



Ontario
Chiropractic
Association

**Oral presentation to Members of Standing Committee
on Social Policy regarding Bill 74: An act concerning
the provisions of health care, continuing Ontario
Health and making consequential and related
amendments and repeals**

Marg Harrington and Nancy Gale

April 2, 2019

5:20pm

Main Legislative Building

Good afternoon members of the Standing
Committee on Social Policy and staff.

On behalf of the Ontario Chiropractic
Association, I thank you for giving us this time
to consult on *Bill 74 An act concerning the
provisions of health care, continuing Ontario
Health and making consequential and related
amendments and repeals .*

I'm joined today by Marg Harrington, Director
of health policy and program development.

I'm Nancy Gale, VP of communications and
stakeholder Management at the Ontario
Chiropractic Association.

I've worked in both acute care and home and community care and I've seen connected care that works for patients and for our sustainable health system.

And I've also seen when the system gets in the way of patients receiving the best care possible. I'm optimistic about Bill 74. In the preamble, it states it is establishing a "*new model of integrated public health care delivery which will put each patient at the centre of a connected care system anchored in the community.*" We could not agree more!

That's what we're here today to talk to you about.

As the Ontario government progresses through the consultation of Bill 74, we recommend that you include health care professionals who can provide patients with effective care. We also recommend that you preserve and build on the proven integrated care models that are working as you move forward with the transition of Bill 74.

In the next seven minutes I will share three recommendations. And I will tell you about three proven solutions that exist today in what Bill 74 calls integrated care models.

Recommendation One. Include all health professionals in interprofessional care in the community.

So how do we realize the benefits?

You are doing it already. Here is my first example of a viable solution. The **Primary Care Low Back Pain** program brings physicians, nurse practitioners, pharmacists, chiropractors and others together to give patients faster access to diagnosis and treatment for back pain.

There are twelve chiropractors working at six of the seven locations today.

By the way, this integrated care model is fully aligned to Bill 74's belief that "*public funding should be directed to frontline services.*"

The ***Primary Care Back Pain*** program is direct care. None of the funds is spent on physical infrastructure or administration overhead. One hundred percent of the funding pays for health professionals delivering direct care funding for the program.

Launched in 2014, ***Primary Care Low Back Pain*** programs have treated about five thousand patients.

Ninety-three percent of patients say their quality of life has improved.

Eighty-seven percent of say the program gave them access to low back pain care that they otherwise wouldn't have been able to access.

The program saw a seventy one percent reduction in diagnostic imaging.

More important, patient, Lisa Morris, describes what it is like to receive chiropractic care for her chronic pain. And the benefit for Lisa is that she is now lives without opioids! Her story is in your package.

In the description of a health service provider, the bill recognizes family health teams and nurse practitioner-led clinics. It also references a “*person or entity that provides physiotherapy services in a clinic setting that is not otherwise a health service provider.*”

We ask that the Standing Committee consider including chiropractors in that description so that Ontario Health Teams can continue and replicate such success in other innovative programs.

Recommendation two.

We think that Bill 74 should enable consideration of programs that work for people, even when that funding comes from multiple sources.

Our newest program, ***Health2Work***, provides people receiving Ontario Works within the Waterloo region with access to MSK care, one of the leading causes of disabilities worldwide.

Funded by Ontario Works, chiropractors treat MSK conditions, which include back pain, strains, sprains, neck pain and headache.

Health2Work integrates with local health and social services – in this case, Langs Community Health Centre.

Officially launched in Waterloo Region in February 2019, already five clients now have jobs and are no longer on Ontario Works.

Just ask Leroy what it means to be off social assistance and back at work in a job that does not exacerbate his pain. Leroy's story is also in your package.

And like the **Primary Care Low Back Pain** program, **Health2Work** complies with Bill 74's prohibition section 34. Patients receive care from the program, at no direct cost.

Our third solution is a great example of what Bill 74 is trying to achieve on several levels.

Created by a surgeon, **ISAEC** enables family physicians to refer patients who may be surgical candidates for a rapid low back pain assessment by chiropractors and other health professionals. We recommend this program proceed with the Ontario Health Teams model.

