

November 14, 2016

Health Care Cabinet  
Lieutenant Governor Nancy Wyman  
State of Connecticut Office of the Lieutenant Governor  
210 Capitol Avenue, Room 304  
Hartford, CT 06106

Re: Preliminary Healthcare Cabinet Recommendations

Dear Lieutenant Governor Wyman,

The Connecticut Chiropractic Association supports the establishment of systems of equitable health care that provide comprehensive and effective health and wellness care services to all individuals to improve health care quality and effectiveness at reasonable costs. The CCA recognizes the liberty of individuals to utilize a healing arts discipline of their choice for their health care needs must be assured in all health care systems established in the state. We recognize the necessity of all health care providers to integrate their services with other disciplines for the benefit of individual and population health care. With patient choice in health care and the integration of the full spectrum of healing arts practitioners in our health care system, the most clinical and cost effective approaches and outcomes of health care are most likely to be realized. A comprehensive health care team requires the inclusion of the chiropractic profession.

Given the Cabinet's objective to study health care cost containment models, enhance competition in the health care market, promote the use of high quality and cost effective health care providers, improve health care cost and quality transparency, increase cost-effectiveness and improve quality of care and outcomes, it becomes apparent with our traditions and demonstrated clinical and cost effectiveness, the chiropractic profession may help in the planning and implementation of this process. The programs that seem to be the most involved in this study include Medicare, Medicaid and the Children's Health Insurance Program. These programs limit reimbursement of the full scope of chiropractic services available to participants. Only one service (spinal manipulation) is reimbursable to chiropractic physicians. As a result, examinations, consultations, diagnostic orders and tests as well as physical treatments are not covered services, thus requiring patients to pay for these services when necessary. For those with limited finances, this leads to an unavailability of essential services from the provider of their choice and requires patients to obtain those services from another provider. Hence, for the chiropractic profession to be able to help the Cabinet reach a comprehensive and team approach of health care, waivers in the programs may need to be obtained to include chiropractic physicians. On the commercial insurance side of this project, chiropractic services are required to be covered in all individual and group health insurance plans to the same extent as medical services are covered. Hence we have good opportunity for all the benefits of the full scope of chiropractic practice to be fully realized in this sector of the health care market. To assure the full benefits of chiropractic services can be included and implemented in the Cabinet's plans, the CCA would appreciate a close role in offering advice on best chiropractic practices in the health care system. We believe chiropractic doctors throughout the state are essential to the task of the Healthcare Cabinet to contain health care costs and improve clinical care in Connecticut.

Our positions on the Cabinet's Healthcare Recommendations follow the Goal of Strategy of each Strategy category:

**1. Delivery System and Payment System Transformation Strategies**

**1A. Provide More Coordinated, Effective and Efficient Care through CCOs**

**Goal of Strategy:** Reduce costs in the health care system by promoting delivery system and payment reform, through models that engage providers to provide services in a more coordinated, effective and efficient manner; that address issues of underuse, overuse, misuse and ineffective use, and that reduce the impacts of social determinants of health and health inequities.

**CCA Position:** Chiropractic services are well documented in providing good clinical effectiveness at reduced costs with high patient satisfaction rates. Chiropractic doctors are also well known to readily integrate health care services with other providers. Patients must have choice in their health care services. Integration across the continuum of care should include all Healing Art Practitioner disciplines as defined in section 20-1 of the general statutes. We believe Consumer Care Organizations should provide the opportunity for chiropractic doctors to participate.

**1B. Build on the SIM Agenda and Current Success in the Medicaid Program**

**Goal of Strategy:** Reduce costs in the health care system by promoting delivery system and payment reform, through models that engage providers to provide more services in a more coordinated, effective and efficient manner; that address issues of underuse, overuse, misuse and ineffective use, and that reduce the impacts of social determinants of health and health inequities.

**CCA Position:** The CCA had the pleasure of discussing the profession's inclusion in the State Innovation Model (SIM) program earlier. We believe we offer a substantial role in the health care system as the naturally based health care discipline with substantial cost and clinical effectiveness demonstrated in conditions related primarily to the neuromusculoskeletal system. With the opiate crisis plaguing our state, it is essential to have the well tested and evidenced based non-drug approaches to treating acute and chronic pain due to neuromusculoskeletal injuries.

**1C. Create Community Health Teams to Address Complex Health Care Needs**

**Goal:** Continue to support delivery system transformation initiatives designed to deliver comprehensive, well-coordinated care and improve health outcomes while controlling costs for patients with complex medical conditions or challenging socioeconomic situations.

**CCA Position:** Chiropractic doctors may offer generalist, primary or specialty care services within communities throughout Connecticut. Often times, many people select chiropractic services for the non-drug approach to their health care. Naturally, chiropractic physicians, cognizant of the limits of naturally based health care, readily assure patients are referred to other providers when their diagnosed condition necessitates pharmaceutical or surgical care. Also, many health care professions do not have a full knowledge and clinical understanding of chiropractic practice. When professions can communicate more readily and integrate care easier, the best of each discipline should be realized. It stands to reason that Community Health Teams should be well versed on the education training and clinical practice of the chiropractic profession to assure the most effective benefits of all health care professions are available to all persons and best health practices can be well implemented.

