A Better Approach to Pain Management

Responding to Canada’s Opioid Crisis

November 2016
A BETTER APPROACH TO PAIN MANAGEMENT IN CANADA

EXECUTIVE SUMMARY

Opioids have quickly emerged as one of the primary means for managing acute and chronic non-cancer pain in primary care settings. Available evidence points to back pain and other musculoskeletal conditions as a leading reason for opioid prescribing. As leading experts in the care of musculoskeletal conditions, Canada’s chiropractors and the Canadian Chiropractic Association (CCA) are prepared to be a partner in the action plan to reduce the use of opioids.

The Canadian Minister of Health’s National Opioids Conference is an important opportunity for the government, healthcare providers, and others to address a long-overlooked and often-silent health epidemic: chronic non-cancer pain. The challenge is to increase awareness and accessibility to alternatives to opioids for Canadians in pain. Evidence-informed guidance for prescribing professions on these key alternatives, including chiropractic, is an important first step in a comprehensive interprofessional pain management strategy for Canada. Together, we can support and facilitate progressive and innovative practices that will not only improve health outcomes but also decrease over-reliance on opioids as a first-line intervention.

**Issues:**

Pain is real, complex, and can be difficult to manage. Chronic pain can adversely affect an individual’s ability to carry out daily activities, work productively, and maintain family commitments. In the 1990s, opioids quickly emerged as one of the main interventions used to manage chronic non-cancer pain, with back pain being one of the leading reasons. This reliance on opioids occurred despite limited evidence supporting their use or efficacy in treating acute and chronic musculoskeletal pain. The unforeseen consequences of opioids are increasingly evident and constitute a major health concern. Evidence shows that the risks from the first time that opioids are prescribed for back pain can be profound and include addiction, morbidity, and even death. As a result, effective solutions must include reducing the pressure to prescribe by prioritizing alternative approaches to pain management. Every year in Canada, over 2,000 Canadians die from the overuse of opioids, which accounts for 50% of all annual drug-related deaths. The impact on vulnerable and marginalized populations is even graver, given the higher prevalence of both low back pain and incidence of opioid use within this group.

Evidence shows that alternative approaches to managing back pain such as spinal manipulation provided by chiropractors are effective. Yet, referrals to community-based providers are not commonly chosen as the first option for musculoskeletal conditions. Conservative care options, like manual therapies for back pain and other musculoskeletal conditions, generally fall outside the publicly-funded system, making access challenging for many people—particularly in vulnerable and marginalized populations. Healthcare practitioners such as physicians may feel they have limited choices available to them—without coverage or direct access, they may be less likely to refer patients for conservative care.
Solutions:

To truly manage musculoskeletal conditions, all stakeholders need to better understand the burden of pain related to musculoskeletal conditions. We need a comprehensive interprofessional pain management strategy that relies less on opioids and reduces the pressures on healthcare practitioners to prescribe. Evidence-based alternative approaches should be considered first. This is particularly important as practice guidelines change over time and new evidence is emerging that is moving away from opioids, especially for the treatment of chronic conditions. Increasing access and referrals to community-based providers like chiropractors and integrating them within the interprofessional healthcare team is a positive alternative.

Interprofessional teams with a full range of assessment and treatment skills in pain management approaches are quickly becoming widely accepted as being effective alternatives. There are a number of interprofessional and innovative models being piloted (e.g., Ontario’s low back pain pilot programs) and fully implemented (e.g., St. Michael’s Hospital Family Health Team in Toronto, Ontario and Mount Carmel Clinic in Winnipeg, Manitoba), which have shown great promise in effectively managing acute and chronic musculoskeletal pain and reducing the pressure to prescribe opioids. This has been accomplished by integrating community-based providers with chiropractors who are playing a central role in providing conservative care. Currently, over 4.5 million Canadians annually choose to visit a chiropractor to help prevent and treat musculoskeletal conditions. However, many others are either unaware of this option or do not have access to it. As a further benefit, effective back pain triage and access to appropriate care have been shown to reduce wait times and costs associated with unnecessary services such as diagnostic imaging and specialist visits.

