

Chiropractors'
Association of
Saskatchewan

Submission to the

**Workers' Compensation Act
Committee of Review**

December 14, 2021

Mission:

*The Chiropractors' Association of Saskatchewan serves the best interests of the public
by regulating and advancing excellence in chiropractic care.*

Background

The Chiropractors' Association of Saskatchewan (CAS) was founded in 1943, when chiropractic first became a self-regulated profession in Saskatchewan. The CAS is governed by *The Chiropractic Act, 1994* and the accompanying bylaws and policies as it fulfills its roles as both a regulatory body and professional association. As a regulatory body, the CAS' first and foremost role is to protect and serve the public interest. As an association, the CAS advocates for, and advances, the chiropractic profession.

The CAS and the Saskatchewan Workers' Compensation Board (WCB) have a strong historical working relationship built on a foundation of trust, mutual interest, and cooperation. Early intervention and return to work are goals shared by both organizations; active, interdisciplinary care supports these goals.

This is our seventh submission to the WCB Committee of Review.

Overview of Chiropractic

History, Education and Licensing

The CAS is governed by *The Chiropractic Act, 1994* and its bylaws. As a self-regulated profession, the CAS is primarily responsible for setting and enforcing standards to ensure public safety. The CAS discharges this mandate through various committees, responsible to the seven-member Board, two of which are public members appointed by the Government.

Chiropractors practicing in Saskatchewan have a minimum of 7 years post-secondary education; at least three years of undergraduate education prior to entering chiropractic college for an additional four years of intensive study. Following graduation, all chiropractors must pass national and provincial examinations to be eligible for registration and licensure.

Doctors of Chiropractic can take post-graduate education, generally equivalent to two years of instruction, leading to fellowship status in clinical sciences, radiology, rehabilitation sciences, orthopedics and sports sciences.

Practitioners in Saskatchewan must also complete specified continuing education requirements as a condition of licensure.

Scope of Practice

Chiropractors are spine, muscle, and nervous system experts and have demonstrated expertise with preventative care that helps address conditions before they become chronic or debilitating. Chiropractors also treat acute injuries and conditions reducing dysfunction and discomfort with the goal of returning patients to function. As primary contact health care practitioners, the public can access chiropractors directly, without referral from another health care professional. Common conditions treated by chiropractors include neck and back pain, headaches, shoulder and extremity pain, arthritis, work and MVA injuries, sports injuries, concussion, strains and sprains, and more.

The main form of treatment chiropractors deliver is an adjustment, a non-invasive procedure using a precise directed movement to help relieve pain and discomfort and restore range of motion. Chiropractors are trained to prescribe therapeutic exercise and other non-invasive therapies, including lifestyle and dietary counseling. As with all regulated health professions in Canada, chiropractors are required to obtain informed consent from their patients prior to the delivery of professional services.

Saskatchewan chiropractors are members of the interdisciplinary continuum of care and their role is complementary to other health care disciplines. Doctor of Chiropractic are trained to provide a differential diagnosis and refer patients to appropriate care providers for treatment of conditions outside their scope of practice. Chiropractors refer patients directly for diagnostic x-ray and ultrasound, and directly refer to medical specialists.

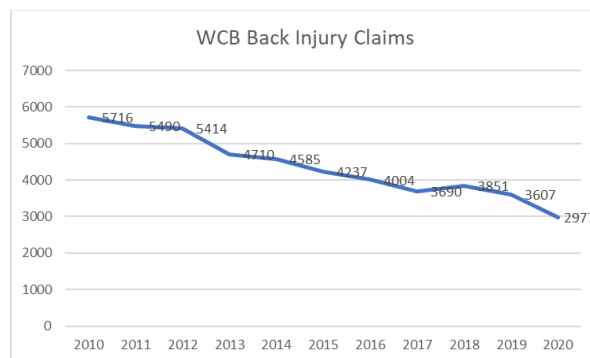
Chiropractic and the Saskatchewan WCB

The WCB continues to recognize the valuable and effective services provided by chiropractors. In addition to providing primary care services to WCB clients, chiropractors serve on interdisciplinary assessment and treatment teams at the secondary and tertiary level, and on Medical Boards and Medical Review Panels. The WCB also utilizes the expertise of two part-time Chiropractic Consultants (chiropractors employed by the WCB).