## **2. Directly Reduce Cost Growth**

**2A. State-wide health care cost growth target:** Being revised

**2B. Set targets for and adopt value-based payment models**

**Goal of Strategy:** Reduce cost growth by setting a target on annual increases; setting targets for adoption of Alternative Payment Models (APMs), and developing mechanisms to 1) track and assure adherence to the cost growth target and APM target and 3) make data transparent to the public.

**CCA Position:** The current health care systems including Medicare, Medicaid, HUSKY and the commercial health care insurance plans often do not reflect the full scope of chiropractic services allowed in the state. Offering the full scope of chiropractic services in the health care system provides the opportunity for improved health care outcomes, reduced costs and reduced use of pharmaceutical and surgical services. Health care costs are best addressed when all health care professions can fully participate in the system. By changing the health care payment system to one that rewards the quality of care provided and the efficiency with which it is provided, it is expected that the health care system will save money, while at the same time, improving the quality of care provided. Chiropractic intervention has often demonstrated efficiency and quality of care delivered at reasonable costs.

## **3. Coordinate and Align State Strategies**

**3B. Create an Office of Health Strategy**

**Goal:** Provide the infrastructure for coordinating and aligning state strategies across state agencies and with the private sector.

**CCA Position:** The Office of Health Strategy should maintain regular communication with all Healing Art Practitioner disciplines as defined in section 20-1 of the general statutes to assure all appropriate and reasonable data is utilized to achieve it's seven key responsibilities

## **4. Support Market Competition by Expanding the Attorney General's Powers to Monitor Health Care Market Trends**

**Goal:** Give the Attorney General additional investigative and reporting powers to identify causes of cost increases that cannot be determined through publicly available data.

**CCA Position:** The CCA is always interested in assisting the Attorney General wherever needed to obtain accurate measures of health care market trends.

## **5. Support Provider Transformation**

**5A. Augment Existing Funds and Programs to Support Provider Transformation Through Applying for Federal DSRIP Funds**

**Goal of Strategy:** Implementing delivery system reform in a manner that improves health care and reduces costs requires significant upfront provider investment to support new technology, technical assistance and ongoing learning for providers. This strategy would provide frontline providers the needed technical support and financial investment to change and improve their care delivery models and thereby be more effective under new value-based payment models.

**CCA Position:** Although the chiropractic profession is excluded or limited from the Medicaid and Husky systems of health care in the state and our scope of practice is substantially limited under existing federal law, there are options for the inclusion of chiropractic services that will likely help with reducing health care costs and improving clinical outcomes:

1. Restore chiropractic services in the Medicaid system
2. Obtain waivers of coverage to offer a more comprehensive delivery of chiropractic services under certain conditions such as including chiropractic services in hospitals and clinics.

#### **5B. Support Provider Transformation through Existing Financial Support Programs**

**Goal of Strategy:** In recognition that implementing delivery system reform in a manner that improves health care and reduces costs is very difficult for providers, provide them with financial, infrastructure and technical support needed to change their care delivery models

**CCA Position:** The chiropractic profession is not included in the financial support programs described in this report. It nevertheless stands to reason that to be comprehensive about care delivery, investigating opportunities to incorporate chiropractic services in the support programs should be considered.

#### **6. Support Policy Makers with Data**

**Goal of Strategy:** Build the data and clinical information infrastructure necessary to support delivery system and payment reform at the provider level and to inform good state policy-making.

**CCA Position:** The chiropractic profession is well accepting of utilizing health care clinical outcomes and cost data to establish policy of health care coverage. We would appreciate our experts in this field to work with the Office of Health Strategy and Health Information Technology Officer to assure chiropractic data is well included to gain a comprehensive view of chiropractic practice.

#### **7. Incorporate Use of Evidence into State Policy Making**

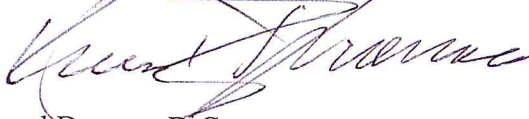
**Goal of Strategy:** Incorporate the use of comparative effectiveness evidence into policy making decisions to reduce overuse and misuse of health care services.

**CCA Position:** There is a substantial amount of evidence demonstrating improved clinical outcomes and cost efficiency of chiropractic treatment when compared to other provider treatments for similar conditions. To achieve the goals of the Cabinet, we submit it is essential the chiropractic profession be well integrated in the health care system.

The CCA appreciates the Cabinet's work to make our health care system more efficient in terms of clinical care, cost of care and patient utilization. We believe chiropractic physicians throughout the state are well prepared to support the Cabinet's initiatives and provide the full scope of chiropractic services for all patients with respectful integration of care in a clinical and cost effective manner.

