



A Healthy Workforce. A Stronger Economy.

CCA 2018 Pre-Budget Submission

CANADA'S ECONOMIC PROSPERITY REQUIRES A HEALTHY WORKFORCE

The Canadian Chiropractic Association (CCA) is a national, voluntary association representing Canada's 8,500 licensed chiropractors. Approximately 4.5 million Canadians use the services of a chiropractor each year. The CCA advocates on behalf of members and their patients to advance the musculoskeletal (MSK) health of Canadians, and to improve the effectiveness and efficiency of the healthcare system.

MSK conditions, including back pain, have a devastating impact on Canada's productivity. Up to 85% of workers will suffer from back pain at least once in their lifetime and often back pain will reoccur or become chronic. **The disability costs related to MSK conditions alone are the most significant of any chronic disease at \$15 billion. Over half of work days lost due to injury are for MSK conditions.**

Canada's economic growth and prosperity rests on a healthy and productive workforce.

Improved care for Canadians suffering from MSK pain means a healthier and more productive workforce, which in turn strengthens economic growth for Canada's small-, medium-, and large-sized businesses. It is in that spirit that the CCA is pleased to identify three recommendations for the Government of Canada to include in its budget for 2018:

- Amend the *Income Tax Act* to add chiropractors to the list of practitioners eligible to assess disability and issue the Disability Tax Credit Certificate;
- Reduce the pressure to prescribe by prioritizing alternative approaches to pain management; and
- Invest in healthcare innovation to help enhance access to clinical alternatives to improve the health and productivity of Canada's workforce and strengthen economic growth.

The Government of Canada is committed to improving the health and well-being of Canadians. These recommendations will do just that by improving care for Canadians suffering from MSK pain, which in turn means a healthier, more productive workforce and a more prosperous Canada.





1) AMEND THE *INCOME TAX ACT*, S. 118.4 (2), TO ADD CHIROPRACTORS TO THE LIST OF PRACTITIONERS ELIGIBLE TO ASSESS DISABILITY AND ISSUE THE DISABILITY TAX CREDIT CERTIFICATE

MSK conditions are a leading cause of disability. Canadians suffering from a chronic MSK condition such as osteoarthritis, rely on chiropractic care to assess, manage and reduce the impact of symptoms on accompanying activities of daily living. Alone, **osteoarthritis limits the ability of over three million Canadians to achieve their full productivity and do the activities they love due to pain and loss of function.**

Many government programs such as workers' compensation recognize chiropractors as assessors of eligibility. Chiropractic – like other healthcare professions – is governed by provincially-legislated regulatory and licensing authorities.

Imagine, after 10 years on the job, you suffer a severe vision impairment. You'll turn to your optometrist, who you know and trust, for an assessment of eligibility for the Disability Tax Credit.

Danielle is a single mother from Winnipeg suffering from severe osteoarthritis and—much like she would her optometrist for vision—she visits her chiropractor to help manage pain and improve function. Even when her chiropractor knows she meets the current criteria for disability and can provide this assessment under many other programs (such as the WSIB in Ontario), her chiropractor **must make Danielle travel to another practitioner for that assessment. Canadians who have reached the point of disability should not face this additional barrier and an unnecessary visit to another provider who may not know their condition.** This is both unnecessary and costly to that patient.

The recommended change to the *Income Tax Act* would remove the current systemic barrier for Canadians who have reached the point of disability due to MSK conditions and who have a severe and prolonged restriction on walking, feeding, or dressing, to have appropriate access to the Disability Tax Credit.

The cost to the Government of Canada to implement this change is \$0.





