American Chiropractic Association

June 22, 2015

The Honorable Orrin Hatch
Chairman
Committee on Finance
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
Chronic Care Workgroup Co-Chair
Committee on Finance
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark R. Warner
Chronic Care Workgroup Co-Chair
Committee on Finance
475 Russell Senate Office Building
Washington, DC 20510

Dear Chairmen Hatch, Ranking Member Wyden, Senator Isakson and Senator Warner:

The American Chiropractic Association (ACA) is the largest professional association in the United States representing over 130,000 doctors of chiropractic (DCs), chiropractic assistants (CAs) and chiropractic students. ACA promotes the highest standards of ethics and patient care, contributing to the health and well-being of over an estimated 27 million individuals across the United States. The ACA appreciates the opportunity to provide comments on the Senate Finance Committee's chronic care reform efforts.

The ACA commends the Committee for taking steps to address the urgent matter of finding ways to provide high quality care at greater value and lower cost to chronically ill patients. We strongly supports the efforts presented in your request for stakeholder comments and are willing partners in the fight to: increase care coordination among individual providers across care settings who are treating patients living with chronic diseases; streamline Medicare's current payment systems to incentivize the appropriate level of care for patients living with chronic diseases; and facilitate the delivery of high quality care, improves care transitions, produces stronger patient outcomes, increases program efficiency, and contributes to an overall effort that will reduce the growth in Medicare spending. In response to the specific policy categories presented in your May 22, 2015 correspondence, please consider our comments provided below.

The burden of chronic illnesses now accounts for almost 93 percent of Medicare spending.[1] Moreover, stress and chronic pain account for more healthcare spending dollars than heart disease, diabetes, and cancer combined. Musculoskeletal pain and disease weigh heavily on our health care system, society and industry. According to a report from the Institute of Medicine (IOM) in 2011, an estimated 100 million Americans are

[1] CMS Press Release. Medicare Dashboard Advances ACA Goals For Chronic Conditions. March 28, 2013. www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2013-Press-releases-items/2013-03-28.html. Accessed 6/8/15.

affected by chronic pain, with an estimated annual cost to American society of at least $560-$635 billion.[2] This figure represents the monetary impact of providing healthcare to patients experiencing pain and the cost of this health issue in lost productivity; however it does not account for the toll in human suffering underlying these figures.[3] Low back pain (LBP), in particular, is the single leading cause of disability worldwide[4] and a recent systematic review showed that LBP rates sixth in terms of overall disease burden.[5] Further, according to the United States Bone and Joint Initiative, musculoskeletal diseases affect nearly three out of four people age 65 and over.[6]

The majority of patients in pain, including those with chronic symptoms, will seek treatment from primary care providers (PCPs) to get relief.[7] Low-back pain in particular is the most common neuromusculoskeletal symptom presenting to primary care providers and the fifth most common cause for all physician visits.[8] But current systems of care do not adequately train or support internists, family physicians and pediatricians, and other healthcare providers who provide primary care, in meeting the challenge of treating pain as a chronic illness. Primary care providers often receive little training in the assessment and treatment of complex chronic pain condition.[9] In one interview study, primary care providers perceived back pain as a low clinical priority and uninteresting in comparison to the major chronic illnesses such as heart disease, or diabetes that they must manage for their patients.[10] In the same study, shifting this population of patients to a non-physician provider was perceived by PCPs as a positive step towards alleviating their burden of work.

To date, deficiencies in the training of primary care providers in pain management as well as the failure to adequately educate consumers about the benefits of conservative health care options has resulted in unnecessary suffering, exacerbation of other medical conditions, enormous loss of human potential, and massive financial and personal costs. However, we are now faced with the opportunity for reform to promote the integration of healthcare professionals, including doctors of chiropractic, into care coordination teams to offer holistic, evidence-based and patient-centered services to those Medicare beneficiaries that choose to receive it. By doing so, it would meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions.

