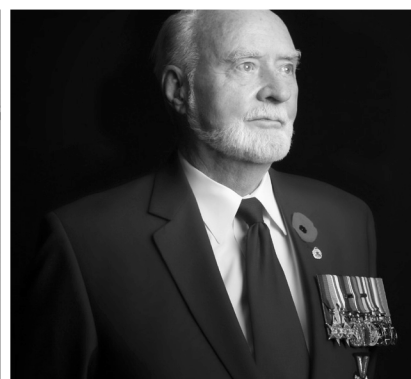
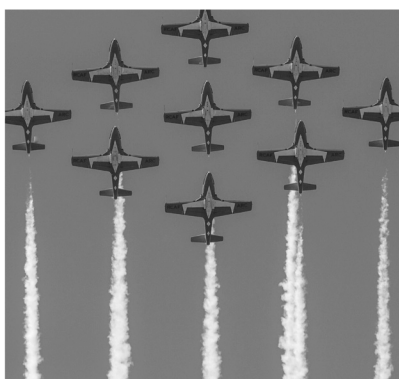


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Improved Musculoskeletal Care. A Smoother Transition to Civilian Life.



CCA Brief to the Standing Committee on Veterans Affairs

Study on Barriers to Transition and Measurable
Outcomes of Successful Transition

March, 2018



Improved Access to Chiropractic Care Means a Smoother Transition to Civilian Life

“Non-battle-related injuries are the “hidden epidemic” plaguing modern armies (...) prevention of such injuries (...) has a pivotal role in preservation of unit readiness.”

Surgeon General James Peake

As musculoskeletal (MSK) experts, Canada's chiropractors already play an important role by providing clinically-effective care to more than 4.5 million Canadians, including the Canadian Armed Forces (CAF) and Veterans. Chiropractors consider it a great honour to serve those who have served Canada, taking pride in offering appropriate care to manage acute and chronic MSK pain and dysfunction.

MSK conditions like back and neck pain are far more common among our military and Veterans than the Canadian population as a whole. MSK injury is a major occupational risk of a military career.³ **Specifically, MSK injury is responsible for 42% of medical release and is therefore the leading cause of a military career ending in a medical condition.**¹

MSK conditions resulting from military service often continue or can develop into a major health issues or add complications to other health issues. In particular, the well-documented relationship between chronic pain and mental health. **However, there are significant barriers to the appropriate management of MSK conditions during and after a military career.**

For example, CAF members have greater challenges accessing chiropractic care than other Canadians. A chiropractic referral is only possible after all other approaches have been exhausted. In comparison, chiropractors are integrated into the on-base healthcare team on most US military bases, facilitating access. Current barriers are compounded by CAF members often under-reporting MSK injuries out of worry about how it could negatively affect their military careers, such as modified duty, non-deployability, and even medical release.

While chiropractic care is available to Veterans, there would be a smoother and healthier transition to civilian life if it were possible to have the continuity of being able to start care for an MSK condition from a chiropractor when they are still in uniform.

For this reason, the Canadian Chiropractic Association (CCA) is making three recommendations to the Standing Committee on Veterans Affairs:

1. A proactive strategy developed jointly by Veterans Affairs Canada (VAC) and the CAF to reduce the prevalence of chronic MSK conditions at the end of a military career.
2. Improved access to non-pharmacological options for pain management that has continuity in the transition to civilian life.
3. An updated VAC fee guide to ensure proper funding for clinically effective MSK care for Veterans.

The CCA has already taken a major step to be part of the solution. The chiropractic profession has welcomed the opportunity to work with the CAF by providing over \$500,000 to fund a major research study to identify the benefits of improved access to chiropractic care. The second phase of the project is now underway.

At the end of a military career, our men and women in uniform deserve to be confident that we've “got their backs.” Canada's chiropractors are ready to help provide a smoother transition to civilian life.



Recommendation 1: A proactive strategy developed jointly by VAC and the CAF to reduce the prevalence of chronic MSK conditions at the end of a military career.

