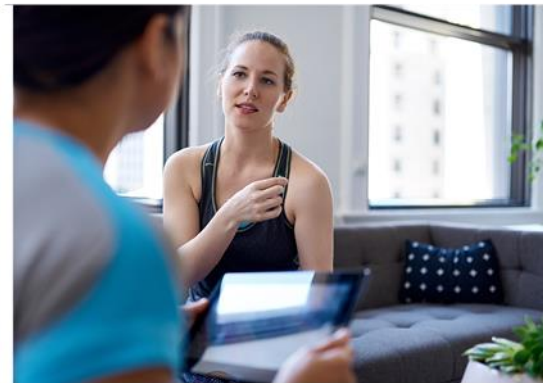


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HUMA: Study on Labour Shortages, Working Conditions and the Care Economy



Submission

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Summary

The House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities commenced its study on labour shortages, working conditions and the care economy on March 1, 2022. Canada's health workforce was already experiencing shortages prior to the COVID-19 pandemic. The pandemic has put the health workforce at a breaking point while highlighting the fact that Canadians rely on an interdisciplinary team of healthcare professionals to stay active and healthy. The Canadian Chiropractic Association (CCA) is eager to collaborate with the federal government to rapidly advance solutions to assist in reducing pressure to Canada's healthcare workforce by promoting evidence-based, patient-centred interprofessional collaboration and optimizing the private sector healthcare practitioners.

Addressing the healthcare labour shortages and improving Canada's healthcare system requires co-operation and collaboration among all healthcare professionals, governments, regulatory and professional bodies. The CCA advocates for a health system change designed to eliminate barriers to inter-professional collaboration and research, and supports an evidence-based, patient-centred and, where appropriate, an inter-disciplinary approach to care.

It will be crucial for Canada's healthcare system to utilize all the skills and expertise from all healthcare providers both in the public and private sectors. Many successful universal healthcare countries, including Switzerland, the Netherlands, Germany and Australia embrace the private sector as a partner to relieve pressure on the public healthcare system.



Recommendations

- Federal leadership in optimizing team-based care and interprofessional collaboration.
- Federal leadership on addressing the burden of MSK conditions by funding pilot projects that demonstrate innovative multi-disciplinary care for federal populations.
- Federal leadership on ensuring chiropractic care is integrated into interdisciplinary rehabilitation teams to help COVID-19 patients with MSK conditions recover.

Introduction

The CCA is the national association representing more than 9,000 licensed chiropractors across Canada. The CCA advocates on issues that impact the musculoskeletal health of Canadians. Every year, at least 4.7 million Canadians rely on chiropractors to help them manage the serious burden of musculoskeletal pain and disease.

MSK Burden in Canada

Musculoskeletal (MSK) conditions such as back pain, headaches, arm or neck strain and diseases of the muscle and joints are the leading cause of disability around the globe, impacting 577 million people at any given moment. Each year, more than 11 million Canadians suffer from MSK conditions and according to the Canadian Institutes of Health Research (CIHR) over the next decade this number is projected to grow to an alarming 15 million.¹ This growing MSK burden is having a devastating impact on the health, quality of life, and workforce participation of Canadians. According to the Canadian Institute for Health Information, MSK conditions cost Canada's economy an estimated \$22 billion annually.² MSK conditions are also the second leading cause of both short and long-term disability in the workplace and are responsible for one-third of all lost-time at work.

Training, Expertise and Experience

Chiropractors are one of Canada's largest primary contact healthcare professions and experts in the assessment, diagnosis, and treatment of musculoskeletal conditions, as well as the management of pain caused by these conditions. Doctors of Chiropractic complete a minimum of seven years post-secondary education and complete extensive training and clinical education as part of their studies. They are regulated in all Canadian provinces and because of their extensive training are designated to use the doctor title, like physicians, optometrists, and dentists. As specialists in non-pharmacological pain management, chiropractors can lead and facilitate an inter-professional, evidence-based, and patient-centred approach to pain care.



Federal leadership in optimizing team-based care and interprofessional collaboration.

Canada's chiropractors are committed to ensuring that the most appropriate and cost-effective patient care is delivered by the best qualified health professional based on objective outcomes and patient satisfaction measures. The CCA believes that patient-centred interprofessional collaboration is critical to improving the quality of healthcare for Canadians and relieving some of the pressure to the healthcare system. Inter-professional teams should be expanded to include chiropractors and other regulated allied health care professions who can assist with diagnosis, triage, and management of the patient's MSK healthcare.

