



PRE-BUDGET SUBMISSION SUPPORTING CANADA'S FAMILIES AND WORKFORCE: MSK HEALTH MATTERS

EXECUTIVE SUMMARY

More than 11 million Canadians are affected by back pain and other musculoskeletal (MSK) conditions annually. It is the second leading reason for physician visits, the number one cause of disability, and it rivals cardiovascular disease in overall health burdens (Desjardins, 2006).

The widespread incidence of MSK conditions are a major pressure for all health systems in Canada, but this impact is proportionately much 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 federal government to prevention and treatment of MSK conditions among federal populations would both improve health outcomes and reduce direct and indirect costs. As Canada's MSK experts, the CCA is proposing two recommendations to improve the federal government's management of MSK conditions and associated impacts.

RECOMMENDATION 1: MSK STRATEGY FOR FEDERAL POPULATIONS

The CCA recommends that the departments directly involved in the delivery of health services to federal populations review current health spending and outcomes related to MSK conditions, and work collaboratively to establish strategies for prevention and the provision of care related to MSK conditions.

RECOMMENDATION 2: DISABILITY TAX CREDIT

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

SUPPORTING CANADA'S FAMILIES AND WORKFORCE: MSK HEALTH MATTERS

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

OVERVIEW OF CHIROPRACTIC AND CCA

The Canadian Chiropractic Association (CCA) is a national, voluntary association representing Canada's over 8,400 licensed Doctors of Chiropractic and the 10 provincial associations. 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.

Chiropractors are trained in the assessment, diagnosis, conservative management and prevention of musculoskeletal (MSK) conditions and disorders, primarily through the use of non-invasive manipulation and other manual therapies.

IMPACT OF MUSCULOSKELETAL CONDITIONS IN AREAS OF FEDERAL RESPONSIBILITY

More than 11 million Canadians are affected by back pain and other MSK conditions annually. It is the second leading reason for physician visits, the number one cause of disability, and it rivals cardiovascular disease in overall health burdens (Desjardins, 2006).

The widespread incidence of musculoskeletal (MSK) conditions like low back pain are a major pressure for all health systems in Canada, but this impact is proportionately much higher for populations that are the responsibility of the federal government. Costs associated with MSK conditions include both direct costs, and related economic and social impacts of chronic pain and disability.

The incidence of MSK conditions among federal populations is much higher than the Canadian population as a whole. While the reasons differ, First Nations and Inuit, Canadian Forces members and Veterans, RCMP and inmates all have a greater incidence of back pain and MSK conditions than the general population. There is substantial evidence that a more systemic and coordinated approach by the federal government to prevention and treatment of MSK conditions among federal populations would both improve health outcomes and reduce direct and indirect costs. The chiropractic profession, as Canada's MSK experts, welcomes the opportunity to contribute to the development of a comprehensive MSK strategy by those federal ministries that deliver healthcare services to the populations for whom the federal government has direct responsibility.

RECOMMENDATION 1: MSK STRATEGY FOR FEDERAL POPULATIONS

The CCA recommends that the departments directly involved in the delivery of health services to federal populations review current health spending and outcomes related to MSK conditions, and work collaboratively to establish strategies for prevention and the provision of care related to MSK conditions.

Most Canadians are not aware that the federal government is the fifth largest purchaser and provider of healthcare in Canada, with a federal government expenditure of \$6.7 billion in direct healthcare provision in 2010 (CIHI, 2013). 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, and working proactively with

the Canadian Forces to implement best practices for prevention and early treatment. This offers the potential of reducing numbers of beneficiaries, and better fulfilling our responsibilities to our men and women in uniform. The burden of MSK conditions continue 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 will be 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 prevention strategies 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.

INTENDED BENEFICIARIES – FEDERAL POPULATIONS

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 (CF) is double the general population. Between 35 to 45% of CF members on sick parade suffer primarily from at least one MSK condition. MSK conditions are also responsible for 53% of medical releases. In addition, 41% of reported chronic health 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 (Rowe & Hébert, 2010).

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 (Rowe & Hébert, 2010). The impacts are felt by members and Canadian Forces alike.

Injured soldiers eventually go on to be veterans. 50% of Veterans Affairs claims are due to MSK conditions, resulting in over \$60 million in annual pensions (Rowe & Hébert, 2010). 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.

Patients rarely present with only one condition, and most suffer from a variety of ailments. For example, 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. As well, undue reliance on opiates can create dependency, associated with related consequences.

Access to appropriate conservative treatment for MSK conditions is critical for the management of federal populations who may be at greater risk for comorbidities and chronicity. The example of the member of the Canadian Forces was used to demonstrate the need for an MSK strategy; however, similar burden is felt in all federal populations for differing reasons. A comprehensive MSK strategy is required to fully understand current

impacts of MSK conditions, 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 effective. By better managing resources by collaborating on a comprehensive 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. The effectiveness of such a model is observed in the US where active military members and veterans have access to very similar care which has proven to be highly beneficial for veterans (Goertz, 2013; Dunn, Green & Gilford, 2009).

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 million of direct federal funding is wasted per year on either unnecessary or inappropriate care (CBC, 2011). Beyond the costs and wasted resources, inappropriate care can complicate care or even have detrimental impact on Canadians' health. Patient-centered care includes consideration of patient safety and informed decision-making. 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

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

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 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.

FEDERAL FUNDING

This recommendation improves 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.

INTENDED BENEFICIARIES

The primary beneficiaries are people with qualifying disabilities who are currently having conditions or symptoms related to their disability treated by their chiropractor. Common severe disabilities treated by a chiropractor include osteoarthritis and chronic lower back 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.

GENERAL IMPACTS

Many people with disabilities related to 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.