The WCB works collaboratively with the CAS to develop and amend guiding documents such as Practice Standards for Primary Level Chiropractic Service Providers and the Soft Tissue Treatment Guidelines. This relationship provides many opportunities to discuss ways and means for improving processes in real time.

WCB Back Injuries

The back continues to be one of the most common areas of injury for Saskatchewan workers. In WCB's 2020 Annual Report, the back was the second most reported area of injury, representing 17% of claims accepted. While the number of back injuries has been decreasing over the last 10 years, and back injuries have moved from most highly reported to second highest in 2014, back injuries continue to consistently represent around 17% of all claims year over year.



Data from WCB Annual Reports

Serious Injuries:

An area of priority for the WCB is serious injuries. The 2020 WCB Annual Report outlines that 60% of all serious injuries are back, leg, shoulder and arm injuries.

Further statistical analysis from WCB shows that of the serious injuries in 2020, the **back** (including spine, spinal cord) is the top reported area of injury representing 17% of serious injuries, with **shoulder injuries** the second highest representing 15% of serious injuries. Healthcare workers and transportation workers are highly represented in these two areas of injury.

As spine, muscle, and nervous system experts, chiropractors have a vested interest in preventing these injuries and assisting to rehabilitate injured workers when injuries do occur.

Cost and Prevalence of Musculoskeletal and Spinal Disorders

Low back pain and other musculoskeletal conditions, such as neck and shoulder pain, affect 11 million Canadians annually and are leading causes of short- and long-term disability claims. There is an ongoing need to continually address MSK and spinal disorders in the workplace.

Research has shown the following economic and patient benefits of chiropractic care:

- **Fewer Costs:** Employees accessing chiropractic care tend to incur fewer costs because they are less likely to be prescribed medications or end up with complex medical procedures.ⁱ Chiropractic manipulation is less costly and more effective than alternative treatment compared with either physiotherapy or GP care in improving neck pain.ⁱⁱ
- **Economic Advantage:** Manual therapy, a common treatment used by chiropractors, shows an economic advantage relative to other interventions used for the management of MSK conditions.ⁱⁱⁱ
- **Lower Disability:** Patients receiving chiropractic care have lower associations of disability recurrence and shorter disability duration compared to patients receiving care from other providers.^{iv}

Using WCB's Primary Care Provider (PCP) statistics, an analysis of 2020 data on chiropractic treatment of WCB injured workers compared to physical therapy at the primary level indicates:

- Chiropractors are lower than physical therapy in **days to closure by 31 days** on average (number of calendar days from injury to the last day for which any type of wage loss was paid);
- Chiropractors incur almost **half of the medical costs** associated with physical therapy; chiropractors being \$597 to \$614 lower per claim, on average; and
- Workers who access chiropractic have on average 6.2 - 6.8 days less **wage loss days paid** to a claim than physical therapy.

What is Working Well

Back Safety and Injury Prevention

Over the last four years, the CAS has had a co-funded agreement with WorkSafe to work together on education, awareness, prevention and reduction of back injuries. This work includes public education and worker education about back safety, proper lifting techniques and back care and injury prevention.

Various resources have been developed and delivered through this agreement including:

- Back care and safety presentations provided by a chiropractor to workers in their workplace across the province, at no cost to the employer.
- Development of a series of infographics on proper lifting, core strengthening, office stretches, etc.
- Collaboration on a series of materials for working and learning from home, aimed at providing tips on how to improve ergonomics while working at home workstations.

Partnering for Best Practice Research

The CAS also recently partnered with WCB to co-fund a research study examining specific factors early in a claim that can predict claim duration and long-term work disability status following a work-related back injury in Saskatchewan. This information will be used to create an objective protocol that can be used to identify individuals at a higher risk of developing a long-term disability and will be useful to all Workers' Compensation Boards across Canada.

There are opportunities for the WCB to continue working with third parties such as the CAS to continue establishing evidence-based best practice standards for primary care practitioners, secondary and tertiary assessment teams, and rehabilitation centers. Evidence-based best practice standards provide clinicians with clear and scientifically proven guidelines upon which to base decisions for care and help injured workers by allocating resources in a fair, effective and efficient manner.

