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Canadian
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Association

Military Health System and Provision of Health and Transition Services under the Canadian Forces Health Services Group

Submission to the Standing Committee on National Defence



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Overview:

The Standing Committee on National Defence adopted a motion to undertake a study on the military health system and provision of health services under the Canadian Forces Health Services Group, and on challenges associated with medical release and transition to civilian life with particular focus on mental health, operational stress injuries, and the availability of healthcare to CAF family members.

A challenge that the Canadian Armed Forces Health Services Group (CAFHG) must address is the tremendous impact musculoskeletal (MSK) conditions and chronic pain have on our men and women while in uniform and when they transition to civilian life. Lower back pain, neck pain, repetitive strain injuries and other MSK conditions are an occupational risk of military duty, and by far the leading reason for medical leave. Due to the prevalence and impact of MSK conditions, service members have shorter military careers, and often a lifetime of chronic pain.

The Canadian Chiropractic Association recommends the Canadian Armed Forces Health Services Group take the following steps to ensure that CAF members get the proper care and support during and after their military career:

- **Recommendation:** Early access to conservative care from Doctors of Chiropractic for MSK conditions to ensure that these conditions do not become chronic which is a major barrier to adjusting to civilian life
- **Recommendation:** That the Canadian Armed Forces improve timely access to chiropractic care by removing the referral requirement and increase the number of treatment available to CAF members
- **Recommendation:** Optimize team-based care and interprofessional collaboration to treat MSK condition in the CAF

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Introduction

The Canadian Chiropractic Association (CCA) is the national association representing more than 9,000 licensed Doctors of Chiropractic across Canada. The CCA advocates on issues that impact the musculoskeletal health of Canadians.

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. 49% of Canadians will visit a chiropractor in their lifetime.¹

There are more than 9,000 licensed chiropractors practicing in Canada and each practitioner has completed a rigorous academic and practical education to become a Doctor of Chiropractic. This process includes meeting national and international standardized curriculum requirements and passing a licensing examination.

Each year, more than 11 million Canadians suffer from musculoskeletal conditions and by 2031 this number is projected to grow to an alarming 15 million.² Musculoskeletal conditions such as back pain, headaches, arm or neck strain and diseases of the muscle and joints are having a devastating impact on the health, quality of life, and workforce participation of Canadians, as well as on Canada's economy.

Doctors of Chiropractic are well-positioned to support the Canadian Armed Forces (CAF) in improving the access to musculoskeletal healthcare for its members and in helping manage and treat chronic pain.

Training, Expertise and Experience

Doctors of Chiropractic complete eight years of 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 title doctor, like physicians, optometrists, and dentists. As experts in non-pharmacological pain management, chiropractors can lead and facilitate an inter-professional, evidence-based, and patient-centred approach to pain care.



Early access to conservative care for MSK conditions to ensure that these conditions do not become chronic which is a major barrier to adjusting to civilian life

Among the millions of Canadians suffering from MSK pain are thousands of CAF members. Due to the physical demands put on active military personnel, MSK conditions such as back and neck pain are double that of the general Canadian population.³ Further, MSK injury is a major occupational risk of a military career and is responsible for 42 per cent of medical releases – which is the leading cause of military careers ending as a result of a medical condition.⁴ MSK conditions resulting from military service often continue, or can develop into major health issues, or add complications to other pre-existing health issues. Managing and treating MSK conditions can help prevent these conditions from becoming chronic.

In the Life After Service Studies survey, 59% of CAF veterans who reported difficult adjustment to civilian life had chronic pain.⁵ More than three quarters of those with chronic pain had some degree of life stress on most days.⁶ “Chronic physical health conditions that often are associated with chronic pain such as musculoskeletal disorders, gastrointestinal disorders, diabetes, and migraine were more common in CAF veterans ... than in the Canadian general population and were statistically associated with suicidal ideation.”^{7 8} MSK conditions resulting from military service often continue or can develop into a major health issue. Chronic pain usually begins in the context of a physical injury or illness but is highly correlated with the presence of mental health conditions.

