. *Ontario Prescription Opioid Tool*. Toronto, ON; July 2018.

### **Economic impacts**

MSK pain also has economic consequences, as it can also create severe difficulties for working Ontarians by reducing peak-earning years, and by making it hard to secure and keep a well-paying job.<sup>13</sup> More than any other chronic condition, MSK pain is responsible for the greatest loss of productive years in the workforce.<sup>14</sup> About 85% of workers will have low back pain at least once in their career. It is not a surprise that there is a higher prevalence of back pain among hard-working Ontarians doing manual labour. For example, men in construction trades are more likely to be prescribed opioids to deal with pain from workplace injuries, and a British Columbia study found these workers are now a key group dying of opioid-related drug overdoses.<sup>15</sup>

Back pain and other MSK conditions also 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.<sup>16</sup> In 2011-12, absenteeism cost Canadian organizations an average of 2.4 per cent of gross payroll, which is an overall loss of more than \$16.6 billion to the Canadian economy.<sup>17</sup> In Canada, MSK conditions are said to amount to over \$22 billion in direct and indirect costs.<sup>18</sup> These are important implications for individuals and families, and the productivity of the Ontario economy.

### **Impacts on the people of Ontario**

MSK conditions (e.g., back, neck, joint and muscle pain and injuries) can be some of the most debilitating conditions many people have to deal with. While MSK pain sometimes resolves on its own, the impacts on the ability to work and on everyday life make timely access to care particularly important. And in some cases, early assessment, education, support, and treatment can reduce the potential for a condition to become chronic.

Compared to many other health conditions, Ontarians with low back pain are likely to experience a complicated patient journey, and challenges in timely access to evidence-based best practices because most non-pharmacological pain management is outside the provincial

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<sup>13</sup> Lynch, M. (2011, March). The need for a Canadian pain strategy. *Pain Research and Management*, 16(2).<sup>19</sup>

<sup>14</sup> Briggs, A., et al. (2018). Reducing the global burden of musculoskeletal conditions. *World Health Organization Bulletin*.

<sup>15</sup> Globe and Mail. Construction workers a key group dying of opioid-related drug overdoses in BC, Nov 13, 2018.

<sup>16</sup> Occupational Health and Safety Council of Ontario (OHSCO). (2007). *Musculoskeletal Disorders Prevention Guideline for Ontario*. OHSCO.

<sup>17</sup> Benefits Canada. (2013, October 8). *Absenteeism costs topped \$16 billion in 2012*.

<sup>18</sup> Canadian Institutes of Health Research (CIHR). (2017). *Evaluation of the Institute of Musculoskeletal Health and Arthritis (IMHA)*. Government of Canada.

government funded health care system. To date, little effort has been made to make the health care 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.

## **Section 2: A Better Approach to Managing Back Pain**

The Ontario Chiropractic Association is bringing forward this proposal because we believe Ontario can have a better approach for Ontarians struggling with MSK pain. This better approach offers the opportunity to improve the delivery of health care in Ontario without primarily relying on provincial tax dollars. The most important opportunity is from better integration of the non-pharmacological pain management that is primarily delivered in the community and funded through workplace benefits. Existing innovative projects for MSK pain patients can be scaled up for those without access to benefits. Together, these changes can improve timely access to evidence-based best practice, and make the job of ending hallway medicine easier by addressing a leading reason for unnecessary Emergency Department visits.

### **Overreliance on Emergency Departments for MSK indicates upstream primary care problems**

A key sign that the health care system is not working for people struggling with back pain is how often they seek care from the Emergency Department. Nobody with severe back pain wants that kind of experience waiting for care. Even worse, in most cases there is little the Emergency Department can offer in terms of proper assessment or treatment other than a prescription for pain relief. Low back pain is the 3<sup>rd</sup> most common reason for an Emergency Department visit by an adult, yet 97% of patients are not admitted.<sup>19</sup>

This over-reliance on the Emergency Department clearly indicates weaknesses upstream in the current approach to primary care. Most non-pharmacological pain management is outside the provincial government funded health care system. Poor integration of these evidence-based best 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.<sup>20</sup> This overwhelms specialists, causes long and expensive wait times, and creates a high risk that the delay in appropriate care may lead to pain becoming chronic or reaching the point where the patient ends up going to Emergency. Change is needed to provide Ontarians with better options that also make better use of health resources.

