

## Delaware Chiropractic Services Network (DCSN)

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TO:

Ann Visalli, Chair  
Members, Delaware State Employees Health Plan Task Force

In review of the **FINAL REPORT OF THE STATE EMPLOYEES HEALTH PLAN TASK FORCE** dated 12/15/2015, we would like to address content requiring clarification.

Page 32 of the report states:

### Care Authorization for Physical Medicine services

The costs and frequency of physical therapy visits, chiropractic visits and other visits in the general category of physical medicine treatment have been increasing in the most recent period accounted for 2 percent of the 3 percent trend increase in outpatient service utilization. Outcomes, efficacy and costs of physical therapy and related physical medicine treatments vary considerably and higher spending doesn't lead to improved outcomes. There is little financial incentive for members or providers to ensure treatment goals are completed in the least amount of time and the lowest costs. As a result, programs have been developed to ensure ongoing treatment leads to improved outcomes.

- Highmark's proposed approach puts the burden of approval on the treating provider. Initially, 8 initial visits are approved each calendar year for treatment of a condition, accident, etc. If the member's care is anticipated to exceed eight (8) visits in a calendar year, additional treatment requires preauthorization through a third party (e.g. Healthways). Before the ninth (9th) visit, care authorization is sought by submitting information about the patient's history, condition, response to prior treatment and treatment plan. If the services are not authorized, treatment is denied.

The implementation of this program is seamless to the member as it is up to the provider to seek initial and ongoing authorization.

As the network that oversees all of the chiropractic care for state employees with Highmark insurance, please note that we do not believe that chiropractic should be grouped with physical therapy and medical doctors practicing physical medicine. In fact, the information above is incorrect as it pertains to chiropractic physician care.

Currently, physical therapists participating with Highmark are managed by the out-of-state third party administrator (TPA), Healthways. Doctors of Chiropractic are managed by the Delaware-based third

party, the Delaware Chiropractic Services Network (DCSN). We agree with the proposal of Highmark to utilize a third party management company to oversee providers with third party administrators. Such oversight is essential for physical medicine as well as other provider types (i.e., cardiologists, oncologists, emergency care physicians, etc.) in order to ensure treatment goals are completed in the least amount of time and the lowest costs. The DCSN has efficiently performed this task for the State employee plans previously with Principal/Coventry healthcare and presently with Highmark.

The DCSN has observed stable utilization of chiropractic services from 2012 through 2014. In 2015, the Delaware Chiropractic Services Network implemented enhanced utilization oversight. During 2015, there has been a significant decrease in chiropractic visits among State employees. Our provider average number of visits per patient per year is under the 8 visit threshold referenced by Highmark in the report. We do not see evidence that chiropractic care is responsible for increased use of physical medicine, but observe the contrary.

Chiropractic physicians can choose to see State employees as a member of the Delaware Chiropractic Services Network or they can participate with a direct contract with Highmark. There are strong financial incentives for the chiropractor to participate under DCSN oversight and management; therefore, there is a "financial incentive" for chiropractic providers to "ensure treatment goals are completed in the least amount of time and the lowest costs." The DCSN monitors provider utilization statistics quarterly and works with providers as needed. Providers failing to achieve best practices and who continually over-utilize are removed from the Delaware Chiropractic Services Network.

During the Task Force proceedings DCSN submitted information on the cost savings that can be achieved through substitution of chiropractic care in many instances. Grouping chiropractic physicians with physical therapists in the report suggests that the insurance benefits and practices are the same, when, in fact, they are not.

The scientific literature supports increased availability of chiropractic care as a cost-saving measure. Chiropractic physician care provides a lower cost substitution for more expensive treatments (surgery, opioids, ER, injections, etc.). A study performed in Washington State, looking at the surgical trends of their injured state employees, found alarming differences in surgical rates. When the employee first saw a surgeon, 43 out of 100 received surgery. This is in contrast to only 1.5 out of 100 if a doctor of chiropractic was seen first. A Blue Cross Blue Shield of Tennessee study of 85,000 members concluded that increased usage of chiropractic care for the treatment of back pain would save the Tennessee plan \$2.3 million per year. Studies find that chiropractic care costs up to 40 percent less than standard medical care, is a fraction of the cost of surgery, produces excellent outcomes without opioid drug use and achieves higher patient satisfaction.

The most comprehensive and current cost driver comparison with providers treating spinal conditions was published in the journal *Population Health Management* in 2013. It was found that dramatic reductions in pharmaceutical expenses are associated with chiropractic care (medical patients received 2 ½ times the pharma usage than chiropractic patients for the same conditions). Chiropractic patients also received less radiography (less than 1/3 of those seeing orthopedists). Furthermore, chiropractic patients required fewer different provider types per case (half of the number involved when compared

to PCPs, orthopedics or neurologists). When comparing chiropractic physician care to physical therapy, physical therapy patients had 2 ½ times the number of different providers involved per case, double the rate of x-ray imaging and 3 times the use of pharmaceuticals.

Savings will be reached through fewer surgeries, reduced prescription drug use and, for many, less time spent in treatment. With greater use of lower cost chiropractic physician care, the State can create a significant reduction in the shortfall it is currently facing.

We hope that this brings further clarity to aspects of the Final Report. The Delaware Chiropractic Services Network is available to meet with the Task Force members individually or as a group and will gladly share our expertise and experience in producing a better spine care and musculoskeletal program while generating significant savings to the State.

Sincerely,

Dr. Douglas A. Fasick,  
President, Delaware Chiropractic Services Network