Chronic pain has tended to be underappreciated in military populations due in large part to stigma,⁹ and pain is seen as a fact of life in military cultures, something to be endured and not discussed.^{10 11} The Life After Service Studies surveys conducted in 2010, 2013, and 2016 found that chronic pain is prevalent among CAF veterans. In the 2010 survey, 64% answered “yes” to “Do you have any pain or discomfort that is always present?”¹² In the 2013 and 2016 surveys, 37% and 41% respectively answered “no” to the question “Are you usually free of pain or discomfort?,” about twice the prevalence of the Canadian general population after adjusting for differences in age and sex.^{13 14} The greater prevalence of chronic pain in military veterans is not surprising considering the great physical demands of military service.

This high incidence of MSK chronic conditions among the military and Veteran population could be reduced through an evidenced-based strategy to identify and address the gaps in MSK care, and ensure care continuity during the transition from a military career to civilian life. Currently, conservative care, like chiropractic care, is available through CAF health benefits. However, CAF members only have access to 10 visits per year, and require a referral from the acting physician. By comparison, Veterans’ benefits authorizes up to 20 visits per year without the need of a referral.



Early access to conservative care, like chiropractic care, for MSK conditions can help to avoid these conditions developing into chronic pain, which is a major barrier to adjusting to postmilitary life. While chiropractic care is currently available to Veterans and CAF members, there would be a smoother and healthier transition to civilian life if early onset treatment of MSK conditions, from a chiropractor, were more accessible while they are still in uniform, to prevent it from becoming a chronic condition when they become a Veteran. Thus, this emphasizes the importance of Veterans Affairs Canada (VAC) and the CAF working together on a strategy to address the MSK needs of CAF members through early intervention and continuity of care after their military career is over.

Remove impediments for Canadian Armed Forces (CAF) members to access timely chiropractic care

The most prevalent diagnosed chronic conditions among Canadian Regular Force personnel are: lower limb muscle or joint problems (18.1%); back problems (16.2%); and upper limb muscle or joint problems (11.4%) - all of which fall within the regulated scope of practice for Doctors of Chiropractic.¹⁵ Nearly 20% of Regular Force personnel had missed at least one day of work in a month because of their own illness, or disability from an injury.¹⁶ Overall, 38,113 workdays were lost due to health-related absenteeism, which translates to eight workdays per month for every individual serving in the Regular Force.¹⁷ The readiness and ability to deploy is greatly impacted by MSK conditions, however, addressing musculoskeletal injuries in the early stage minimizes the risk of developing further chronic pain conditions.

Barriers to Access

There currently exists significant barriers to the appropriate management of MSK conditions during a military career. In order for CAF members to access chiropractic care, they require a prescriber referral to off-base care. Scheduling a physician appointment, reviewing a patient's history, assessment, and diagnosis can all take significant time and delay access to care. This places an additional burden on CAF members seeking treatment for a work-related injury. Our members frequently hear CAF patients remark that they pay out-of-pocket for services rather than go through the labourous process of visiting a physician and getting a referral. Evidence shows that early treatment of acute MSK conditions has a higher efficacy and better outcomes for patients, while avoiding the onset of chronic conditions.¹⁸ In contrast, most Canadians can easily access chiropractic care through their healthcare plans without the need for a referral.

The chiropractic care benefit currently available to CAF members is limited to 10 visits. While this may be sufficient to treat an acute case, it is insufficient should issues reoccur or a new injury presents itself, which is common in physically demanding professions. If



members exceed their 10 visits per year, they are then required to start the process over again. This is both timely and costly to the soldier, and the base as a whole.

In comparison, chiropractic care is well integrated into the US military and Veterans Administration. While we recognize very different operational models exist between the two countries, evidence from the US shows that adding chiropractic care to standard medical care in the US military decreased pain and improved physical function.¹⁹

Case Study: US Department of Defense

In the US, similar to Canada, MSK injuries are the leading cause of outpatient medical encounters (more than two million annually) among active-duty soldiers, and may account for nearly 60% of soldiers limited duty days, and 65% of soldiers who cannot deploy for medical reasons.²⁰ Once deployed, nonbattle injuries accounted for approximately 30% of all medical evacuations, and were the largest category of soldier evacuations from both recent major combat theaters (Iraq and Afghanistan).²¹

As a result, the US Department of Defense and Veterans Health Administration have sought to develop and implement innovative strategies to prevent and manage conditions appropriately. Members of the military and veterans have access to team-based care, which includes chiropractic care. Currently, over 60 military bases and clinics have chiropractic care integrated on base. This model of care allows for the full range of providers to work collaboratively to treat a soldier. Successful integration relies on such principles as patient-centred, community-based and collaborative health care delivery.

