Australian chiropractors and the opioid problem; *a white paper*

We respectfully acknowledge the traditional custodians of this land, the Wurundjeri peoples of the Kulin Nation and pay our respects to their Elders, past , present and emerging.

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Global Opportunities in Spine Care

Background

- What is 'the problem' and why this white paper?
  - Is it just a North American Problem?
  - What's the scale of the problem?
- Why are we talking about it – as Chiropractors?
  - Are our patients using it and why?
  - How can we help – as individuals, chiropractors and a profession?

The 'opioid crisis'

"Worldwide, opioid misuse has devastating consequences accounting for 70% of the negative health impact associated with drug use disorders globally, and is considered the most harmful type of drug"

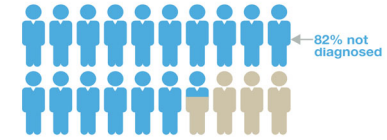
- Apart from deaths there are significant other social impacts
- As a medication no one is arguing it doesn't have a place – particular in palliative care and some other places

Who has Opioid Use Disorder?

Medicaid claims analytics suggests that most OUD cases remain undiagnosed

Patients receiving high-dose opioids on a long-term basis[1]

● OUD not diagnosed but likely to be present ● OUD diagnosed



OUD, opioid use disorder.
[1]"High-dose" and "long-term" are defined as patients receiving more than 120 of a morphine-equivalent dose (MED) of opioids per day for more than 180 days in a given year.

McKinsey&Company | Source: McKinsey analysis of CY 2017 Medicaid claims data from one state

The Crisis - USA

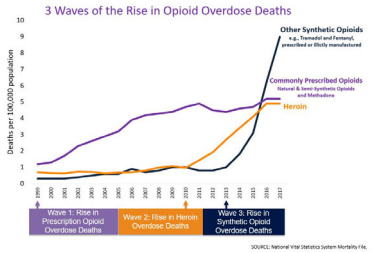
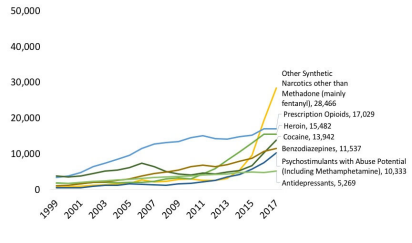
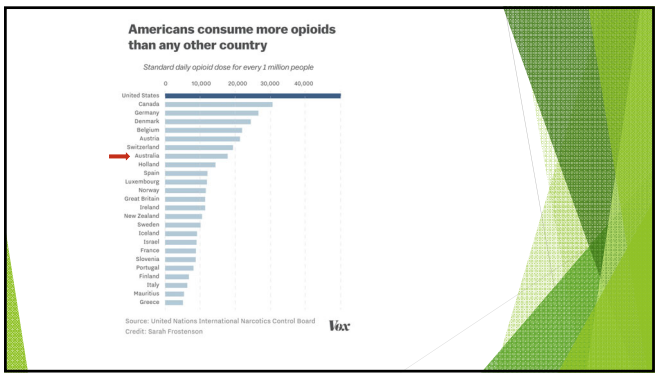


Figure 2. **National Drug Overdose Deaths** Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

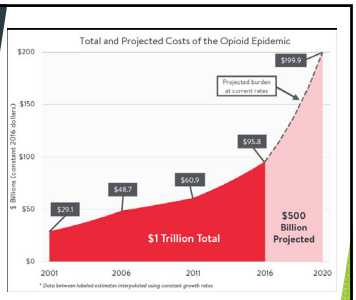


Financial Impact

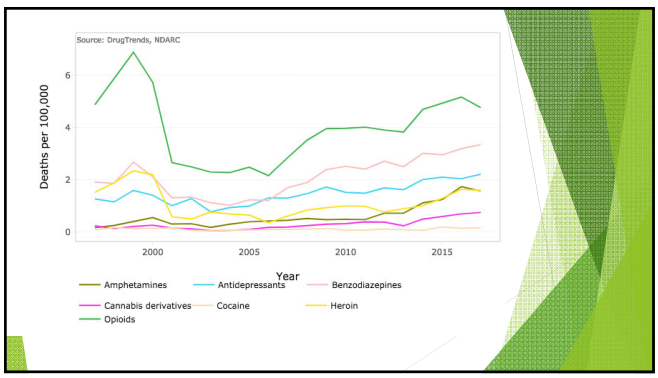
Topped $1 trillion from 2001-2017

Projected to cost the United States an extra $500 billion by 2020

- the greatest cost "comes from lost earnings and productivity from overdose deaths — estimated $800,000 per person"



