MONTANA CHIROPRACTIC ASSOCIATION

ANTITRUST GUIDELINES

To be read by the President, or a selected delegate, prior to Montana Chiropractic Association business meeting(s).

Montana Chiropractic Association (MCA) reminds members that state and federal antitrust laws prohibit agreements among competitors which unreasonably restrain competition and that charges of antitrust violations are often based upon discussions among competitors regarding prices, price levels or price mechanisms, refusals to sell to certain customers, refusals to purchase from certain suppliers or products or providers of services, division of markets by customer or territory, or conditioning the purchase of one product or service upon the purchase of another product or service. No such discussions will be tolerated during this or any other MCA meeting. These guidelines apply not only to formal meeting sessions, but also in informal discussions during breaks and other conference events.

Reducing Costs and Improving Outcomes
A win – win for all

Montana Chiropractic Association
406 256 1005
www.mtchiro.com

MCA Board of Directors:

Sheridan Jones, DC Helena President
Michael Welker, DC, FICC Butte Past President
Dan Satchell, DC Belgrade Vice President
Lance Doppler, DC Helena Secretary/treasurer
Greg Pisk, DC Kalispel
Jenny Komac, DC Eureka
Kanyon Smith, DC Whitefish
Dustin Rising, DC Bozeman
Richard Forette, DC Fort Harrison

Marcus Nynas, DC, FICC, GTS, SFMA, TPI Medical 2

Past President MCA
MCA Insurance And Legislative Committee Chairman
MMA Third Party Administration Task Force
Montana DLI Utilization And Treatment Guideline Committee
RMHN Contract Advisory Committee
RMAHN Board Of Directors
RMAHN Quality Control Committee
MT Delegate To American Chiropractic Association
ACA Medicare Advisory Board Chairman
ACA Payer Policy Advisory Board Chairman
ACA Payer Policy Task Force
Past Noridian CAC Representative
CCGPP Delphi Panelist: Cervical Pain Guidelines; Chronic NMS Pain; Health Promotion and Preventative Services; Best Practices for Low Back Pain

What does the Research Say?

By encouraging people with low back pain to access physical therapy or chiropractic care, the benefit is expected to reduce the number of imaging tests, spinal surgeries, and opioid prescriptions.

New UnitedHealthcare Benefit for Low Back Pain Helps Reduce Invasive Procedures and Address the Opioid Epidemic Published October 29, 2019

The adjusted likelihood of filling a prescription for an opioid analgesic was 55% lower among recipients who treat with chiropractors. Among New Hampshire adults with office visits for noncancer low-back pain, the likelihood of filling a prescription for an opioid analgesic was significantly lower for recipients of services delivered by Doctor of Chiropractic compared with nonrecipients.

Whedon et al. Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids J Altern Complement Med. 2018 Jun;24(6):552-556. doi: 10.1089/acm.2017.0131. Epub 2018 Feb 22. PMID: 29470104 DOI: 10.1089/acm.2017.0131.

Seeing a chiropractor first for new back or lower body pain was associated with lower odds of receiving an opiate prescription.

Azad T, Vail D, Bentley J et al. Initial Provider Specialty is Associated with Long-term Opiate Use in Patients with Newly Diagnosed Low Back and Lower Extremity Pain. Spine (Phila Pa 1976). 2018 Aug 7.

Initial treatment pattern by the chiropractic group had the lowest prescription medication rates, least costs per episode of LBP, and least guideline-incongruent use of medications and imaging.

Allen et al. Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey. J Occup Environ Med. 2014 Jun;56(6):604-20.

43% of workers who first saw a surgeon had surgery within 3 years, compared to only 1.5% of those who first saw a chiropractor.

Workers who had a chiropractor as the initial provider had reduced likelihood of early MRI.

Keeney et al. Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State. Spine (Phila Pa 1976). 2013;38(11):953-64.

Horn et al found that people with neck pain initiating care with primary care vs chiropractic physicians had higher odds of using advanced imaging, injections, and opioid medications.

Horn et al. Influence of Initial Provider on Health Care Utilization in Patients Seeking Care for Neck Pain. Mayo Clin Proc Innov Qual Outcomes. 2017 Oct 19;1(3):226-233. doi: 10.1016/j.mayocpiqo.2017.09.001. eCollection 2017 Dec. PMID: 30225421 PMCID: PMC6132197.