Recommendations

Our recommendations build on all the work that has come to this point and are based on the principles of patient centered, evidence-informed care.

1. Integrate Chiropractors in all Multidisciplinary Secondary and Tertiary Assessment and Rehabilitation Centers and Activities

Policy Reference: [Assessment Teams \(PRO 51/2017\)](#), [Secondary and Tertiary Treatment \(PRO 51/2016\)](#)

The WCB's use of multidisciplinary secondary and tertiary teams for assessment and rehabilitation purposes is an effective approach for treating injured workers and we support the continuation of this approach.

Chiropractors are currently involved in some secondary and tertiary multidisciplinary assessment and treatment teams that deal with a wide variety of patient injury including upper extremities, lower extremities, back and neck. However, they are not present on every assessment team nor available for patient care within every treatment centre.

Injured workers, employers and the WCB all benefit when chiropractors are part of the assessment and treatment approach. However, the assumption that "biomechanical" providers such as chiropractors and physical therapists are interchangeable has led to the exclusion of chiropractors from some teams. This approach does not recognize the unique skill set and scope of practice that chiropractors bring to the assessment and treatment team and often discriminates against chiropractic in favor of physical therapy. Chiropractors provide a thorough history and physical exam and a different perspective on patient assessment and treatment than physical therapists and other team members. Patients often miss out on chiropractic expertise in the assessment process and

subsequent referral for chiropractic manipulation and treatment while in secondary or tertiary care, if indicated. A team with more professions represented provides a more diverse and thorough assessment for both the client and the insurer, and truly embraces the 'multidisciplinary' concept.

With the lack of a functioning multidisciplinary Health Care Advisory Committee (addressed in recommendation 4), which served to provide recommendations regarding secondary and tertiary treatment, voices of some health providers are being heard louder than others, and there doesn't appear to be a multidisciplinary approach to planning and discussion.

Recommendation: *WCB require all multidisciplinary secondary and tertiary assessment and treatment teams include a chiropractor.*

2. Health Practitioner Compensation based on Market Rates

The WCB compensates health care professionals for medical aid provided to workers. Section 104(1) of the *Act* states that the fees for medical aid furnished by any health care professional are those that are determined by WCB. In practice, these fee schedules are established through a negotiation process between the WCB and the respective health professional association.

In the past, these negotiations allowed WCB flexibility to compensate health providers for market conditions and other specific factors. Now, these negotiation processes are limited by the government's public service bargaining mandates where each health provider group receives a similar percentage increase to overall fees, with limited flexibility. This approach does little to address disparities amongst health provider groups or historical fee errors, serving instead to raise everyone from a potentially incorrect starting point.

For example, current chiropractic fees paid by WCB for a follow-up chiropractic treatment are 10% less than what an average chiropractor charges a private-pay patient. Other health providers experience this same issue. The inability to pay at market rates should be concerning to WCB as more health providers will choose to opt out of providing service to WCB clients, particularly as these clients are often complex and require more of the practitioner's time both in terms of patient treatment time and administrative burden. WCB requires a full complement of health providers who can effectively treat and return workers to the job and needs to recognize and properly compensate these providers.

Recommendation: *WCB compensate health practitioners based on competitive market rates.*

3. Determination of Worker vs Contractor and Independent Coverage

Businesses operating in a mandatory industry within the *Workers' Compensation Act, 2013*, are required to ensure that WCB coverage is in place for all workers. The definition of a worker is fairly broad and includes contractors who complete work for a business. The CAS has raised issues with the WCB regarding independent health providers who rent or lease space within a chiropractic clinic being considered a worker, not able to access independent coverage as per the WCB's policy [Coverage – Independent Worker](#) (POL 13/2020).

For example, an independent massage therapist rents space within a chiropractic clinic, with both parties operating under the same roof as independent businesses with no employment relationship, and only a lease agreement to bind them, not a contract for services. As the independent massage

therapist only works out of this one location, they may not qualify for independent WCB coverage under the definitions within the WCB's policy. In other situations where a similar rental situation exists, independent WCB coverage has been denied because the clinic shared a common front desk/payment terminal which WCB implied made the clinic an employer or principal of the independent worker renting space.