Medicare patients should be empowered to play a greater role in managing their health and meaningfully engaging with their health care providers. The ACA believes that one way this can be accomplished is by educating all health consumers about early intervention from conservative health care providers, like doctors of chiropractic. Chest pain does not always indicate the need for a cardiologist and an episode of back pain does not usually mean an MRI and surgery is an immediate imperative. Treatment options that are effective, conservative, and inexpensive should be encouraged for health consumers, including Medicare beneficiaries. Doctors of chiropractic (DCs) are trained in the most conservative treatment methods for neuromusculoskeletal

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[2] Institute of Medicine Report from the Committee on Advancing Pain Research, Care, and Education: *Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research*. The National Academies Press, 2011. http://books.nap.edu/openbook.php?record_id=13172&page=1

[3] Buckenmaier, C. & Schoomaker, E. (2014). Patients' use of active self-care complementary and integrative medicine in their management of chronic pain symptoms. *Pain Medicine*, 15(S1), S7-S8.

[4] Global Burden of Disease Study 2010. http://www.thelancet.com/global-burden-of-disease. Accessed June 15, 2015.

[5] Hoy D, March L, Brooks P, et al. "The global burden of low back pain: estimates from the Global Burden of Disease 2010 study" Annals of the Rheumatic Disease (2014);73:968-74.

[6] http://www.boneandjointburden.org/

[7] Breuer B, Cruciani R, Portenoy RK. Pain management by primary care physicians, pain physicians, chiropractors, and acupuncturists: a national survey. *South Med J.* 2010 Aug; 103(8):738-47.

[8] Deyo RA, Weinstein JN: Low back pain. *N Engl J Med* 344:363, 2001.

[9] The Mayday Fund. A Call To Revolutionize Chronic Pain Care in America: An Opportunity for Health Care Reform

[10] Sanders et al. "Perceptions of general practitioners towards the use of a new system for treating back pain: a qualitative interview study" BMC Medicint (2011); 9:49.

conditions and urge patients and other health care providers to exhaust these options before resorting to riskier and more invasive treatments such surgery and drugs. When other medical conditions exist, chiropractic care may complement or support medical treatment by relieving the musculoskeletal aspects associated with the condition.

Chiropractic care provides an alternative to more invasive treatments that are increasingly used and may have severe drawbacks. Medicare spending on various invasive treatments for back pain increased substantially over the decade. According to an article published in 2009, a review of the literature found that over approximately a decade, epidural steroid injections increased by 629% and spinal fusions, by 220%; however, these increases were not accompanied by improvements in patient outcomes or reductions in disability rates.[11] Indeed, several recent articles have documented the potential negative impacts of spinal fusion.[12, 13, 14] During that same period, opiate use increased by 429% and recent studies have documented high utilization rates of opiate use among younger, disabled Medicare beneficiaries.

Opiates are expensive, addictive, and present health risks that may result in downstream treatment costs.[15] A recent report published in the *Journal of the American Academy of Orthopaedic Surgeons (JAAOS)* found that the increased usage of opioids has led to unanticipated consequences, such as a tolerance among some patients to the drug hydrocodone and negative treatment outcomes for conditions such as work-related musculoskeletal disorders, joint replacements and spine surgery.[16] With increasing volumes of research highlighting the risks of surgery and the overuse of pain medications for such a pervasive problem —the abuse of opioids in the United States is now an "epidemic" (CDC) — ACA strongly urges patients and health care providers to first exhaust conservative forms of pain management, when appropriate. Integration of chiropractic into a primary care environment can reduce the prescription of opioid medications for patients suffering with chronic neuromusculoskeletal conditions.[17]

At a time when the need to reform health care delivery is so critical, all effective, efficient, justified, and coordinated treatment options must be accessible to beneficiaries. Therefore, we feel it necessary to stress that the chiropractic profession's ability to participate appropriately and with any level of basic parity in care coordination efforts (i.e. ACOs, Medical Homes, Federally Qualitified Health Centers, alternative payment models discussed in recent legislation) are currently essentially eliminated due to a doctor of chiropractic's inability to furnish and bill for Evaluation and Management (E/M) services. Care coordination activities require a physician's ability to furnish and bill for E/M services to properly evaluate and diagnose a patient's condition(s), order any additional testing needed, set an appropriate treatment plan, perform a Chiropractic Manipulative

