

October 25, 2017

Written Testimony to the Record
Hearing: Federal Efforts to Combat the Opioid Epidemic:
A Status Update on CARA and Other Initiatives
Energy and Commerce Committee
U.S. House of Representatives

Chairman Walden, Ranking Member Pallone, and Members of the Committee, as the Executive Director of the International Chiropractic Association, I am providing information to the Committee that I believe will be helpful as you address the current state of the opioid epidemic, pain management, and addiction recovery in our nation. I ask that this information be included in the hearing record and shared with all Committee members.

Chiropractic is a non-invasive, drugless form of health care that seeks to maximize the body's capacity to heal itself by restoring the structural balance and integrity of the human spine and remove any interference to the vitally important nerves it houses. It is estimated that over one million chiropractic adjustments are provided every day around the world. There is a significant body of peer-reviewed scientific evidence that supports the benefits of chiropractic care, particularly for management of conditions that present the symptom of pain. The evidence is clear, chiropractic care is safe, effective, and often offers significant cost-savings opportunities.

The International Chiropractors Association (ICA) is the world's oldest, continually operating international chiropractic professional organization representing practitioners, students, chiropractic assistants, educators, and lay persons world-wide. The ICA was founded in 1926 in Davenport, Iowa by Dr. B. J. Palmer. We are dedicated to the growth and development of the chiropractic profession based on Dr. Palmer's commitment to professional and clinical excellence and, the fundamental principle of chiropractic as a unique, separate, distinct, and drugless health care profession.

To receive the doctor of chiropractic (DC) degree, candidates must complete extensive undergraduate prerequisites and several years of graduate-level instruction and internship at an accredited chiropractic institution. Comprehensive knowledge of all systems of the body and diagnostic procedures enable the DC to thoroughly evaluate a patient, address disorders relating to the spine and determine the need for referral to another health care provider. The practice of chiropractic is recognized and regulated in over 52 countries; and doctors of chiropractic are licensed in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. There are more than 75,000 doctors of chiropractic in active practice and more than 10,000 students currently enrolled in chiropractic education in the United States.

The anatomical focus of the DC on the human spine has created the perception of the DC as just a back doctor. Although this perception is not entirely incorrect, it is very much incomplete. Doctors of chiropractic are a highly appropriate resource in matters of work-place safety, stress management, fall risk assessment and injury prevention, postural correction, and lifestyle and wellness counseling. Chiropractic care is a tremendous tool for opioid avoidance which continues to be under-utilized in the federal response to the opioid epidemic. If we as a nation are to accurately address the quandary we

find ourselves in, it is important to address the root cause of the problem, the over reliance of prescription drugs for the management of pain and the resulting addiction crisis. There are a host of non-drug options to treat pain including chiropractic. It is also important to recognize that the solution to drug addiction is not shifting patients from addiction to opioids legal (such as oxycodone) or illegal (such as heroin) to another medication (such as methadone); but to move towards recovery from addiction. Swapping one drug for another does not eliminate the risk of preventable deaths from accidental overdose or adverse reaction to drugs or drug interactions.

For decades the ICA and members of the complementary and integrative health community have worked across the levels of government to improve the health care system, and the quality of health care by being included in federal programs, advisory bodies, and to have greater research resources. There are a host of surveys that underscore that chiropractic and other complementary approaches are what Americans desire to utilize.

Numerous task forces, practice guidelines from professional organizations and governmental agencies, the Joint Commission and the former Surgeon General's Turn the Tide Campaign recommend non-pharmacological approaches to pain.

Moving Beyond Medications is a new campaign that International Chiropractors Association as a member of the Integrative Health Policy Consortium (IHPC), and the Academic Consortium for Integrative Medicine and Health, and others recommend to promote non-pharmacological approaches as first line pain treatment, with opioids considered only if these and non-opioid treatments are ineffective.

The Pocket Guide is attached to this testimony expands on these recommendations to help primary care clinicians and their patients with this approach. Further information about the evidence-base for non-pharmacological approaches is available at the Academic Consortium's website- <https://www.imconsortium.org/>

ICA's Vice President, Dr. Stephen Welsh observed, "To solve the opioid epidemic, public policy makers and the entire medical system need to rethink the inclusion of and access to chiropractic, not as an afterthought, but as a first line referral. Congress and both state and federal policy makers need to embrace the true value that chiropractic and other complementary and integrative approaches provide and to enable open access to those services, before a prescription for an opioid is written. All citizens, especially veterans, active duty military members and their families, should be able to seek chiropractic care without a physician referral, as a first line of care."

Cost Savings: An NIH-funded study published in 2016 reports back pain is the most common Social Security Disability Insurance (SSDI) program qualifying diagnoses and accounts for 30.5% of program participants and 40% of the growth in the SSDI enrollment since 1996. Researchers reviewed Medicare data found that the per-capita supply of doctors of chiropractic and spending on chiropractic adjustive care were strongly inversely correlated with the percentage of younger Medicare beneficiaries obtaining an opioid prescription.