### **Changing best practices support new approaches**

A better approach also to managing MSK pain also aligns with recent changes in clinical best practice recommendations. These changes recognize growing concerns that traditional health

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<sup>19</sup> CIHI, NACRS Emergency Department Visits and Length of Stay, 2017-2018

<sup>20</sup> Ontario Chiropractic Association, Enhancing Musculoskeletal Care for Ontarians. Pre-budget submission. January 2018.

care system approaches to back pain are potentially ineffective, and sometimes make the problem worse.

The new guidelines now agree on a biopsychosocial approach that includes patient education and optimizes non-pharmacological modalities, including spinal manipulation for back pain.<sup>21</sup> These recommendations strongly align with the approach of chiropractic care.

### **The Importance of Improving Timely Access to Evidence-Based care**

For MSK pain, the goal for healthcare modernization is more timely access in the community to evidence-based care. People struggling with acute MSK pain usually want an assessment and a plan for achieving relief as soon as possible and without travelling to multiple providers. Concern about accessing the right care at the right time is heightened because the most recent Ontario evidence points to back pain being the leading reason for new opioid starts from Emergency Departments and family doctors.<sup>22</sup>

Ontario has taken important first steps with MOHLTC's Low Back Pain Strategy.<sup>23</sup> However, having timely access be more broadly available requires a comprehensive approach to the same degree as other important health conditions like diabetes and mental health. For MSK pain, there is the opportunity for innovative approaches that actually reduce pressure on provincial government spending.

### **Breaking down silos**

There are many silos in the health care system that reduce its efficiency and effectiveness. One of the biggest silos relates to care that is not funded through tax dollars. Annual funding for extended health benefits in Ontario has reached \$17 billion,<sup>24</sup> but this care is poorly integrated. This leaves Ontarians having to navigate on their own to find the right care. Breaking down these silos and helping Ontarians to use benefits already available to them can improve timely access to care in the community, reduce unnecessary Emergency Department visits, and save provincial government health care dollars.

Canadians are fifth highest in paying for healthcare out-of-pocket or using workplace benefits.<sup>25</sup> They deserve to have this healthcare better integrated. Moreover, there is a strong case that the highest priority for this kind of modernization is MSK pain. The chiropractic profession alone provides care to more than 2 million Ontarians each year who are seeking non-pharmacological pain management. The government has already taken steps with OHIP+ to integrate available

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<sup>21</sup> cite National Pain Centre, Lancet, ACP, Lancet, HQO

<sup>22</sup> Burgundvaag, B. et al. (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).

<sup>23</sup> MOHLTC. Low Back Pain Strategy. 2016.

<sup>24</sup> Canadian Life and Health Insurance Association. Canadian Life and Health Insurance Facts 2018 edition.

<sup>25</sup> Drummond, D. Commission on the Reform of Ontario's Public Services. 2012. p154

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workplace benefits in the delivery of care. However, the x% of Ontarians with available benefits are often left to navigate care options on their own for MSK pain, and would appreciate opportunities for the care provided by these benefits to be better integrated into their health care.

### **Scaling Up Innovative MSK Projects**

Ontario has established two health system improvement projects to improve care for people with MSK conditions. There are benefits to scaling up both these projects.

The well-regarded **Interdisciplinary Spine Assessment and Education Clinics** provide expert assessment of patients with low back pain referred by their family physician or nurse practitioner. These assessments are done by clinic chiropractors and physiotherapists. The result has been a dramatic reduction [how much] in inappropriate surgical referrals. However, more could be done to offer a clear care pathway outside the provincial government funded health care system for the 93% of patients who will not benefit from surgery, and who have available workplace benefits.<sup>26</sup> The ISAEC centres are well positioned to be developing pathways that break down the silos between tax dollar and privately funded care that can be adopted more widely in the future.

