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Blue Cross Lumbago Study Demonstrates Chiropractic's Effectiveness

By Brad Dopps

Chiropractors have claimed for years that we can be more cost-effective. BCBS has the database that would prove our thesis, but there seems to be a reluctance to allow our profession to access the data that would prove us right.

In August 1999, Blue Cross/Blue Shield (BCBS) of Kansas presented a study titled "Lumbago Treatment." This data was made available from a new program installed by BCBS called the McKesson Episode Profiler. This program gave BCBS the ability to sort data according to specific diagnoses and compared the costs, frequency, and other factors between peer groups.

The data revealed that while less than eight percent of the study group were chiropractors, 38 percent of the patients chose to seek chiropractic care rather than allopathic medicine. This fact indicates that patients desire and are satisfied with the management techniques of the chiropractor.

The study did not include any hospitalization costs for surgery or any fees paid to orthopedists or neurosurgeons for costs associated with surgery. If the data included costs for these procedures, the savings for chiropractic would have been much greater.

When sorted by the average cost per episode, chiropractic is more cost-effective than anesthesiology; neurosurgery; neurology; registered physical therapy; orthopedic reconstructive surgery; physical medicine and rehabilitation; and rheumatology.

The greatest cost-effectiveness of chiropractic is demonstrated when one considers the global cost of allopathic care. The physical therapist can only receive referrals from an allopathic provider. An allopath can only write prescriptions. The allopathic provider primarily orders surgeries, nerve conduction tests MRIs, and CT scans. Hospitalization charges are totally allopathic charges that cannot be associated with

chiropractic. When these charges are considered, the tremendous economy of chiropractic management becomes indelibly clear.

The majority of chiropractic charges were associated with the basic office-treatment-related services performed. Eighty-nine percent of the chiropractic charges were for services related to the treatment, while only 45 percent of the family practice costs were related to treatment of the condition. The remainder of the costs were for expensive diagnostics.

Patients who visit the family practice provider have about a 15 percent chance that they will have a MRI or CAT scan. These services cost an average of over \$1,000 and provide no treatment, only a diagnosis.

For each 100 episodes, the chiropractor provided 265 modalities. For each 100 episodes, the registered physical therapist provided 885 modalities: over three times as many units of physical therapy provided by RPTs than chiropractors. This is a cost that has to be globally charged to the family practice providers, since patients cannot access RPTs without a referral from a medical doctor.

Registered physical therapists provided 303 office visits per 100 episodes, compared to 255 by the chiropractor. When RPTs are combined with the other allopathic portals, there are 598 office visits per 100 episodes. Therefore, the myth claiming chiropractors treat the patient more than the allopathic portals is obviously just diversionary, and not based on facts.

Patients had a willingness to return to the chiropractor that was 22 percent greater than the combined totals of allopathic portals. This indicates a level of satisfaction that is demonstrated by the patient's willingness to return, based on results and confidence.

The BCBS lumbago study demonstrates that chiropractic is not only cost-effective but also quality effective. Adding chiropractic services would only decrease the cost to the plan. What is hard to explain is the prejudice against chiropractic in the design of BCBS plans, and their reluctance to push the study and analysis of the data to the next level. It almost seems as though there is a fear that exists in the minds of those in positions of power, preventing them from presenting the cost comparisons with the global cost of allopathic portals to chiropractic. Chiropractors have claimed for years that we can be more cost-effective. BCBS has the database that would prove our thesis, but there seems to be a reluctance to allow our profession to access the data that would prove us right.

I guess the million-dollar questions are "Why?" and "What are they afraid of?" Perhaps it is the fear of knowing how to handle the data once it proved that chiropractic was more cost-effective. Perhaps it is getting past the mindset that adding chiropractic benefits is going to increase reimbursement levels. Perhaps they cannot see that there would not be a cost increase but a cost savings from directing patients to more cost-effective portals. Allowing osteopaths to treat broken arms did not increase the number of fractures; it simply shifted the point of access to treatment. Likewise, allowing patients to freely access chiropractic services would not increase the number of spinal related injuries; it would simply allow the patient access to desired and more cost-effective services.

I imagine that BCBS of Kansas regrets releasing the amount of information they already have. There seems to be a reluctance to push the analysis of the data to the next level. It is now up to the profession to "hold their feet to the fire" and push for more data to support the fact that chiropractic can be more cost-effective.

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