Recommendations:

The CCA strongly believes that to actually change the current course and to reduce reliance on opioids we must take a broader approach to comprehensively manage pain. We assert that a better approach must take into account best practices and innovations, including greater access to conservative care options. We also assert that the evidence is clear that manual therapies, including chiropractic, should be first-line options for the management of musculoskeletal conditions within the interprofessional healthcare team. Such management offers a safe, effective, non-invasive, coordinated, and cost-effective alternative to opioids. Further, we recommend:

1. Collaborate with governments and other stakeholders to support and facilitate innovative practices to improve the delivery of alternatives in primary care.

2. Expand access to alternative approaches to opioids such as conservative care modalities for all, but in particular for vulnerable populations. These approaches must be readily available through interprofessional care teams for those suffering from musculoskeletal conditions.

3. Develop a better understanding, in partnership with third-party payers, on how to best maximize health outcomes using currently available funding.
4. **Invest in research to fully understand the breadth of the opioids crisis and burden of musculoskeletal conditions.** Furthermore, invest in health services research that would allow for the creation of comprehensive approaches to managing chronic non-cancer pain.

**A BETTER APPROACH TO PAIN MANAGEMENT IN CANADA**

**INTRODUCTION**

Opioids have quickly emerged as one of the primary means for managing chronic non-cancer pain in primary care settings. There is now a growing awareness of the associated risks and widespread recognition that opioids are being prescribed far too often. Better approaches are needed to manage chronic pain in Canada and reduce reliance on opioids as a first-line intervention.

Available evidence points to back pain and other musculoskeletal conditions as a leading reason for opioid prescribing; a recent *British Medical Journal* study found that 50% of those prescribed opioids in the United States reported back pain.

The Canadian Chiropractic Association (CCA) believes that to address the problem of opioid abuse we must better understand the underlying causes of overuse. Our approach must look at alternatives to manage the causes of pain and how these alternatives can be better integrated into primary care settings to help Canadians suffering, particularly for those in chronic pain. As musculoskeletal experts, Canada’s 8,500 chiropractors can play a greater role in the assessment and management of musculoskeletal-related pain and dysfunction by providing safe and effective care.

The CCA believes that one important solution is to develop a comprehensive pain management strategy, starting with innovative approaches to interprofessional care within primary care settings. This can be accomplished in part by enhancing access to appropriate care alternatives such as chiropractic, physiotherapy, and psychology among others. Considering the tremendous burden that both opioid overuse and musculoskeletal conditions have on society, and particularly on vulnerable and marginalized populations, this strategy should also specifically address the needs of those that are at greater risk.

This document is intended to support the development of a better approach to pain management in Canada. It highlights:

- The prevalence of musculoskeletal conditions as a leading cause of non-cancer pain.
- The current over-reliance on opioids to manage chronic non-cancer pain and the particular impact on vulnerable populations.
• How better integration of evidenced-based alternative care options, such as chiropractic services within interprofessional care teams, can help reduce the reliance on pharmacotherapies while improving overall health outcomes.
• The four key recommendations for the Opioid Action Plan that the CCA believes could help governments achieve a more comprehensive approach to non-cancer pain management, but particularly for Canada’s most vulnerable populations.