The federal government can provide leadership on how services can be delivered more appropriately to meet the needs of Canadians. Community-based models of care have been developed to increase access and better address healthcare needs. These can serve as interdisciplinary models that support federal programs. The evidence in support of manual therapy and other chiropractic approaches has made chiropractors an increasingly valuable part of collaborative care teams.³ This allows teams to use health dollars and the health workforce more effectively in managing patients with MSK conditions. For example, a number of provinces, including Saskatchewan and Ontario, are using chiropractors and advanced practice physiotherapists to assess and triage patients with chronic low back pain awaiting referral to specialists. Among these, over 90% are not candidates for surgery, but can crowd wait lists for unnecessary diagnostic imaging, such as MRI and CT.⁴ **The outcomes include higher patient satisfaction, improved outcomes, and reduced system costs.** One recent study in Ontario attributed \$24 million per year in wasted resources to unnecessary MRI and CT.⁵ The hands-on assessments that chiropractors provide is an effective and viable means of triage and reduce pressures to the publicly funded healthcare system.

Another example of the interdisciplinary model is **St. Michael's Hospital Family Health Team in Toronto**, which was recognized as one of four centers of excellence by the Council of the Federation. The integrated, team-based model includes nine provider groups such as medical doctors, nurses, social workers, and chiropractors. Chiropractors' unique role in this model has focused on better assessment and treatment of MSK conditions. By referring patients to chiropractors much earlier in the treatment process, the team has reduced wait lists while increasing primary care. This model has grown and continues to operate successfully to meet the needs of patients and the community at large.

The shortage of healthcare professionals in rural and remote communities is a particularly serious barrier to care forcing many people to travel hours even in emergencies. In fact, twenty per cent of Canadians live in rural communities but are served by only eight per



cent of the physicians.⁶ This crisis can't be solved by one profession alone. The COVID-19 pandemic highlighted the fact that Canadians rely on an interdisciplinary team of healthcare professionals to stay active and healthy.

The federal government can provide leadership in addressing the shortage of healthcare professionals in rural communities by **expediting the expansion and implementation of two programs under consideration:**

- a one-time income tax deduction for healthcare professionals, including allied healthcare practitioners such as chiropractors, establishing clinics in rural and underserved communities;
- expansion of the Canada Student Loan Forgiveness Program to include allied healthcare professionals, including chiropractors.

These two initiatives would have an immediate positive impact on access to care in rural communities if the measures reflect the inter-disciplinary nature of the healthcare teams Canadians rely on.

The CCA advocates for a health system change designed to eliminate barriers to interprofessional collaboration and research, and supports an evidence-based, patient-centred and, where appropriate, an inter-disciplinary approach to care. Sustaining and improving Canada's health care system requires co-operation and collaboration among all healthcare professionals, governments, regulatory and professional bodies, and the patient public.

Federal leadership on addressing the burden of MSK conditions by funding pilot projects that demonstrate innovative multi-disciplinary care for federal populations.

Populations under the care of the Federal government represent some of the most vulnerable and important communities in our country. The burden of MSK conditions continues to be a costly reality among the federal government populations, even though its impacts are underestimated and under-recognized. Better care at a better value is possible. However, innovative models and coordination of resources will be needed to provide consistent access to appropriate care for all federal populations. The government should explore opportunities to fund innovative pilot projects, measure outcomes, and replicate and scale-up successful models of care. As mentioned above, one model is St. Michael's Hospital Family Health Team in Toronto, which has successfully utilized a multi-disciplinary team-based approach to reduce wait times and improve patient outcomes.

Alignment between federal programs could ensure that the right care is provided to meet the needs of Canadians while enhancing health outcomes. This could take form by re-



establishing the Federal Healthcare Partnership program or developing a similar process. Better coordination of resources and strategies for the appropriate management of MSK conditions is key to improving care and lowering pressures on the healthcare system and Canada's health workforce.

