



HOW BROADENING THE PRIMARY CARE SCOPE CAN LOWER COSTS FOR EMPLOYERS

Joint and back pain are the second and third most common reasons for patients to seek care from a physician, according to a [Mayo Clinic study](#) of more than 142,000 individuals.

That first physician is typically a primary care doctor. Primary care, as popularly defined, is a family doctor, internal medicine doctor or doctor of osteopathy.

For employers, however, particularly those in manufacturing, construction, distribution and other occupations that involve greater physical demands on their employees, a doctor of chiropractic (DC), should be the primary care doctor at the top of the list.

After all, self-insured employers face enormous healthcare, disability and workers' compensation costs for employee back and neck pain and other types of neuro-musculoskeletal pain. DCs specialize in these conditions.

Given these doctors' ability to deliver positive outcomes, patient satisfaction and overall lower costs and reduced safety risks compared to traditional pharmacology-driven primary care, DCs need to be included in the scope of primary care.

— Written By Sherry McAllister, DC

REDUCING THE COST OF PAIN

Workplace injuries, caused by a single accident or repeated movements over years, created **\$171 billion** in costs in 2019, and not for employers alone.

Rather, the figure includes wage and productivity losses of \$53.9 billion, medical expenses of \$35.5 billion and administrative expenses of \$59.7 billion, according to the National Safety Council (NSC).

The total also includes employers' uninsured costs of \$13.3 billion, which factors in the time lost in investigating and reporting any incidents.

The NSC also studied the most common injuries that result in workers' compensation claims. While traumatic injury from a motor vehicle, burn or other accident were the costliest, claims attributed to "strain" and "cumulative injury" were in the top 10 with strain costing nearly \$34,000 per claim and cumulative injury averaging more than \$31,000 per claim.

Likewise, injury to the **neck, arms, shoulders and back** were among the top 10 body parts attributed to workers' compensation claims, which are the areas most treated by DCs.

Another report showed that the **top cause of these work-related injuries** was "overexertion and bodily reaction," defined as excessive physical effort and repetitive motion. Such injuries are common and can be devastating to employers and employees. For example,



27 out of every 10,000 workers suffer overexertion and bodily reaction injuries and lose 13 workdays a year on average.

DCs are trained to identify these problems and treat the underlying causes instead of masking symptoms with a pharmaceutical drug. Chiropractic care is, and has always been, drug-free.

Considering **75% of employers** polled say opioids have negatively impacted their workplace, increasing access to drug-free care should be a priority.

Furthermore, clinical guidelines from the **American College of Physicians** and the **National Academy of Medicine** recommend treating acute back pain first with nonpharmacologic methods and that opioids, in particular, should be avoided for chronic back pain.

Whether the pain comes on suddenly or has been lingering for years, DCs can help employees manage nearly all neuro-musculoskeletal conditions, often at a lower cost. **A large study in Texas** found the average workers' compensation claim for an employee with a low-back injury was \$15,884.

However, if a worker received at least 75% of their care from a DC, the total cost dropped by nearly one-quarter to \$12,202. If the DC delivered at least 90% of the care, the average cost declined to \$7,632.

THE RISKS OF PHARMACOLOGIC-DRIVEN PRIMARY CARE

Conversely, seeking neuro-musculoskeletal care from an allopathic or osteopathic primary care doctor may contribute to worse outcomes. [Researchers](#) examined the records of more than 5,000 patients with low back pain who had been treated at 77 medical primary care practices.

Nearly half of the patients with low back pain that later became chronic received a treatment that was not recommended by medical consensus (also called a “nonconcordant” recommendation).

Nonconcordant recommendations include a prescription for opioids (such as oxycodone or Vicodin) or benzodiazepines (such as Valium or Xanax). Orders for expensive imaging tests such as computerized tomography (CT) or magnetic resonance imaging (MRI) are also considered nonconcordant.

Even after researchers examined other variables about the patients such as obesity or their initial level of disability, the non-recommended back pain management approaches increased their likelihood of developing chronic low back pain. In total, about one-third (32%) of patients developed chronic pain.

Although employees will never receive an opioid prescription from a DC, they may receive care for their pain from multiple doctors.

In several studies, however, researchers have found that patients who seek care from a DC more often avoid opioids.

