

Hidden in plain sight

Optimising the role of chiropractors in the future health and disability system

The chiropractic workforce

There are 888 registered chiropractors in New Zealand (New Zealand Chiropractic Board). The focus of chiropractors' work is the health and wellbeing of the spine and its relationship with the nervous system. Chiropractors complete a minimum five-year undergraduate education and are regulated under the Health Practitioners Competence Assurance (HPCA) Act 2003.

Current chiropractic contribution

Chiropractors are predominantly found in private practice although a small percentage work in community-based integrated healthcare practices. Some private chiropractic practices offer lower-cost care to patients who cannot afford the full cost but who choose to seek chiropractic care, but this is minimal and by discretion.

As a result of the predominantly private model of care, most people who benefit from chiropractic interventions are higher-income individuals who seek care for acute injuries or preventative/wellness care. The current model contributes to equity gaps in access and outcomes for people with neuromusculoskeletal conditions.

Optimal chiropractic input

Chiropractic care for spinal and neural conditions could have a greater impact if extended to populations with chronic conditions but these groups are generally least able to afford private care. Chiropractors in publicly-funded roles could improve the cost-effectiveness of tier 1 care teams by providing equitable access to high-quality care:

- The rising burden of neuromusculoskeletal conditions including low back pain and acute and chronic spinal and neural conditions – to make a positive impact particularly for geriatric, pediatric and neuro-atypical populations. This includes injury management and prevention, supporting function in degenerative conditions, and reduction of falls risk in the elderly through increased joint proprioception and enhanced neurological integration.
- The rising burden of mild to moderate mental health issues including anxiety and depression and the relationship to sedentary lifestyle, posture, tension and nervous system function.
- Postural conditions and overuse syndromes which are becoming common in younger people
 due to use of handheld technology (eg. tech-neck) and in the management of adolescent
 scoliosis.
- The need for education and lifestyle advice regarding postural, spinal and lifestyle factors that can improve overall health and wellbeing.

In addition, greater access to chiropractic care within hospitals and aged residential care would provide more effective care and better patient experiences within these settings where neuromusculoskeletal conditions, spinal and neural conditions, and mental health issues are common.

Barriers and enablers

Chiropractic input is currently sub-optimal due to:

A lack of publicly-funded roles for chiropractors.



- Existing primary care ownership and governance models that favour GP professional dominance and reinforce staffing models in which allied health are seen as an unnecessary cost.
- Primary care payments that are insufficient to cover the full cost of interdisciplinary care for people with chronic conditions and do not reward integrated tier 1 teams for achieving good outcomes.
- A lack of understanding of the capabilities and skills of chiropractors within the health and disability system and misconceptions around safety and efficacy.
- The lack of any mechanism to support patient choice which denies some patients the ability to seek chiropractic care.

Evidence base (sample)

- An analysis of the 4-year service utilisation and health care costs of people using chiropractic and other alternative medicine providers had 43% fewer hospital admissions, 58% fewer hospital days, 43% fewer outpatient surgeries and procedures and 52% lower medication costs compared with those who used conventional primary care only¹.
- An extension to 7 years of follow-up on the above study confirmed the longer-term cost-effectiveness of chiropractic and alternative medicine approaches in identifying that the same group continued to demonstrate 60% fewer hospital admissions, 59% fewer hospital days, 62% fewer outpatient surgeries and procedures, and 85% lower medication costs compared with those who used conventional primary care only².
- Markov-modelling of 22 non-pharmacologic interventions for chronic low back pain compared
 to usual care alone showed that most interventions, including spinal manipulation, exercise
 and manipulation, chiropractic care and multidisciplinary programmes, are cost-effective or
 cost-saving when health care and productivity costs are included.³ This result is consistent with
 numerous studies demonstrating that chronic low back pain has significant social and
 economic costs.

Recommendations

Increased access to chiropractic care can support a more person-centred, equitable, high quality and cost-effective integrated health and disability system. To address the critical barriers and enable an optimal use of chiropractors, we recommend the following changes:

- Address professional, governance, funding and payment barriers to increased collaborative interdisciplinary care in tier 1 settings with specific mechanisms to support publicly-funded access to chiropractic care.
- Empower clinicians with better information about the role and potential benefits of chiropractic care to support professional trust.
- Improve referrals to chiropractic care through referral protocols for use by GPs and other allied health practitioners.

³ Herman P, et al. Üpdate of Markov Model on the cost-effectiveness of nonpharmacologic interventions for chronic low back pain compared to usual care". SPINE 2020; 45 (19): 1383-1385.



2

¹ Sarnat R, Winterstein J. "Clinical and cost outcomes of an integrative medical IPA". J Manipulative Physiol Ther 2004; 27:336-47.

² Sarnat, R, et al. "Clinical Utilization and Cost Outcomes from an Integrative Medicine Independent Physician Association: An Additional 3-Year Update." J Manipulative Physiol Ther 2007; 30 (4): 263–69.