



November 12, 2019

**State of Washington
Apple Health Nonpharmacologic Pain Treatment Coverage
Draft Report to the Legislature**

**Washington State Chiropractic Association
Public Comment**

Feedback Overview

The Washington State Chiropractic Association (WSCA) applauds and fully supports the main conclusion expressed in this draft document, that chiropractic care access and coverage are important for nonpharmacologic pain management for the citizens of Washington State. The WSCA offers full collaborative support and any additional resources that will aid in future policy development. We respectfully offer important areas for reconsideration, improvement and clarification in this report.

Cost Effectiveness and Chiropractic Care Descriptions

Cost Effectiveness

The WSCA requests that the literature referenced to determine the cost-effectiveness of chiropractic care be made available for review and comment. This will allow the WSCA to provide additional resources to policy makers and provide updated research as it becomes available.

Currently, the addition of chiropractic services to adult Medicaid appears to be viewed exclusively as an additional cost. The WSCA seeks to provide additional resources to promote a more comprehensive fiscal viewpoint related to adding chiropractic services to Apple Health. The WSCA will continue to provide data on the direct and indirect cost-savings resulting from the inclusion of chiropractic care benefits for pain management at all stages (acute, recurrent, chronic, and complex), and more generally for acute and chronic musculoskeletal conditions. Such resources include, for example, a recent study from Kaiser Permanente and the University of Washington found that each case of back pain that was treated by a chiropractor saved \$910 dollars in spine pain related costs (Elder et al, 2018 PMID:29943109). It is important for Washington State policy makers to consider this and similar data in formulating best strategies for pain management benefit coverage.

System-wide cost savings related to the inclusion of chiropractic care have been well documented for many years. A 2005 study of retrospective claims data spanning 4 years clearly concluded that including chiropractic benefits reduced rates of surgeries, advanced imaging, inpatient care, and plain-film radiography. (Nelson et al, 2005 PMID: 16226623) This and other similar research have demonstrated the replacement value of chiropractic care, as well as related significant overall cost savings.

A more recent study in the Journal of Alternative and Complimentary Medicine also found that not only was chiropractic care associated with decreased opioid usage but also a decrease in total annual medical costs even after being adjusted via the Charlson co-morbidity scores, with \$2,402 per year for recipients of chiropractic care versus \$6,818 for non-recipients. (Whedon et al, 2018 PMID: 29470104)

When the budget calculations are being made for the number of Medicaid patients that may access chiropractic services in the future, consideration of the information contained in these studies will more accurately reflect the fact that adding chiropractic services may be a net cost savings to the Medicaid system in Washington State, which will offset any add-on cost projections. In fact, there are other states that have realized cost neutrality with respect to the addition of chiropractic benefits, something that will likely also occur in Washington State. Similarly, our own model of Washington State Labor and Industries (L&I) has also reported positive fiscal impacts

Chiropractic as an Integrated Health Care Profession

The WSCA requests that the report be edited to provide a more accurate description of the clinical expertise and scope of practice of Doctors of Chiropractors so that policy makers may more fully understand the role of chiropractic care in an integrated health care model for the treatment of acute and complex musculoskeletal conditions and related pain, including but not limited to, low back pain.

The Draft of the Final Report to the Legislature references the Washington Apple Health (Medicaid) Chiropractic Services Billing Guide (For Clients Age 20 and Younger). On page 4, chiropractic is summarized as:

...“the treatment of misalignments of the joints, especially the spinal column, through manual manipulation and exercise.”

However, page 14 of the referenced billing guide uses different language;

“Chiropractic services consist of the manipulation of the spine to facilitate the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body to restore health.”

The WSCA requests promotion of a less myopic and more modern understanding of the role of chiropractic in nonpharmacologic pain management. Chiropractic care incorporates a wide range of drugless approaches to clinical management as identified in the Washington State chiropractic scope of practice, addressing both the physical and psychosocial aspects of patient care, effective pain management, and restoration of health. This allows Doctors of Chiropractic to efficiently manage a wide range of comorbidities and complicating factors that are often associated with pain, as well as risk for chronic pain development. In addition to expertise in spinal manipulation, chiropractic care routinely integrates the following measures to promote an effective nonpharmacologic pain management and shared responsibility with the patient to improve outcomes:

- Rehabilitative exercise and other physical medicine modalities

- Nutritional considerations
- Ergonomic and postural education
- Stress management
- Mindfulness and psychosocial factors
- Sleep management
- Weight management
- Wellness initiatives and healthy lifestyle promotion

Reasonable understanding about the actual nature of chiropractic practice is critical for policy, and other, decision makers especially since chiropractic practice is often poorly understood. Doctors of Chiropractic have a unique skill set that has been shown to be superior in terms of musculoskeletal conditions, an area known to be responsible for pain management, high cost, and high opioid prescription use, as compared to both general and specialist traditionally trained allopathic providers. This is supported by, among other significant research, retrospective review of 16,000,000 cases of musculoskeletal care (Optum Study 2012) showing better clinical efficacy and cost effectiveness of chiropractic care as compared to physical therapy or traditional medical care, especially when they are seen at the onset of the condition (first contact provider).