**MUSCULOSKELETAL CONDITIONS ARE A LEADING CAUSE OF CHRONIC PAIN**

One in five Canadians suffers from chronic non-cancer pain \(^3\),\(^4\) with back pain as the leading condition. In reality, the burden of chronic back pain is a silent epidemic in Canada. Too often, people suffer in silence with little recourse. Every year, over 11 million Canadians suffer from back pain and other musculoskeletal conditions, such as arthritis,\(^5\) which rival cardiovascular disease as an overall health burden in terms of direct and indirect costs.\(^6\) Musculoskeletal conditions also significantly impact Canada’s productivity and disproportionally affect workforce participation among lower income Canadians doing more physically demanding labour. Among the general population, up to 85% of workers will suffer from back pain at least once in their lifetime. Often, that back pain will reoccur or become chronic.\(^7\) In Canada, the disability costs related to musculoskeletal conditions are the most significant of any chronic disease at $15 billion.\(^8\) Over half of workdays lost due to injury are for musculoskeletal conditions.\(^9\)

Today, Canada is in the midst of a pain management crisis. This crisis has had a significant impact on patients and society at large with considerable implications for the healthcare system, including for healthcare providers, administrators, and insurers. The CCA believes that non-cancer pain—musculoskeletal-related pain, in particular—is currently poorly managed in Canada due in part to limited access to alternative care options.

**OVERRELIANCE ON OPIOIDS TO MANAGE CHRONIC PAIN**

The increasing use of opioids as a first-line treatment for chronic pain, and specifically for mechanical back pain, is a key contributor to the increasing use of opioids in Canada.\(^10\) Since 1999, prescription opioid sales have increased fourfold.\(^11\) It is reported that half of legitimate prescriptions of opioids are prescribed to help manage back pain and other musculoskeletal conditions.\(^12\) In the United States, opioids are reported as the leading cause of unintended death by overdose, also outnumbering those attributable to cocaine and heroin combined (see Figures 1 and 2 below).
In Canada, deaths associated with prescription opioids may now exceed 2,000 Canadians annually.\textsuperscript{13} Prescription opioid-related deaths have risen sharply since newer opioids emerged on the markets in the 1990s and are now estimated to comprise 50\% of all annual drug-related deaths in Canada.\textsuperscript{14}

\begin{quote}
An estimated 50\% of all annual drug-related deaths in Canada are associated with prescription-related opioids
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What is even more problematic is that there is a higher incidence of opioids use among the most vulnerable populations that are also disproportionately impacted by back pain, including seniors, First Nations, and those living in poverty. These same populations can also face barriers in accessing care, particularly from community-based providers who generally work outside the publicly-funded healthcare system.\textsuperscript{15,16}

This surge of opioids and its unintended negative consequences for individuals and society has created an urgent need for safer and more effective pain management strategies. More research is needed to better understand the appropriate use of opioids to manage musculoskeletal conditions; however, thus far, the evidence suggests only limited benefits of short-term opioid use for acute conditions, while the negative consequences are increasingly apparent.

**BARRIERS TO ACCESSING ALTERNATIVES CONTRIBUTING TO RELIANCE ON OPIOIDS**

The problem of opioids use is not solely related to abuse or overuse of a drug, but also to the poor management of non-cancer pain which leads to overuse. Canada has the second-highest rate of opioid use in the world after the United States,\textsuperscript{17} with most users introduced to the substance legitimately through a prescription.\textsuperscript{18,19} Far too often, opioids are prescribed as a first-line treatment to manage back pain and other musculoskeletal conditions.

It is known that the majority of individuals prescribed opioids who became addicted were not initially seeking opioids because of an existing substance abuse problem, but rather were simply looking for treatment to relieve pain.\textsuperscript{20} Physicians have also reported being limited in the options they have to effectively manage pain, having limited access to alternatives typically provided by other community-
based healthcare providers. Opioids have a role to play when clinically appropriate, but are not the only option.

**The majority of individuals who became addicted to prescribed opioids were not initially seeking opioids because of an existing substance abuse problem, but rather were simply looking for treatment to relieve pain**

The barriers to accessing other treatment modalities, like chiropractic, can be numerous. Often, patients are simply not referred to allied healthcare providers because physicians may not want to financially burden patients who may or may not have access to extended health benefits through employment. Patients may also look for immediate pain relief through the use of pharmacotherapies and may be unaware of other treatment options available to them. For those who are without benefits, access to allied health services can be very challenging and wait times can be lengthy.

