

New Research Alert!

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These studies indicate that our nationwide third-party payers should cover chiropractic and acupuncture treatment. Third party restriction and or non-coverage of chiropractic and acupuncture only serves to fuel the worsening opioid/drug reliance epidemic. The May 2022 WCRI study documents the minimal involvement of chiropractic physicians in treating injured workers in 28 states across the country.

Study #1. Where to Start? A two-stage residual inclusion approach to estimating influence of the initial provider on health care utilization and costs for low back pain in the US.

Results: Among 3,799,593 individuals, cost and utilization varied considerably based on the first provider seen by the patient. Copay and differential distance provided similar results, with copay preserving a greater sample size. The frequency of early opioid prescription was significantly lower when care began with an acupuncturist or chiropractor, and highest for those who began with an emergency medicine physician or advanced practice registered nurse (APRN). Long-term opioid prescriptions were low across most providers except physical medicine and rehabilitation physicians and APRNs. The frequency and time to serious illness varied little across providers. Total cost of care was lowest when starting with a chiropractor (\$5093) or primary care physician (\$5660), and highest when starting with an orthopedist (\$9434) or acupuncturist (\$9205).

Opioids: The frequency of early opioid prescription was significantly lower for individuals who first saw Acu (1.2%) and Chiro (1.7%). Individuals that saw EM (12.6%) and APRN (11.2%), had relatively high frequency of early opioid prescription (Fig. 2). Overall, long-term opioid prescriptions were lower for all providers compared to early opioid prescriptions. Individuals that first saw PMR (6.3%) and APRN (5.3%) had the highest rates of receiving a long-term opioid prescription, while individuals being seen first by Acu (0.4%) and Chiro (0.6%) were least likely to receive a long opioid prescription.

Hospitalization, ED visits, Back surgery, serious illness: Hospitalization rates had relatively small variation among the providers with the overall rate being relatively low (7.4%) (Fig. 1, Table 2). Individuals that first

saw Ortho (10.0%) were most likely to have had a hospitalization whereas individuals that first saw Chiro (5.8%) and PCP (6.5%) were least likely to be hospitalized. Individuals that first saw Ortho were more likely to have back surgery (6.8%) whereas individuals that saw Acu (0.5%) and Chiro (0.7%) were least likely to have had back surgery.

Radiography and MRI/CT: The use of radiography and MRI/CT varied widely depending upon the first provider seen (Fig. 1, Table 2). Individuals that first saw Ortho (47.4%) had highest use of radiography; Acu (5.9%) and PT (11.0%) had the lowest rates of radiography use. Individuals who first saw Ortho (36.8%), had highest utilization of MRI/CT; whereas individuals that first saw Acu (5.7%) and Chiro (6.7%) were less likely to have MRI/CT.

Our study gives confidence that care beginning with more conservative providers (e.g., PT, Chiro, and Acu) may in fact significantly lower use of potentially unnecessary and costly imaging services and prescription opioids. Harwood et al. *BMC Health Services Research* (2022) 22:694 <https://doi.org/10.1186/s12913-022-08092-1>. 1*† 2† 3† 4† Kenneth J. Harwood, Jesse M. Pines, C. Holly A. Andrilla and Bianca K. Frogner

Study #2. The Workers Compensation Research Institute (WCRI) is an independent, not-for-profit research organization founded in 1983. Its recent report on Chiropractic Care for Workers with Low Back Pain reveals a number of important factors relating to the use of chiropractic for LBP in physical medicine within worker's comp in 28 states. The article compared to non-chiropractic care for pain management, chiropractic-only care and E&M resulted in: 47% lower treatment costs per claim, 35% lower indemnity payments, 26% shorter disability periods, 79% less paid for non-pain-management medical services. Much lower use of opioid prescriptions, MRI and pain management injections. Mueller KL, Wang D, Lea RD, Murphy DR. *Chiropractic Care for Workers With Low Back Pain*. Workers Compensation Research Institute, May 2022.

Study #3. Optum insurance findings: Chiropractic care is more cost effective and can reduce opioid prescribing by 26%. Findings from Optum, the health services subsidiary of UnitedHealth Group: Data shows patients, 70% of the time, choose primary care providers (PCPs) and specialists to treat their lower back pain compared to 30% who choose conservative care. The data shows conservative care: Chiropractic/Physical Therapy/Acupuncture can save \$230 million dollars in annual medical expenditures and can reduce opioid prescribing by 26%. Goal for Optum in the next two years: Increase the use of conservative care in two years: 2020: Raise the referrals to DCs from MDs from 2% to 10%: Raise the use of conservative care pathway, which is increasing patient access to DCs, from 31% to 50%. Optum insurance findings: <http://www.nationalacademies.org/hmd/Activities/Global/InnovationHealthProfEducation/201E-DEC5A/ideos/S3162.asp.x>.

Study #4. BMJ Open recently published a study of over 200 thousand patients with new-onset lower back pain. The study determined that the patients who saw a chiropractic physician FIRST were 90% less likely to make use of opioids within the first thirty days and significantly less likely to use them in the long term compared to patients who saw a PCP first. The study suggested that the public should be incentivized to see doctors of chiropractic FIRST as a means to reduce opioid use. Medical research journal recently published a study of over 200 thousand patients with new-onset lower back pain, The patients who saw a Chiropractic physician FIRST were 90% less likely to make use of opioids within the first thirty days and significantly less likely to use them in the long term. <https://bmjopen.bmj.com/content/9/9/e028633>

Study #5. Approximately 42.7% of workers who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a doctor of chiropractic. Keeney et al. (2013) *Spine Journal* 5 #9. This study analyzed 85,000 Blue Cross Blue Shield beneficiaries in Tennessee over a two-year span and concluded that back pain initiated with a doctor of chiropractic saves 20 to 44 percent on health care costs when compared with care initiated through a medical doctor. Liliedahl et al. (2010) *Journal of Manipulative and Physiological Therapeutics*