Source: Altarum https://altarum.org/



What Role for Chiropractic?

- "While there is concern and some momentum in Australia in tackling the issue, for example through restriction of access to some medications and education as part of these NCCIWG objectives, most experts argue **there is a lot more to do**.
- Trend towards a reduction in emphasis on pharmacological approaches and heavier weighting towards more active interventions such as those recommended and provided by chiropractors it is a problem that many of these publications are ageing and need revision, having been around for at least 10 years.
- Many guidelines recommend physiotherapy, osteopathy and acupuncture, or even unregistered professions such as massage, yet don't mention chiropractic.

Australian impact

- AIHW (2018)
  - 'deaths involving opioids have nearly doubled in a decade, more than 1 in 10 Australians have used illegal opioids or misused prescribed ones in their lifetime'
  - 'Every day in Australia, there are nearly 150 hospitalisations and 14 presentations to emergency departments involving opioid harm, and 3 people die from drug-induced deaths involving opioid use.'
- 2,145 opioid related deaths in Australia 2011 and 2015.
- Australians used almost 20,000 daily doses of opioids per million population in 2016.

Source: Australian Institute of Health and Welfare 2018. Opioid harm in Australia and comparisons between Australia and Canada. Cat. no. HSE 210.Canberra AIHW.

The Heath authorities realise the problem

- *"Opioids present a unique challenge to prescribers. Despite these medicines having an important therapeutic role to play in the management of acute and cancer-related pain, existing evidence is insufficient to support the efficacy and safety of opioid therapy in chronic non-cancer pain. Opioids also carry well-established risks of dependency and tolerance, and high doses can lead to significant harm".*
- *"In both Australia and Canada, the greatest volume of harm treated in hospitals came from **side effects** from opioid use"*

Source: Australian Institute of Health and Welfare 2018. Opioid harm in Australia and comparisons between Australia and Canada. Cat. no. HSE 210.Canberra AIHW.
https://www.aihw.gov.au/reports/illicit-use-of-drugs/opioid-harm-in-australia/conte

Relevance to Chiropractors?

Most days we will encounter people on or recently on these medications:

- Morphine (for example MsContin®, Kapanol®, MsMono®, Anamorph®, Sevredol®)
- Oxycodone (for example OxyContin®, Endone®, OxyNorm®, Proladone®)
- Oxycodone/Naloxone (Targin®)
- Methadone (for example Physeptone®, methadone liquid)
- Hydromorphone (Jurnista®, Dilaudid®, Dilaudid HP®)
- Buprenorphine (Norspan® patches, Temgesic®, Suboxone®, Subutex®)
- Fentanyl (Durogesic®, Denpax®, Actiq®)
- Codeine (Codral®, Nurofen Plus®, Panadeine®, Mersyndol®, Demazin®)
- Pethidine
- Tapentadol (Palexia®)

Relevance to Chiropractors?

- ***"Focus should be maintained on the contribution the chiropractic profession can make through the use of patient-centred, non-pharmaceutical, non-surgical spinal care and health promotion especially for musculoskeletal disorders"***

Opioid Prescribing

Dr Gregory Parkin-Smith

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General Practitioner, Chiropractor

Special Interest in Chronic & Spinal Pain

Declaration & Disclaimer

- Doctors are generally asked to give factual evidence only
- If deemed an 'expert', then a doctor's opinion on a matter may be sought
- Doctors are asked to always keep their answers within their area of expertise and to openly acknowledge any limitations to their skills and knowledge
- To establish any expertise, it is consequently important to clearly outline qualifications and expertise

Creating some context….

