



ALBERTA
COLLEGE AND ASSOCIATION
OF
CHIROPRACTORS



Ministry Briefing: Diagnostic Imaging Access

February 11, 2020

Issue

The proposal to eliminate public funding of diagnostic imaging ordered by chiropractors and physiotherapists included in Alberta Health's Insured Services Consultation with the Alberta Medical Association.

Impact

This proposal has a myriad of unintended consequences that negatively impact the health and economic well-being of Albertans.

These unintended consequences include creating unnecessary red tape and have impacts in the following ministries:

- Health
- Economic Development
- Labour and Immigration
- Seniors and Housing
- Treasury Board and Finance

Recommendation

Abandon this proposal.

Summary

About the Government of Alberta fiscal situation and upcoming Budget 2020-21.

- Chiropractors and physiotherapists are no different from many other small business operators in Alberta – we recognize when times are tough.
- We appreciate the challenge of the government's mandate to hold the budget flat.
- We appreciate government's commitment to continue funding health care and reduce wait times, allowing Albertans to get back to work and contribute to the Alberta economy.

However, this proposal will not deliver on government's goals. We predict that this proposed change will negatively impact Albertans by:

- Decreasing timely and efficient access to appropriate, publicly-funded diagnostic imaging while increasing the unintentional ordering of inappropriate imaging;
- Increasing wait times for assessment, diagnosis, and conservative intervention;
- Resulting in referrals for more aggressive forms of treatment such as pharmaceutical interventions (opioid prescription) and surgery.¹

THESE PROPOSED CHANGES WILL NEGATIVELY IMPACT ALBERTANS BY:



**Increasing wait
times for
assessment,
diagnosis and
intervention**



**Decreasing access
to publicly-funded
diagnostic
imaging**



**Increasing
referrals for
more aggressive
forms of
treatment**

¹ Mabry Lance et al. 2019. Safety Events and Privilege Utilization Rates in Advanced Practice Physical Therapy compared to Traditional Primary Care: An Observational Study. Military Medicine Volume 00.

The Current System Already Supports Government's Goals

Publicly-funding diagnostic imaging ordered by chiropractors and physiotherapists ensures that patients receive the right imaging at the right time, leading to accurate and timely diagnosis and treatment. This supports government's goals as follows:

Health

1. Efficiencies in the System

- a. Supports Albertans who choose chiropractors or physiotherapists for their primary health care related to musculoskeletal (MSK) health.
- b. Allows patients to pursue appropriate treatment sooner, especially important for patients in acute and sub-acute conditions.
- c. Improves patient safety by eliminating unnecessary transfers of care simply to receive a referral.
- d. No cost to AHCIP for imaging referral by a chiropractor or physiotherapist.
- e. No cost to AHCIP for interpretation of x-rays by a chiropractor.
- f. Reduces unnecessary radiation exposure for patients caused by inappropriate ordering of imaging.

2. Reduce Surgical Wait Times

- a. Reduces the volume of patients inappropriately referred to surgery waitlists by prioritizing conservative management of care when indicated by imaging.
- b. Ensures that when patients are referred for surgery, they are appropriate candidates.

3. Opioid Response Strategy

- a. Reduces potential for opioid prescriptions that are inappropriate for treating MSK issues, which may also reduce opioid addiction long-term.

Economic Development, Trade & Tourism

1. Keeps Chiropractors and Physiotherapists Open for Business

- a. Removes artificial barriers to operating efficiently for chiropractors and physiotherapists, who are small business owners and economic drivers in their communities.
- b. Keeps Alberta competitive from a business environment perspective with other provinces that allow chiropractors and physiotherapists to order publicly funded diagnostic imaging.
 - i. Chiropractors have the authority in Saskatchewan, Ontario and Newfoundland and Labrador.
 - ii. Physiotherapists have the authority in Quebec.

Labour and Immigration

1. Gets Albertans Back to Work

- a. Gets patients – especially those involved in farming, the trades, and oil and gas – back to work sooner, allowing them to support themselves independently and contribute to the Alberta economy.
- b. Reduces the impact to employers in time, wages, and lost productivity of employees needing to attend multiple appointments with multiple health professionals to get the imaging they need.
- c. Keeps Alberta competitive with other provinces in recruiting and retaining chiropractors and physiotherapists to establish clinical practice in Alberta.

Seniors and Housing

1. Makes Life Better for Seniors and Their Families

- a. Allows seniors on fixed incomes to receive the imaging they need without sacrificing care because they can't afford it.
- b. Minimizes transfers of care for this often medically fragile population, allowing them to get the care they need with minimal disruption.
- c. Supports family caregivers by providing efficient and timely care without multiple appointments at multiple locations.