In these situations, WCB has deemed that the chiropractor must provide WCB coverage for the independent health provider. Yet, the chiropractor (clinic owner) does not control what work is performed, where, when and how the work is performed, and they cannot guarantee any remuneration for the therapist because income is independently earned by the therapist in their business. In reality, these independent health providers who are renting space are operating as independent operators, and it would appear that the lack of ability to accommodate them as independent workers within current WCB policy causes a default finding of 'employer' for any entity that houses them.

While this situation may have arisen in chiropractic clinics, there are many other scenarios and workplaces within the healthcare field and other industries where this same issue could arise.

Recommendation: *WCB re-examine the Coverage – Independent Worker Policy to ensure that a variety of real-life scenarios are considered when defining who can obtain independent WCB coverage.*

4. Reinstatement of Health Care Advisory Committee

Historically, and as per existing WCB Policy POL 08/2014 [Continuum of Care](#), the WCB is to have a Health Care Advisory Committee with the purpose of evaluating and making recommendations to the WCB regarding the provision of health care for injured workers including recommendations regarding secondary and tertiary treatment. The Committee includes representation from employer organizations, labour organizations, and healthcare providers including physician, chiropractor, physical therapy and occupational therapy.

Originally, the committee started as the Early Intervention Program Committee tasked with developing the current forms of secondary and tertiary care, after which the group changed into an advisory group used for many different tasks including monitoring internal WCB outcomes and benchmarks. The committee was also used by the WCB to discuss issues and trends and served as a team working for the best interests of the injured worker, helping WCB improve its processes, improve care, and the experience of the injured worker.

This Committee disbanded several years ago, however the rationale for this is not clear. The Committee served as an important avenue for the WCB to bring together key players to discuss helping injured workers in a multidisciplinary setting.

Recommendation: *WCB reinstate the Health Care Advisory Committee to provide a voice from all impacted groups within a multidisciplinary approach, for the benefit of injured workers.*

5. Partnering for Prevention

The WCB is to be applauded for its approach to working with external parties to advance work around injury prevention and education. As referenced earlier, the Chiropractors' Association of Saskatchewan has been in a multi-year, co-funded agreement to promote education and awareness of back injury prevention amongst workplaces in Saskatchewan. The CAS is also partnering with the WCB on a research project.

There are many agencies in the province working towards a common goal of reducing injuries, and by WCB, through WorkSafe, working together with these agencies the reach of all parties is extended for the benefit of all workers.

Recommendation: *WCB continue to partner with external parties to advance injury prevention initiatives.*

Conclusions

The WCB's multidisciplinary approach to preventing workplace injuries through proactive management, education and partnering with other agencies will continue to help reduce injuries. A well-developed and robust case management approach facilitates and supports early return to work of injured workers, for the benefit of all. The CAS remains fully committed to supporting the best patient centered, evidence-informed care that enables injured workers to return to work as early as possible.

Thank you for the opportunity to provide input.

Contact

Chiropractors' Association of Saskatchewan

228 University Park Drive
Regina, SK S4V 1A3
Phone: (306) 585-1411
Email: CAS@saskchiro.ca



Chiropractors'
Association of
Saskatchewan

Dr. Jennifer Beggs, President

Ms. Tracy Bertram, Executive Director

References

- ^{i, iv} Allen, H., Wright, M., Craigh, T., Mardekian, J., Cheung, R., Sanchez, R., Bunn, W. and Rogers, W. (2014) Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey. *Journal of Occupational and Environmental Medicine*, 56(6), 604-620. Retrieval from: <https://pubmed.ncbi.nlm.nih.gov/24854253/>
- ^{ii, iii} Tsertsvadze, Alexander et al. "Cost Effectiveness of Manual Therapy for the Management of Musculoskeletal Conditions: A Systematic Review and Narrative Synthesis of Evidence from Randomized Controlled Trials." *Journal of Manipulative and Physiological Therapeutics*. 37(6). 343-362. [https://www.jmptonline.org/article/S0161-4754\(14\)00087-6/fulltext](https://www.jmptonline.org/article/S0161-4754(14)00087-6/fulltext)