# SUBMISSION BY

# CHIROPRACTORS' ASSOCIATION OF AUSTRALIA (CAA) (ACT) LTD
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## TO

## THE ACT MINISTER FOR HEALTH

## APPOINTMENT OF A CHIROPRACTOR(S) TO AN ACT HEALTH FACILITY

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The Chiropractors' Association of Australia (CAA) was formed in 1992, largely as an amalgam of two former chiropractic groups - the Australian Chiropractors' Association (founded in 1938) and the United Chiropractors' Association of Australasia (1961). Nowadays membership of the CAA Australia wide totals about 2,000 practitioners; the Association's ACT branch represents about 80 per cent of Canberra's chiropractors. Chiropractors are five-year university trained health professionals who are registered under laws in every Australian State and Territory.

# INTRODUCTION

The Chiropractors' Association of Australia (CAA) (ACT Branch) contends that a need exists to widen the coverage of ACT public health services to include chiropractic. The CAA (ACT) considers it inequitable that people who depend on the public health system for health care, do not have access to publicly-funded chiropractic care, as is the case with other health services such as podiatry, physiotherapy and psychology.

It is arguable that several ACT government statements and policies lend in-principle support to the provision of a broad range of health-care choices for all members of the community. Consider for example the following:

*The Canberra Social Plan* includes the goal of narrowing "..the health gap between the general community and the disadvantaged", and the *Health Action Plan is* "committed to develop multidisciplinary primary health care services, which include general practitioners working with allied health professionals and nurses to provide more comprehensive health care services". The Draft *Clinical Services Plan* hopes to "Cater to patients who cannot afford the same service in the private sector" in the future. On 22 March 2007, at the ACT Health Council's "Future Directions for ACT Health" Community Forum, the Health Minister (Katy Gallagher) stated that the government aimed to provide "timely access to health care based on clinical need".

The CAA (ACT) offers the following information to support its contention that a need exists to include chiropractic in ACT public health services.

# BACKGROUND

## *Chiropractic utilisation*

As health professionals registered under laws in every Australian State and Territory, chiropractors treat patients from many walks of life, on a fee-for-service basis. They are also often the primary therapist for clients seeking recompense through insurance or workers' compensation claims.

Many studies have shown chiropractors to be appropriate health professionals to consult for musculoskeletal problems related to the spine. And the Australian public agrees. A July 2000 market research project in Queensland found chiropractors to be the therapists of choice for "back pain" (35%), "neck pain" (31%) and "slipped disc" (40%), compared to doctors (27%, 22% and 33% respectively) and physiotherapists (24%, 29% and 13% respectively).

Further, according to a March 2005 McGregor Tan research survey in South Australia, 46% of respondents had previously visited a chiropractor. In the Australian Institute of Health and Welfare's, *Australia's Health 2006*, the 2005 National Health Survey estimated that 432,600 Australians attended a chiropractor in the fortnight before the survey.

### *Potential demand*

It is difficult to estimate the number of low-income people who would attend chiropractors if such services were provided under the public health system. But taking into account the following may give some indication:

- the 2005 National Health Survey estimated that chiropractors (equal with physiotherapists) were behind only medical doctors, dentists and pharmacists as the most frequently consulted health practitioners
- medical doctors referred patients to physiotherapists 26 times more than to chiropractors[1]
- twenty-five per cent of GP consultations in the ACT are for Commonwealth concession card holders (health care cards)[2]
- five and a half per cent of chiropractic patients were health-care holders according to a 2006 private survey of 708 patients in 11 Canberra chiropractic practices.

The above points demonstrate the high rating that the general community attributes to chiropractic care, despite the bias in GP referrals to other alternatives and the absence of chiropractors in public health services. It appears that chiropractors feature favourably as a health-care option because of consumers' choices, for those who can afford such services have concluded that chiropractic is appropriate for their health conditions.

## PRECEDENTS FOR PUBLIC PROVISION OF CHIROPRACTIC SERVICES

Various national governments fund chiropractic services to their constituencies. These programs are discussed below.

### *AUSTRALIA*

Medicare's Enhanced Primary Care Scheme offers patients a rebate for chiropractic services on the same basis as it does for other allied health services such as podiatry, physiotherapy, dietetics, psychology and dental. This extension of the Medicare Benefits Schedule was introduced to permit Medicare payments for certain allied health services for patients with chronic and complex conditions. In the financial year 2005-06 (the second year of the scheme), chiropractors provided 19,526 services.

Department of Veterans' Affairs (DVA) clients receive similar benefits to that cited above, with the Commonwealth Government funding chiropractic services. This program was introduced in the early 1990s for veterans. In the last annual reporting period, 151,663 chiropractic services were provided for DVA clients.

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[1] 19th *General Practice Series* from the Australian General Practice Statistics and Classification Centre, 2007.

[2] Telephone communication, Australian General Practice Statistics and Classification Centre, March 2007.

## *CANADA*

Since July 2004 in Toronto, Canada, the public hospital St Michael's, in conjunction with the Canadian Memorial Chiropractic College (CMCC), has conducted a program offering chiropractic services. Entitled, *Integrating Chiropractic Care in a Primary Care Hospital Setting,* the project employs chiropractors to treat members of the Toronto community who loosely fit the "underprivileged" category.