Before we send out the hit-men…

The whole bloody world is falling apart… There is always some kind of public health catastrophe…

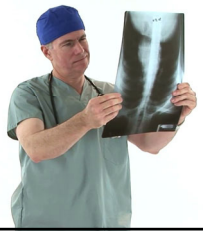
Pain management is a messy business….

Blame game… We need someone or something to blame!

Who's on the Blame Game Hit-List??
The usual suspects….

#1: The Pharmaceutical Companies…
(…the sick greedy b*******s!)

#2: The Doctors, Nurse Practitioners & Physicians Assistants (..the incompetent boobs!)



#3: The Patient(s) (…the moaning Minnie's!)(…and drug dealers!)

Where does Australia rank in world drug overdose death rates?

- Australia has achieved the dubious distinction of being in the top three countries for the largest annual increases in drug overdose deaths, according to US research
- Increases in Australia were largely driven by prescription opioids, such as oxycodone and codeine
- The researchers found:
  - **The US**: the average annual increase in mortality was 4.3% for men and 5.3% for women
  - **Estonia**: the average annual increase in mortality was 6.9% for men and 7.9% for women
  - **Australia**: had the third-highest annual increase in mortality rates, but exact figures were not published

Chen, Y., Shiels, M.S., Thomas, D., Freedman, N.D. and de González, A.B., 2018. Premature mortality from drug overdoses: A comparative analysis of 13 organisation for economic co-operation and development member countries with high-quality death certificate data, 2001 to 2015. Annals of Internal Medicine.

Elective surgery fuelling chronic opioid use

- Elective surgery is the likely catalyst for new-onset opioid dependency for an estimated 13,000 Australians a year
- In a study of 4000 patients who were discharged from hospital on opioids post-surgery, they found that 3.9% were still using the agents more than three months later
- Patients undergoing orthopaedic surgery were the most likely to be discharged on opioids and among the most likely to keep using them, compared with other types of surgical procedures

Roughead, E.E., Lim, R., Ramsay, E., Moffat, A.K. and Pratt, N.L., 2019. Persistence with opioids post discharge from hospitalisation for surgery in Australian adults: a retrospective cohort study. BMJ open, 9(4), p.e023990.

Sloppy prescribing, not doctor-shopping, blamed for opioid crisis

- Sloppy prescribing practices are to blame for a significant portion of Australia's opioid deaths
- Findings from the Victorian Coroners Court show that 70% of prescription overdose deaths are in patients who have seen only one GP

Gilmartin-Thomas, J.F.M., Bell, J.S., Liew, D., Arnold, C.A., Buchbinder, R., Chapman, C., Cicuttini, F., Dobbin, M., Gibson, S.J., Giummarra, M.J. and Gowan, J., 2019. Chronic pain medication management of older populations: Key points from a national conference and innovative opportunities for pharmacy practice. Research in Social and Administrative Pharmacy, 15(2), pp.207-213.

Codeine dispensing halves after OTC ban

- The amount of codeine dispensed to Australians has halved since pharmacists were banned from selling the drug over the counter a year prior
- The actual amount supplied was 46% less, indicating that upscheduling had resulted in a decrease of codeine supplied to patients
- No significant increase in scripts for 30mg codeine products compared with no-ban projections, indicating that patients were not switching from low-dose codeine to higher-dose products
- In other words, if it is available, then patient will buy it…

Source: https://www.tga.gov.au/media-release/significant-decrease-amount-codeine-supplied-australians

No spike in opioid analgesics after OTC codeine ban

- There has been no spike in GP scripts for opioid analgesics since over-the-counter codeine was banned from pharmacy shelves last year
- Researchers from Monash University say they compared scripts from two years before up-scheduling and 12 months after, and found no deviation from pre-existing trends

McCoy, J., Bruno, R. and Nielsen, S., 2018. Attitudes in Australia on the upscheduling of over-the-counter codeine to a prescription-only medication. Drug and alcohol review, 37(2), pp.257-261.