**SOLUTIONS TO ADDRESSING THE UNDERLYING CAUSES OF BACK PAIN**

Some jurisdictions have already taken a leadership role to try to address some of these barriers like access. For example, in Ontario the 2014 “Excellent Care for All Strategy,” anchored on the *Excellent Care for All Act* (2010), has outlined a number of key priorities with accompanying funding to ensure that allied healthcare professions, such as chiropractors, are integrated within interprofessional healthcare teams specifically to address the needs of the most vulnerable. In the United States, the *Affordable Care Act* enacted in 2010 aimed to provide adequate, fair, and equitable access to healthcare, including for rehabilitative services. The *Affordable Care Act* provides access to 30 visits each year for either physical therapy, occupational therapy, or visits to a chiropractor. Even though the United States example has limits, the universal access to rehabilitative services is a great example from which Canada could benefit. More so, evidence21,22 supports the role of interprofessional teams with the full range of assessment and treatment skills to better address the needs of Canadians suffering from pain, including from musculoskeletal conditions.

While there is a growing consensus about the importance of prioritizing evidence-based alternatives to opioids as a first-line treatment for chronic non-cancer pain, the key challenge is increasing awareness and better integrating these alternatives for Canadians struggling with chronic pain. Access to evidence-based, non-invasive services to help address chronic musculoskeletal pain are typically available outside the public healthcare system. However, approximately 60% of Canadians have access to extended healthcare benefits through their employers. The simple process of facilitating appropriate triage could optimize the use of these extended benefits in a manner that will be key to helping relieve the burden that opioids have caused.23

By facilitating access to appropriate community-based care, it is also expected to significantly reduce wait times for diagnostic imaging and specialist visits, which are often not indicated.24 By following clinical practice guidelines, it is suggested that back pain patients should be first referred to trial therapy, which includes conservative care modalities25 such as manual therapies performed by chiropractors. For example, in Ontario, by addressing early triage, the Interprofessional Spine Assessment and Education Clinics (ISAECs) triage model has reduced wait times and enhanced access to
education for acute and chronic low back pain patients. The result was accomplished by employing chiropractors and advanced practice physiotherapists to assess patients early.

Chiropractors in the ISAECs and similar models are already adding their expertise to an increasing number of leading-edge pain management programs. Chiropractors are ideally suited to fill this role due to their extensive education and training: four years of study in chiropractic and over a thousand hours of theoretical and clinical studies, preceded by a minimum of three years of post-secondary education. Chiropractors have the knowledge, skills, and competencies to assess and diagnose the underlying causes of musculoskeletal pain. They also have the ability to develop an evidence-informed treatment plan to improve pain and function and make referrals to other professionals as needed.

**CASE FOR CONSERVATIVE CARE – ROLE OF THE CHIROPRACTOR**

“...when considering effectiveness and cost together, chiropractic care for low back and neck pain is highly cost-effective and represents good value...”

There is a growing consensus and supporting evidence that there are better approaches than opioids to address chronic musculoskeletal pain, including conservative care approaches provided by chiropractors and by other healthcare professionals. The challenge is to make conservative care more accessible to Canadians in pain by facilitating appropriate referrals between primary care settings and community-based providers.

As discussed, chiropractors are trained to assess and manage a wide array of musculoskeletal conditions. Commonly, they use hands-on manual therapies, such as spinal manipulation, to help relieve pain and improve function. Spinal manipulation has been shown to be effective in the management of acute, subacute, and chronic low back pain. Specifically, the literature supports that spinal manipulation for chronic low back pain is statistically effective in terms of pain relief and improvement in function. Evidence suggests that prescribing opioids may actually delay return-to-work of injured workers and provides little to no benefit in terms of function. Spinal manipulation is also recommended as a first-line intervention for back pain in numerous clinical practice guidelines, including those by the U.S. Department of Veterans Affairs, the Bone and Joint Decade Task Force, the American College of Physicians, the American Pain Society, and Britain’s National Institute of Health and Care Excellence. The journal *Spine* reported that evidence-based treatments such as spinal manipulation for acute mechanical low back pain were associated with “significantly greater improvement” in condition-specific functioning.