Treasury Board & Finance

1. Gets Alberta's Fiscal House in Order

- a. Avoids non-essential spending, as there is no cost to AHCIP for imaging referral by chiropractors or physiotherapists.
- b. Further non-essential spending is avoided as there is no cost to AHCIP for interpretation of x-rays by a chiropractor.

2. Gets Albertans Back to Work

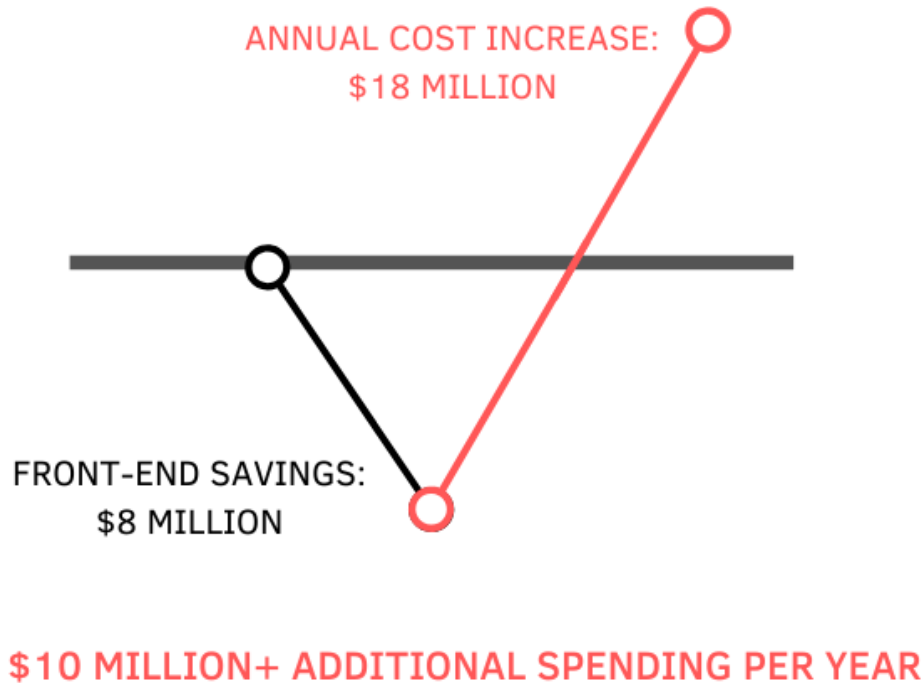
- a. Gets patients – especially those involved in farming, the trades, and oil and gas – back to work sooner, allowing them to support themselves independently and contribute to the Alberta economy.

Reduces Red Tape

1. Avoids the red tape created by this proposal of requiring a physician order to get the imaging publicly funded, saving patients two unnecessary visits.

The Unintended Consequences of This Proposal

We understand the government's fiscal challenges and commitment to balancing the budget. As fellow Albertans, we want to regain the Alberta Advantage that we all hold dear. While this proposal has an attractive front-end appeal of \$8 million in savings, there are numerous unintended consequences – fiscal and societal – that dwarf these savings.



1. The current imaging will still happen; it will just cost more.

- a. In 2018-2019, chiropractors and physiotherapists ordered approximately \$8 million in diagnostic imaging.
- b. By moving to a physician-only referral model for publicly funded imaging, costs will rise to \$18 million – an increase by over \$10 million annually based on 2018-2019 imaging numbers.
- c. This increase is driven by the fees associated with the two physician visits required to receive the requisition and then review the report of findings.
- d. Chiropractors and physiotherapists will refer patients to their physician for an imaging requisition to assist their patients financially, especially those who are unemployed or underemployed with no access to third-party benefits.
- e. Additionally, patients who can't get into see their physician may opt to go to the emergency department for imaging, the most expensive option available.

2. It will result in delayed care and increased acuity of conditions, especially for rural Albertans.

- a. If Albertans must be referred to their physician for their appropriate imaging to be publicly funded, it will result in delayed care and increased acuity of conditions, particularly in rural Alberta where physician access is limited.

- b. Delayed care may result in an acute condition developing into a chronic one, which makes it much more difficult to treat and costs the system significantly more over the long run.
 - c. Delayed care may also result in patients seeking medicated pain management. This can be a pathway to addiction, especially when patients self-medicate with leftover prescription pain medications from well-meaning family and friends.
- 3. It penalizes Albertans who choose to see non-physician health care providers.**
 - a. Making Albertans pay out of pocket because their imaging was ordered by their trusted chiropractor or physiotherapist is arbitrary and capricious. It is also the antithesis of patient-centered care.
- 4. It has significant impact on the patient/employer relationship.**
 - a. Patients will have to attend multiple appointments with multiple health professionals to get the imaging they need publicly funded.
 - b. This will cost patients and their employers in time, wages and lost productivity.
 - c. In the current economy, it will likely also increase patient stress and anxiety that they may lose their job as a result of the multiple visits required.
- 5. It positions physicians as gatekeepers for the health care system, in direct contravention of the recommendations from the Mackinnon Report.**
 - a. The Mackinnon report emphasizes the transformation of health care and moving away from physicians as gatekeepers.
 - b. It also creates unnecessary red tape for Albertans.
- 6. It penalizes chiropractors and physiotherapists even though this competency is in their scope of practice.**
 - a. Making the change proposed undermines the current scope of practice of chiropractors and physiotherapists and is the opposite of leveraging the skills of a diverse health workforce.
 - b. Such a change is counter both to innovation and to the recommendations of the Mackinnon report.