Opioid initiation is down. Now for the bad news...

- The rate of opioid initiation in Australia dropped by 2.3% between 2013 and 2017….
- Increasing proportion of patients started on opioids are going straight to strong ones — 32% of them in 2017, compared with 26% in 2013
- Stronger opioid medication more prevalent in >65yo age group, even in the >75yo group

Lalic, S., Ilomäki, J., Bell, J.S., Korhonen, M.J. and Gisev, N., 2019. Prevalence and incidence of prescription opioid analgesic use in Australia. British journal of clinical pharmacology, 85(1), pp.202-215.

Doctor prescribing leading to codeine deaths: Pharmacy Guild

- Pharmacists are claiming doctor prescribing is leading to codeine-related deaths as they continue their fight to bypass the TGA's decision to make the drug prescription-only
- Yet, up to 150 Australians are now dying from codeine-related overdoses each year – double the number ten years ago

https://www.guild.org.au/news-events/news/2017/guild-approach-to-codeine-putting-patients-first Media Release - Guild approach to codeine – putting patients first

Hopkins, R.E., Dobbin, M. and Pilgrim, J.L., 2018. Unintentional mortality associated with paracetamol and codeine preparations, with and without doxylamine, in Australia. Forensic science international, 282, pp.122-126.

Concern over pharmacy chronic pain trial

- A $20 million trial that puts pharmacists in charge of managing chronic pain — despite just three or four hours of online training — will put patients at risk, pain specialists warn
- For every 45-minute consultation, the pharmacy receives $100, plus another $33 for a 15-minute follow-up three months later
- But pain specialists warn that chronic pain treatment includes movement, physiotherapy and psychosocial interventions and needs to be much broader than focusing on medications which, in many cases, are ineffective

Pharmacies start Chronic Pain MedsCheck Trial
https://www.guild.org.au/news-events/news/2018/pharmacies-start-chronic-pain-me

Facts about the rising opioid death toll

- Deaths from opioids have increased over the past decade, with more than 1000 Australians dying of an overdose in 2016, the majority from prescription drugs
- Most of these deaths were **accidental**, and three-quarters were related to prescriptions
- In other findings from the report:
  - Two-thirds (65%) of deaths were attributed to pharmaceutical opioids only
  - One-quarter (24%) linked to heroin only
  - The majority (85%) of deaths were considered accidental, while 12% were considered intentional - a pattern that has been consistent over the past 10 years

https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Drug%20Induced%20deaths%20
0Drug%20Trends%20Bulletin.pdf ; Opioid-, amphetamine-, and cocaine-induced deaths in Australia: August 2018

Doctor-shoppers, Family & Friends

- Highlight patients who have received PBS drugs from six or more different prescribers within three months, as well as those who are dispensed 50 PBS scripts within the same timeframe
- Drug misuse study downplays doctor-shopping, points finger at family and friends
- Doctor-shopping accounts for a fraction of drug misuse, with most misusers actually getting their supplies from family and friends for free
- Almost two-thirds of the pharmaceutical opioids, sedatives and stimulants for non-medical use are sourced through friends and family, generally without money changing hands
- Illegitimate practices, such as doctor-shopping, faked symptoms and forged prescriptions are uncommon, making up just 7% of sources, according to the review on studies from Australia, Canada, Europe, the UK and the US

Hulme, S., Bright, D. and Nielsen, S., 2018. The source and diversion of pharmaceutical drugs for non-medical use: a systematic review and meta-analysis. Drug and alcohol dependence, 186, pp.242-256.

