

## A New Gatekeeper for Back Pain

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### **Abstract**

**Managed care programs have evolved in response to the escalating costs of healthcare in the United States. Expenses related to back pain represent a significant portion of these costs. Chiropractic physicians handle more back pain visits than do medical doctors and are playing an increasing role in the management of neuromusculoskeletal problems in general. Furthermore, chiropractic patients are more satisfied with their care than are patients of family physicians. A number of studies have shown chiropractic medicine to have high efficacy and cost-effectiveness. Its utilization for neuromusculoskeletal problems in the managed care setting may well offer competitive advantages. Using chiropractic physicians as gatekeepers for back pain would result in more expedient movement through the algorithmic process and facilitate treatment of the patient with acute back pain. Many medical facilities are enhancing their services by utilizing chiropractic physicians as gatekeepers for the diagnosis and treatment of neuromusculoskeletal disorders.**

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**T**he use of efficient means of managing neuromusculoskeletal problems in general and back pain in particular will provide managed care organizations (MCOs) with a distinct competitive advantage. For competitive managed care to achieve its putative potential, an initiative must be aimed at minimizing

costs and maximizing effectiveness. Part of this initiative must involve examining new approaches to the management of conditions that traditionally have been costly in terms of resource utilization and parsimonious with respect to outcome. Of such conditions, the ones that may be the most costly and difficult to manage are neuromusculoskeletal problems, such as back and neck pain. Back pain is an almost ubiquitous problem; it will affect 80% of the adult population at some time in their lives.<sup>1</sup> A 1991 estimate places the total cost for the treatment of back pain in the United States, including lost wages, at \$40 billion. Back pain is the second leading cause of office visits to primary care physicians<sup>2</sup> and is the second leading cause of nonsurgical hospital admissions. Back and neck problems rank third for surgical admissions.<sup>3</sup> There are also high indirect costs related to back pain. In working-age men, for example, losses in earnings and productivity attributable to herniated discs are similar to those associated with ischemic heart disease.<sup>4</sup>

Despite the substantial medical expenditure for diagnosis and treatment of low back pain, patient outcomes commonly are disappointing. For example, 200,000 back surgeries are performed each year with a 30% failure rate.<sup>5</sup> Some of these patients develop failed-back-surgery syndromes.<sup>6,7</sup> Added to this are the expense of outpatient therapies, the potential for narcotic addiction, and the lost work productivity, which only further burdens the Social Security disability system.

Exactly why these types of problems are so difficult and costly to manage in the classical medical setting is unclear. One reason may be that there is no specialty that provides specific training to handle back pain. Although primary care physicians see a large number of patients with back pain, they do not necessarily feel well trained to manage these problems.<sup>8</sup> In fact, many allopathic physicians' views about treating back pain are not in accord with the current consensus literature.<sup>9</sup> Another reason for the difficulties in man-

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agement may be that many of the treatments used are less than optimal.<sup>10-12</sup>

Approximately 90% of all back pain episodes can be attributed to mechanical (ie, not degenerative, infectious, or neoplastic) causes.<sup>13</sup> The basis for mechanical causes is neuromusculoskeletal disorders. Over the past decade, there has been an escalation of clinical and basic research, the results of which have shown that there is a scientific basis for the treatment of back pain by manipulation.<sup>5 12 14-23</sup> If appropriate, this option probably should be attempted and the treatment approaches should be exhausted before further referral is considered.<sup>12 14 21-24</sup>

Chiropractic physicians, who are specialists in neuromusculoskeletal disease and in the use of manual and physical medicine, may be a logical choice to play the gatekeeper role in neuromusculoskeletal disorders, particularly in the setting of acute low back pain. More than 85% of the daily practice of chiropractic physicians involves the evaluation and management of neuromusculoskeletal disorders.<sup>25</sup> Manipulation is the chiropractic physician's treatment of choice and major area of therapeutic expertise, and a recent study reports that 94% of all manipulative treatments are performed by chiropractors.<sup>17</sup> Most family practitioners have neither the time nor the inclination to master the art of manipulation and, given the opportunity, would wish to refer their patients to a skilled practitioner of this therapy.<sup>18</sup>

