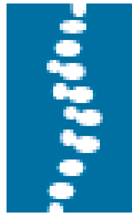
Submission to the

Saskatchewan Workers' Compensation Act Committee of Review

Submitted by the



Chiropractors' Association of Saskatchewan

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Vision:

Chiropractors will be fully integrated in an improved healthcare system, and recognized and valued as back care specialists.

Mission:

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

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Background

The Chiropractors' Association of Saskatchewan (CAS) is the legislated body that serves primarily to protect the public by regulating and advancing excellence in chiropractic care. The CAS vision contemplates a fully integrated health care system with chiropractors recognized and valued as neuromuskuloskeletal specialists.

As members of the Canadian Chiropractic Association, Saskatchewan chiropractors are part of a nationwide strategy of envisioning chiropractors working collaboratively as members of each person's primary health care team.

The CAS and the Saskatchewan Workers' Compensation Board (WCB) have an 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 sixth submission to the WCB Committee of Review. While some of the information is new, this submission builds upon previous reviews.

Overview

1. History, Education and Licensing

Currently governed by *The Chiropractic Act, 1994* and its bylaws, the chiropractic profession has been self-regulated in Saskatchewan since 1943.

The Council on Chiropractic Education of Canada maintains strong educational standards through two chiropractic educational programs in Canada; one at the Canadian Memorial Chiropractic College in Toronto and the other at the University of Quebec at Trois Rivières.

Applicants to chiropractic colleges require at least three years of university education. More than two thirds have obtained a four-year undergraduate degree 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.

2. Scope of Practice

Chiropractors deal primarily with neuromusculoskeletal conditions. As primary contact health care practitioners, the public may access them directly, without referral from another health care

professional. The primary goal of chiropractic adjustments is to correct areas of decreased mobility in the spine and peripheral joints, which have created dysfunction and discomfort. Approximately 95 per cent of all visits to chiropractors are to treat conditions related to back pain, neck pain and headache. Chiropractors are trained to prescribe therapeutic exercise and other non-invasive therapies, including 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.

Chiropractic treatment is essentially conservative, holistic, hands-on therapy. Chiropractic does not generally produce additional costs for the health care system through high technology support services, so it is a relatively low cost treatment.

Saskatchewan chiropractors are members of the interdisciplinary continuum of care and their role is complementary to other health care disciplines. Doctors 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 are an integral component of the interdisciplinary secondary assessment teams used by the WCB and tertiary teams used by Saskatchewan Government Insurance (SGI).

3. Standards of Practice/Public Safety

As chiropractic is a self-regulating 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. These committees, including legislatively mandated Investigation and Discipline Committees, monitor all aspects of chiropractic practice.

Two members of the Board are government-appointed public representatives. One of these members must serve on the Discipline Committee. It is CAS practice to have the other public member serve on the Investigation Committee. The mandatory quality assurance program of the CAS, administered by the Quality Assurance Committee, further enhances public protection.

Chiropractic and the Saskatchewan WCB

The WCB continues to recognize the valuable and effective services provided by chiropractors. In addition to serving on interdisciplinary teams and assessment teams, chiropractors are eligible to serve 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 jointly developed Chiropractic Practice Standards illustrate the depth and breadth of the ongoing CAS/WCB working relationship. This provides many opportunities to discuss ways and means for improving processes in real time.

Statistics provided by the WCB for the Manufacturing sector[1] show musculoskeletal (MSK) injuries are predominately related to the muscles and joints, specifically back and shoulder conditions.

[1] Injured Workers in SK (Manufacturing) 2014 WCB contributed

The most common injury sector wide is injury to the lower back. It is well known this is a costly condition to treat and chiropractors are very effective in treating it. The Manufacturing sector alone accounted for 466 such injuries in 2014. Additional statistical evidence indicates that injured workers receiving chiropractic services returned to work on the average two days sooner than those seeing physiotherapists, and four days sooner than those being treated by a medical doctor.[2] Related costs are only $36 per patient higher than the lowest treatment provided, a clear indicator supporting the cost effectiveness of chiropractic services.

Cost and Prevalence of Musculoskeletal and Spinal Disorders

The following information and statistics clearly illustrate we must remain focused on addressing MSK and spinal disorders. The importance of measuring and evaluating treatment outcomes should always be a top priority for the WCB.