A [2020 paper](#) examined the records of more than 100,000 adults with spinal pain ages 18 to 84 who visited a DC and another primary care doctor and compared them to patients who did not visit a DC. Patients who did not receive chiropractic care for their spinal pain filled an opioid prescription up to twice as often as those who did visit a DC.

Representatives from Optum, a subsidiary of UnitedHealth Group, have repeatedly stated how seeking nonpharmacologic care first for pain has reduced costs and opioid prescriptions.


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While DCs undergo rigorous education and training for musculoskeletal conditions, a survey from 2018 found [only 27%](#) of allopathic medical school students thought that their musculoskeletal education was adequate.

Additionally, a survey found [more than half](#) of family/general medicine physicians refer their patients to another provider for spinal manipulative therapy, which is most often delivered by a DC.

Achieving long-term pain relief from a DC may also avoid the need for expensive prescriptions,

For example, during a 2018 National Academy of Medicine workshop, David Elton, DC, senior vice president for clinical programs at Optum, explained that conservative care for low back pain could save [\\$230 million](#) in annual medical expenditures for the insurer and reduce opioid prescribing by 26%.

At the same time, DCs can reduce demand on family doctors and other types of primary care physicians. The U.S. could experience a [shortage of up to 55,200 primary care physicians](#) by 2033, so diverting more employees' neuro-musculoskeletal problems to DCs first can improve primary care access for other employees with unrelated conditions.

THE ADVANTAGE OF CHIROPRACTIC CARE

The focus of chiropractic care is on spinal health and helping patients suffering from musculoskeletal conditions, but the goal of chiropractic care is much larger. DCs take a holistic view of health and are trained and experienced in correcting the root causes of a health problem and correcting associated musculoskeletal imbalances. [A majority of chiropractic patients](#) also report the care improves their sense of well-being.

Furthermore, DCs receive at least four years of post-graduate education, including a minimum of 4,200 hours of classroom, laboratory and clinical experience.

To earn their license and practice, all U.S. states require a degree from an accredited chiropractic doctorate program and passing all four parts of the National Board of Chiropractic Examiners exam.

CT or MRI scans, and surgery, which will significantly reduce employer and employee spending in the long run.

Chiropractic visits after the first are typically quick, less than 15 minutes, which means employees will spend less time away from work or home.

Chiropractic care also improves employee productivity by preventing/eliminating disability and helping avoid surgery, which can extend the number of days away from work. That is one of the reasons more employers are adding DCs to onsite employee health clinics, which are common in larger companies. In these clinics, employees who received chiropractic care were absent from work [only half as much](#) as the national average, according to a study of one such clinic.



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More importantly, a DC can offer employees exercises they can do at home and advise them how to adjust the repetitive or exertive movements required for work to prevent a reinjury and improve their range of motion.

MAKING DRUG-FREE CARE ACCESSIBLE

While the health and safety benefits of seeking chiropractic care first are clear, employers need to structure employee health benefits to encourage that such services are accessed first.

Employees with low-back pain who had health plans with greater restrictions on provider choice were [less likely to choose conservative, less-costly therapy](#) compared to those covered under the least restrictive plan type.

These restrictions could include lack of coverage, provider network limitations or higher out-of-pocket spending for employees.

A 2018 [study](#) and associated [commentary](#) published in JAMA Network Open found that one commercial health plan required members to pay a \$60 copay for chiropractic care while generic prescription opioids can often be obtained with no coverage for less than \$10. To encourage access to safer, more effective care, UnitedHealthcare, in 2019, [eliminated copays to DCs or physical therapists](#) on some employer-sponsored health plans if employees sought care from these providers for their acute low-back pain.

All types of employees can develop back pain. In fact, office workers who sit at a desk for most of the day carry a significant risk of musculoskeletal injury due to [inactivity](#), poor posture, or ergonomic factors. That is why even if the employer has just a few or many employees with physically demanding jobs, a doctor of chiropractic should be the primary care doctor of choice to help these employees find lasting pain relief and correct the cause of their pain, not just mask the symptoms. ■

Sherry McAllister, DC, is president of the Foundation for Chiropractic Progress (F4CP). A not-for-profit organization with nearly 29,000 members, the 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. Learn more or find a DC at www.f4cp.org/findadoc.

