Evidence-Based Chiropractic Care

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Disclosures

Nothing to declare
The Chiropractic Profession

• 65,000 DCs in US, 90,000 world wide

• Third largest primary contact health profession

• Primary national association is the ACA
Who Sees Chiropractic Physicians?

• 68% LBP

• Of remainder, 67% neck or thoracic pain or headache

Original Principles – late 19th to early 20th Century

• **Subluxation** - spinal misalignments cause pressure on spinal nerves which leads to disease

• All disease is caused by subluxations
Some Chiropractors Still Believe

~17% of chiropractors still maintain this theory on some level


Palmer, RH. An investigation into patient management protocols of low back pain by chiropractors in the greater Durban area. Masters Dissertation, Faculty of Health Sciences at the Durban University of Technology; 2009.
Modern Principles

• Focus on spine/ MSk problems

• Taking a biopsychosocial “wellness” approach

• Differential diagnosis is paramount
Modern Principles

• Cooperation with PCP and other members of the team

• Help patients overcome the problem and release from care with home exercise/ self care
Original and Modern Principles

• High touch, low tech

• Focus on the person not just the disease

• Strong appreciation for the inherent healing ability of the body
Chiropractic Care ≠ Manipulation

Chiropractic Care = Dx and Rx of patients with spine and MSk disorders
Education

• 4 years postgraduate

• 4820 hours (med school – 4670 hours)

• Internship
  • Externships in multidisciplinary settings

• 4 Part National Board

• State Board

• Continuing Ed Requirement
Patient Satisfaction

Consumer Reports survey of >14,000 readers:

Chiropractors rated #1 in satisfaction and effectiveness for LBP

“Relief for Aching Backs: Hands-on Therapies were Top Rated by 14,000 Consumers,” Consumer Report (May 2009)
Patient Satisfaction

Higher pt satisfaction with back care from chiropractors compared to other providers.


# The Chiropractic Enigma – Satisfaction vs Trust

**Gallop Trust Polls**  
(Honest and Ethical Standards)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Trust Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>82</td>
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<tr>
<td>Teachers</td>
<td>70</td>
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<tr>
<td>Medical Doctors</td>
<td>69</td>
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<tr>
<td>Clergy</td>
<td>47</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>38*</td>
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<tr>
<td>Journalists</td>
<td>24</td>
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<td>Lawyers</td>
<td>20</td>
</tr>
<tr>
<td>Members of Congress</td>
<td>8</td>
</tr>
</tbody>
</table>

*DC’s trending in the right direction (26% in 1999)
The Opioid Epidemic

More chiropractors = fewer opioids

The Cost Epidemic

Chiropractors = lower costs for spine problems


“Once you start going to a chiropractor, you have to keep going forever”

NO YOU DON’T
The Future

The establishment of a primary spine care practitioner and its benefits to health care reform in the United States

Donald R Murphy1,2, Brian D Justice3, Ian C Paskowski4, Stephen M Perle5 and Michael J Schneider6

Abstract

It is widely recognized that the dramatic increase in health care costs in the United States has not led to a corresponding improvement in the health care experience of patients or the clinical outcomes of medical care. In no area of medicine is this more true than in the area of spine-related disorders (SRDs). Costs of medical care for SRDs have skyrocketed in recent years. Despite this, there is no evidence of improvement in the quality of care. In fact, disability related to SRDs is on the rise. We argue that one of the key solutions to this is for the health care system to have a group of practitioners who are trained to function as primary care practitioners for the spine. We explain the reasons we think a primary spine care practitioner would be beneficial to patients, the health care system and society, some of the obstacles that will need to be overcome in establishing a primary spine care specialty and the ways in which these obstacles can be overcome.

Keywords: Low Back Pain, Neck Pain, Health Care Reform, Primary Care, Health Policy
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Spine Related Disorders are a Major Problem

WHO 2014

Low Back Pain Highest Cause of Disability (YLD) in US and World Wide

Neck Pain is 4th


Skyrocketing Costs

Costs of Spine Care in $billions

Hey, you get what you pay for...right?

In that time, disability related to SRDs has worsened!