Among those who experienced a reduction in access to chiropractic care (versus those who did not), we observed an increase in the rate of visits to primary care physicians for spine conditions and rate of spine surgeries. Considering the mean cost of a visit to a primary care physician and spine surgery, a reduction in access to chiropractic care was associated with an additional cost of $114,967 per 1,000 beneficiaries on medical services ($391 million nationally). Among older adults, reduced access to chiropractic care is associated with an increase in the use of some medical services for spine conditions.

Davis et al. The Effect of Reduced Access to Chiropractic Care on Medical Service Use for Spine Conditions Among Older Adults. J Manipulative Physiol Ther. 2021 Jun;44(5):353-362. doi: 10.1016/j.jmpt.2021.05.002. Epub 2021 Aug 8. PMID: 34376317 PMCID: PMC8523031 (available on 2022-08-08).

When considering the true costs of care in a typical healthcare system, it is particularly important to consider static versus dynamic modeling. In short, static modeling only considers a line item on a budget. Dynamic modeling considers the offsetting downstream costs associated with the implementation of for example, conservative care providers. According to a 2019 study focused on Missouri Medicaid, investigators found that "(1) chiropractic care provides better outcomes at lower cost, (2) chiropractic treatment and care leads to a reduction in cost of spinal surgery, and (3) chiropractic care leads to cost savings from reduced use and abuse of opioid prescription drugs."

McGowan, Suiter. Cost-Efficiency and Effectiveness of Including Doctors of Chiropractic to Offer Treatment Under Medicaid: A Critical Appraisal of Missouri Inclusion of Chiropractic Under Missouri Medicaid. J Chiropr Humanity. 2019 Dec 10;26:31-52. doi: 10.1016/j.echu.2019.08.004. eCollection 2019 Dec. PMID: 31871437 PMCID: PMC6911936.

In terms of costs, Wang's research found that costs were 47% less in low back pain claims that were treated exclusively with chiropractic care than those that received another physical medicine treatment.

Indemnity payments were 35% lower for claims that received chiropractic care and temporary disability duration was 26% shorter.

WCRI Conference 12.2021

https://riskandinsurance.com/chiropractic-care-in-workers-comp-this-wcri-study-sheds-light-on-its-viability/

In work-related nonspecific LBP, the use of health maintenance care provided by physical therapist or physician services was associated with a higher disability recurrence than in chiropractic services or no treatment.

Cifuentes M, Willetts J, Wasiak R. Health maintenance care in work-related low back pain and its association with disability recurrence. J Occup Environ Med. 2011 Apr;53(4):396-404. doi: 10.1097/JOM.0b013e31820f3863. PMID: 21407100.

This observational study within a community health center resulted in improvement in spinal pain and disability with chiropractic care versus a multidisciplinary pain team. Offering similar services in primary care may help to address pain and disability, and hopefully limit external referrals, advanced imaging, and opioid prescriptions.

Prater C, Tepe M, Battaglia P. Integrating a Multidisciplinary Pain Team and Chiropractic Care in a Community Health Center: An Observational Study of Managing Chronic Spinal Pain. J Prim Care Community Health. 2020 Jan-Dec;11:215013272095368o. doi: 10.1177/215013272095368o. PMID: 32909504; PMCID: PMC7495928.

Chiropractic care, when added to UMC, resulted in moderate short-term treatment benefits in both LBP intensity and disability, demonstrated a low risk of harms, and led to high patient satisfaction and perceived improvement in active-duty military personnel. This trial provides additional support for the inclusion of chiropractic care as a component of multidisciplinary health care for LBP, as currently recommended in existing guidelines.

Goertz CM, Long CR, Vining RD, Pohlman KA, Walter J, Coulter I. Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among US Service Members With Low Back Pain: A Comparative Effectiveness Clinical Trial. *JAMA Netw Open*. 2018;1(1):e180105. doi:10.1001/jamanetworkopen.2018.0105

Guidelines

The purpose of the Guidelines is to assist injured workers in receiving prompt and appropriate care, assist injured workers in stay-at-work/return-to-work options, assist clinicians in making decisions for specific conditions, and help insurers make reimbursement determinations. Although the primary purpose of the guidelines is advisory and educational, the guidelines are enforceable for payment purposes. The department recognizes that acceptable medical practice may include deviations from these guidelines, as individual cases dictate. Therefore, these guidelines are not relevant as evidence of a provider's legal standard of professional care.

http://mtguidelines.mt.gov/

To combat the rising costs of healthcare and opioid consumption, clinical practice guidelines developed and published in 2017 by the American College of Physicians state (Recommended #2) that for patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment which includes spinal manipulation and exercise as well of a variety of other conservative therapies.

