



PRE-BUDGET SUBMISSION MSK HEALTH: A PRIORITY FOR CANADIANS

EXECUTIVE SUMMARY

The Canadian Chiropractic Association (CCA) is a national, voluntary association representing Canada's 8,500 licensed doctors of chiropractic. Approximately 4,5 million Canadians use the services of a chiropractor each year. The CCA advocates on behalf of members and their patients to advance the quality and accessibility of chiropractic care in Canada, and to improve the effectiveness and efficiency of the healthcare system.

More than 11 million Canadians are affected by back pain and other musculoskeletal (MSK) conditions every year.¹ MSK conditions rival cardiovascular disease as an overall health burden, are the second leading reason for physician visits, and are the number one cause of disability.² By limiting activity, MSK conditions can also make it more difficult to manage other chronic conditions.

MSK conditions also significantly impact Canada's productivity, including disproportionately affecting workforce participation among lower income Canadians doing more physically-demanding labour, or impacted by other poverty-related issues including under-housing and limited access to appropriate healthcare. Up to 85% of workers will suffer from back pain at least once in their lifetime³ and often back pain will re-occur or become chronic. The disability costs alone are the most significant of any chronic disease at \$15 billion.⁴ Over half of work days lost due to injury are for MSK conditions.⁵ There is an insufficient focus in current health innovation efforts dedicated to understanding, preventing and treating MSK conditions. Evidence shows that addressing MSK conditions in a strategic way should allow existing health spending to be used more effectively.

The widespread incidence of MSK disorders are a major pressure for all health systems in Canada, but this impact is disproportionately higher for populations that are the responsibility of the federal government, including Canadian Forces, Veterans, First Nations and Inuit, RCMP and inmates. There is substantial evidence that a more systemic and coordinated approach by the government in the prevention and treatment of MSK conditions among federal populations would both improve health outcomes and reduce direct and indirect costs. This makes federal populations an important first focus for an MSK Strategy for Canada.

¹ Building a Collective Policy Agenda for Musculoskeletal Health and Mobility; Canadian Orthopaedic Care Strategy Group backgrounder report. 2010.

² Desjardins, D. (2006). Le fardeau de la maladie lié aux troubles musculosquelettiques au Canada. Prévention l'incapacité au travail : un symposium pour favoriser l'action concertée. Journées annuelles de la santé publique. Retrieved from <http://jasp.inspq.qc.ca/Data/Sites/1/SharedFiles/presentations/2006/JASP2006-Incapacite-SDesjardins2.PDF>

³ Andersson G. (1997). The epidemiology of spinal disorders. In: Frymoyer JW, ed. The adult spine: principles and practice, 2nd ed. Philadelphia: Lippincott-Raven, 93–141.

⁴ Mirolla, M. (2004). The Cost of Chronic Disease in Canada. Retrieved from <http://www.gpiatlantic.org/pdf/health/chroniccanada.pdf>

⁵ Marovino, T., & Sabo, J. (2014). Chapter 10: Musculoskeletal health: A critical determinant of productivity and an important element in overall wellness. Retrieved from <file:///C:/Users/fleblanc/Downloads/TizJJulie%20article.pdf>

As Canada's MSK experts, Canadian chiropractors are proposing two recommendations to improve the federal government's management of MSK conditions and associated impacts:

1. Achieving the productivity gains from better prevention and management of MSK conditions requires increased investment in the capacity of the federal government to support healthcare innovation. The CCA recommends that resources be made available to support the departments directly involved in the delivery of health services to federal populations to work collaboratively to establish strategies for prevention and the provision of appropriate care related to MSK conditions.
2. Canada's tax system would be improved by reducing current barriers for Canadians who are patients of chiropractors and are eligible for the Disability Tax Credit due to joint dysfunction or other MSK conditions. Amending the Income Tax Act to add chiropractors to the list of professions able to assess eligibility would prevent an unnecessary referral for these disabled patients hence saving health dollars.