Benefit Structure

Need for Evaluation and Management Services

The WSCA requests clarification on the benefit structure specifically related to Evaluation and Management (E/M) services. The WSCA requests that established Current Procedural Terminology (CPT) E/M services are classified as covered services as separate and identifiable services for Apple Health, as well as all major third party plans:

- Doctors of Chiropractic are classified as physician-level providers by WA statute, within CMS, Washington State Department of Labor and Industries (L&I), and third party payers. This classification should remain consistent with evolving government-sponsored health plans in Washington State. E/M services are reserved for physician-level providers, and are standard services delivered by Doctors of Chiropractic. The use of these same E/M services by Doctors of Chiropractic is recognized by all third party payers.
- E/M services are the single most important first step in developing a proper diagnosis and differential diagnosis, and establishing proper clinical management considerations. This has a direct impact the need for diagnostic testing and the best course of care, directly impacting clinical decision-making regarding coordination of care with other providers, and determining the appropriateness and medical necessity of ancillary procedures, as well as the likely best route to patient independency. Treatment cannot be provided without a proper patient examination (E/M service).
- Coverage for E/M services removes financial barriers to subsequent care and allows improved access to a Doctor of Chiropractic as the first-provider-seen. The evidence supports this practice and is a crucial element in the evidence-based, cost-effective, treatment of an acute episode of lower back pain (one of the most common causes of pain, high treatment costs, and opioid medication prescriptions), as well as musculoskeletal conditions in general.

- Precedent for separate coverage of examinations within the Washington State Medicaid system are demonstrated whereby physical therapy is allowed a separate examination benefit as a distinct procedure above and beyond coverage for care.

Need for Physical Medicine and Rehabilitative Exercise Services

The WSCA requests the inclusion of services for physical medicine procedures, such as therapeutic exercise procedures to be included in the benefit structure. The evidence supports that the integration of therapeutic exercise with manipulation is essential to improve patient outcomes and introduce the opportunity for additional down-stream cost-savings. (Hidalgo et al, 2014 JMPT) The WSCA requests the inclusion of physical medicine services as separate and identifiable covered services. These services are supportive to chiropractic adjustments/manipulation and manual therapies by:

- Improving patient outcomes
- Reducing recurrence
- Reducing disability and lost productivity
- Improvement in QALY metrics
- Leveraging proven pathways for nonpharmacologic pain management and reduced overall cost

The WSCA recognizes that, within the context of the current benefit design from the Draft Report, consideration for physical medicine procedures, such as therapeutic exercise, would possibly be an expansion of services. However, the point in referencing these procedures is that they have been clearly shown to augment positive patient response to joint manipulation procedures. They also help promote longer-term patient independency, but they are time intensive procedures to include in the clinical setting. One possible option to gain best practices in patient care and pain management while not “expanding” benefit coverage in Apple Health, is to consider shifting chiropractic services from a “visit” benefit and bring chiropractic care in as a “unit” benefit structure currently the same as is being used for physical therapy benefits. Using the same “24 unit” benefit structure in place for physical therapy within Apple Health allows for consistency of reporting services (there is no reportable “visit” service) to Apple Health, and allows some freedom of inclusion of proven beneficial services in the context of patient care while plan constraints remain intact. At minimum, and strictly in the view of helping better patient care and successful benefit assistance to achieve that, we ask that you at least consider these factors now, and in the future, to fully align with and support best patient care and nonpharmacologic pain management practices.

Program Professional Staffing and Support

The WSCA fully supports the decision of the HCA to request funding for additional staffing to service these nonpharmacologic pain treatment programs. Due to the unique scopes of practice, treatment techniques, and protocols employed by both Doctors of Chiropractic and acupuncturists, to assure the successful implementation and ongoing professional management and support of this program, the WSCA requests that the funding be utilized to hire professionals of same licensure and clinical acumen as the healthcare professionals that are serving patients within the program. We request the consideration of the addition of a Doctor of Chiropractic, and/or one full-time equivalent between the two professions, to be added to the HCA. Inclusion of professionals of same licensure will assure the greatest level of efficiency and appropriate clinical oversight of the program.

In closing, we appreciate the work of the Health Care Authority in this effort to improve the progressive climate of health care in Washington State by recognizing applicable research and data, and including much-needed chiropractic care benefits. We also appreciate the opportunity to make public comment. If you have any questions please do not hesitate to contact our Legislative and External Affairs Director, Lori Grassi, at 253-988-0500.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "P. Kriss". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Phil Kriss, WSCA President