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[11] Deyo, Richard, "Overtreating Chronic Back Pain: Time to Back Off?," Journal of the American Board of Family Medicine, 2009: 22(1): 62-68

[12] Marquez-Lara A, Nandyala SV, Fineberg SJ, Singh K. "Cerebral Vascular Accidents Following Lumbar Spine Fusion." Spine (Phila Pa 1976). 2013 Dec 30. [Epub ahead of print]

[13] Fineberg SJ, Nandyala SV, Kurd MF, Marquez-Lara A, Noureldin M, Sankaranarayanan S, Patel AA, Oglesby M, Singh K. "Incidence and risk factors for postoperative ileus following anterior, posterior, and circumferential lumbar fusion." Spine J. 2013 Oct 31. pii: S1529-9430(13)01610-0. doi: 10.1016/j.spinee.2013.10.015. [Epub ahead of print]

[14] Martin BI, Mirza SK, Franklin GM, Lurie JD, MacKenzie TA, Deyo RA. "Hospital and surgeon variation in complications and repeat surgery following incident lumbar fusion for common degenerative diagnoses." Health Serv Res. 2013 Feb;48(1):1-25. doi: 10.1111/j.1475-6773.2012.01434.x. Epub 2012 Jun 20.

[15] Wolters Kluwer Health: Lippincott Williams and Wilkins, High Prevalence of opioid use by social security disability recipients, Science Daily, August 14, 2014.

[16] Morris, BJ, Mir, HR. The Opioid Epidemic: Impact on Orthopaedic Surgery. J Am Acad Orthop Surg. May2015. Vol. 23(5). 267-271.

[17] Mior S., Gamble B., Barnsley J., Côté P., Côté E. Changes in primary care physician's management of low back pain in a model of interprofessional collaborative care: an uncontrolled before-after study. *Chiropractic & Manual Therapies* 2013, 21:6.

Treatment (CMT) service, and counsel the patient on risk avoidance and health promotion activities. Additionally, performing appropriate evaluation and management services are critical in measuring and reporting the quality and clinical outcomes that are inherent within chiropractic practice and expected by CMS and its contractors.

Doctors of chiropractic have been recognized as physicians in Medicare since the Social Security Amendments in 1972, and follow the same rules and policies as other physicians delivering high quality services to the Medicare population. At minimum, evaluation and management services, have been inappropriately restricted for 40 years while the research data supporting the delivery of full scope chiropractic services, legally provided through their state licensure, has continued to expand. Current research supports a number of conditions and complaints (diagnoses), especially pertaining to the musculoskeletal system, that respond favorably and cost-effectively to chiropractic management.

In addition to performing a wide range of services (e.g., chiropractic manipulative treatment, physical medicine and rehabilitation services, diagnostic imaging and testing, laboratory and other diagnostic testing/procedures, prevention and wellness services), DCs are educated and licensed in all 50 states as primary care providers trained to perform evaluation and management services, evaluating, diagnosing, and referring patients when appropriate. This is supported by the Council on Chiropractic Education Standards, recognized by the U. S. Department of Education for 40 years. Considering the primary care crisis in this country, which has resulted largely from a shortfall in the supply of MD/DOs, uneven distribution of the existing supply, and a cost per care episode that is unnecessarily high, this shortfall could be considerably lessened through the utilization of more than 70,000 doctors of chiropractic. Further, many DCs practice in medically underserved and rural areas and often find themselves in the role of primary care provider. Their practices encompass far more than traditional musculoskeletal work. In many ways, they are on the front lines of the nation's health care crisis, providing basic treatment to people who might not otherwise have access to health care professionals. Without expansion of scope of reimbursement in Medicare to allow doctors of chiropractic to be included in the new healthcare landscape, the profession faces a dismal future and Medicare beneficiaries face unnecessary burdens and fundamental barriers to services that they are otherwise entitled to receive. This critical policy change would however, streamline Medicare's current payment systems to incentivize the appropriate level of care for Medicare beneficiaries, especially those living with chronic diseases.