There are multiple evaluations pointing to both the significant benefit and the cost savings of chiropractic care. They include:

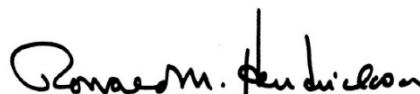
- The doctor of chiropractic as the primary care provider resulted in a 52 percent reduction in pharmaceutical costs, 43 percent decrease in hospital admissions, and 43 percent fewer outpatient surgeries and procedures. This was the finding in a four-year study begun in 1999 of DCs in a primary care role in a large Chicago HMO.
- Twenty-five percent reduction in backpain related costs associated when chiropractic was utilized as well as lower overall total annual health care costs. These were the findings in a 4-year retrospective review of claims from 1.7 million health plan members in an HMO insurance plan.
- A 2001 analysis of chiropractic utilization cost savings in Medicare found a lower overall payment for Medicare Services -\$4,426 versus \$8103.
- A study in the Ontario health System (Canada) indicated that greater chiropractic coverage would result in increased visits, but also net savings in both direct and indirect costs for Ontario's health system between \$380 and 770 million.
- A 1997 review of health insurance payments and patient utilization episodes for common lumbar and low back conditions in over 6,100 patients who first visited doctors of chiropractic or medical doctors. Chiropractic care was more satisfying and 50 percent lower costs (\$518 versus \$1020).
- A 2011 comparison of provider types and management costs for complicated and uncomplicated low back pain for North Carolina teacher and state employees found that while there were more provider claims for doctors of chiropractic that the cost was 30 to 50 % less than either physical therapist or medical doctors.

Further analysis in Workman's Compensation data include:

- In a 2003 Texas analysis: The lower back injury claims cost average is \$15,884. The claim costs average decreases to \$12,202 when the worker receives at least 75% of their care from a doctor of chiropractic. When 90% of the care is provided by a chiropractor, the average cost declines to \$7,632.
- A 2002 Florida analysis of workers' compensation claims from 1994-1999 found that the average total cost for low-back cases treated medically was \$16,998 while chiropractic care was only \$7,309. Patients treated primarily by chiropractors were found to reach maximum improvement almost 28 days sooner that if treated by a medical doctor.

The ICA appreciates this opportunity to share this information and perspective. We stand ready to answer any questions or provide additional information the Committee or staff may find helpful.

Respectfully submitted,



Ronald M. Hendrickson
Executive Director

cc: Members, House Energy and Commerce Committee

MOVING BEYOND MEDICATIONS

Non-Pharmacological Approaches to Pain Management and Well-Being

In response to the current public health crisis of opioid abuse, overdose, and death, many organizations have issued guidelines and recommendations for treating pain, including the former Surgeon General's "Turn the Tide" campaign. Similar to other guidelines, this campaign recommends non-pharmacological approaches as first line pain treatment, with opioids to be considered only if these and non-opioid pharmacological treatments are ineffective. This document expands upon those recommendations to help primary care clinicians and their patients with this approach.

1 Assess Patient's Pain and Well-Being

Perform a thorough assessment of the patient's pain condition, treatments, lifestyle and overall health status

- Ask the patient to describe the pain, including word descriptors, location, duration, aggravating and alleviating factors, intensity, and functional impact
- Ask about the patient's psychological status (e.g., depression, anxiety, ineffective coping styles), nutritional health, sleep pattern, and social and environmental contributors to the pain experience

2 Set Goals Jointly with the Patient

- Ask the patient what he or she would like to do, if pain treatment is successful
- Jointly decide on 2-3 SMART (Specific, Measurable, Attainable, Relevant, Time Bound) goals as measures of progress. Set goals for outcomes important to patient, not for pain intensity alone

3 Educate the Patient about Integrative Pain Management Options

Describe evidence-informed non-pharmacological and self-care approaches to managing pain and promoting wellness, including but not limited to:

- Acupuncture
- Chiropractic, Osteopathic and Myofascial Manipulation, Massage Therapy, and Physical Therapy
- Cognitive Behavioral Therapy, Stress Management, and other psychological therapies
- Mind-Body Approaches, Meditation, Biofeedback, Guided Imagery
- Yoga, Tai Chi, and other movement therapies

4 Develop a Treatment Plan with the Patient; Assess Potential Challenges

- Based on your clinical assessment and discussion with the patient, develop a treatment plan
- Discuss potential challenges, and ways to overcome them, with the patient
- Reinforce that 1) chronic pain is a complex problem with no simple solutions; 2) each patient's path is a little different and you will be there to support your patient along their path; 3) just as the tide causes all boats to rise, getting healthier overall helps all medical conditions improve--even chronic pain
- Obtain patient's commitment to carry out the treatment plan

5 Follow Up, Troubleshoot and Modify Treatment Plan as Needed

- See the patient regularly; assess progress toward identified goals at each appointment
- Encourage changes they have made and urge them to continue the good work
- Problem-solve to help overcome barriers to treatment plan adherence
- Modify treatment plan to maximize progress toward goals

Resources for Information on Nonpharmacological Approaches to Pain Management and Wellbeing