Qaseem et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. Ann Intern Med. 2017 Apr 4;166(7):514-530. doi: 10.7326/M16-2367. Epub 2017 Feb 14. PMID: 28192789

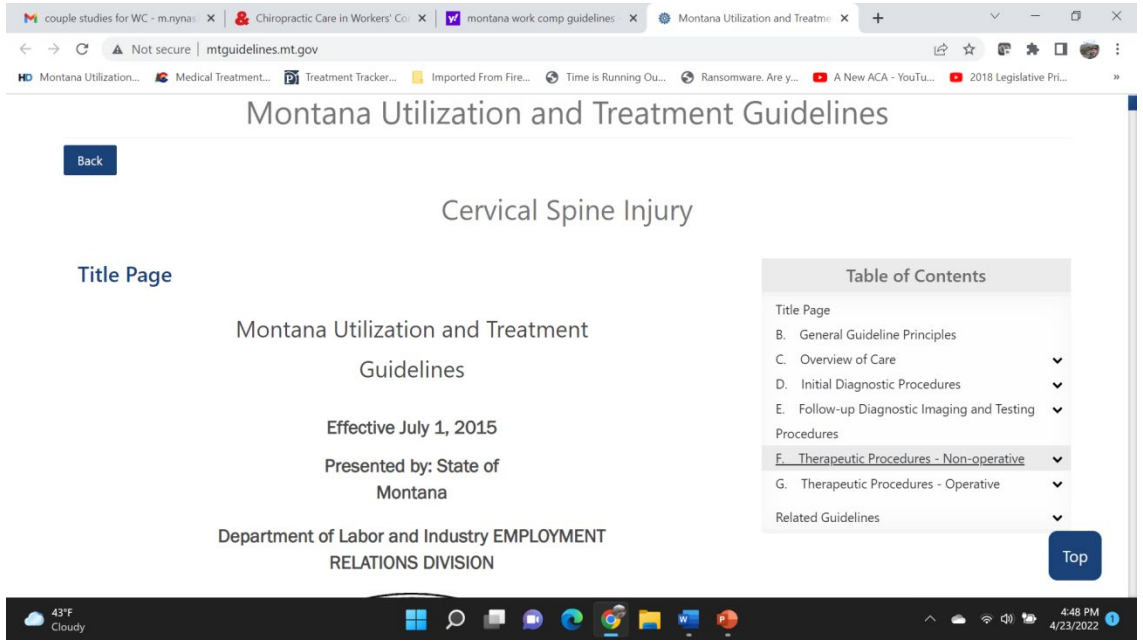
Following evidence-based guidelines matter also. In this cohort study, the transition rate to chronic LBP was substantial and increased correspondingly with early exposure to guideline non-concordant care. After controlling for all other variables, patients exposed to non-concordant processes of care within the first 21 days were more likely to develop chronic LBP compared to those with no exposure.

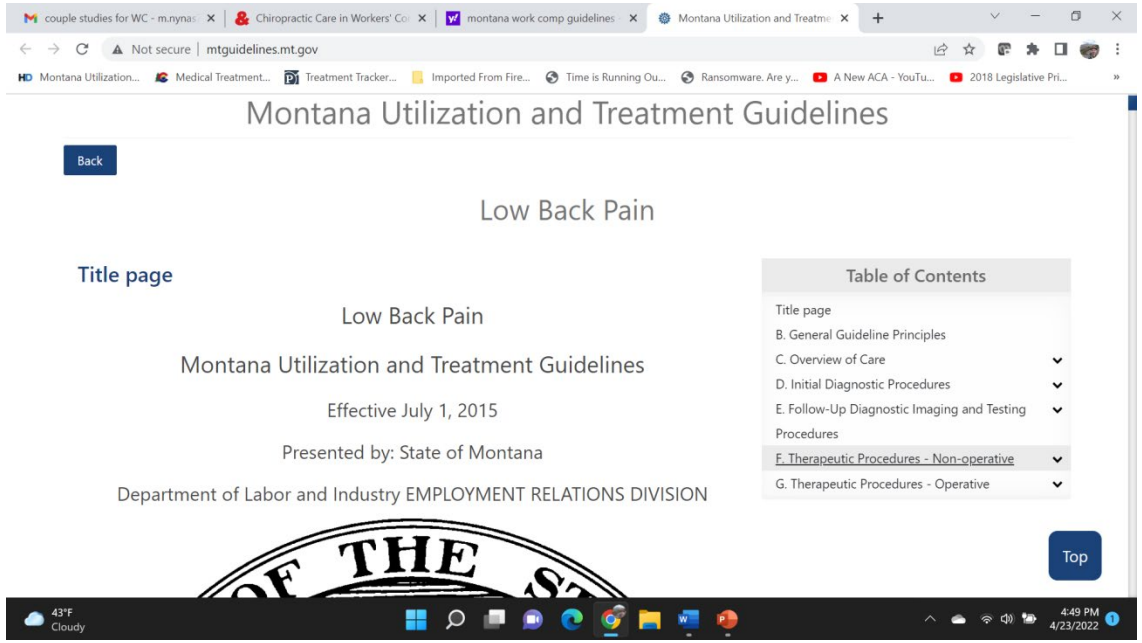
Stevans et al. Risk Factors Associated with Transition from Acute to Chronic Low Back Pain in US Patients Seeking Primary Care JAMA Netw Open. 2021 Feb 1;4(2):e2037371. doi: 10.1001/jamanetworkopen.2020.37371. PMID: 33591367 PMCID: PMC7887659.