So, What Can We Do?

Alberta's chiropractors and physiotherapists want to be part of the solution at finding cost savings. While we don't have access to the data to provide specific cost-savings estimates, following are three recommendations for your consideration based on our experience as partners in the health care system.



Requisitions for imaging should be followed as ordered



The ordering practitioner completes the follow-up visit



Review high volume procedures for clinical relevance and adjust accordingly

1. **Requisitions for imaging should be followed as ordered so patients receive the right imaging at the right time.**
 - a. A referring chiropractor or physiotherapist requisitions the most appropriate imaging based on their clinical assessment and diagnosis.
 - b. However, currently there is discretion with a radiologist or imaging center to require a baseline x-ray in addition to the requisition for imaging such as ultrasound, even if not clinically warranted or ordered by the referring practitioner.
 - c. An example of where this happens frequently is with referrals to ultrasound for possible rotator cuff tears. X-rays do not detect soft tissue conditions. However, baseline x-rays are often ordered in addition to the original requisition for ultrasound. This adds cost to the system and exposes patients to unnecessary radiation while providing no clinical value.
2. **The ordering practitioner completes the follow-up visit to review the report of findings.**
 - a. As collaborative partners in the health care system, chiropractors and physiotherapists routinely inform a patient's family physician that imaging is being ordered.
 - b. While this is done in the spirit of collaboration and patient-centered care, it often results in the family physician calling in the patient to review the report of findings with them rather than leaving it to the practitioner who ordered the imaging. This adds unnecessary cost to the system while creating redundancy in reviewing the report of findings.
 - c. It should be noted that both chiropractors and physiotherapists will refer to physicians when indications suggest that medical intervention is warranted.
3. **Review high volume procedures for clinical relevance and adjust clinical requirement thresholds for reimbursement accordingly. One example is image-guided joint injections.**
 - a. Interventional radiologists are often doing simple image-guided joint injections (i.e. cortisone to a knee) using a fluoroscope rather than a diagnostic ultrasound.

- b. While a diagnostic ultrasound is equally accurate to a fluoroscope for this procedure, the cost differential is significant: \$50 - \$80 for diagnostic ultrasound versus over \$600 for the fluoroscope.
- c. In Calgary alone, these unnecessarily expensive fluoroscope-guided joint injections are performed daily at no fewer than six locations.
- d. Requiring that image-guided joint injections be done via diagnostic ultrasound has the potential to save 80-90% of the money spent annually on these procedures.
- e. As this is just one example, it is likely that there are other procedures in the system that could be evaluated for clinically appropriate cost-saving alternatives.

Why Listen to Us?

Just as chiropractors and physiotherapists would defer to physicians to manage conditions in their realm of clinical training and practice, our clinical training and practice puts us in the best position to provide primary care of musculoskeletal conditions. This includes the direct ordering of publicly funded diagnostic imaging to confirm diagnoses, and in rare occasions, rule out serious pathology.

- Chiropractors and physiotherapists are musculoskeletal experts, having received a minimum of seven years' training in the assessment, diagnosis and conservative management of MSK conditions.
- Chiropractors' and physiotherapists' daily clinical practice focuses on MSK conditions, continually increasing clinical competence related to the conservative treatment and management of MSK conditions. Clinical diagnostic accuracy for MSK conditions has been shown to be better than non-orthopaedic providers² and diagnostic imaging is ordered appropriately. Additionally, chiropractors and physiotherapists are required to continue advancing their clinical competence through annual continuing education requirements.
- Chiropractors and physiotherapists prioritize the conservative management of MSK conditions, resulting in fewer prescriptions for pain medication and reducing premature or inappropriate referrals for surgery.
- Chiropractors and physiotherapists can also help to reduce wait times for patients who require more aggressive interventions such as surgery. Research has demonstrated that they can accurately identify and triage individuals appropriately for surgical interventions reducing waitlist. They provide comprehensive referrals so patients arrive for consultation with the orthopedic surgeons with assessment, diagnosis and imaging completed.

² Gross D., Derek Emery, Audrey Long, Hilary Reese and Jackie Whitaker. 2019. A descriptive study of physiotherapist use of publicly funded diagnostic imaging in Alberta, Canada. *European Journal of Physiotherapy*, 21:3, 171-176.