2) REDUCE THE PRESSURE TO PRESCRIBE BY PRIORITIZING ALTERNATIVE APPROACHES TO PAIN MANAGEMENT

There is now widespread recognition that **opioids are being prescribed far too often and have a profound negative impact on the health of Canadians and Canada's workforce.** Back pain and other MSK conditions are a leading reason for opioid prescribing. Over 2,400 Canadians die annually from opioid overdose. This accounts for 50% of annual drug-related deaths. Given the higher prevalence of both low back pain and evidence of opioid use, the impact on vulnerable and marginalized populations is even graver. Further, one in eight Canadians who are prescribed opioids will go on to become addicted, ruining lives and making it more difficult to be fully productive. Better approaches are needed to manage acute and chronic MSK pain in Canada and reduce reliance on opioids as a first-line intervention.

Pain is one of the most common reasons for going to the doctor. Pain is complex and difficult to manage. The difference between Canada and the rest of the world on this matter is that, when it comes to pain management, only North America has a heavy reliance on opioids to treat pain. One key reason for this is that almost no non-pharmacological alternatives are available within primary care settings in Canada.

Canada's new opioid prescribing guideline has at its foundation the growing body of evidence that non-pharmacological alternatives to opioids are both safe and effective. For example: **the study of an inter-professional back pain team at Vancouver General Hospital that included spinal manipulation discovered that they were able to eliminate all opioid usage from a population with chronic MSK pain, compared to 78% of control group patients.**

Prevention efforts can reduce the number of new opioid users. For most pain, the introduction of opioids is not worth the risk.

The CCA strongly believes that to actually change the current course and to reduce reliance on opioids, Canada must take a broader approach to comprehensively manage pain. With better integration and access to non-pharmacological alternatives, doctors would be under less pressure to prescribe opioids. We assert that **a better approach to pain management must take into account best practices and innovations, including greater access to conservative care options.**

The CCA therefore encourages the Government of Canada to establish funding for prevention efforts that reduce barriers to alternative approaches to pain management, particularly for vulnerable Canadians.





3) INVEST IN HEALTHCARE INNOVATION TO HELP ENHANCE ACCESS TO CLINICAL ALTERNATIVES TO IMPROVE THE HEALTH AND PRODUCTIVITY OF CANADA'S WORKFORCE AND STRENGTHEN ECONOMIC GROWTH

There is an insufficient focus in current health innovation efforts dedicated to understanding, preventing, and treating pain associated with MSK conditions without relying on opioids.

Evidence shows that addressing MSK conditions in a strategic way should allow existing health spending to be used more effectively.

MSK conditions significantly impact Canada's productivity, including disproportionately affecting workforce participation among lower income Canadians doing more physically-demanding labour or impacted by poverty-related issues. **Up to 85% of workers will suffer from back pain at least once in their lifetime. Often, back pain will reoccur or become chronic. The disability costs alone are the most significant of any chronic disease at \$15 billion. Over half of work days lost due to injury are for MSK conditions.**

Innovation begins with access. Many jurisdictions have undertaken protocols to better improve access for managing MSK pain. For example, in Ontario the 2014 "Excellent Care for All Strategy," anchored on the *Excellent Care for All Act (2010)*, has outlined a number of key priorities with accompanying funding to ensure that allied healthcare professions, such as chiropractors, are integrated within interprofessional healthcare teams specifically to address the needs of the most vulnerable. In the United States, the *Affordable Care Act* provides access to 30 visits each year for either physical therapy, occupational therapy, or visits to a chiropractor.

To implement this important change, **the CCA encourages the Government of Canada to invest in non-pharmacological MSK pain management by increasing funding to address the opioid crisis and invest in innovative models of care that can demonstrate the delivery of MSK pain management without the need for prescription opioids.**





THE IMPACT OF PAIN

- **Uncontrolled pain continues to be the single most cause of disability among working-age Canadians**
- **One study found that those receiving an opioid prescription shortly after developing low back pain had double the likelihood of developing long-term disability. 5% of patients initiating opioid therapy became long-term opioid users with associated risk of dependency, addiction, and overdose**
- **60% of people with chronic MSK pain eventually lose their jobs**



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