Manipulation is often complemented by other manual therapies and modalities, as well as rehabilitation and exercise therapy. In fact, spinal manipulation in addition to strengthening exercises have a comparable effect to the prescription of nonsteroidal anti-inflammatory drugs and exercise both for short- and long-term pain relief. A study reported that exercise in conjunction with manipulation might accelerate the recovery and improve outcomes while decreasing the reoccurrence of injury.

Adding manual therapy like spinal manipulation to standard medical care has been clinically shown to be a viable, non-invasive, and evidence-based approach to managing musculoskeletal-related pain and dysfunction. For example, the publicly-funded Mount Carmel Clinic in Winnipeg, Manitoba...
demonstrated in a preliminary study that the primary source of referrals for chiropractic treatment was from the clinic’s physicians. As well, referrals were made for a variety of musculoskeletal conditions with back pain as the leading cause. Among those patients treated by the clinic chiropractor, there was a clinically significant reduction in musculoskeletal-related pain.36

CHIROPRACTORS STRENGTHEN INTERPROFESSIONAL PAIN MANAGEMENT TEAMS

“We need a cultural transformation that places the patient at the centre of a personalized, tailored, integrated, multidisciplinary model of self-care and directed care drawing upon all available evidence-based modalities to relieve pain and improve function.”37

Pain is very complex and can be tremendously difficult to manage. Yet, for those in pain, the experience is real and can have a devastating effect on their lives. One approach may not work for all patients. Empowering patients to manage their care with the healthcare team of their choosing is an important component of recovery. To do so, providers must be encouraged to work collaboratively to ensure prompt access to the right care at the right time.

Addressing the opioid crisis will require a broader understanding of the underlying issues and reconsideration of the role(s) that all healthcare providers can play in appropriately managing patients’ needs. Better integration of allied healthcare providers, including chiropractors, is one solution to enhancing patient-centred care. As the health needs of the population evolve, so should healthcare delivery. Within integrated healthcare teams, providers who are able to practice to the maximum of their scope and abilities are better able to meet the health needs of Canadians. For musculoskeletal conditions, the key is to prioritize non-invasive, conservative alternatives before prescribing opioids or other drugs for chronic pain. Accordingly, the U.S. Centers for Disease Control and Prevention recommends access to alternative approaches38 that can be facilitated by interprofessional collaboration. An early Ontario project has shown that integrating chiropractors into interprofessional care teams reduced the use of pharmacotherapies and improved overall health outcomes. The 2010 study for the Ontario Ministry of Health found that including chiropractic in a team-based care pilot reduced the use of narcotics by 57%.39

Every year, millions of Canadians visit a chiropractor to help treat or prevent musculoskeletal conditions. The chiropractic profession also benefits from being governed by provincially-legislated regulatory and licensing bodies in all provinces. Each provincial regulatory body is responsible for granting a license to practice chiropractic in their jurisdiction, establishing standards of practice, and ensuring the protection of the public. Chiropractors typically follow a methodological process to manage patients referred to as The Roadmap to Care. The Roadmap to Care is currently taught as a best practice to reflect the flow of initial, subsequent, or re-evaluation visits. See Appendix 1 for additional information.