MSK injuries like back, neck and knee pain are an occupational risk of a military career. **Between 35% and 45% of CAF sick parade visits and 42% of medical releases are related to MSK conditions.¹ The point prevalence of low back pain, specifically in the CAF, is 40%—double that of the general population.⁸ In fact, back pain is one of the most common reasons for soldiers not being deployed.**

The high prevalence of MSK conditions continues after a military career, including becoming a leading reason for disability.²

This high incidence of MSK chronic conditions among the military and Veteran population could be reduced through an evidenced-based strategy to identify and address gaps in MSK care, and ensure care continuity during the transition from a military career to civilian life.

Many Canadians with MSK conditions work with a chiropractor, but this option is often not reasonably available to CAF members until they are discharged and access care using their benefits. Currently, chiropractic treatment is available through CAF health benefits for only 10 visits per year, and requires a referral to off-base care.

Veterans' benefits are covered by Medavie Blue Cross and authorizes up to 20 visits per year without a referral. Additional visits can be authorized upon request.

In comparison, chiropractic care is well integrated into the US military and Veterans Administration. Evidence from the US shows that **adding chiropractic care to standard medical care in the US military decreased pain and improved physical function, with no additional costs incurred.⁴**

The VAC-CAF joint strategy should include the following elements:

- **Overall MSK Burden.** A more comprehensive understanding of the overall impact of military career-related MSK conditions among CAF members and Veterans.
- **Comorbidities.** There are very few occupations with the same high risk of injury as soldiers during training and on the field. Therefore, it is not surprising that **soldiers and Veterans commonly suffer from more than one condition that can complicate the management of their care.** Of particular concern are the complications that chronic pain can add to the management of a mental health condition.
- **Navigation and access to information.** When surveyed, CCA members reported that many Veterans, particularly those who are newly released, have difficulties determining their care needs for MSK conditions, navigating the system, and accessing their benefits entitlement. There are opportunities for **VAC front-line staff to become better informed about appropriate treatments for MSK conditions and support Veterans in understanding their available care options.**
- **Continuity of care.** Canada's soldiers have limited access to chiropractic care. In fact, **chiropractic care can only be accessed by referral from an on-base physician or physiotherapist after front-line care has failed to manage MSK pain.** Only 10 visits per year are permitted, and a soldier's request for an extension can often take months for DND approval, delaying needed treatment. As a result, many injured soldiers do not start chiropractic care until



they become Veterans, losing the benefit of having received treatment closer to the time of the initial injury.

As injured and ill members of the CAF transition into civilian life, it is likely that most will continue to suffer from MSK pain and loss of function. Chronic pain, in addition to losing the direct support and camaraderie from the Canadian Forces unit, can make transitioning to civilian life difficult. Thus, the importance of VAC and the CAF working together on a strategy to address the MSK needs of soldiers in transition and Veterans with chronic conditions, helping them regain “normalcy” and build fulfilling lives outside the CAF.

Chronic MSK conditions, including low back pain, can also place a significant burden on the families of CAF members and Veterans. Often forgotten, families may be asked to become caregivers to men and women suffering from chronic pain without direct access to appropriate care. **Coordinated efforts to support members of the CAF, Veterans and families alike are desperately needed to ensure we meet our obligations to soldiers.**

Recommendation 2: Improved access to non-pharmacological options for pain management that has continuity in the transition to civilian life.

A more strategic approach to managing MSK conditions must prioritize access to non-pharmacological pain management. A recent study found the presence of opioid use among young Veterans in the United States has increased substantially.⁶ **The 2017 Canadian Guideline for Opioids for Non-Cancer Pain recommends a conservative approach—like chiropractic—as a first-line therapy.**⁷ Despite this guideline, there appears to be a strong reliance on opioids as first-line therapy for both soldiers and Veterans, even with the risks of dependency. Often, these individuals are prescribed numerous pain medications at any given time.

Opioids as a first-line therapy simply aren't worth the risk.

The evidence is clear that manual therapies like chiropractic should be the first-line option for the management of MSK conditions.

The prescription of some types of medications, including opioids, as first-line intervention for MSK conditions can significantly impair the ability to appropriately manage mental health conditions, such as PTSD and depression. Patients who suffer from mental health conditions, whether related to MSK conditions or not, are more likely to also have issues with substance misuse.¹⁰

Many chiropractors report having patients with opioid dependency whose pain levels and thresholds remain high despite taking numerous pain medications.