Under this program, access to chiropractors was improved to people living in the inner-city area as well as for patients in the Positive Care Clinic (for HIV/AIDS). Services were provided with no patient payments, hence economic issues were not a barrier to access.

Patient-centred care principles formed the basis for the referral protocol. The physiotherapists and chiropractors in the project agreed that patient choice of their health provider was to be the determining factor in the form of care accessed.

The project demonstrated excellent clinical outcomes and that patient-centred and evidence-based/best practice approach to chiropractic care is a successful and efficacious model. The model is being used as an example by other hospitals in Ontario and other Canadian provinces and the United States. It has generated additional innovative opportunities and areas of research (including an Emergency Department project).

Project results according to the Primacy Health Care Transition Fund, Final Report, 12 December 2006, include:

- *it enabled members of the inner-city community to access chiropractic services within the hospital. Over 400 patients were provided with approximately 6,000 patient visits within the period of the project. The great majority of these patients had not previously accessed chiropractic care*
- *development of a workable and efficacious integrative model of care within the hospital's Department of Family and Community Medicine, incorporating chiropractors on staff within the model*
- *patient satisfaction scale results indicated very high patient satisfaction with over 90 per cent endorsement at 'excellent' or 'very good' across all parameters*
- *qualitative evaluation demonstrated very high provider satisfaction among key informants (physicians, nurses, administrators, chiropractors, physiotherapists)*
- *creation of a patient education program whereby patients with low-back pain will attend and participate in an education session delivered collaboratively by the chiropractors and physiotherapists.*

As noted, patients expressed strong support for the program and some formally conveyed these sentiments to hospital management. Most patients who reported that they had not previously attended a chiropractor, said it was because of the cost. The

project showed that when there was no economic barrier to accessing chiropractic services, they are readily accepted by a broad spectrum of patients. And it demonstrated that the addition of chiropractic meant a reduced waiting time for patients to receive physiotherapy.

Chiropractors and physiotherapists collaboratively developed a patient education module (low back pain) for patients on treatment waiting lists. This module has assisted patients' knowledge and understanding of back pain and their ability to deal with such problems.

# BENEFITS – CHIROPRACTORS STAFFING HEALTH CENTRES

## *Savings on other health services*

If chiropractors were able to treat ACT residents under the public health system, health consumers would have a wider choice of practitioners, opening up possibilities for more cost-efficient management of their health. If consumers do not have access to chiropractic, they may be pursuing less efficacious care for their problems. And as noted, when the financial deterrent is removed, some people will chose chiropractic. Employing a chiropractor(s) in ACT government health facilities would ease pressure on current services.

## *Reduced work-time lost*

By permitting ACT low-income earners to have access to chiropractors under the public health system, it could have a significant impact on workers. Adding the chiropractic option would allow immediate access to health care which is more appropriate for their condition. With the earlier intervention of treatment available, a reduction in work-time lost and a saving to industry and the community is likely. (There are several studies to support the cost-efficiency of chiropractic for work-related injuries which we would happily supply on request).

## *Adherence to fair trading principles*

That chiropractic services are not included in publicly-funded health centres does seem contrary to the intention of protection of consumer rights and competition principles espoused by all government agencies across Australia and particularly, principles espoused by the Australian Competition and Consumer Commission (ACCC). As noted earlier, health professions of similar status can provide their services under all other publicly-provided services. This is despite that the popularity of chiropractors (quantified earlier) is demonstrated by the fact that they provide a major component of private health care.

Given that the statutory objective of the *Trade Practices Act* (Cth) is to 'enhance the welfare of Australians through the promotion of competition and fair trading and provision for consumer protection', the CAA (ACT) considers that chiropractic, as for

all other registered allied health professionals, should be represented in the ACT public health system.

As noted on the ACT government health website, non-registered health professions' services are available from ACT Health. Considering that chiropractors are registered under state and territory laws, it does seem incongruous that they are excluded.

# SUMMARY

Bearing in mind that

- based on the abovementioned models of health services provision in Australia and Canada, publicly-funded chiropractic care can be provided successfully either from government funds and/or in a government health setting
- while medical referrals are significantly biased against chiropractors, this does not necessarily reflect the community's preference, because people are gravitating to chiropractic
- consumers such as low-income earners and those on some form of Commonwealth concessions relying on publicly-provided health services have a much more limited choice than those who use private providers
- the lack of provision of chiropractic in the ACT's public health sector seems to be contrary to the tenets espoused by the ACT Government itself and other government agencies and the principles of competition policy of the ACCC
- over 25% of patient encounters with general practitioners were with people who held a Commonwealth concession card but as noted earlier, such patients only comprised 5.4% of patient encounters with chiropractors. This shows that there is a high number of a health-care card holders using medical services and a disproportionately low number using chiropractic services

it would seem reasonable to suggest that the ACT Government consider the introduction of chiropractic care into its public health facilities.

# RECOMMENDATION

The Chiropractors' Association of Australia (ACT) Ltd recommends that

- you appoint a chiropractor(s) to the staff of an ACT Health Centre(s) to provide chiropractic services to low-income earners and Commonwealth concession card holders.