Even though the needs of the individuals may vary, in general, federal populations share enough similarities that developing a comprehensive MSK strategy to provide appropriate and adequate services would be warranted. By better managing resources and collaborating on a comprehensive strategy, Canadians would have access to prompt and appropriate care, leading to better health outcomes and satisfaction. Furthermore, a comprehensive MSK strategy would facilitate the transition of individuals among the various jurisdictions. For example, **improved access to chiropractic intervention among the Canadian Armed Forces would reduce the leading cause of medical discharges.** CAF members discharged to Veterans Affairs Canada due to MSK disability would greatly benefit from maintaining continuity of care while transitioning. The effectiveness of such a model is observed in the US where active military members and veterans have access to very similar care which has proven to be highly beneficial.^{7,8}

Indigenous peoples continue to face substantial barriers to accessing quality healthcare services. Many of them lack access to extended healthcare benefits through an employer, as well as the resources to afford out-of-pocket payment for healthcare services. Indigenous peoples' access to care could be improved by reinstating coverage for chiropractic care under the Non-Insured Health Benefits (NIHB) program. The government could also look to **replicate successful healthcare delivery models such as the one observed in the Mount Carmel Clinic in Manitoba.** The Clinic aims to improve determinants of health and outcomes by providing holistic and integrative health services, including traditional healing practices and ceremonies, alongside medicine and chiropractic, to meet the specific interdisciplinary health needs of its Indigenous and Non-Indigenous community members.

As part of developing an MSK strategy, the federal departments and ministries should look for opportunities to advance collaborative innovative approaches in delivering healthcare to those who are the responsibility of the federal government. The reality remains that federal departments manage resources in mutually exclusive ways and could benefit from coordinating efforts that would help reduce costs, increase delivery efficiency, and improve care.

The CCA recommends that the federal government consider "breaking down silos" and engage all departments/ministries involved in the delivery of MSK health services to federal populations to work collaboratively and share best practices for prevention and the



provision of care. It is apparent that the status quo is not a cost-effective model to deliver care, and federal populations and their families suffer as a consequence.

The federal government can play an important role in ensuring that federal populations' needs are met by funding pilot projects that demonstrate innovative multi-disciplinary care for federal populations, including the Canadian Armed Forces, veterans, and Indigenous communities. Better integration of the allied healthcare resources into the healthcare system will assist in relieving pressures in the healthcare system and workforce.

Federal leadership on ensuring chiropractic care is integrated into interdisciplinary rehabilitation teams to help COVID-19 patients with MSK conditions recover.

The COVID-19 pandemic continues to impact Canadians' health and add strain to the already overburdened healthcare system. While the majority of COVID-19 patients are able to fully recover, between 10 and 20 per cent continue to experience lingering symptoms which require ongoing care.⁹ This is especially true for Intensive Care Unit (ICU) survivors who can undergo post-intensive care syndrome (PICS), with symptoms including dyspnoea, depression, headaches, and muscle and joint pain.¹⁰ Muscle soreness and achy joints are common symptoms among COVID-19 patients that can last for months.¹¹ A recent study by Northwestern University found that COVID-related musculoskeletal disorders can persist and lead patients to seek medical attention and imaging.¹² According to the study, COVID-19 can also trigger inflammatory arthritis.¹³

Patients experiencing long-term effects of COVID-19 could benefit from greater integration of rehabilitation services into the health system, particularly at the primary care level. There is evidence showing that rehabilitative interventions are cost-effective.¹⁴ Chiropractors work extensively with patients who have mild to severe disability in multidisciplinary rehabilitation settings and can use their skills to address impairments that are common after a prolonged illness or ICU stay, such as muscle weakness, musculoskeletal pain, extremity function, balance and mobility, and physical activity limitations.¹⁵

Researchers from Stanford looked into how best to support post-COVID-19 recovery and made the following recommendations: (1) delivering interdisciplinary rehabilitation that is initiated early and continued throughout the acute hospital stay, (2) providing patient/family education for self-care after discharge from inpatient rehabilitation at either acute or subacute settings, and (3) continuing rehabilitation care in the outpatient setting and at home through ongoing therapy either in-person or via telehealth.¹⁶ Chiropractors can take leadership within all these interventions and use their education, skills, and training to play a role in the treatment and rehabilitation of post-COVID-19 patients.

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The federal government should endeavor to work closely with provincial and territorial counterparts to ensure chiropractic care is integrated into interdisciplinary rehabilitation teams to help COVID-19 patients with MSK conditions recover. This will help decrease pressures on our healthcare system, as well as improve access to rehabilitation care and patients' post-COVID-19 quality of life and reintegration into the workforce.



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