



ALBERTA
COLLEGE AND ASSOCIATION
OF
CHIROPRACTORS

Report on First Year Impacts of Diagnostic Imaging Policy Change

November 2021

Summary

When the diagnostic imaging policy change was announced in November 2019, the Alberta College and Association of Chiropractors, in partnership with Physiotherapy Alberta, engaged with the Provider Compensation and Strategic Partnership Branch to discuss the impacts of this policy change.

Specifically, we advised that removing public funding for diagnostic imaging referrals from chiropractors and physiotherapists would cost taxpayers more, increase wait times, and could compromise the health of Albertans.

Over a year into the implementation of this policy, data from Alberta Blue Cross and chiropractors demonstrates what was forewarned:

- Costs for DI referrals and reports have increased substantially,
- Wait times for Albertans to receive musculoskeletal (MSK) care have increased, compromising the health of Albertans; and,
- This policy change has added red tape and administrative burden to the health system.

Any cost savings that may appear in the data are artificial and due to patients not seeking care because of the COVID-19 pandemic.

Due to the compounding negative effects of this policy, we specifically request that this policy be reviewed and rescinded as soon as possible.

We appreciate Government's commitment to continue funding health care and reducing wait times, as well as the unprecedented challenges brought on by COVID-19. We all want better health outcomes for Albertans. Alberta's chiropractors stand ready to partner with Government on identifying real solutions that can positively affect patient care while holding costs.

Background

As part of the 2020-2021 budgeting process for the Physician Insured Services budget, where the Ministry's mandate was to hold the overall budget line flat, a policy decision designed as a cost-saving measure was enacted March 31, 2020, to de-list claims for diagnostic imaging (DI) services ordered by chiropractors, physiotherapists, and audiologists, which are within each professions' scope of practice. These services are no longer covered by the Alberta Health Care Insurance Plan (AHCIP).

We understand that when you are looking for 4-5 per cent savings in a \$5.4 billion budget that individual budget line savings across the full scope of the budget are incredibly attractive. However, we would be remiss if we did not state again our concerns about this policy and its impact on Albertans and the broader health care system:

1. The provincial comparison data used to justify this decision was inaccurate;
2. The savings at the front end will be dwarfed by the new costs of implementation over the long term;
3. This policy change undermines WCB and motor vehicle accident care protocols dictated by Treasury Board and Finance governing legislation;
4. Albertans do not have the money or third-party benefits to pay for this medically necessary imaging due to the Alberta economic challenges, exacerbated by COVID-19;
5. This policy change creates artificial delays in care which can turn acute conditions into chronic conditions, costing the system dramatically more over the long-term;
6. This policy change creates red tape for patients and for the system in booking appointments and processing claims;
7. General Practitioners (family physicians) are not trained to properly assess or diagnose MSK conditions, which can often result in ordering of inappropriate imaging or referral to more aggressive and costly forms of intervention, such as surgery;
8. Making physicians the gatekeepers of the system underutilizes the skills of the rest of the trained health workforce, in direct contravention of the MacKinnon Report.

While this decision did not affect the ability of a chiropractor to order DI services, it made the payment for these services the responsibility of the patient. However, patients can get these services covered if they are ordered by a medical doctor.

Previously, the cost to the Government for DI referral and report interpretation by chiropractors was ZERO. Chiropractors were not paid through AHCIP for their referral or report interpretation. AHCIP only paid for the imaging.

Under the current policy, a referral from a medical doctor comes with two additional visits billed to the system: the referral visit and the report interpretation visit.

In addition to the referral costs, medical doctors often order more diagnostic imaging for MSK assessment and diagnosis than chiropractors do. Compared with chiropractors who treat patients with MSK issues every day, medical doctors may only see one or two patients a week with MSK issues. Out of an unfamiliarity with MSK issues and abundance of caution, medical doctors often order more imaging.

What the Claims Data Shows

The effects of the policy change run concurrently with the effects of COVID-19. The ACAC worked to create a comparator, which cancels out the reduction of patient visits as a result of COVID-19 to provide a realistic assessment of the policy change impacts. To that end, the ACAC worked with Alberta Blue Cross to look at their predicted growth rates for chiropractic care versus actual growth rates for the period 2020-2021 to compensate for the effect of the pandemic.