MSK HEALTH: A PRIORITY FOR CANADIANS

Musculoskeletal conditions have a profound impact on Canada's economic welfare, stability and strength of the workforces, and levels of productivity.

RECOMMENDATION 1:

IMPROVING PRODUCTIVITY: MSK STRATEGY FOR FEDERAL POPULATIONS

Invest in healthcare innovation to support the departments directly involved in the delivery of federal health services to work collaboratively in order to establish strategies for prevention and the provision of appropriate care related to MSK conditions.

The federal government is the fifth largest purchaser and provider of healthcare in Canada, with expenditures of \$6.7 billion in direct healthcare provision in 2010 alone.⁶ Currently, federal ministries do not substantively coordinate the delivery of health services. This can both limit innovation, and, in some cases, result in missed opportunities for efficiency. For example, Veterans Affairs has a direct interest in identifying patterns of medical releases from Canadian Forces while also working proactively to implement best practices for prevention and early treatment. Such collaboration would offer the potential of reducing numbers of beneficiaries, and better fulfilling our responsibilities to our men and women in uniform. The burden of MSK conditions continues to be costly for the federal government, even though its impacts are under-estimated and under-recognized. Better care at a better value is possible; however, innovative models and coordination of resources are needed to provide consistent access to appropriate care for all federal populations.

Canada's chiropractors, with our expertise in MSK conditions, can help in the development of strategic approaches to enhance prevention and strengthen the delivery of care. There is strong evidence that adding chiropractors to collaborative care teams can improve team function and improve outcomes at lower cost.

EXAMPLE OF THE CANADIAN FORCES AND VETERANS

"Non-battle-related injuries are the 'hidden epidemic' plaguing modern armies (...) prevention of such injuries (...) has a pivotal role in preservation of unit readiness"

—Surgeon General James Peake

The prevalence of low back pain in the Canadian Forces is double that of the general population with 35 to 45% of all members on sick parade suffering primarily from at least one MSK condition. MSK conditions are also responsible for 53% of medical releases. In addition, 41% of reported chronic health

⁶ CIHI. (2013). National Health Expenditure Trends, 1975 to 2013. Retrieved from https://secure.cihi.ca/free_products/NHEXTrendsReport_EN.pdf

conditions were due to MSK conditions, back pain leading in occurrence. Not surprisingly, MSK-related injuries were also the leading cause of non-deployment (32%), followed by family issues.⁷

The impacts of MSK conditions on members of the Canadian Forces are numerous, but these extend beyond healthcare provision. The increase in MSK conditions has led to increased medical releases, costs for recruitment and training, and later Veteran disability claims. MSK conditions have also led to increased medical evacuations, compromised force strength and fitness, and ultimately decreased operational readiness.⁷

Injured soldiers eventually go on to be Veterans. It is estimated that 50% of Veterans Affairs claims are due to MSK conditions, resulting in over \$60 million in annual pensions.⁷ Chronic pain and disability are often over-looked and under-estimated in terms of impact compared to other health conditions, however, the impact on individuals, families and communities can be profound.

MSK conditions can complicate the management of other conditions such as mental illness. The relationship between chronic pain and mental illness is well documented; hence, the availability of alternatives and *appropriate* care is crucial. The management of MSK conditions with opiates and other pain medications may complicate the treatment of comorbid or underlying mental health issues, and create risks of dependency.

Access to appropriate conservative treatment for MSK conditions is critical for the management of federal populations who may be at greater risk for concurrent conditions and chronicity. A comprehensive MSK strategy is required to fully understand current impacts of MSK conditions for all federal populations, and drive innovation that can ensure federal health spending is used efficiently and improves health outcomes.

