

Chiropractic ... Instead

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For the longest time, the chiropractic profession has been trying to convince payers (particularly managed care organizations) that chiropractic care is not an "add-on," but is actually a replacement for more expensive/invasive forms of care. This is at the heart of our argument that chiropractic care saves money by providing patients with a safer, more cost-effective alternative.

For the most part, our claims have fallen on deaf ears. Because chiropractic care is an added benefit for most health care programs, it is looked upon as an added cost. There is little consideration for replacing medical costs with chiropractic costs. The data just didn't exist.

Finally, a research study has confirmed what we've been saying all along. The results of a recent study that appeared in the *Journal of Occupational and Environmental Medicine* "indicate that patients use chiropractic care as a direct substitution for medical care."¹

This four-year descriptive study was conducted from April 1997 to March 2001. The study wasn't a survey; the investigators used actual claims data from a large regional managed care network in California. They included both inpatient and outpatient claims data for members of the managed care network.

The researchers looked at a total of 1,394,070 unique patients identified with neuromusculoskeletal (NMS) complaints. Of this group, "174,209 were chiropractic patients, 332,548 were medical patients with chiropractic coverage, and 887,313 were medical patients without chiropractic coverage."

Here is what the researchers had to say about the results of their investigation:

- A more accurate characterization of the addition of a chiropractic benefit would be that it is the equivalent of expanding the network of available providers for care of NMS conditions. Patients with back pain, neck pain, and related complaints can choose either chiropractic care or medical care, and this expanded choice does not seem to result in more patients seeking care.
- These findings suggest that when patients are offered the choice of chiropractic care, through a chiropractic benefit, versus medical care for back pain, nearly half the patients will choose chiropractic care.
- Within a managed care setting, the inclusion of a chiropractic benefit does not increase the overall rates of patient complaints for low back pain, neck pain, and related NMS pain disorders. Patients appear to be directly substituting chiropractic care for medical care."

There it is, what organized medicine has feared and, I suspect, has known all along: When a patient chooses to seek chiropractic care, they do so as a replacement of the medical care they might have sought. A patient goes to a DC, and the money that might have been paid to a medical doctor goes (or should have gone) to a doctor of chiropractic.

While you might be tempted to say, "We always knew that!" it is important to recognize that it

sometimes takes a carefully conducted research study to prove our point.

Now that the study is out, what happens next? These findings lay the groundwork to (re)address the issue of cost.

Sadly, the studies on chiropractic's cost-effectiveness are not consistent. Many say we are less expensive; others say we're not. Chiropractic care should be reviewed on the basis that it is a substitute for medical care, and a comparison on costs (all costs, including surgery) should be made on that basis.

Only then will the payers begin to appreciate what the health-consuming public has known for some time: They have a choice. They can accept the usual NSAIDs and bed rest, and then come back for surgical referral medical care. Or, they can choose chiropractic instead.

Reference

1. Matz RD, Nelson CF, LaBrot T, Pelletier KR. Chiropractic care: is it substitution care or add-on care in corporate medical plans? *J Occup Environ Med* 2004;46:847-855.

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