Conservative Care First: A Strategy to Reduce the High Cost of Health Care

The cost of health care is becoming an ever-larger portion of the federal budget. In 2011, $2.7 trillion was spent on health care in America and $551 billion was spent on Medicare alone. We cannot sustain these rapidly increasing costs. *The number of Medicare patients are growing as baby boomers enter retirement age* and *the care of patients with chronic conditions continue to drive increasing costs of health care*. The average health care cost for all Medicare patients in 2006 was $8,344, but the average cost for the top 10 percent of Medicare patients was $48,200[1]. In May 2013, the Medicare Board of Trustees revealed the Medicare trust fund, as currently configured, will run out of money by 2026.

The rapidly increasing prevalence of chronic conditions is an important factor. In 1987, 31 percent of Medicare patients were treated for five (5) or more chronic conditions. In 1997, that number jumped to 40 percent and by 2002 the number had increased to more than 50 percent. An estimated *96 percent of Medicare spending in 2006 was for patients with multiple chronic conditions; 79 percent for those with 5 or more chronic conditions*[2].

The incidence of obesity doubled between 1987 and 2002, along with diabetes, hyperlipidemia and hypertension[3]. Obesity and diabetes are increasing in all age groups including children and adolescents. *Seventy-two million Americans are obese*, with estimated annual health care costs of $147 billion[4]. There are also *more that 100 million chronic pain patients in the US* according to the Institute of Medicine, with costs exceeding $635 billion annually[5]. These numbers continue to rise, showing a deterioration of Americans' health status, even as we continue to spend more and more on "health care." The truth is that we spend very little in the U.S. on "health care;" what we call health care is mostly "disease care" with *services and expenditures largely focused on very expensive illness and symptom treatment*. This focus must change to promote the use of safer and less expensive conservative care interventions *first*. We must encourage increased patient education and counseling on risk avoidance and health promotion strategies, including lifestyle modifications that are necessary to avoid or mitigate costly and debilitating chronic illnesses and diseases[6].

Our health care system is overloaded and medical providers are stretched to see increasing numbers of patients. There are growing shortages in Primary Care Providers (PCP). We must change our approach to patient care. Provider *shortages are predicted to increase dramatically but can be safely and effectively mitigated by using all available physician level health care providers at the top of their licenses*[7]. Chiropractic Physicians are educated as conservative primary care providers who serve as portal of entry[8] and perform many PCP services[9] safely, efficiently and effectively. The full inclusion of doctors of chiropractic (DCs) in America's health care system can help to reduce health care costs, while maintaining excellent clinical outcomes and patient satisfaction levels and without rationing care, reducing access or excluding large segments of America's population.

Changing health care to the conservative-care-first (CCF) approach of Chiropractic Physicians, and increasing the nation's focus on health promotion, prevention and wellness, will achieve major reductions in health care costs – but this *will require significant changes in America's health care delivery and the culture of our health care system.* With the decline in Americans' health status, the increase in chronic conditions, the worsening shortage of primary care providers, and rapidly escalating health care costs, significant changes are critical. Authors Marvasti and Stafford note there is a need for "transformational change," a "fundamental reordering of our health care system" and "reengineering prevention into health care"[6,10]. But how can this be done?

The major cost drivers in health care are largely related to our approach to treating chronic pain and diseases. We can effectively reduce expensive, high risk cost drivers by reducing the use of *unnecessary and/or excessive services*[11]: surgeries (e.g. spine surgeries)[10,12], invasive procedures (e.g. spinal injections)[10,13], hospital admissions and readmissions[14,15], prescription drugs (e.g. opioids and NSAIDS)[14,16,17,18], diagnostic imaging (e.g. MRIs and CTs)[11,19,20] and other diagnostic testing[20], as well as related hospital infections[15,21], surgical/hospital mistakes[15,21,22], prescription drug adverse events[15,23] and follow-up care necessitated by mistakes and adverse events[15]. Considerable cost savings will accrue with maximum elimination of the unnecessary and/or excessive portion of these major cost drivers. This can be facilitated by transitioning to a *conservative-care-first model of health care*. This model will focus patient care *first* on conservative diagnostic testing and treatment, offered in an out-patient setting, directed toward whole-person wellness -- providing an appropriate trial of conservative care (non-drug, non-surgical approach) and incorporating health promotion and wellness counseling (and coaching) from the start of care.