The role of chiropractic physicians as primary treatment providers for back pain already has supporters within the allopathic medical establishment.<sup>18,24,26-30</sup> In a recent Canadian government project, Manga et al studied the utilization and outcome of back pain care.<sup>15</sup> They found a large body of evidence suggesting that chiropractic medical management of low back pain is safer, more efficacious, more cost-effective, and more satisfying to patients than allopathic medical management. They concluded that a good case could be made for making chiropractic physicians the gatekeepers for the management of low back pain. Other healthcare policy analysts also are recommending that specialists become gatekeepers.<sup>31,32</sup>

Many medical facilities throughout the country are already using chiropractic physicians in integrated settings as gatekeepers for the diagnosis and treatment of neuromusculoskeletal disorders. This practice model exists among physicians in private practice as well as in large corporate settings like MedPartners (Gary F. Pinnart, DC, Chairman, Chiropractic Services, MedPartners-West, LaHabra CA, personal communication, December 18, 1997); the Family Health Plan Cooperative (Kenneth G. Edington, II, DC, Chief of

Chiropractic Medicine, Family Health Plan Cooperative, Edgerton Health Center, Milwaukee, WI, personal communication, January 5, 1998); and the Texas Back Institute (John Triano, DC, MA, Co-Director, Conservative Medicine, and Director, Chiropractic Division, Texas Back Institute, Plano TX, personal communication, December 16, 1997).

Many patients<sup>33-35</sup> have decided on their own that chiropractic physicians are effective in the diagnosis and treatment of neuromusculoskeletal disorders. Many patients with back pain who sought care from family physicians have been unsatisfied<sup>36</sup> and have looked for sources of care outside the allopathic medical system.<sup>33-35</sup> Eisenberg et al found that one third of all Americans are seeking relief for their health problems from nonallopathic sources, such as chiropractic physicians.<sup>33</sup> The results of two studies supported in part by the Agency for Health Care Policy and Research concurred with this conclusion and also found that chiropractic physicians provide 40% of primary care for back pain.<sup>33,34</sup>

The significance of patient satisfaction in creating favorable care outcomes is only now beginning to be appreciated. Successful patient care strategies combine therapeutic effectiveness with a high level of patient satisfaction. Recent reports suggest that patient satisfaction is an important dimension in the evaluation of quality of care, which is fundamentally linked to patient outcomes.<sup>37 38</sup>

Reporting the results of a study of low back pain by the Foundation for Group Health Cooperative of Puget Sound, Cherkin et al noted that the patients of chiropractic physicians "were three times as likely as patients of family physicians to report they were very satisfied with the care they received for low back pain (66% vs 22% respectively)."<sup>39</sup> Deyo et al noted that chiropractic physicians "enjoy substantial success in the management of low back pain."<sup>16</sup> An epidemiological study by Shekelle et al found that low back pain patients of chiropractic physicians were more satisfied with their care than low back pain patients of other providers.<sup>34,35</sup> A Gallup study found that "80% of chiropractic user respondents were satisfied with the services they received, 73% stated that most or all of their expectations were met, 90% considered their treatment to be effective, and 80% felt the cost of treatment was reasonable."<sup>37</sup> By any standard, this level of patient satisfaction, as a measure of the quality and effectiveness of care, is significant.<sup>37</sup>

In addition to being effective, chiropractic medical care is cost-effective.<sup>15 39-46</sup> An analysis of a database of two million patient claims revealed that, for the most common neuromusculoskeletal conditions treated by

practitioners in all disciplines, "chiropractic users tend to have substantially lower total healthcare costs."<sup>43</sup> Schifnir noted that "by the very test of cost effectiveness, the weight of evidence shows chiropractic to provide important therapeutic benefits at economical costs which are achieved with apparently minimal, even negligible impacts on the cost of health insurance."<sup>47</sup>

Despite the fact that chiropractic care is cost-effective and efficacious and despite the recommendations to refer patients<sup>18 24,46</sup> arising from the *Wilk vs AMA* antitrust suit,<sup>48,49</sup> allopathic physicians tend not to refer patients to chiropractic physicians."<sup>50</sup> The reason for this lack of referrals may be that allopathic physicians lack the information and training to make them.<sup>50</sup>

Chiropractic provides an efficacious and cost-effective means of treating neuromusculoskeletal problems, especially back pain. Given the high incidence and prevalence of these conditions and the ongoing need to maximize the cost-effectiveness and efficacy of care, the utilization of chiropractic physicians as the gatekeepers for patients with these types of neuromusculoskeletal complaints will provide a more expedient triage. This clinical approach will offer patients with back pain a safer, more economical, and cost-effective treatment option.

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