Surgeons trust chiropractors to assess and direct patients to the most effective care.

Hiring panels, comprised of surgeons, physicians, hospital administrator staff and clinicians, selected over 50 chiropractors to lead and practice in ISAEC.

Specifically for ISAEC.

- Patients wait less than two weeks for an assessment by a chiropractor.
- And patient satisfaction rate is ninety-nine percent.

This leads me to my third recommendation.

We recommend to the Standing Committee that Bill 74 include the complementary optimization of all professional health human resources with appropriate, safe enhancement of scopes that will reduce wait times, provide equitable access in rural communities, and focus taxpayer's money on effective direct care.

For ten years, the Ontario Chiropractic Association, the College of Chiropractors of Ontario and the Canadian Memorial Chiropractic College have requested enhancing the scope of practice for chiropractors so they can simply care for patients as they are trained and qualified to

do. We think this “red tape is a pain in the back.”

In fact, by enabling scope enhancement for chiropractors alone, the savings to taxpayers is between 15 to 23 million dollars a year on doctor visits to obtain simple blood or diagnostic tests.

Here’s the red tape in a simple example.

A chiropractor’s patient has a hematoma that is of concern and the chiropractor requires a simple blood test to develop a diagnosis and treatment plan. While the chiropractor is trained and certified to interpret a blood test, she cannot order that test today. Instead, her

patient needs to visit her family to obtain a referral for that blood test.

That is a delay in diagnosis and treatment, and the cost of one or two doctor visits billed to OHIP.

The chiropractor can provide appropriate treatment to her patient and will send an electronic file to her patient's family doctor to keep him or her fully apprised of the care of their patient.

On behalf of patients across Ontario, we ask you to ensure the promise of Bill 74 enables and builds on ***Primary Care Low Back Pain***, ***ISAEC*** and the ***Health2Work*** programs.

Chiropractors have the expertise and experience to work within the connected health system.

We also ask the Standing Committee to reflect on the benefits of a complementary scope expansion.

We will be pleased to answer your questions.

Potential questions: (from Caroline Pinto)

1. How can you support a bill that privatizes our precious health system (NDP) (Response: We support any efforts to integrate and better connect care for patient in Ontario.)
2. Are you just looking for a cash grab? (Response: No. The programs I described are cost effective, proven solutions for patients in Ontario.)
3. Who have you been talking to in government? What have you been hearing from politicians and bureaucrats? (Response: We are here today to educate the Standing Committee on the proven programs and benefits of using all registered health professionals in connecting patients with effective care. Note: We can make no reference to any discussions.)

Potential questions: (Nancy)

4. Explain the cost model (Response: for PCLBP, the clinic and community health centre is given \$200k/year for the program and the mix of health professionals is based on the demographic needs of the community. For ISAEC, there is a fee for the assessment, which is provided through funding through the LHIN – **is this correct Marg?** For **Health2Work**, funding is for a treatment plan also funded directly in the program. None of the programs are billed through OHIP?)
5. Is there a cost to patients for the programs? (Response: no. Is there a cost to the patient for that blood test? No, that test would be covered by the publicly funded system; it simply removes the need for one or more physician visits simply to obtain the referral needed for the test.)
6. Where is the research done and by whom – Marg
7. With the media coverage about vaccinations recently, do you think chiropractors have a crisis of public confidence? (Response: No, I don't think there is a lack of confidence at all. Chiropractors have the expertise and experience to care for patients. In Ontario, there are over 4,700 chiropractors – it is the third largest jurisdiction in the world – that is because chiropractors are well trained, responsible regulated health professionals who deliver effective care – or patients would not go to them.)

For reference in the Q&A period

Correcting inequitable access to care for people living in rural regions.

Like other Ontarians in cities, chiropractors need the right to order x-rays in rural communities where people have to travel long distances or visit their family physicians simply to order an x-ray, or worse, visit an emergency department, simply because their chiropractor in their community does not have the same rights as chiropractors in more urban settings. That means people living in rural communities don't have the access to care that city dwellers do. That's red tape. That's delays in care and wasted costs to the health care system.