March 2008

PROPOSAL FOR PILOT PROJECT

Investigation of publicly-provided chiropractic care in the Australian Capital Territory (ACT)

The ACT Government has stated that its health priorities are based on providing equitable and timely access to effective and patient-centred care. The Chiropractors' Association of Australia (CAA) ACT Ltd considers that it would be consistent with this principle to make chiropractic treatment available to clients of public health facilities. The CAA proposes the following pilot study to evaluate the feasibility of integrating chiropractic care into publicly-funded health facilities.[1]

As noted in the attached CAA submission to the Minister for Health, various studies show chiropractors to be appropriate health professionals to consult for musculoskeletal problems related to the spine.

Presently, chiropractic services are generally only available to people who can afford them. For people who are unemployed or on low incomes, a limited number of choices are available for chiropractic services. As few as 130 ACT residents per year, are afforded a very limited number of chiropractic treatments through the Enhanced Primary Care (EPC) component of Medicare. As well, the Department of Veterans' Affairs (DVA) funds chiropractic care to particular people who satisfy certain criteria.

Objectives

To demonstrate that:

- a need exists for chiropractic to be available to certain members of the ACT community, who presently do not have access to such services because of economic barriers
- chiropractic is an effective option for reducing pain and disability for a particular population group with musculoskeletal complaints
- the introduction of chiropractic has the potential to reduce the pressure on some current ACT health services.

Study setting and design

This would be a pre- and post-intervention study, with patient-centred focus, and would seek ethics approval from the entity to which the researcher is attached. All the individuals would be screened for eligibility, following agreed-to criteria.

[1] The pilot study would be conducted by ACT Health and the CAA (ACT). Other parties would be involved as required, particularly to impart information, keep parties informed of developments and receive advice.

Treatment
The choice of treatment (type and frequency of visits) would be determined by the treating chiropractor. Patients would be treated and followed for a maximum of 12 weeks as part of the study.

Evaluation
Clinical outcomes to be evaluated –

- pain levels, using a visual analogue scale (VAS)
- disability levels, applying condition-specific disability indexes
- patient satisfaction with chiropractic care, following industry accepted assessment protocols.

All outcome measures would be administered at two time points—before initial treatment and at discharge or after 12 weeks of care, whichever comes first.

Data Analyses
Standard scientific measures will be employed.

The practitioners

- local chiropractors (CAA members) will provide the services, accepting clients who meet the inclusion criteria (see below) during the study time-frame, directed to them by the project manager
- chiropractors will be paid per service provided at an agreed fee
- standardised examination protocols/procedures would be applied
- practitioners apply their usual treatment methodology (pragmatic approach, with full scope of practice)
- current professional indemnity insurance terms provided to CAA members by Guild Insurance would extend appropriate protection for the participants in the program.

Inclusion criteria for clients

Clients would be:

- 18 years of age or older (and therefore able to provide informed written consent to participate in the pilot)
- health card holders[2]
- experiencing musculoskeletal spinal pain
- limited to maximum of eight treatments sessions.

[2] Holds a Centrelink health care card (Health Care Card, Pensioner Concession Card or Commonwealth Seniors Health Card – source: Centrelink website)

Securing patients

It is envisaged that patients would be recruited from various sources such as referrals from a number of other health professionals. Because of the paucity of information on the primary target group (potential patients), some form of broad public information campaign would be required to ensure that potential patients receive information on the pilot.

To reach patients, pamphlets, posters and other information material would be displayed/distributed at venues or through contacts likely to attract patients, to a secondary target group including:

- community health centres
- welfare agency shopfronts
- chiropractors' waiting rooms
- gps' and other health practitioners' waiting rooms
- Centrelink shopfronts
- federal MPs' offices
- churches
- shopping centres

Information would also be provided to other secondary target groups (ie, individuals or organisations who able to inform potential patients about the pilot – verbally, or via newsletters), such as:

- ACT Health
- ACT Council on the Ageing
- ACT Council of Social Services (ACTCOSS)
- Health Care Consumers ACT
- administrators of relevant welfare agencies and other non-government agencies

The above lists are indicative only of where potential patients might be contacted. Other avenues may become apparent as the pilot gets under way. Advice may be obtained from groups such as ACTCOSS about how to contact potential patients. Protocols about gaining permission to display advertising material would be adhered to. Information about the pilot would also be advertised in public notices in *The Canberra Times* and *The Canberra Chronicle*.

Estimated total budget. $163,125