Commonly, chiropractors play the role of a primary care provider who assesses, diagnoses, and conservatively manages musculoskeletal conditions using non-invasive, non-pharmacological manual therapies (e.g., joint manipulation and mobilization, soft tissue therapy, and other modalities complemented by exercise recommendations and rehabilitation). While some other healthcare professions have received training in performing spinal manipulation, it is an area of clinical strength for chiropractors, whose education focuses on hands-on learning with a particular interest in the spine.
Canada’s current reluctance to more fully coordinate between the public sector and community-based services is a critical limitation to ensuring fair and equitable access for all in need, especially vulnerable populations. Fortunately, Canada currently has a number of unique collaborative projects underway with organizational structures designed to best support collaborative care. Below are three examples of successful models of care where chiropractors were introduced and integrated into the interprofessional healthcare team to help manage musculoskeletal-related pain:

**Example 1: Facilitating Triage**

In two Ontario low back pain pilot programs funded by the Government of Ontario, chiropractors and advanced practice physiotherapists were employed to help triage and manage acute and chronic low back pain patients. First, as mentioned previously, the Inter-professional Spine Assessment and Education Clinics (ISAECs) have demonstrated that engaging chiropractors in the assessment and co-management role of low back pain decreases the need for unnecessary diagnostic imaging and specialist visits and their associated costs. A second example is an ongoing project in the assessment stage called the Primary Care Low Back Pain Pilot program. This program aims to demonstrate the benefits of an interprofessional approach to musculoskeletal management that includes chiropractors and physiotherapists as part of the team. Anecdotal results show a reduced use of imaging, specialist referrals, and use of opioids, while positively impacting patient function and mobility.

**Example 2: Integration into a Family Health Team**

The Toronto-based St. Michael’s Hospital Family Health Team integrative healthcare model was recognized as one of four centres of excellence by the Council of the Federation in 2012. The team-based model includes nine provider groups, which include medical doctors, nurse practitioners, nurses, and chiropractors. Since the inception of the program, waiting lists for musculoskeletal assessments have grown exponentially because of the program’s success in addressing chronic pain. Musculoskeletal conditions are now part of the primary care intake process and patients are readily referred to chiropractic interns, who are under the supervision of clinicians, early in the process. The program continues to operate successfully to meet the needs of patients and the community at large.

Facilitating triage and the integration of chiropractors and other community-based providers into primary healthcare teams improves timely access, reduces reliance on opioids, and improves overall health outcomes

**Example 3: Meeting the Needs of Vulnerable Populations**

In 2011, Manitoba initiated a pilot program providing public access to chiropractic care at the Mount Carmel Clinic serving an inner-city community in Winnipeg. The services are now fully integrated and funded by the province of Manitoba. Preliminary results demonstrated a significant reduction in musculoskeletal pain and improvements in function for those patients referred for chiropractic services. Similar results have been demonstrated with chiropractic integration into hospital settings.
and healthcare teams serving military and veterans. Effective triage away from expensive and unnecessary services has been reported to be cost-effective and sustainable.

These are the only three examples of the roles that chiropractors play in interprofessional musculoskeletal care models and programming across Canada.

**STRATEGIC PARTNERSHIP WITH THIRD-PARTY PAYERS AND THE PRIVATE SECTOR**

Though a large number of medical services are publicly funded, roughly 30% of healthcare services are privately funded through private insurance or out-of-pocket payment. It is estimated that 60% of Canadians have access to extended health benefits through their employment and many rely on these to access vision, dental, pharmaceuticals, and paramedicals. By providing access to health benefits to millions of Canadians, the insurance industry and third-party payers play a key role in health-related policy matters. As a result, governments, policyholders, and Canadian consumers are increasingly looking to the insurance industry to also take part in the development of solutions to help enhance access to care and ensure productivity and economic prosperity. Unfortunately, the impact of chronic disease continues to threaten the sustainability of both the public and private sectors, partly due to rising costs of prescription drugs. It is evident that a shared public–private responsibility is needed for sustainable, long-term access to appropriate health services in Canada.