The Work Foundation, 2010[3] published a study examining the impact of MSK conditions in Canada. It examined the economic implications and prevalence of MSK conditions in the workplace. The study has a substantial number of statistics that speak to increasing costs of these conditions, and their persistence that show a definite trend upwards for both cost and impact.

Cost

- ✓ Occupations in Canada with higher than average rates of musculoskeletal disorders (MSDs) include sales or service, trades, transport or equipment operating, farming, forestry, fishing or mining, processing, manufacturing or utilities.
- ✓ From 1997 to 2006, the trend for absences from work due to illness or disability trended upwards by 1.6 per cent.
- ✓ In 2008, the average rate of absence due to illness or disability for full-time Canadian workers was 7.9 days. Alberta, Prince Edward Island, and Ontario had the lowest average rates of absenteeism at 6.1 days, 7.4 days and 7.4 days, respectively. Nova Scotia and Quebec had the highest average rate at 9.7 days and 9.2 days, respectively. Saskatchewan recorded 8.1 days.
- ✓ Occupational injuries and diseases are estimated to cost over $13.5 billion per year.

Prevalence

- ✓ One in eight Canadians reported having a chronic back problem and most Canadians report back pain at some point in their lifetime.
- ✓ One in 10 Canadians were limited from their normal activities due to a repetitive strain injury (RSI) and the highest prevalence of RSIs is among the 30 to 49 age group.
- ✓ About 12 per cent of Canadians report pain or discomfort that prevents activities, and over 31 per cent of Canadians report activity limitations sometimes or often.

The following statistics support the need to continually address MSK and spinal disorders in the workplace. They are a clear indication that MSK and related disorders persist, and their prevalence is increasing rather than decreasing.

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[2] Medical Cost (Type) in SK (Manufacturing) 2014 WCB contributed

[3] Robin McGee, Stephen Bevan, Tatiana Quadrello, "Fit for Work? Musculoskeletal Disorders and the Canadian Labour Market," Work Foundation, 2010. http://www.fitforworkeurope.eu/Downloads/Website-Documents/ffw_Canada201009.pdf.

1. WCB Alberta reported that back problems comprised over 33 per cent of disabling injury claims.

2. In Ontario, MSK's account for over 40 per cent of all time-lost claims and 50 per cent of all time-lost days registered with the Workplace Safety and Insurance Board.

3. Statistics Canada, "Injuries at work, 2013," April 28, 2015. http://www.statcan.gc.ca/pub/82-625-x/2015001/article/14148-eng.htm.

    - In 2013, 16.0% of Canadians aged 15 to 74, roughly 4.2 million people, sustained injuries in the past 12 months that limited their normal activities:
        - For 14.5% of those injured, their most serious injury took place while working at a job or business.
        - The majority of those were males (71.2%).
        - Amongst both sexes, the three most common types of workplace injuries were sprains or strains (49.9%), cuts, punctures, or bites (19.2%), and broken or fractured bones (8.7%).
        - The majority worked in trades, transport, equipment operation and related occupations (34.0%) followed by sales and service (24.0%).
    - Activity limiting injuries often require prompt medical attention when the injury is severe. About half of the people (56.7%) whose most serious injury took place at work in 2013 received some medical attention within 48 hours.

4. Canadian Spine Society, Current Clinical Care, January 2013. http://www.gpscbc.ca/sites/default/files/Current%20Clinical%20Article%20on%20LBP.pdf.
    - Just 25% of patients with lower back pain generate 75% of the financial and social costs.
    - Most patients complaining of low back pain experience symptoms from a minor mechanical malfunction. Fewer than 5% have a more sinister explanation.
    - Fewer than 5% of people with back pain are good candidates for surgery.
    - A recent survey in Canada found that back pain was one of the most common health complaints of 12-44 year olds.

5. Eighty percent of Canadians will be affected by MSK conditions in their lifetime.
6. The number of Canadians with MSK diseases is predicted to increase with the aging baby boomer population, from 11 million in 2007 to 15 million in 2031.[4]
7. Disability absence costs due to injury or illness could cost companies with 1,000 workers more than $3 million a year.[5]
8. Organizations are spending more than $10.5 million a year in total absence claims. Eight to 12% of Canada's workforce is off the job due to illness or injury and receiving some type of compensation.[6]

[4] Canadian Institute of Health Research, IMHA Facts & Figures,
[5] Craig Sebastiano, "Employee Absences Costly for Employers," Benefits Canada, March 13, 2007.
[6] Cira, "Mental Health," presentation. Cira, http://www.benefitscanada.com/wp-content/uploads/2013/11/Karen-Seward-CIRA-Medical-Services.pdf.