GENERAL IMPACTS

Even though the needs of the individuals vary, in general, relevant federal populations share enough similarities that developing a comprehensive MSK strategy to provide appropriate and adequate services would be warranted. By better managing resources through collaboration on a comprehensive federal MSK strategy, Canadians would have access to prompt and appropriate care, leading to better health outcomes and satisfaction. Furthermore, a comprehensive MSK strategy would facilitate the transition of individuals among the various departments responsible for the delivery of care. For example, a member of the Canadian Forces discharged to Veterans Affairs Canada due to MSK disability would greatly benefit from maintaining continuity of care while transitioning to civilian life. The effectiveness

⁷ Rowe, P. & Hébert, I. (2010). The impact of musculoskeletal conditions on the Armed Forces. Shaping the Future: Military and Veterans Health Research. Edited A. Aiken and S. Bélanger, retrieved from <http://www.cimvhr.ca/sites/all/themes/cimvhr/pdf/book.pdf>.

of such a model is observed in the U.S. where active military members and Veterans have access to very similar care which has proven to be highly beneficial.^{8,9}

The need to identify and implement appropriate care and best practices is also very relevant to the federal responsibility of healthcare provision for federal populations. It is estimated that \$40 billion of direct healthfunding is wasted every year in Canada on either unnecessary or inappropriate care.¹⁰ As part of developing MSK strategies, the federal departments and ministries should look for opportunities to advance collaborative approaches in delivering healthcare to those who are the responsibility of the federal government.

RECOMMENDATION 2:

DISABILITY TAX CREDIT CERTIFICATE

Amend *Income Tax Act*, s. 118.4 (2), to add chiropractors to the list of practitioners eligible to assess disability and issue the Disability Tax Credit Certificate.

This change would make it easier for a person with a disability to have appropriate access to the Disability Tax Credit in cases of disability caused by an MSK condition or chronic joint dysfunction that results in a severe and prolonged restriction on walking, feeding or dressing. Chiropractors are sometimes in the best position to assess changes in condition because they work closely with these patients over an extended period to manage symptoms.

The primary beneficiaries are people with qualifying disabilities who currently have conditions or symptoms related to their disability treated by their chiropractor. Common severe disabilities treated by a chiropractor include osteoarthritis, chronic lower back and neck pain. In some cases, these disabled patients have not claimed the Disability Tax Credit due to barriers to accessing care. Secondary beneficiaries include caregivers, family and friends of the patient who may be alleviated of the extra burden of unnecessary redundant visits to an additional healthcare provider.

This recommendation would improve access for people with disabilities to a long-standing tax credit. The degree of additional claims would be modest and would not necessitate tax increases or spending reductions in other areas. This modest increase in access would fall well within current projected expenditure growth. Provincial governments will save by preventing unnecessary supplementary visits to other practitioners for patients who are already being assessed and treated by chiropractors, resulting in better use and value of health dollars.

⁸ Goertz, C., Long, C., Hondras, M., Petri, R., Lawrence, D., Owens, E. & Meeker, W. (2013). Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study. *Spine*, 38(8) 627-634.

⁹ Dunn, A., Green, B. & Gilford, S. (2009). An analysis of the integration of chiropractic services within the US Military and Veterans' Health Care System. *Journal of Manipulative and Physiological Therapeutics*, 32(9): 749-757.

¹⁰ Mawani, A. (2011). Can We Get Better for Less: Value for Money in Canadian Health Care. Retrieved from http://www.cga-canada.org/en-ca/ResearchReports/ca_rep_2011-04_healthcare.pdf

GENERAL IMPACTS

Many people with disabilities related to MSK conditions and joint dysfunction seek diagnosis and treatment from chiropractors to make it easier for them to accomplish activities of daily living (i.e. walking, dressing and feeding). Their chiropractor is in the best position to assess the duration and effects of their impairment related to MSK conditions. This change also eliminates the difficulty for a disabled person to travel to an unnecessary appointment with another practitioner (with related costs) and improves healthcare system efficiency with all practitioners able to make a full contribution to patient care.