Third-party payers have the opportunity to be key players in facilitating and supporting innovative practices that would enhance access to community-based services. Accordingly, the Advisory Panel on Healthcare Innovation recommends breaking down silos between publicly- and privately-funded sectors to promote and facilitate better integration of community-based providers. This evolution should move away from supply-focused to need-focused care which would improve outcomes and save costs. Currently, Canadians covered by extended health benefits often have better, prompter access to the right care by the right provider. Industry partners and strategic partnerships are part of the solution to bridging the gap between primary care settings and community-based services. Such a strategic partnership could improve the outcomes, efficiency, and cost-effectiveness of the system. Canadians, governments, and industry partners would all benefit in partnering to develop effective multidisciplinary approaches to managing conditions such as chronic back pain which, in addition to being a primary reason for opioid use, is also a leading cause of disability worldwide. Enhancing access and referrals to appropriate conservative care could help in reducing the reliance on opioids and decrease the ever-increasing cost pressure of pharmacotherapies on employers and the system alike.

**TOWARDS A BETTER APPROACH TO PAIN MANAGEMENT – OUR RECOMMENDATIONS**

More can be done to approach pain management, starting by shifting away from opioids and highly addictive pharmacotherapies as first-line options and increasing access to appropriate alternatives to help manage pain. The appropriate management of pain must become a focus. The 2016 CDC Guideline for Prescribing Opioids for Chronic Pain clearly emphasizes the use of nonpharmacological therapies for
treating chronic pain. Similarly, the U.S. National Pain Strategy specifically recognizes the value of chiropractic care for pain management.\textsuperscript{50}

The aim is to look at developing a better approach that is based on a full understanding of why opioids are being prescribed for non-cancer pain, accounts for best practices, and allows for greater access to conservative care options, including those traditionally outside the public healthcare system. The evidence is clear that manual therapies, including chiropractic, should be first-line options for the management of musculoskeletal conditions like acute and chronic back pain. For Canadians, chiropractic care delivered as part of their interprofessional healthcare team offers a safe, effective, non-invasive, coordinated, and cost-effective alternative to opioids.

The CCA has four key recommendations emerging from this submission that we believe could significantly reduce reliance on opioids and lead to major improvements in managing the musculoskeletal pain of Canadians. The recommendations are also intended to help improve overall health outcomes for those who are most vulnerable and for the general population.

1. **Collaborate with governments and other stakeholders to support and facilitate innovative practices to improve the delivery of alternatives in primary care.**

   The CCA has already begun to partner with other stakeholder groups to build a more comprehensive approach to the management of musculoskeletal health conditions, initially by promoting evidence-informed guidance for prescribing professions on appropriate referral to chiropractic care. Chiropractic care is an important alternative to opioids for back pain and many other musculoskeletal conditions. The CCA believes that a broader approach is also needed and recommends that in order to truly support and facilitate innovative practices further collaboration and partnerships are needed, including with governments, policy makers, insurers, primary care teams, regulators, professional associations, patients, and other interested parties. This is important to build a better understanding of the role that community-based providers such as chiropractors have in patient-centred care and in comprehensive pain management.

2. **Ensure and expand access to alternative approaches to opioids such as conservative care modalities for all, but in particular for vulnerable populations. These approaches must be readily available through interprofessional care teams for those suffering from musculoskeletal conditions.**

   The evidence clearly shows the significant positive impact that effective integration of alternative approaches have on reducing the burden of chronic musculoskeletal pain and the reliance on opioids. The CCA recommends that current models be expanded and new models explored, particularly for the most vulnerable populations. These models must include conservative care options provided by community-based providers such as chiropractors to help ensure that patients are served by the right care, at the right time, by the right provider. Further, ongoing study and evaluation of current and new models is important to promote best practices, share learnings, and provide opportunities to scale those models that prove effective.
3. **Develop a better understanding, in partnership with third-party payers, on how to best maximize health outcomes using currently available funding.**

   Given the impact and burden of chronic disease on the sustainability of both the public and private sectors, it is critical for all stakeholders to work together, including insurers, healthcare professionals, associations, governments, and other policy makers, to seek out solutions to help enhance access to care within currently available funding.