Research from the US has demonstrated that the addition of chiropractic manipulation therapy in addition to standard medical care (including other manual therapies) had a significant advantage of decreasing pain and improving physical functioning compared to standard medical care alone.²² Such evidence simply re-iterates the need and value of collaborative, on-site provision of care.

In addition, the U.S. Department of Defense has conducted clinical trials to assess how chiropractic care improved fitness measures among active-duty service members with lower back pain. The trials found that after just eight chiropractic visits over a four-week period, the active service members receiving chiropractic care demonstrated a 5% increase in isometric strength, compared to a 6% decrease by the non-care control group. Balance increased 28% in the chiropractic group, compared to no change in the control group. Endurance increased 14% in the chiropractic group, compared to a 10% decrease in the control group.²³ The ability to treat and care for MSK conditions can assist in ensuring combat readiness for the military.



Insurance Best Practice:

Extended health benefits for active military personnel are administered through Medavie Blue Cross. The requirement of a physician's referral before seeking care is no longer included in standard policies at Medavie Blue Cross, nor is it considered 'Best Practice' by most insurance companies. Fewer than 5% of Medavie Blue Cross clients still require a physician's referral prior to accessing care. At a time when there are long wait times to see an MD, such referrals can create unnecessary administrative work. There are no provincial or federal legislative requirements for patients to require physician approval or referral prior to receiving treatments from licensed chiropractors who are trained as primary healthcare providers. The CAF should not only remove the referral requirement, but integrate chiropractic care within the base to ensure prompt treatment and continuity of care.

Optimize team-based care and interprofessional collaboration to treat MSK condition in the CAF

The CCA urges the CAF to optimize team-based care and interprofessional collaboration to allow for greater access to tools and strategies to appropriately managed MSK conditions to prevent these conditions from becoming chronic.

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 members of the Canadian Armed Forces. 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 a soldiers' MSK care.

There are inherent occupational risks that come with the physical activities and military training performed by active-duty soldiers. The unique nature of the military makes members prone to injury and re-occurrence, including equipment, time-constraints, asymmetric working postures, repetitious tasks, exposure to forces and continuous vibration. Moreover, unlike any other occupation, soldiers are not in a position to avoid activities that might be a source of concern for re-injury or exacerbating an existing MSK problem. Overall, 44.4% of all Canadian Regular Force personnel will sustain an acute and/or a repetitive strain injury during the year.²⁴

The CAF should increase interprofessional collaboration and optimize team-based care by adopting models of care that have utilized and leveraged interprofessional collaboration. These models of care have been shown to increase access and improve care by optimizing the expertise of various healthcare professionals to better address healthcare needs. For



example, a number of provinces, including Saskatchewan, Manitoba, 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.²⁵

One recent study in Ontario attributed \$24 million per year in wasted resources to unnecessary MRI and CT.²⁶ The hands-on assessments that chiropractors provide is an effective and viable means of reducing pressures to the healthcare system. The evidence in support of manual therapy and other chiropractic approaches has made chiropractors an increasingly valuable part of collaborative care teams.²⁷ This allows teams to use health dollars and the health workforce more effectively in managing patients with MSK conditions. Greater interprofessional integration and collaboration can assist the CAF to triage and treat injured CAF members by seeing the right provider at the right time.

Conclusion

The CCA urges the Canadian Armed Forces Services Group to allow for early access to conservative care to ensure MSK conditions do not become a chronic condition. In addition, we call on the CAF to remove the physician referral requirement to see a chiropractor, and increase the number of visits a CAF member has covered for chiropractic care. To ensure CAF members who suffer from an MSK condition do not develop into a chronic condition, the CAF should increase interprofessional care to better treat and manage chronic pain and MSK conditions.



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