Rapidly Rising Costs, Rapidly Rising Disability

i.e. Poor Value (Outcome ÷ Costs)
The Spine Care “Supermarket”*

• > 60 pharmaceutical products
• > 20 different exercise programs
• >100 different manual therapy techniques
• >26 passive PT modalities
• > 9 psych techniques
• >20 injections
• Countless devises
• Numerous surgical procedures

The Spine Care “Supermarket”*

- PCP
- DC
- PT
- Ortho surgeon
- Neurosurgeon
- PM&R
- Pain management
- Occ Med
- Psych

- Massage
- Kinesiologist
- Naprapath
- Acupuncturist
- Reiki
- Alexander
- Feldenkrais
- Rolf er

From Silos to Teams

From Cowboys to Pit Crews
“First Touch” Provider in Workers Comp

• Pts seeing a DC first - shorter duration of episode ([HR] = 1.20 [1.10-1.31; p< 0.001) compared to MD or PT
The Chiropractic “Supermarket”

- “Super Straight” – symptoms, Dx don’t matter, only “subluxations”
- Subluxation-based – symptoms, Dx matter somewhat but only “subluxations” are treated
- **Personal injury/ Work comp**
  - MSk focus
  - “Primary Care” – “alternative” primary care doctors
- Sports med
- Primary Spine Practitioner
There have been recent calls for greater emphasis on Primary Care in healthcare reform


Traditional PCPs and Spine Related Disorders

1. PCPs are already overburdened
2. Poor understanding of the diagnosis and management of MSk disorders in general and SRDs in particular

A new approach to primary care needed for spine

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Abstract

This article reviews the current spine care options available in the United States and highlights the benefits of establishing a primary spine care practitioner (PSP). A PSP offers a more patient-centered approach to spine care, with a focus on prevention, early intervention, and comprehensive care. This model has the potential to improve health care outcomes, reduce costs, and enhance patient satisfaction. The establishment of PSPs could be a significant step towards improving the quality of spine care in the United States and contributing to health care reform efforts.

Primary Spine Care

Primary Spine Practitioner

(PSP)

Primary Spine Care Services: Responsible and Disappointing Outcomes in Spine Care

Donald R. Murphy, DC

Abstract

Efforts are underway to reform our health care system to improve efficiency, outcomes, patient satisfaction and costs. In no field is this more critical than that of spine-related disorders, where escalating costs combined with decreasing clinical benefits for patients has reached a breaking point. Traditionally, practitioners have grouped together based on their specialty (orthopedics, otolaryngology, etc.). There has been a recent movement to restructure health care delivery into a patient-centered

Primary Management of Cervical Disorders Using the CRISP Protocols

Case Studies in Primary Spine Care

Donald R Murphy

A Practical Evidence-Based Guide

Primary Management of Low Back Disorders Using the CRISP Protocols

Donald R. Murphy
Do we create a new profession?

• “expanding educational programs to train new professionals is a costly endeavor…”

• “…the time it takes to train a new professional is too long to meet immediate needs”

Or do we “tweak” our existing professionals

• “An alternative approach...”

• “…make better use of the existing health workforce through *legal scopes of practice that are based on professional competence*”

CMS has called for a “refitting” of the existing workforce
The Roles of the PSP

• Primary care for patients with spine related disorders (SRDs)

• Dx and management of the majority w/o need for referral
The Responsibilities of the PSP

• Serve as “Captain of the Spine Care Team”

• Counseling, triage and FU for special tests (imaging, EDx, labs)

• Counseling, triage and FU for consults and/or invasive procedures (injections, surgery)
Responsibilities of the PSP

Guiding the patient across the **full cycle**: 

The Full Cycle

Pain/disability/suffering experience → PSP Guidance → Resolution (and beyond)
What skills does the PSP need?
Necessary Skill Set of PSP

• Wide ranging understanding of BPS nature of SRDs
  • Biological
  • Psychological
  • Social
Necessary Skill Set of PSP

• Skills in differential Dx

• Understanding of the indications for and ability to interpret spine imaging
  • Radiographs
  • MRI
  • CT
Necessary Skill Set of PSP

• Skills in evidence-based Rx methods
  • Manip/ man ther
  • McKenzie
  • Neural mob
  • Stabilization

• Education, motivation, guidance
Necessary Skill Set of PSP

• Ability to incorporate effective psych methods
  • CBT
  • ACT

• Ability to manage disability
  • SAW/RTW
  • Motivation (MI)
  • Avoiding “iatrogenic disability”
  • Pt education
Necessary Skill Set of PSP

• Skills in case management
  • Diagnostic decision making
  • Treatment decision making
  • Referral decision making
  • Coordination of care

• Coordinate the activities of a variety of practitioners
Necessary Skill Set of PSP

• Excellent communication skills:
  • w/patients
  • w/ other practitioners
  • w/ staff and others on the health care team
  • w/ clinic and hospital admin
  • w/ case managers
  • w/ the community at large
Primary Spine Practitioner Training and Certification*

• Requires necessary prerequisites

• Combined live/ distance
  • 60 hours live
  • ~60 hours distance

• Live and didactic testing

• Residency in development

*Certification through U of Pittsburgh and Southern Cal U of Health Sciences
Primary Spine Care Service Line

• Established in:
  • Three hospital systems
    • Beth Israel-Deaconess - Plymouth
    • Mercy (Chicago)
    • Care New England Health System (Rhode Island)
  • Community-wide program w/ upstate NY BCBS plan, covering 1.4 million lives
Thank You!