Ready or not, here comes the Fentanyl crisis

- Fentanyl. Coroners have told GPs not to prescribe it
- Meanwhile, you can buy a 100mcg patch of it on the street for as little as $50
- The rise in non-pharmaceutical fentanyl, particularly powdered forms from China, has been a major factor stimulating the opioid crisis in the US.
- There, deaths from synthetic opioids such as fentanyl jumped 79% in just one year (from 2013 to 2014)(USA)
- Oxycodone, Fentanyl, Codeine, Methadone, Morphine, Tramadol, Pregabalin, Benzodiazepines…

McKeown, H.E., Rook, T.J., Pearson, J.R. and Jones, O.A., 2018. Is Australia ready for fentanyl?. Science & justice: Journal of the Forensic Science Society, 58(5), p.366.

Let's Play the Blame Game:
An example:
Soldier's overdose death exposes a disjointed health system

- A young soldier who survived combat in Afghanistan died from a prescription drug overdose after falling victim to Australia's disjointed health system, inquest findings suggest

Who are you gonna blame??

- Originally developed PTSD during his service in the army, where his best friend was killed by an Afghan defector
- In 2013, he had overdosed four times, and on each occasion was treated at the local defence health clinic
- Within six months, having attended 99 consultations with 24 doctors, including 27 where he was given scripts for oxycodone, he was dead
- Medical notes prescription substance misuse and the four overdoses but reported "no previous suicide or deliberate self-harm". The partial record also mentioned opiate dependence
- see other GPs, presenting some with a forged version of the partial record removing the note on dependence
- several GPs had stopped prescribing to him after calling another practice or the local ED and learning of previous oxycodone scripts or the overdoses

As you have no doubt noticed…

A. Marketing
B. Politics
C. Limited alternatives
D. Poor prescribing, especially in the elderly population
E. Patient misuse
F. Patient demands/entitlement
G. Prescribing and dispensing mistakes

Disaster equation:

(A + B + C + D + E + F + G) = *x*

x equals ??

Cluster **** - [**Klu**-ster **f****-k] noun, adjective

A term used to describe a series of small, unfortunate events that occur in quick succession, thereby evolving to a large inconvenience that subsequently causes vast amounts of stress and feelings of frustration

Summary

- Pain management is complicated and confounded by multiple factors
- Everyone always likes to blame the doctor or the health care system
- Patients, as individuals, are not expected to take responsibility for their health or actions in the modern world
- Chiropractors should not jump onto the blame band-wagon and participate in liberal ideology, as some have related to, for example, vaccination
- Chiropractors should participate and contribute to a multi-disciplinary approach to alleviate the opioid problem
- There are political, financial and professional advantages in participating and contributing to alleviating the problem, yet no advantage if only a critic

Interdisciplinary cooperation: *A pipe dream?*

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Senior supervising clinician
Outreach (Non-metro) Placement Manager
Murdoch University
PERTH
Western Australia

There are many roads up the 'mountain' of integrated care… but the view is never the same.

From the white paper abstract;

- …*"Attention should be drawn to the chiropractic profession's expertise, education and safety record with high levels of patient satisfaction, within the context of* ***multi-modal and multi-disciplinary practice****, along with the comparative efficacy of manual care. It is important the chiropractic profession recognise that opioid use and abuse is a significant, complex and growing societal challenge, and that pain management for musculoskeletal conditions constitutes a significant proportion of the issue. Strategies for the chiropractic profession that contribute to the better management of opioid overuse should be closely aligned with messages from the profession about its patient-centred, biopsychosocial approach,* ***in collaboration with other health professions*** *and relevant stakeholders".*

http://www.hpacf.org.au/wp-content/uploads/2018/11/Forum-statement-IPE-Update-Nov-2018.pdf

Why talk about integrated care in the context of the opioid problem in Australia?

"Integrated care should be centred on the needs of individuals, their families and communities".

Shaw S, Rosen R, Rumbold B. What is integrated care? An overview of integrated care in NHS. Nuffield Trust; 2011(http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/what_is_integrated_care_research_report_june11_0.pdf).

Ham C, Walsh N. Making integrated care happen at scale and pace. The King's Fund; 2013 https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/making-integrated-care-happen-kingsfund-mar13.pdf

Models of Integration

- How can 'integrated care' be defined?
- What are the forms and taxonomies of integrated care?
- What are the commonly known models of integrated care?

