

Putting Chiropractic in the Health Care Spotlight

EXPLORING VALUE-BASED OUTCOMES: A CHANCE TO EXPAND DELIVERY OF CHIROPRACTIC IN THE HEALTH CARE SUPPLY CHAIN?

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Insurers, employers and other entities involved in providing health care benefits should be informed that "Outcomes-Based Contracting: The Value-Based Approach for Optimal Health With Chiropractic Services" is now available. The paper from the Centers for Health Value Innovation, a nonprofit organization dedicated to "[sharing] the innovations that drive the value of every dollar invested in health," suggests that demonstrating the value-based benefit of chiropractic services may open the door to expanded delivery in the health care supply chain.

[As the paper states](#): "This discussion [is] an opportunity to showcase the decision process for the potential health value of chiropractic. If the value to the purchaser or plan sponsor can be demonstrated in a scalable, replicable format, then the choice to use chiropractic or other medical intervention can be applied across a variety of instances."

"We're talking about how we get people engaged in managing their own health," said Cyndy Nayer, president of the center, in an interview with *DC*. "And if chiropractic is delivering results, defined as keeping total costs down, helping [a person] lead the quality of life he wants to lead, helping him get to work every day and have some quality of life at work, then why wouldn't we use the chiropractor as the [entry point] to reach this person?"



The CHVI paper materialized following a May 2010 Innovators' Summit on Chiropractic Services in Orlando, Fla. Summit attendees included CHVI directors and advisors; Dr. Niteesh Choudhry, co-author of "Do Chiropractic Physician Services for Treatment of Low Back and Neck Pain Improve the Value of Health Benefit Plans?"; and representatives of the Foundation for Chiropractic Progress.

[The Choudhry/Milstein analysis](#), commissioned by the FCP, concluded: "Chiropractic care is likely

to achieve equal or better health outcomes at a cost that compares very favorably to most therapies that are routinely covered in U.S. health benefit plans" and that covering chiropractic services for neck and low back pain "will likely increase value-for-dollar by improving clinical outcomes and either reducing total spending (neck pain) or increasing total spending (low back pain) by a smaller percentage than clinical outcomes improve." The CHVI paper notes that the Choudhry/Milstein analysis "represents the basis for this document," and offers the following in its conclusion:

"As a result of this analysis, there is sufficient basis for plan sponsors to reevaluate their current chiropractic benefit for treatment of low back and neck pain. Plan sponsors (fully insured plan sponsors and self-insured employers) should work with their health plans to review their own claims experience with respect to treatments for neck and low back pain. This analysis will evaluate the feasibility of achieving better outcomes with superior cost efficiency. In other words, the information may well provide the impetus for further consideration as to how chiropractors can be most effectively incorporated into a value-based design for these two conditions in order to derive the best health benefit for the payer and patient."

"There was no doubt in my mind when looking at chiropractic that it would be an opportunity for both for us to propel chiropractic and hold chiropractic up to the light and say, there's an opportunity to be reimbursed in a parallel stream, but you need to show us parallel metrics," said Nayer.

According to Nayer, the summit provided a framework for outcomes-based contracting for chiropractic for low back and neck pain. "There isn't an employer in America who won't tell you that low back and neck pain is their number-one cost," she said.

The center has held two previous innovator summits, both dealing with system-wide issues, said Nayer. Thus, the Orlando summit and the paper it yielded represent the first discussion/analysis of a segment of a system (health care).

"These are the kinds of expansion and system change that we need to look at, and we need to look at it one piece at a time," said Nayer. "But we also need to stop buying on units of service ... and instead buy on outcomes. We would never buy a car based on how many times we need to take it to the gas station or get the oil changed. That's not why we buy a car. We buy a car because of the miles per gallon and then comfort and other things that allow us to have a quality of life we want to have. Health care is the only commodity in the United States that we don't buy in the same way. It's crazy."

To learn more about the Center for Health Value Innovation and download the entire paper, visit www.vbhealth.org.

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