Ontario's recent **Primary Care Low Back Pain Pilot** projects provide MSK care in interprofessional primary care locations including Family Health Teams. The seven existing locations provide access to MSK experts including chiropractors, and are particularly important for receiving referrals from physicians for MSK pain patients without workplace benefits. The evaluation found significant a reduction in the use of opioids, prescription pain medications, emergency room utilization and referrals for diagnostic imaging, all while improving quality of life, mobility and functioning.<sup>27</sup> There are clear benefits to establishing base funding for these pilots and expanding them to be implemented at the sub-LHIN level.

### **Next Steps on Change**

Phase 2 of this submission expected by [date] will provide more detailed recommendations for health system improvements in support of the mission of the Premier's Council. Recommendations will focus on opportunities to break down barriers between provincial government and privately funded health care, savings opportunities from better integration of care options currently available in the community, and reducing unnecessary hospital visits, as well as primary care innovations that can support these changes.

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<sup>26</sup> Ontario Chiropractic Association, Enhancing Musculoskeletal Care for Ontarians. Pre-budget submission. January 2018.

<sup>27</sup> Ontario Chiropractic Association. Managing and Mitigating Low Back Pain and Opioid Use through Interprofessional Care.

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### **Including Primary Care for MSK Conditions within the Scope of the Premier's Council**

The Premier's Council can play a critical leadership role by including primary care for MSK pain within the scope of their efforts. This an important area where the health care system is currently failing the people of Ontario. Back pain is a key reason for unnecessary Emergency Department, and upstream changes to offer better options can make a big impact on hallway medicine. Finally, a better approach to MSK pain offers the opportunity to move quickly on a model for the health care system on how to break down the silos between provincial government and privately funded care, and create a new path forward in support of health system sustainability.

### **Section 3: Alignment with the Long-Term Vision for Improving Health Care**

Making Ontario's health care system work for people struggling with MSK pain fully supports the long-term vision of the Premier's Council. More specifically, breaking down silos to better integrate care funded through workplace benefits fully supports each of the four elements of this vision: quality; safety; efficiency; and patient satisfaction.

#### **Quality**

For people struggling with MSK pain, timely access to the right care is an essential part of quality care. Right now, there are significant barriers to the integration of primary health care funded through workplace benefits. Breaking down these barriers is key because most evidence-informed non-pharmacological pain management in Ontario is provided outside the tax dollar-funded health care system.

Helping patients make more effective use of available benefits would dramatically increase timely access to care, and alternatives within the provincial government funded system can be prioritized for those without available benefits. The quality of health care delivery is expected to improve with greater integration of allied health providers, including chiropractors. Chiropractors are highly trained in the key competencies for assessing, diagnosing and managing common MSK-related pain and dysfunction using primarily a non-pharmacological, holistic approach to common pain conditions. Enabling chiropractors to do more to meet patient needs will strengthen the overall quality of care available to Ontarians, while creating more capacity for physicians and other professions to respond to the diverse and growing health needs of Ontario.

#### **Safety**

Better integration of non-pharmacological pain management is the most important step Ontario can take to reduce inappropriate opioid prescribing for MSK pain. Opioids are often used to treat pain because our health care system favours quick fixes and opioids are what

many providers know for treating pain. However, clinical best practice is clear that opioids are normally not the right care for MSK pain.<sup>28</sup>

Given the risks associated with prescription opioids, Ontario can improve patient safety through better integration of non-pharmacological alternatives, and by empowering patients to understand the other care choices they have, which are actually safer and more effective.<sup>29</sup> For example, a large population in New Hampshire found that those with back pain who received care from a chiropractor were 55 per cent less likely to have filled an opioid prescription compared to standard medical care alone.<sup>30</sup>

### **Efficiency**

Efficiency gains in how Ontario delivers health care has to be achieved in a way that supports quality care now and into the future. The most important opportunities will come from innovation. For MSK pain, the major opportunity to improve the efficiency of Ontario's health care system is to break down the silos between care that is provincial government funded and care that is funded out-of-pocket or through workplace benefits.