Satylganova A, et al. Integrated care models: an overview. Working document. Denmark: WHO Regional Office for Europe Health Services Delivery Programme Division of Health Systems and Public Health; 2016.

World Health Organization

Definitions of integrated care

- Integrated care is often ***contraposed to fragmented and episodic care***, and used synonymously to terms like ***coordinated care and seamless care***...
- ***However,*** there is no unifying definition or common conceptual understanding of integrated care, which is most likely a result of '*the polymorphous nature of integrated care itself*'.
- Perspectives that construct the concept are likely to be shaped by views and expectations of various stakeholders in the health system.

RAND Europe. National Evaluation of the Department of Health's Integrated Care Pilots. Cambridge: RAND Europe; 2012.
https://www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR1164.pdf

Three principal definitions;

1. A process-based definition used by many national governments in order to understand the different components of integrated care.

"…Methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create ***connectivity, alignment and collaboration****.*

Goal … is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings".

Kodner DL, Spreeuwenberg C. Integrated care: meaning, logic, applications, and implications - a discussion paper. Int J Integr Care. 2002 Nov 14;2(4) (http://www.ijic.org/article/10.5334/ijic.67/).

2. 'User-led' supporting a defining narrative for integrated care strategies at all levels of the system.

"My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes".

National Voices. A narrative for person-centred coordinated care. 2013 (http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf).

3. Health system-based as used by WHO Regional Office for Europe.

"An approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care".

WHO Regional Office for Europe. Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/315787/66wd15e_FFA_IHSD_160535.pdf?ua=1).

World Health Organization

Types of Integration

Organizational	Integration of organizations are brought together formally by mergers or through 'collectives' and/or virtually through coordinated provider networks or via contacts between separate organizations brokered by purchaser
Functional	Integration of non-clinical support and back-office functions, such as electronic patient records
Service	Integration of different clinical services at an organizational level, such as through teams of multidisciplinary professionals
Clinical	Integration of care delivered by professional and providers to patients into a single or coherent process within and/or across professions, such as through use of shared guidelines and protocols

Lewis R, Rosen R, Goodwin N, Dixon J. Where next for integrated care organizations in the English NHS? London: The King's Fund; 2010. https://www.nuffieldtrust.org.uk/files/2017-01/where-next-integrated-care-english-nhs-web-final.pdf

Models of integrated care: Case management

"a collaborative process that encompasses communication and facilitates care along a continuum through effective resource coordination…

Goals of case management

- Achievement of optimal health
- Access to care and
- Appropriate utilization of resources

…balanced with the patient's right to self-determination".

Coordination of a patient's care is through the assignment of a **case manager**.

American Case Management Association. Definition of case management [website] (http://www.acmaweb.org/section.aspx?sID=4)

Individual care plans

Aims:

- deliver personalized and targeted care creating shared care plans that map care processes
- clearly articulate the role of each provider and patients in the care process
- hold retrospective and prospective information about the care for a particular patient.

Care coordinators assess the needs of a patient, develop care plans and negotiate and coordinate the delivery of multidisciplinary care.

Curry N, Ham C. Clinical and service integration. The route to improved outcomes. The King's Fund; 2010 (https://www.kingsfund.org.uk/sites/files/kf/Clinical-and-serviceintegration-Natasha-Curry-Chris-Ham-22-November-2010.pdf).

Goodwin N, Lawton-Smith S. Integrating care for people with mental illness: the Care Programme Approach in England and its implications for long-term conditions management. Int J Integr Care. 2010;10(1) (http://www.ijic.org/article/10.5334/ijic.516/)

Patient-centred medical home (PCMH)

- GP-directed group practice that can provide care which is accessible, continuous, comprehensive and coordinated and delivered in the context of family and community
- Adopts a holistic approach to managing patients with chronic diseases, co- and multi-morbidities by offering an alternative individual model of primary care where patients are assigned to particular medical homes and GPs
- Should not be regarded as a setting where care is delivered but rather as a comprehensive model of organisation that delivers the core functions of primary care

Key attributes: patient-centredness, coordination, accessibility, quality, safety

Goodwin N, Lawton-Smith S. Integrating care for people with mental illness: the Care Programme Approach in England and its implications for long-term conditions management. Int J Integr Care. 2010;10(1) (http://www.ijic.org/article/10.5334/ijic.516/)

Agency for Healthcare Research and Quality. Defining the PCMH | PCMH Resource Center [website] (https://pcmh.ahrq.gov/page/defining-pcmh).