Studies from 2018 determined that low back pain is now the leading cause of disability worldwide.

Hartvigsen et al. What low back pain is and why we need to pay attention. Lancet Low Back Pain Series Working Group. Lancet 2018 Jun 9;391(10137):2356-2367. doi: 10.1016/S0140-6736(18)30480-X. Epub 2018 Mar 21. PMID: 29573870.

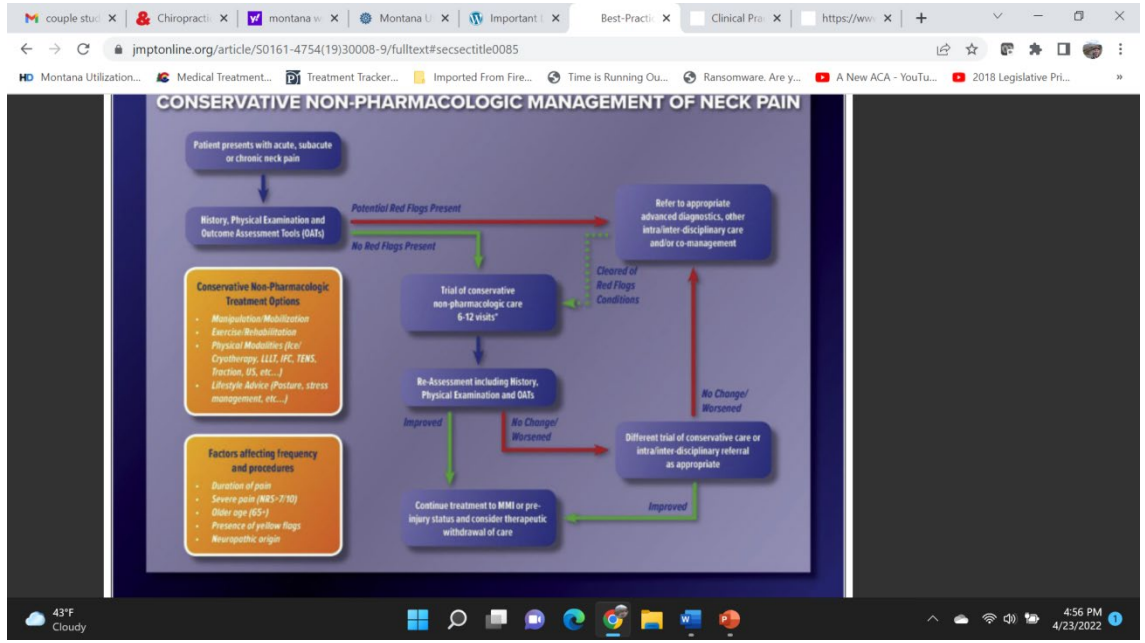
http://mtguidelines.mt.gov/



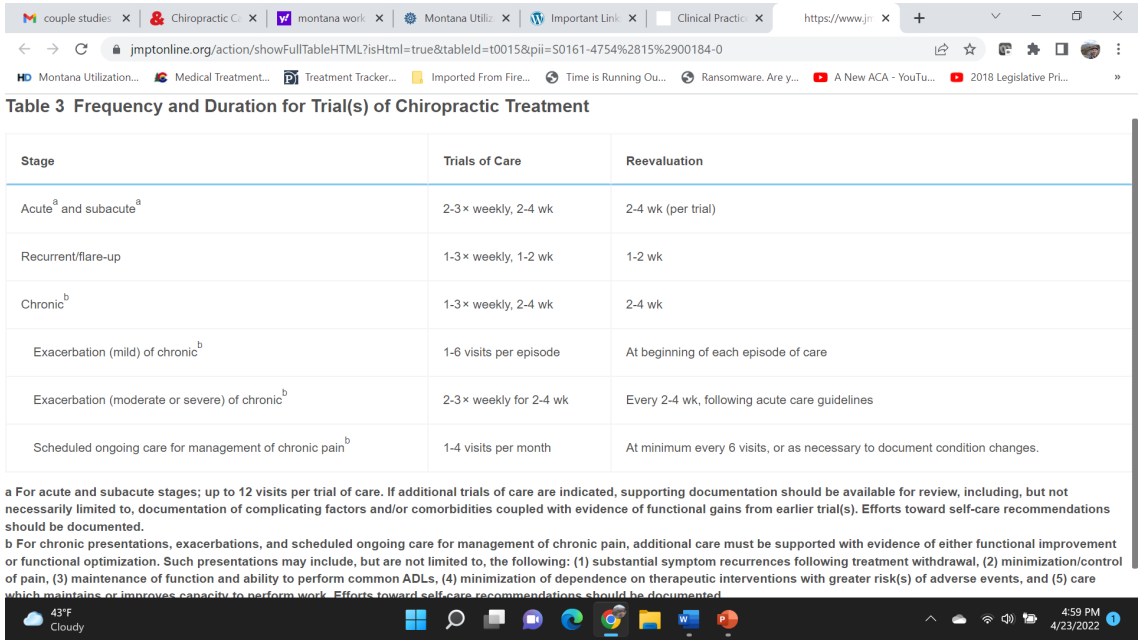


MCA Endorsed Guidelines

https://www.jmptonline.org/article/S0161-4754(19)30008-9/fulltext



https://www.jmptonline.org/article/S0161-4754(15)00184-0/fulltext



How's it working in Montana?

Where we came from:

- Up to 2015: 24 visits
- Then someone didn't think it was important to show up to a meeting and we went from 24 visits to 10 in the current guidelines.
- Montana DLI follows Colorado Guidelines as a baseline for our work group and they moved back to 24 visits in 2022.

How is it working?

- We have the right to be the initial treating physician.
- As employers are directing injured workers to certain providers/occupational health for example this is being utilized less than in the past.
- 2014: 165 work comp cases among MCA Board of Director offices
- 2021: 96 work comp cases among MCA Board of Director offices

PT and chiropractic care use varied across payers; however, there were little to no changes in their use over time despite clinical guidelines that encourage non-pharmacologic options to manage chronic pain.

Moyo P, Schmidt C, Lee Y, Joshi R, Mukhdomi T, Trivedi A, Shireman TI. Receipt of Physical Therapy and Chiropractic Care by Adults Diagnosed with Chronic Pain: Analysis of the 2016-2018 Rhode Island All Payer Claims Database. R I Med J (2013). 2022 May 2;105(4):51-56. PMID: 35476739.