About 80% of Ontarians have access to extended health benefits valued at \$17 billion.<sup>31</sup> Some health care funded with these benefits, such as prescription drugs, are already well integrated. Non-pharmacological pain management is not, and better integrated care funded with these benefits can relieve pressure on tax dollar-funded care. Chiropractors can help with the challenges of improving health system outcomes and timely access in a way that actually creates direct savings. Most importantly, better primary care for MSK conditions "upstream" can help reduce the 400,000 yearly Emergency Department visits for low back pain.<sup>32</sup> Further efficiency can be achieved by scaling up innovations that are currently working to improve timely access to care, including ISAEC assessments to reduce unnecessary surgical referrals, and extending the Primary Care Low Back Pain Pilots to all sub-LHINS.

### **Customer Satisfaction**

Making Ontario's health care system work better must include better integration of the care that Ontarians currently choose to receive from regulated providers outside the taxpayer funded system. 9.8 million Ontarians have supplemental health insurance, primarily through benefits funded by their workplaces. The many among those who are struggling with MSK pain

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<sup>28</sup> Busse J, Craigie S, Juurlink D, et al. Guideline for opioid therapy and chronic noncancer pain. CMAJ 2017. doi: 10.1503/cmaj.170363

<sup>29</sup> Coalition for Safe and Effective Pain Management. Reducing the Role of Opioids in Pain Management. Nov 2017.

<sup>30</sup> Whedon, J. (2018). Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids. *Journal of Manipulative and Physiological Therapeutics (JMPT)*.

<sup>31</sup> Canadian Life and Health Insurance Association. Canadian Life and Health Insurance Facts 2018 edition.

<sup>32</sup> MacKay, C., Canizares, M., Davis, A. and Badley, E. (2010). Health care utilization for musculoskeletal disorders. *Arthritis Care & Research*, 62(2),161-169.

would welcome more support in using their workplace benefits to have timely access to best practice care for these conditions, including referral to a chiropractor when appropriate.

Putting the patient at the centre of this delivery model offers:

- More timely access to care
- Better evidence-based integration of available benefits
- More comprehensive assessment than normally available in the ED and from family doctors
- Less risk of being prescribed opioids
- Quicker return to work
- Choice of provider.

Chiropractors are highly trained in the assessment, diagnosis and treatment of MSK conditions, and can provide the education and support needed for patient self-management. As well, wait times are rare. As a result, Ontario chiropractors achieve high levels of patient satisfaction, and can improve the overall experience of health care for MSK pain.

#### **Section 4: The Chiropractic Profession**

Chiropractors are highly trained primary contact experts in the diagnosis, treatment and prevention of back pain and other MSK conditions. Chiropractic care is widely available across the province, with more than 2 million Ontarians visiting a chiropractor each year. [TBC] Ontario's chiropractors practice in communities of all sizes, providing important access to health care in rural and remote areas, as well as urban centers.

Pain is a complex health concern. The body of knowledge that comes from research allows chiropractors to provide safe, scientifically sound and current treatments in their practice – bringing the most advanced methods to patient care and interprofessional collaboration. Chiropractors, while widely known as “back doctors”, function in a broader context as MSK experts. Training and education offer a wide range of skills to support patient care and collaborate in interprofessional care.

To prepare for their role as doctors, chiropractors complete a minimum of seven years of accredited post-secondary education, which includes a four-year, chiropractic-specific program that focuses on diagnosis and treatment of MSK conditions. This high level of qualification ensures chiropractors' expertise to diagnose the underlying cause, treat and recommend options to relieve pain, restore mobility and prevent reoccurrence. Because back pain is a key driver of opioid prescribing, the chiropractic profession in Canada has been taking a leading role in prevention efforts to respond to the opioid crisis. Chiropractic was one of five health professions invited by the federal government to be an original signatory of the Joint Statement

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of Action to Address the Opioid Crisis.<sup>33</sup> The integration of chiropractic into the federal strategy recognizes that addressing the opioid crisis requires looking at how we manage pain.

### **Conclusion**

We look forward to working with the Council to develop solutions that will improve health care for Ontarians and reduce unnecessary demand on hospitals without relying on Ontario tax dollars.

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<sup>33</sup> Health Canada. (2016, November). Joint Statement of Action to Address the Opioid Crisis. *Government of Canada*.