Saving Money and Improving Spine Care

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Spine Care in the U.S.

• The U.S. health care system spends about as much each year on spine problems as it does on cancer.

• Estimates from 2008 put care related to back pain at $86 billion per year

• Both back and neck pain are independently in the top 5 diseases that contribute to disability among Americans, outranking other diseases such as diabetes, chronic pulmonary disease, and ischemic heart disease.

• 75% of spine care expense is associated with surgery, imaging, prescriptions, injections, evaluations and emergency room visits.

• Musculoskeletal conditions, including neck and back pain, make up the largest portion of medical expenses for employer health plans.
Unsustainable Trends
Costly Back Pain Overtreatment

Opioids – Chiropractic Offers a Safe & Less Costly Drug-Free Alternative

• Nationwide, on average, 82.5 out of every 100 Americans had a prescription written for opioid painkillers in 2012 (DE 90.8:100, PA: 88.2:100, Nationwide Average 82.5:100)
  -Centers for Disease Control and Prevention

• Use of opioids – most common treatment for low back pain -Univ. Texas Health Science Center

• Up to 50 percent of back pain sufferers are prescribed an opioid - “There is no evidence that opioids are effective for long-term treatment of chronic pain” - “Opioid therapy is causing grave harm to patients and to society” - “Opioids are impeding the effective treatment of low back pain” – The BackLetter: January 2015 –Vol. 30

• Patients treated with opioid drugs were on average: disabled 69 days longer than and had a 3 times increased risk for surgery -Spine. 2007; 32:2127-2132.

• Medicaid patients with opioid abuse/dependence had more comorbidities and higher medical costs in 2002-2003 -Journal of Pain and Palliative Care Pharmacotherapy. 2010; 24:5-18

• “When you talk to people who use heroin today, almost all of them will tell you that their opioid addiction began with exposure to painkillers.” –Dr. Kolodny, president of Physicians for Responsible Opioid Prescribing
“A higher per-capita supply of DCs [Doctors of Chiropractic] and Medicare spending on CMT [chiropractic manipulative therapy] were inversely associated with younger, disabled Medicare beneficiaries obtaining an opioid prescription”

“findings suggest that America’s opioid epidemic might be reduced should Medicare consider a clinical trial of chiropractic spinal manipulation prior to conventional medical care for patients with neck or back pain”
Chiropractic care reduces Medicare costs for chronic low back pain by 50-80%

“patients who obtained only CMT [Chiropractic Manipulative Therapy] had Medicare Part A expenditures that were about 80% lower, and Part B and D expenditures that were about 50% lower, than those of patients who did not use any CMT during their cLBP episode.”

“expenditures for CMT were offset by lower expenditures for psychiatric, physical therapist (PT), or DO services and with substantially lower pharmaceutical (and particularly pain medication) costs”

“back surgery rates were substantially lower among patients who used only CMT”
“Our findings suggest that, from a Medicare cost standpoint, CMT may be a cost-efficient first line treatment choice for older, multiply-comorbid patients with cLBP”

“If policymakers encouraged DCs [Doctors of Chiropractic] to have a greater role in initially managing such patients, patients may have episodes of care that were shorter and less costly (both overall and per episode day), and they might have lower pharmaceutical expenditures for pain medications”
Treatment Path Comparison:
headaches, neck and low back pain
(uncomplicated and complicated)

Evaluated the most common diagnosis codes used across all 3 professions
(Medical/Osteopathic, Chiropractic, and Physical Therapy)

660,000 covered beneficiaries between the years 2006-2009
(7,394,504 total claims evaluated)

Risk-adjusted analysis was utilized for claims between 2006-2009 in order to compare the more typical patient
(apples to apples)
Chiropractic care costs were on average:

- **33-76% less** for uncomplicated low back pain
- **50-79% less** for complicated low back pain
- **41-80% less** for uncomplicated neck pain
- **54-84% less** for complicated neck pain
- **10%-79% less** for headaches

*Journal of Manipulative & Physiological Therapeutics, Volume 39, Issue 4, (May 2016)*
• “Creating policies to encourage the use of lower-cost services, such as chiropractic care, may be a mechanism to mitigate the escalating costs associated with headache management.”

• “Given our cost-conscious healthcare environment it would appear reasonable to ensure that patients with neck pain have adequate access to DC [doctor of chiropractic] services.”

• “Policy makers are beginning to use levers that incent the use of lower cost services for the management of LBP, such as DC care, to mitigate the rising cost associated with specialty/referral care.”

Referral care: hospitals, surgical centers, emergency medicine, and other specialty referral services and providers

Journal of Manipulative & Physiological Therapeutics, Volume 39, Issue 4, (May 2016)