How's it working

- As we are losing the initial cases, we are seeing more referred in from others/occupational health etc.
- Problem is many of these cases are already chronic which makes it much more difficult to treat and resolve the problem.
- 2015 MT Guidelines again limits to 10 visits, even if patients are improving many reports are that patients are being pulled from care.

What can we do next?

- MCA has been promoting multimodal care approaches for all Montanans. We've brought DC's from the USOC including a past medical director to our conferences, we've trained in dry needling interested DC's and PT's, and we are bringing in Greg Rose, DC of SFMA/FMS screenings and rehabilitation.
- We've endorsed guidelines from the Clinical Compass (CCGPP) as published in JMPT.
- We are encouraging interprofessional collaborations.
- Ruby Valley Medical Clinic – First Staff DC in MT

In an ideal world…

- Guideline concordant care
- Initial exam includes ruling out red flags and limited use of imaging
- Initial treatment plan 2-4 weeks of multimodal care
  - Typically includes SMT
  - Exercises either in office or at home
  - Pallitive care such as ultrasound, dry needling, e-stim, cold laser, shock wave therapy, traction, TENS
  - Supportive care such as braces or K-Tape
  - Re-evaluation every 2-4 weeks based on progress including OAT's
  - Referrals to other providers as indicated

MCA is looking to form collaborative relationships, realizing that we need to provide guideline congruent care to return our injured patients to work as quickly as possible and therefore saving the down stream medical costs to our system which many of us also pay into as small business owners.

What we need is a level playing field.

How can we help you?

www.mtchiro.org 406 256 1005