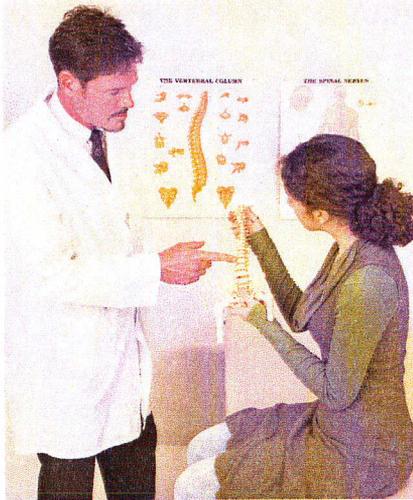


What can chiropractic care do for the Medicaid system?



After only one year, a pilot program designed to measure patient quality of care **shows significant clinical outcomes and health care cost reductions**. The Wellmark Blue Cross and Blue Shield <http://www.wellmark.com> 2008 pilot was a quality improvement program for Iowa and South Dakota physical medicine providers. A total of **238 chiropractors, physical therapists, and occupational therapists participated in the pilot**, submitting information on the care provided to 5,500 Wellmark members with musculoskeletal disorders.

Data from participating clinicians show that **89 percent** of the Wellmark members treated in the pilot reported a **greater than 30 percent improvement in 30 days**. In addition, Wellmark claims data for members who received care from chiropractors or physical therapists was compared with data for a member population with similar demographics (including health) who did not receive such services. **The comparison showed that those who received chiropractic or physical therapy care were less likely to have surgery and experienced lower total health care costs.**

Pamela A. Duffy, PT, PhD, OCS, Wellmark's physical medicine director, believes the results are reflective of the participants' commitment and dedication to providing quality care. "Participants in our first pilot on quality are dedicated to pursuing professional development, improving quality health care, and helping their patients live the most productive and pain-free lives possible. Wellmark is very pleased with the clinical outcomes demonstrated by these practitioners, and will continue working with providers to design programs that help evaluate the value of physical medicine services for members." *3

1. Medicaid currently covers only spinal care from Doctors of Chiropractic. This includes, but is not limited to: neck pain, headaches, low back pain, arm or leg pain related to neck or low back pain. Examination procedures are limited to a new patient, or a re-exam every two years. Treatment currently allowed is limited to spinal manipulation. South Dakota Chiropractors under their Scope of Practice are also able to treat the following:

36-5-1. Scope of practice--Limitations--Inapplicability to physicians. Chiropractic is the science of locating and removing the cause of any abnormal transmission of nerve energy including diagnostic and applied mechanical measures incident thereto. Integral to chiropractic is the treating of specific joints and articulations of the body and adjacent tissues, to influence joints or neurophysiological functions of the body, or both, including the use of examination and treatment by manipulation, adjustment, and mobilization of a joint. No chiropractor may practice obstetrics or treat communicable diseases. The requirements of this section do not apply to those licensed pursuant to chapter 36-4.

2. Back Pain is the second most common reason for doctor visits - after cold and flu symptoms

3. A literature synthesis, which is an academically rigorous analysis of all the available scientific literature on a specific topic, was recently performed by the Council on Chiropractic Guidelines and Practice Parameters (CCGPP www.ccgpp.org), for the management of low back pain and low back related leg complaints. Based on this literature synthesis, spinal manipulation received a rating of an A, which means it is supported by good evidence from relevant studies.



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4. The following data outlines the significant savings to third party payers when comparing costs for patients with chiropractic coverage compared to patients without:

- a. Low Back Pain Patients **with** chiropractic coverage compared to no chiropractic coverage: *1
 - i. 32% reduction of surgery costs
 - ii. 37.2% reduction of CT/MRI cost
 - iii. 23.1% reduction of plain film costs
 - iv. 40.1% reduction of in-patient care costs
- b. Neck pain patients **with** chiropractic coverage compared to no chiropractic coverage: *1
 - i. 49.4% reduction of surgery costs
 - ii. 45.6% reduction of CT/MRI costs
 - iii. 36% reduction of plain film costs
 - iv. 49.5% reduction of in-patient care costs
- c. When Doctors of Chiropractic were the **primary care providers** in a health plan the following reductions occurred: *2
 - i. Hospital admissions reduced 43%
 - ii. Hospital days reduced by 58%
 - iii. Average length of stay reduced by 23.8%
 - iv. Outpatient surgeries reduced by 43.2%
 - v. Medication usage reduced by 51.8%

5. Based on the research cited above a more logical approach to reducing health care expenses and ensuring that the most appropriate care is provided would be to have Doctors of Chiropractic be the primary care providers for musculoskeletal conditions for citizens of South Dakota who are enrolled in the Medicaid program.

6. The current budget for the Medicaid program is 700 million, of which chiropractic care is \$373,000. Reducing or eliminating the chiropractic benefit as stated earlier will cause a cost shift to medical or physical therapy, and based on the above research could cause an increase in the overall expense to the Medicaid program. Here are some further statistics based on the 2008 Fiscal year ending in June:

- a. The cost of chiropractic care per Medicaid enrollee in 2008 was approximately \$3.65 per enrollee
- b. The cost per case for Medicaid enrollee's that received chiropractic care in 2008 was \$76.56
- c. Of the \$373,000 spent on chiropractic care in 2008, \$142,095.36 was directed to adults, the remainder was directed to children.

References

- *1. EFFECTS OF A MANAGED CHIROPRACTIC BENEFIT ON THE USE OF SPECIFIC DIAGNOSTIC AND THERAPEUTIC PROCEDURES IN THE TREATMENT OF LOW BACK AND NECK PAIN; Craig F. Nelson, DC, MS,a R. Douglas Metz, DC,b and Thomas LaBrot, DCc; J Manipulative Physiol Ther 2005;28:564-569
- *2. CLINICAL AND COST OUTCOMES OF AN INTEGRATIVE MEDICINE IPS; Richard L Sarnat, MD and James Winterstein DC.; J Manipulative Physiol Ther 2004;27:336-47
- *3. Dynamic Chiropractic; July 31, 2009