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Richard Duenas". The signature is written in a cursive style and is enclosed within a large, loopy oval shape.

Richard Duenas, D.C.  
President, Connecticut Chiropractic Association

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## References

### Cost and Clinical Effectiveness

Sarnat, Richard; Winterstein, James, Clinical and Cost Outcomes Of An Integrative Medicine IPA, *Journal of Manipulative and Physiological Therapeutics* 2004; 27: 336-347.

Sarnat RL, Winterstein J, Cambron JA. Clinical utilization and cost outcomes from an integrative medicine independent physician association: an additional 3-year update. *J Manipulative Physiol Ther.* May 2001;30(4):263-9.

Lehman, J, Anderson, D, Health care reform, Primary care teams in ACOs, [http://www.acatoday.org.content\\_css.cfm?CID=5137](http://www.acatoday.org.content_css.cfm?CID=5137), 2015

Comparative Analysis Of Individuals With And Without Chiropractic Coverage. Legorreta A, Metz D, Nelson C, Ray S, Chernicoff H, DiNubile N. *Archives of Internal Medicine* 2004; 164: 1985-1992.

Chiropractic Care: Is It Substitution Care Or Add-On Care In Corporate Medical Plans?

Metz D, Nelson C, LaBrot T, Pelletier K. *Journal of Occupational and Environmental Medicine* 2004; 46: 847-855.

United Kingdom Back Pain, Exercise and Manipulation Randomized Trial: Cost Effectiveness of Physical Treatments for Back Pain In Primary Care. *BMJ.* 2004 Dec 11;329 (7479):1381. Epub 2004 Nov 19.

Primary Care - Cost Effectiveness of Physiotherapy, Manual Therapy and General Practitioner Care For Neck Pain: Economic Evaluation Alongside A Randomized Controlled Trial. Korthals-de Bos I, Hoving J, Van Tulder M, Van Molken R, Ader H, De Vet H, Koes B, et al. *British Medical Journal* 2003; 326: 911.

Economic Case for the Integration of Chiropractic Services into the Health Care System.

Pran, Manga. *Journal of Manipulative and Physiological Therapeutics* 2000; 23: 118-22.

Enhanced Chiropractic Coverage Under OHIP (Ontario Health Insurance Plan) As A Means For Reducing Health Care Costs, Attaining Better Health Outcomes And Achieving Equitable Access To Health Services. Manga, Pran. *Report to the Ontario Ministry of Health*, 1998.

### Clinical Effectiveness

Keeney BJ, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM. Early Predictors of Lumbar Spine Surgery after Occupational Back Injury: Results from a Prospective Study of Workers in Washington State. *Spine*, 2012

Hurwitz, E. Technical Report: Comparison of the Management Costs for Complicated and Uncomplicated Low Back Pain Among Different Provider Types: Doctors of Chiropractic, Medical Doctors, and Physical Therapists. *Department of Public Health Services, John A. Burns School of Medicine, University of Hawaii*, Manoa. Dec 2011.

Paskowski I, Schneider M, Stevans J, Ventura JM, Justice BD. A Hospital-Based Standardized Spine Care Pathway: Report of a Multidisciplinary, Evidence-Based Process. *J Manipulative Physiol Ther.* Feb 2011;34(2):98-106.

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.* Apr 2011;53(4):396-404.

Liliedahl RL, Finch MD, Axene DV, Goertz CM. Cost of care for common back pain conditions initiated with chiropractic doctor vs medical doctor/doctor of osteopathy as first physician: experience of one Tennessee-based general health insurer. *Manipulative Physiol Ther.* Nov-Dec 2010;33(9):640-3.

Hurwitz EL, Carragee EJ, van der Velde G, et al. Treatment of Neck Pain: Noninvasive interventions. *Spine* 2008;33:S123-S152

Chou R, Huffman LH. Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. *Ann Intern Med* 2007;147:492-504

### Chiropractic Laws and Regulations

The chiropractic scope of practice in CT authorizes chiropractic physicians to provide comprehensive and full body examination, diagnosis and management for individuals of all ages.

[http://www.cga.ct.gov/current/pub/chap\\_372.htm](http://www.cga.ct.gov/current/pub/chap_372.htm)

Connecticut and Federal insurance laws require commercial plans to provide coverage for services rendered by a chiropractic doctor to the same extent coverage is provided for services rendered by a medical doctor and in a non-discriminatory manner.

[https://www.cga.ct.gov/current/pub/chap\\_700c.htm#sec\\_38a-479](https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-479)

[https://www.cga.ct.gov/current/pub/chap\\_700c.htm#sec\\_38a-79a](https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-79a)

[https://www.cga.ct.gov/current/pub/chap\\_700c.htm#sec\\_38a-507](https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-507)

[https://www.cga.ct.gov/current/pub/chap\\_700c.htm#sec\\_38a-534](https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-534)

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[https://www.cga.ct.gov/current/pub/chap\\_700c.htm#sec\\_38a-591](https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-591)

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