Personal health budgets/self directed care

Based on the assumption that the coordination of care can be best performed by patients themselves, personal health budgets are a model of integrated care that give patients greater autonomy over their care.

Been piloted in the USA and UK in the area of home- and community-based long-term services

Alakeson V. Let patients control the purse strings. BMJ. 2008 Apr 10;336(7648):807-9. https://www.bmj.com/content/336/7648/807

Group- and disease-specific models

- **Chronic care model:** shift from acute, episodic and reactive care towards care that embraces longitudinal, preventative, community-based and integrated approaches
- **Disease-specific integrated care models:** Integration of care for people with certain diseases and long-term conditions such as diabetes mellitus, cardiovascular diseases, COPD and bronchial asthma
- **Population-based models:** based on stratification of the population and supply of different type of services according to needs. Population receives promotion and prevention services with the aim to control exposure to risk factors; the majority of chronic care patients receive support for self-management of their illness and high-risk patients receive disease and case management, which combines self-management and professional care.

The Improving Chronic Illness Care Program. The Chronic Care Model: Improving Chronic Illness Care [website] (http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2).

Åhgren B. Chain of care development in Sweden: results of a national study. Int J Integr Care. 2003;3 (http://www.ncbi.nlm.nih.gov/pmc/articles/

Nolte E, Knai C, McKee M. Managing chronic conditions. Experience in eight countries. 2008 (http://www.euro.who.int/__data/assets/pdf_file/

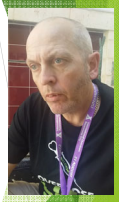
KAISER PERMANENTE
Kaiser Permanente Washington Health Research Institute

My own experience…

- Solo
- Multi-chiro as associate (2-10 practitioners)
- Multi-chiro as principal (2-4 practitioners)
- Multi-disciplinary (Chiropractic principal)
  - Chiropractic
  - Occupational therapy
  - Occupational rehabilitation physicians (medical practitioners)
  - Psychology
  - Podiatry
  - Physiotherapy
- Multidisciplinary (Medical principal)
  - Medical
  - Chiropractic
  - Nurse practitioner
  - Physiotherapy

Murdoch University Chiropractic Clinic

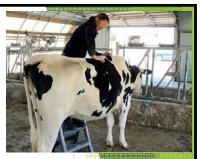
Outreach Placements



- Metropolitan
  - St Patricks Community Support Centre: disadvantaged and vulnerable people
  - Palmerston Farm Therapeutic Community: rehabilitation facility
  - South Lake Ottey Neighbourhood Community Centre
  - Aged care centre (Mandurah)
- Rural & Remote
  - WACRH -WA Centre for Rural Health
  - Hospitals
  - Aboriginal Medical Services
  - Public Open Spaces

Role for chiropractic?

Let's 'adjust' some sacred cows…



Assumptions that need further evaluation;

- *"the role of chiropractic will be positive and will not impede delivery of best-practice care".*
- *"the average chiropractor has the knowledge and skills to deliver the appropriate care at the right level, within the context of a multi-disciplinary care team".*
- *"there is a natural and apparent space where chiropractors may fit within this healthcare context".*

- …it simply will not happen spontaneously and automatically!