DCs play a critical role in the care of chronic conditions and acute episodes experienced by Medicare beneficiaries. A recent systematic review revealed that spinal manipulative therapy more effectively treated chronic low back pain (cLBP) than sham or an ineffective control intervention and had a similar treatment effect when compared to analgesics, exercise, or medical care.[18] Additionally, practice guidelines, including those from the American Pain Society/American College of Physicians Clinical Practice[19] and the American Geriatric Society[20] recommend the use of chiropractic manipulative treatment for chronic conditions. The risk profile of CMT is extremely low, calculated at between 5-10 serious complications per 10 million manipulations,[21] and chiropractic care is effective at protecting beneficiaries from declines in functioning as measured by Activities of

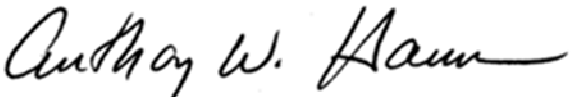
[18] Rubinstein SM, Terwee CB, Assendelft WJ, de Boer MR, van Tulder MW. Spinal manipulative therapy for acute low back pain: an update of the cochrane review. Spine (Phila Pa 1976). 2013;38(3):E158-77. Epub 2012/11/22. PMID: 23169072.
[19] Chou R, Qaseem A, Snow V, Casey D, Cross JT, Jr., Shekelle P, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007;147(7):478-91.
[20] American Geriatrics Society. The management of chronic pain in older persons: AGS Panel on Chronic Pain in Older Persons. J Am Geriatr Soc. 1998;46:635-51.
[21] Hurwitz EL, Aker PD, Adams AH, Meeker WC, Shekelle PG. Manipulation and mobilization of the cervical spine. A systematic review of the literature. Spine. 1996;21(15):1746-59. http://www.ncbi.nlm.nih.gov/pubmed/8855459

Daily Living, instrumental Activities of Daily Living and self-rated health.[22] Chiropractic care has also continually had very high levels of patient satisfaction. The Brandeis Report to Congress on the Demonstration of Expanded Coverage of Chiropractic Services under Medicare noted that 60% of chiropractic patients reported "complete" or "a lot" of relief from symptoms and 87% reported high satisfaction with care (8 or higher on a 10-point scale), with 56% indicating a perfect 10. Similarly high proportions reported that DCs listened carefully to, and spent sufficient time with, these Medicare beneficiaries.[23]

Given the prevalence of acute and chronic musculoskeletal conditions in today's society, and the growing research support for conservative chiropractic care, it is axiomatic that chiropractic care be a covered and integrated condition-based service, rather than a limited intervention (i.e., "manual manipulation of the spine to correct a subluxation") in a modern, value-based health care system. All other physician-level practitioners have provisions for E/M reimbursement under the Medicare Payment system. Chiropractic should no longer be the exception. Further, ACA strongly believes that federal government health care policy should encourage the use of -- and provide access to -- conservative, non-drug, non-surgical chiropractic services. The inclusion of doctors of chiropractic in the coordination of care for patients living with chronic diseases will allow for the delivery of high quality care with strong patient outcomes, will increase program efficiency, and contribute to an overall reduction in Medicare spending.

Once again the ACA thanks you for the opportunity to comment on these critical issues. If you should have any questions, please feel free to contact John Falardeau, Senior Vice President of Government Relations, at (703) 812-0214. Thank you.

Respectfully,



Anthony W. Hamm, DC
President

[22] Weigel, Paula, et al., "The Comparative Effect of Episodes of Chiropractic and Medical Treatment on the Health of Older Adults," Journal of Manipulative and Physiological Therapeutics, March/April 2014, page 143.
[23] Brandeis University, Report to Congress on the Evaluation of the Demonstration of Coverage of Chiropractic Services Under Medicare, June 16, 2009, page 7.