4. **Invest in research to fully understand the breadth of the opioids crisis and burden of musculoskeletal conditions and allow for the creation of comprehensive approaches to managing chronic non-cancer pain.**

   To truly understand the impact of the opioids crisis, an investment in research is needed by governments, private payers, and others. Research is needed to build on current evidence and knowledge in order to gain a more in-depth understanding of the tremendous burden that musculoskeletal conditions have broadly (individuals and at the system level), including on vulnerable populations. Further, there is a need for research that builds and supports the creation of comprehensive approaches to managing non-cancer pain. Results should be shared broadly, including to the public.

In partnership with other stakeholder groups, the CCA is working to build a more comprehensive approach to the management of musculoskeletal conditions, starting with working with other healthcare professionals to promote appropriate referrals. Building a better understanding of the role of community-based providers in patient-centred care is an important step leading to better health system performance. However, for this work to be meaningful, we must first recognize the tremendous burden of musculoskeletal conditions as a key driver in current over-reliance of opioids. Canada would benefit from a better approach to the management of chronic non-cancer pain which would include the integration of alternative care options, like chiropractic treatment, as a first-line treatment for those in need.
APPENDIX 1

Chiropractic Road Map to Care

History

Examination

Informed consent

Diagnosis

Report of Findings

History – A careful history of the current and past health problems. This includes all symptoms and details related to the injury, medications currently being taken, any ongoing treatment, past surgeries, and family health history.

Examination – An examination based-on and congruent with the history provided by the patient.

Diagnosis – A diagnosis and differential diagnosis based-on and congruent with the history and examination findings.

Report of Findings – Report of findings to the patient would include the treatment plan and recommendations for the care of the patient. It would explain the reasons for the diagnosis, the type of treatment, the risks and benefits of the proposed treatment, and alternate treatment options. The differential diagnosis possibilities should also be discussed. This discussion embodies the informed consent process. All of this must be congruent with the history, examination, diagnosis, and differential diagnosis.

Informed Consent – The report of findings (preceding this) deals with the verbal portion of the consent and informed consent process. It entails the discussion of the risks, benefits, and alternatives to the treatment you are offering the patient. This discussion is now documented by reviewing the informed consent form. If the patient agrees to accept the risks of care, they sign the form and the doctor witnesses their signature.
SOAP – This is the documentation of your treatment of the patient and their response to care:
S (subjective symptoms on the date of the treatment), O (your objective findings on the date of care),
A (the action you take on the date of care, treatment, and advice provided), and P (the plan for the care
going forward). The SOAP notes must justify that the care you are providing is accomplishing what you
set out in the treatment plan. If the patient is not improving it is a signal that you must go back to basics
and review the original history, examination, and diagnosis. It may mean that the treatment you are
providing needs to be modified, more testing might be required, or the diagnosis and treatment plan
need to be revisited. If any new treatment options are being considered the process of informed
consent needs to be revisited with the patient.
Endnotes:

1 Deyo R, Von Korff M, Duhrkoop D. Opioids for low back pain. BMI. 2015; 350: g6380.
2 The Canadian Chiropractic Association is a national, voluntary association representing Canada’s 8,500 licensed/registered doctors of chiropractic. The CCA advocates on behalf of members and their patients to advance the quality and accessibility of chiropractic care in Canada and to improve the effectiveness and efficiency of the healthcare system.
5 Building a Collective Policy Agenda for Musculoskeletal Health and Mobility; Canadian Orthopaedic Care Strategy Group backgrounder report. 2010.
26 Conservative management is an approach to treating back pain, neck pain and related spinal conditions utilizing non-surgical and non-pharmacological treatment options.


www.cdc.gov/drugoverdose/prescribing/guideline.