Recommendations

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

We also offer the following "Keynote Issues" in support of our overall recommendations to the 2015 Committee of Review:

- Update online forms and make them more user-friendly.
- Although the WCB provides statistics, or a practitioner profile, on how effectively chiropractors treat patients, the document is confusing and difficult to interpret in any useful way. Statistics should include individual data as well as clinic data; currently only clinic data is available.

The CAS is restating recommendation #1 from our 2011 COR submission based on the need to improve the provision of basic statistics from the WCB.

1. Improve the WCB's Ability to Provide Basic Statistics in an Accurate and Timely Manner

"One of the chronic problems at the WCB is the inability to compile and provide accurate comparative statistics in a timely manner. The CAS respectfully suggests that if the WCB is to determine if its programs are having the desired effect it must have the ability to accurately quantify its operations.

We would further suggest that the WCB compile and make public each health care profession's cost per claim and return to work times and other basic performance measures in a comparative format to determine what interventions are the most effective. Care should be taken to make sure that cost components attributed to each profession are accurate. The professions should be consulted in this regard.

We would point out that the IBM *Evaluation of the Workers' Compensation Board Early Intervention Program (EIP)*, published in 2005, and recommended (recommendation #9) that the WCB make improvements in the completeness, quality and validity of its administrative data.

Clearly, this is not a new problem. However, it is one that needs to be rectified on a priority basis and expanded to include the WCB's entire information gathering and dissemination package". [7]

2. Integrate Chiropractors in all Tertiary Assessment and Rehabilitation Centers and Activities

The WCB's use of multidisciplinary, secondary and tertiary teams for assessment and rehabilitation purposes is the most cost effective approach for treating injured workers. The CAS supports the continuation of this approach.

a) While chiropractors serve on secondary assessment teams, their expertise is currently underutilized in the rehabilitation of injured workers on the tertiary assessment teams at

[7] 2011 CAS Submission to the WCB Committee of Review

Wascana Rehabilitation Centre in Regina and City Hospital in Saskatoon. The CAS recommends chiropractors be fully utilized on assessment teams at all tertiary care facilities.

b) The WCB continues to lag behind SGI's lead of having chiropractors serve on primary assessment teams. The CAS recommends their inclusion on all WCB assessment teams.

Injured workers, employers and the WCB all benefit when chiropractors are part of all tertiary assessment teams.

3. Commitment to Research and Best Practice

The WCB must not only fund independent research but also be prepared to implement its results, as well as those from other relevant sources.

With the addition of a Chiropractic Research Chair to the faculty of the University of Regina, there is an opportunity for the WCB to fund research directed towards preventing and treating workplace injury firsthand. Essential research will help WCB continue establishing evidence-based best practice standards for primary care practitioners, secondary and tertiary assessment teams, and rehabilitation centers. Evidence-based best practice standards provides clinicians with clear and scientifically proven guidelines upon which to base decisions for care. Allocating resources in an equitable, evidence-based environment assures services for injured workers that are effective and efficient, fair and justifiable.

Examples of research projects could include the impact of streamlined referrals to chiropractors for care.

WCB should have the internal capacity for interpreting and communicating research findings clearly and in a format useful to decision makers and stakeholders.

4. Case Management

Effort should be made to reduce response time to speak to a Case Manager. Given current workloads, it is very difficult to speak with a Case Manager about injured workers and coordinate the most effective, best practice care. This should occur at the earliest opportunity, rather than at the secondary or tertiary care levels, as is the case today.

5. External Representative

The Committee of Review should appoint an external representative to ensure WCB follows through on recommendations by the Committee.

Conclusions

The foundational principles of the workers' compensation system are: compensation without fault, security of payment, collective liability for employers, autonomy and exclusive jurisdiction. These continue serving employees and employers equitably. The WCB's multidisciplinary approach to preventing workplace injuries through proactive management and education 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 providing the best patient centered evidence-based care that enables injured workers to return to work as early as possible.