Some steps are being taken…

- Australian Chiropractors Association (ACA) has supported the formation and development of the **Australasian Institute of Chiropractic Education (AICE)**, a structure and vehicle to support and recognise advanced learning in the profession
- Newly adopted CCEA Educational Standards requiring;
  - Principles of inter-professional learning and practice are embedded in the curriculum' for all programs
  - Competency Standards including graduates to be able to describe
  1. Describe areas of practice of other health professions
  2. Explain interprofessional approaches to patients
  3. Demonstrate the ability to learn and work effectively as a member of an inter-professional team

AICE
AUSTRALASIAN INSTITUTE OF CHIROPRACTIC EDUCATION
Guild INSURANCE
COUNCIL ON CHIROPRACTIC EDUCATION AUSTRALASIA

A call for collegial action!

What action could be taken now, and who should take it?

GOAL: Achieve greater integration into the multidisciplinary arena of pain management

- Improve the reputation of chiropractors within healthcare
- Demonstrate defensibility of chiropractic management

ACA, CA and universities MUST cooperate in developing strategies

What do chiropractors do best…

- Best available evidence SR/MA (moderate): … "*both manipulation and mobilisation likely to reduce pain and improve function for patients with chronic LBP*"
- "*There is now an overwhelming amount of research showing most pain medicines have little to no effect compared to placebo for people with low back pain and other effective options could include spinal manipulation, acupuncture, or multi-disciplinary rehabilitation programs*"
- Notwithstanding, it is also important not to *overestimate* the potential role of the chiropractic profession.

Amorin-Woods LG, Parkin-Smith GF, Saboe Y, Rosner AL. Recommendations to the Musculoskeletal Health Network, Health Department of Western Australia related to the Spinal Pain Model of Care made on behalf of the Chiropractors Association of Australia (Western Australian Branch). Top Integrative Health Care. 2014;5(2).

Traeger A, Buchbinder R, Harris I, Maher C. Diagnosis and management of low-back pain in primary care. CMAJ. 2017;189(45):E1386.

Hogg MN, Gibson S, Helou A, DeGabriele J, Farrell MJ. Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia. Med J Aust 2012; 196 (6): 386-90.

Recent research

- **Corcoran et al (2019) *BMJ OPEN*: SR-MA** (62,624 patients)

Patients receiving an opioid prescription chiropractic 'users' had a 64% lower odds of receiving an opioid prescription than 'non-users'.

- **Kazi et al (2019) *PAIN MEDICINE*: Observational retrospective study** (national 5y sample 216, 504)

Association of initial healthcare provider for new-onset low back pain with early and long-term opioid use

…initial visit to a chiropractor is associated with substantially decreased early and long-term use of opioids.

[Compared with GP (AOR (95% CI) **0.21** (0.16 to 0.27)

Corcoran KL, Bastian LA, Gunderson CG, Steffens C, Brackett A, Lisi AJ. Association Between Chiropractic Use and Opioid Receipt Among Patients with Spinal Pain: A Systematic Review and Meta-analysis. Pain Med. 2019.

Kazis LE, Ameli O, Rothendler J, Garrity B, Cabral H, McDonough C, et al. Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use. BMJ Open. 2019;9(9):e028633.

Strategies and prerequisites…

Politics and egos should be replaced with collaboration and aligned strategies to achieve the following:

- Consensus-led generic approaches to **upskill, educate** stakeholders and integrate chiropractic, within local healthcare contexts dictating the details and subtleties of the activities
- Emphasis on gathering high-impact, relevant data in areas of chiropractic practice through **high-quality research**
- **Train and nominate** suitably equipped individuals that can participate in local and national healthcare committees and working groups, to productively contribute and familiarise themselves with the healthcare system, policies and processes
- **Monitor overseas activities**, where significant resources are being dedicated to educating the profession and healthcare stakeholders of the significant role chiropractors can play in turning around this health crisis

Conclusions and recommendations

- Co-ordinated profession-wide response to the crisis
- Strategic 'think-tank' collaboration at least between the two existing professional organisations given their views at least on this topic are congruent, as well as all other professional stakeholders

Take home message….

On a political and professional level, the "opioid crisis" offers chiropractic an existential opportunity to engage with the chronic pain debate and display the benefits of chiropractic services to both policymakers and healthcare payers *IF* the profession can '***seize the day***'.