Alberta Blue Cross data was analyzed from 2016-2020. Based on this data, Alberta Blue Cross' expected growth rate in claims for chiropractic services in 2020 was 4.2 percent. However, the actual rate of claims for chiropractic services in 2020 was down 9.4 percent. This represents a 13.6 percent difference from the expected growth rate, and a rate 15.2 percent lower than 2019 actuals. Clearly, COVID-19 impacted chiropractic care.

The ACAC then analyzed information on referrals and billings provided by Alberta Health Information Services over two reporting periods:

- Period 1: April 1, 2019 – March 31, 2020, when chiropractor-ordered DI services were covered by AHCIP; and
- Period 2: April 1, 2020 – March 31, 2021, after the policy change that de-listed chiropractor-ordered DI services from AHCIP. This period saw a 10.8% DROP in year-over-year overall billings, which has been attributed to the impacts of COVID-19 on Albertans' willingness to seek care.

Analyzing this data, and accounting for the impact of COVID-19, costs are up:

- AHCIP costs for DI referrals and report interpretation were \$3.91 million MORE in Period 2 than Period 1. DI imaging continued to be ordered, but at a higher cost due to AHCIP paying for referral and report interpretation by MDs that was previously done for free by chiropractors.
- Ordering of common DI used by chiropractors and medical doctors for MSK issues remained consistent between Periods 1 and 2, meaning that the same amount of DI was ordered but at a higher cost to the system than before. However, the actual DI ordered in Period 2 is likely statistically much higher than Period 1 given that many chiropractic patients requiring DI who couldn't get, or wait for, a visit with their medical doctor, chose to pay out of pocket or go the emergency department for their DI.

The claims data doesn't support the policy goals of cost containment, especially when adjusted for COVID-19.

People Costs of this Policy Change

As Albertans and small business owners, we understand the fiscal pressures the Province is under – we recognize times are tough. However, any policy decision must take into consideration both the financial costs and people costs of implementation. The following are some examples of the people costs of this policy, as relayed by Alberta’s chiropractors.

Delayed time for treatment

“The time delay on receiving imaging is at the point where it almost doesn't make sense to make the referral to a medical doctor. By the time a referral is made, it takes 1-2 weeks to see that particular doctor on top of the time added for that doctor to send the requisition in for the particular imaging. That time delay can be detrimental to any injury and can be a liability to us as chiropractors as it would not be prudent to proceed with treatment plan without having all the necessary information to make the most accurate diagnosis possible. Everyone loses in this situation. Patient loses valuable recovery time. We lose the ability to accurately diagnose in a timely fashion. Medical Doctors lose valuable appointment slots that could otherwise go to other patients. AHS loses more money with MD requisition and report interpretation costs.”

“It comes down to further inhibiting access to care. We see 10+ patients a week that can't even find a family doctor that is taking new patients, let alone be able to liaise with their family doctor to get DI.”

“I recently had a patient complaining of lateral ankle pain that wasn't responding to treatment. I would have requested x-rays at this point but needed to refer them back to their medical doctor. It was over a 2 week wait (for the patient) to get an appointment.”

“I have had to send people to the ER for immediate imaging because the MD’s office had a multi-day wait to be seen.”

“There’s been a lag time (of up to 4-6 weeks!) between a patient's initial visit with me and initiation of treatment as I've waited for imaging. This has happened on at least 5 occasions. There have been many more occasions when the lag time has been at least 2 weeks. This lag time is typically as patients have to wait for an available appointment with their GP. This means delayed care and prolonged discomfort/pain and/or decreased function. “

“Almost always an approximately 2 weeks delay between the request for the film and the patient being able to see the MD. It is then another 2-3 days for the patient to get the films taken. In one instance this was almost 4 weeks as the MD was only accepting virtual appointments. When the patient expressed my request for the film the MD said she required an in person visit to write the requisition. This delayed the x rays by an additional 2 weeks.”

“When the films are taken, I have had 2 occasions where they did not upload into NetCare properly. This resulted in having the patient sign a release to obtain the films from the clinic directly resulting in another 2-3 days delay in care.”

Increased costs to the public purse

“MD has ordered views I don’t need resulting in more dollars being spent.”

“With the increasing loss of family medical doctors in our city I have no choice but to send my patients to the ED (emergency department) for imaging. Besides the long wait time for my patients, there is also a lack of follow up for conditions that are outside my scope of practice.”

“Since there are no walk-in clinics in Olds, it is extremely difficult and not timely to get images here. The only way is to send them through emergency, which is inevitably very expensive for the government. 90% of the images I’ve sent for come back positive for serious pathology when they have been accepted.”