A US study found that **64% of Veterans were prescribed at least one opioid medication within a 12-month period—59% for short-term use and 41% for long-term use.**⁹ On further investigation, the predominate diagnoses of these patients was low back pain and migraine headaches.

With an estimated 2,861 Canadians dying in 2017 from prescription opioids,⁵ it is clear that we are facing a national crisis. Canada has become the highest consumer of prescription opioids in the world, with available evidence pointing to back pain and other MSK conditions as one of the key drivers.

Therefore, the CCA recommends that the report by Standing Committee on Veterans Affairs encourage VAC and the CAF to improve access to non-pharmacological options for pain management that has continuity in the transition to civilian life.

Recommendation 3: An updated VAC fee guide to ensure proper funding for clinically effective MSK care for Veterans.

CCA members are proud to treat Veterans, who are reportedly patients often engaged in their healthcare needs, eager to follow treatment recommendations, and appreciate the expertise of chiropractors in addressing MSK pain and improving functionality.

Although an online billing system has greatly improved the process, Veterans still face limitations in booking more than one chiropractic visit at a time. They are also presented with the administrative burden of far more paperwork than the general population.

A 2016 chiropractic focus group revealed that those who treated Veterans had numerous concerns regarding the current fee guide. In some cases, Veterans who were aware that they paid below standard rates felt they placed an unfair burden on their chiropractor.

In addition, the process used to determine the fee guide is exceptionally arbitrary. Not only is there no current schedule in place to update the fee guide, but it also cannot be done on at a national level. Fees are determined by province resulting in fee variance across the country.

The focus group participants also noted that the 2015 fee schedule may not adequately reflect the care rendered because Veterans often present as more complex cases. Although some **chiropractors will simply charge a lower fee to accommodate Veterans**, it is not appropriate to do so considering the complexity of Veteran MSK cases and the principles of the Veterans Charter.

Therefore, the CCA recommends that the report of the Standing Committee on Veterans Affairs encourages VAC to work with the CCA to update the National Fee Guide to ensure that healthcare available to Veterans properly funds clinically effective care for MSK conditions.



About the CCA

The Canadian Chiropractic Association (CCA) is a national, voluntary association representing Canada's 8,400 licensed chiropractors. Chiropractors are regulated in all Canadian provinces and are extensively trained to assess, diagnose, and treat MSK conditions like back neck and knee pain.

References

1. Canadian Forces Health Services Group, [“Surgeon General’s Report 2014: Consolidation Innovation Readiness,”](#) National Defence, 2014.
2. Veterans Affairs Canada, [“Facts and Figures: September 2017.”](#)
3. Rowe, P., Hébert, L.J. “The impact of musculoskeletal conditions on the Canadian Forces.” In: Aiken A BS, editor. *Shaping the future: military and veteran health research*. Kingston: Canadian Defence Academy Press; 2011. P. 377-91.
4. Goertz C, Long C, Hondras M, et al. “Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study.” *Spine*. 2013;38(8):627-634.
5. Health Canada, [“Problematic substance use: Apparent opioid-related deaths: 2017.”](#)
6. Shipherd JC, Keyes M, Jovanovic T, Ready DJ, Baltzell D, Worley V, Duncan E. “Veterans seeking treatment for posttraumatic stress disorder: What about comorbid chronic pain?” *Journal of Rehabilitation Research and Development*. 2007;44:153–166.
7. National Pain Centre: [“The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain,”](#) McMaster University, 2017
8. Carew, M. (2010). [“The burden of non-battle injuries: The Canadian Forces Perspective.”](#)
9. Macey TA, Morasco BJ, Duckart JP, Dobscha SK (2011). [“Patterns and correlates of prescription opioid use in OEF/OIF veterans with chronic noncancer pain.”](#) Mental Health and Clinical Neurosciences Division, Portland VA Medical Center.
10. Lecomte T, Paquin K, Mueser K, MacEwan GW, Goldner E, Thornton AE, Brink J, Lang D, Kang S, Barr AM, Honer WG. (2013) “Relationships Among Depression, PTSD, Methamphetamine Abuse, and Psychosis,” *Journal of Dual Diagnosis*, 9:2, 115-122, DOI: [10.1080/15504263.2013.778930](#)