

FAQs on Expanding Employee Access to Chiropractic Services

A survey was conducted and a roundtable was held on Dec. 1, 2022 to measure benefit consultants' knowledge and understanding of chiropractic care's overall business impact. The results show that, with the right data and tools, employee health benefit brokers and consultants are willing to advise clients to expand access to chiropractic services and integrate doctors of chiropractic (DCs) into worksite health centers to lower healthcare costs, improve employee performance and increase worker retention. This document was created in response to a request from roundtable participants for a concise document to help explain chiropractic care and answer the most-asked questions benefit brokers receive from their clients.

What services are appropriate for a DC to provide in a worksite health center?

- Manipulation
- MSK treatment and management
- Ergonomic recommendations
- Pain management
- Acute care
- Occupational and rehab health services

What are the overall benefits of chiropractic care?

- Cost-effective: Lower-cost care that prevents the need for more expensive services
- Clinically effective: Better symptom management and more improved function than other types of care
- Guideline-concordant: Most conservative care pathway; associated with the lowest health risk and cost
- High net promoter score of 92%: Overall higher satisfaction among patients than other healthcare providers

What are the medical guidelines for back pain?

The latest guidelines from the American College of Physicians recommend noninvasive approaches such as spinal manipulation, acupuncture and massage. Ironically, primary care physicians wrote the guidelines but often don't follow them, while DCs are far more adherent to the recommendations.

Has the ROI of chiropractic care been quantified?

Research has shown that when DCs are the first provider seen by an individual with low back or neck pain they are the most likely to deliver guideline-concordant care and were associated with the lowest total episode cost of any type of healthcare provider. No matter when a DC becomes involved in an episode of low back pain, they are the type of healthcare provider most likely to resolve it.

Individuals with low back pain initially treated by a DC are most likely to receive one to three visits, associated with the lowest total cost, and have the lowest rate of exposure to pharmaceuticals or imaging, compared to those who see physical therapists (PTs) or licensed acupuncturists (LAcS). At all levels of visit frequency, DCs delivering chiropractic manipulative therapy were associated with the lowest median episode cost: \$194 for DCs, \$692 for PTs and \$358 for LAcS.

Should chiropractic care be part of the care team or an ancillary offering?

In a survey by the National Association of Worksite Health Centers (NAWHC), consultants uniformly believe a DC should be integrated into a center's clinical team, co-managing and co-referring patients, as opposed to being an outside, ancillary provider. They also note the need for clarity in how the DC interacts with other providers and how patients access chiropractic care.

What kind of training and education do DCs undergo?

In the U.S., DC programs typically take four years to complete and require at least three years of undergraduate college education for admission, a total of seven years (minimum) of post-high school education.

What should we look for when hiring a DC for our worksite health center?

- Years in practice
- State licensure
- Graduation from an accredited school
- Competency in certain procedures
- Willingness to work with PTs and within a multi-disciplinary clinical team
- Experience in employer health centers
- References
- Recommendations from the employer-client, existing center's providers and other DCs
- Malpractice history

DCs can easily practice within any real estate or equipment constraints the employer may have.

If we have a physical therapist on staff, do we still need a chiropractor?

Selecting a DC or PT for care does not need to be a binary decision. Both clinicians practicing collaboratively in worksite health clinics accelerates employee health recoveries while lowering healthcare costs.

For example, Crossover Health's integrated and holistic care services, such as primary care, mental health, physical therapy, chiropractic, health coaching and care navigation, yield positive clinical and financial results:

- Decreased utilization of imaging
- Decreased referral to specialists, ER visits
- Decreased utilization of higher-cost PT service when clinic includes DC on the team

DCs don't need a separate room; they can often use the same tables and equipment that PTs use.

Can't we just encourage employees to use an app?

The chiropractic landscape is changing: digital musculoskeletal solutions/apps are a new element and they vary greatly in quality and features. Such digital tools are best for self-care and self-reporting.

About the Foundation for Chiropractic Progress

A not-for-profit organization with nearly 32,000 members, the Foundation for Chiropractic Progress (F4CP) informs and educates the general public about the value of chiropractic care delivered by doctors of chiropractic (DC) and its role in drug-free pain management. Visit www.f4cp.org/findadoc; call 866-901-F4CP (3427).