Different ordering than chiropractor recommended

“MDs typically don’t order upright (weight-bearing) X-rays while it’s imperative for Chiropractors to have weight bearing in order to best see the distortions & misalignments.”

“I had a 77-year-old female patient that I needed shoulder x-rays for. I sent her to her MD for shoulder films. Her MD ordered x-rays for her shoulder, thoracic spine, lumbar spine and hips. I needed 3 shoulder views, she received 13 x-rays in total.”

Negative patient/treatment impacts

“Patient had unrelenting heel pain >8 weeks. Patient clearly needed a bone scan to rule out a stress fracture. Communicated this with the MD who did not agree with my views. Scan was not ordered. A year later scan was ordered patient did in fact have a stress fracture of heel. A great example of an inefficient system where the patient suffers.”

“I see quite a number of young athletes. In one instance that strikes me the most is when a young athlete twisted her ankle, due to a loud pop and severity of the pain I referred her immediately to her MD for x-ray to rule out an avulsion fracture. Her MD told her that she just sprained her ankle and no need for an x-ray. Two weeks later, she returned to my office with the same complaint that was worsening so I told her to go to the ER (emergency room) and explain to them that she can’t weight bear...x-ray showed an avulsion fracture.”

“I had a 45-year-old male with a severe pain in the right L5/S1 region that was not responding to care after 4-5 visits. Requested x-rays from MD but was refused because he should do physio instead.”

“Had a 45-year-old male that potentially had fractured fibula. MD would not take x-rays without physio first. Finally got x-rays and it was a distal spiral fracture.”

“I have a patient that works in the Yukon. She is an elite long-distance runner and has had a foot issue for 5 months. She only returns to Calgary for the weekend 1/month over the summer months. She needs imaging to rule out a stress fracture but can never see her medical doctor when home. Now she will miss the very important fall competition season as she has not been able to run since April. If we could still order DI (and be covered) I could have ordered and booked that for her when she was home 4 months ago. This has also caused great psychological strain on her.”

“I thought the patient likely had a fracture, told them to go to the ER preferably (which they didn’t want to do because of the usual wait times) or their MD; went to their MD instead, who opted for no imaging and when they came back to see me 1-2 weeks later, I had to refuse treatment until they got x rays, confirming their breaks. Both had to be re-broken and set properly. Both could have been completely avoided if I had been able to send them directly for imaging. The government still paid for their imaging, but now, because I couldn't send them, the government also paid for the MD visits AND the re-breaking and setting procedures.”

“Working in a rural area, patients often have an easier time getting in to see one of our chiropractors sooner than they would their medical doctors. Patients have reported wait times of over 1 month to get an appointment with their MD. This means in a non-urgent situation, a gap in diagnosis and potential care automatically exists. In semi-urgent situations, these patients are being told to either pay out of pocket, look to their third-party insurance plans if they have one, or go to the hospital.”

“In Camrose, the private imaging clinic has changed ownership and with the change to the AHS billing they will no longer even accept referrals from us chiropractors, even if the patient has insurance or the willingness to pay out of pocket.”

“A patient recently moving to Canada without a family doctor waited at a walk-in clinic for 10 hours before not getting the imaging she needed.”

“I have a patient who presented 9 months after having suffered a FOOSH (Fall On Out-Stretched Hand) injury to his right wrist and was managing with his family doctor. His family doctor did not order diagnostic imaging and concluded that the patient was suffering from early carpal tunnel syndrome due to his career that involved computer work which was aggravated by the fall. Based on case history and the results of his orthopaedic examination I suspected he may have suffered a lunate fracture. I requested he visit a neighbouring MD; and sent him with a letter detailing my findings. After the patient was sent for diagnostic imaging the findings did support the diagnosis of a lunate fracture. This patient is now waiting to see an orthopaedic surgeon to see if anything can be done to repair the damage. His prognosis, which is supported by the radiologist reports, is not good due to the age of the injury.”

Conclusion

The unintended consequences of this policy on Albertans are severe and, in some cases, life-altering. We know the government wants to do the best by Albertans, but this policy is not delivering on that commitment.

We urge the Government of Alberta to review and rescind this policy. Alberta's chiropractors also stand ready to assist government in identifying other cost-saving measures that could meet financial targets while preserving necessary care for Albertans.