CCF providers must be placed on the front line of health care wherever practical; it is here that these providers can have the greatest impact on changing the *focus of patient care* -- from symptom and disease treatment to promotion of lifestyle

modification, chronic disease prevention and whole-person wellness. CCF providers deliver essential services, as defined by §1302 of the Patient Protection and Affordable Care Act (PPACA)[24]; they examine, diagnose and set care plans that employ the best conservative options and refer to other providers when patients present with acute medical emergencies or when conservative options are not readily available or appropriate. Optimal savings will be achieved by employing more conservative, less risky and less expensive options - *first*. The logical first step to jumpstart this important transformation to a CCF approach is to fully employ well established and broadly available CCF providers on the front line of health care.

The CCF approach will not be the only change necessary to improve health care and reduce related costs but this change alone will offer a significant step in the right direction. The use of broadly available Chiropractic Physicians as CCF providers can foster *significant improvements in patient-centered care and can significantly reduce health care costs.* This approach will ensure *more patients receive a trial of conservative care before more costly and higher-risk procedures and interventions are attempted.* This approach will also help to reduce the burden on PCP and specialty provider resources, improving access to these valuable resources for patients who truly require more invasive and/or expensive interventions.

Providing patients with the opportunity to choose a CCF provider, and indeed *encouraging and directing patients to make this choice, will have a swift and definitive impact on how care is delivered-- effectively changing the focus and reducing the cost of health care.* Engaging patients earlier, and more often, with good health habits and whole-person health care strategies can improve patients' short and long term health and the viability of our health care system in America.

The Institute of Medicine has estimated that approximately 75 percent of our health care dollars are spent to treat patients with chronic conditions; $635 billion is spent on chronic pain patients alone. The National Center for Chronic Disease Prevention and Health Promotion (CDC) has noted that a large number of chronic conditions are lifestyle related – due to poor health habits – perhaps as many as 80 percent[25]. These chronic conditions can be avoided or mitigated by modifying a patient's lifestyle and teaching them good health habits. As physician level CCF providers, DCs are well educated and experienced to fill this transformational role safely and effectively[8,9]. Some DCs may be used as PCPs for spine care or musculoskeletal conditions[26], while others may be used as conservative/CAM PCPs for general health counseling and coordination of care[27,28]. These strategic uses of Chiropractic Physicians will ensure the maximum application of a conservative-care-first approach and result in significant cost savings and will begin to make much needed changes in the focus of America's health care.

A 15-20 percent reduction in America's health care costs would result in $400-500 billion in annual savings. Such significant savings may be achieved with the CCF approach. Studies have shown large savings with use of DCs as first contact doctors. Patients were given the choice of consulting a DC or MD as their Primary Care Provider in AMI studies[26,27]; those who chose a DC were assured a CCF, whole-person, non-drug, non-surgical approach when appropriate, and referral when necessary. The AMI studies showed 40-50 percent savings on prescription drugs, surgeries, hospital admissions and hospital stays for patients who chose DCs as their PCPs. Another study on a large population of patients in Tennessee showed 20 percent reduction in cost of care for patients with low back pain when they chose to see a DC first, compared to those patients who saw an MD first[29]. The CCF approach is patient-centered, rational and doable and it holds great potential for reducing America's health care costs. Current access and coverage restrictions placed unilaterally on non-MD/DO providers (and their services) reduces patient choice and increases costs overall[30].

Millions of patients can significantly reduce the cost of their health care with the CCF approach, while achieving excellent clinical outcomes and high patient satisfaction. Using Chiropractic Physicians and the CCF approach to patient care presents a significant solution strategy for America's health care challenges.

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