

Richard L. Liliedahl, MD, Michael D. Finch, PhD, David V. Axene, FSA, FCA, MAAA, Christine M. Goertz, DC, PhD. Cost of Care for Common Back Pain Conditions initiated with DC vs MD/DO as First Physician: Experience of one of Tennessee-based General Health Insurer. JMPT 2010;33(9):640-43.

A retrospective claims analysis study (October 2004 thru Sept 2006) on Blue Cross Blue Shield of Tennessee's intermediate & large group fully insured population to determine if there are differences in the cost of LBP care, including visits & medications (narcotic, analgesic, nonsteroidal, and muscle relaxants), when a Pt can choose Tx w a MD or a DC. Coverage included unrestricted access to primary & specialty providers of their choice & unlimited services, except for a 20-visit/yr year limit on physical therapy. There were no differences in this population for co-pays or deductibles based on provider type. Pts had open access to MDs & DCs thru self-referral w/o any limit to the number of visits or differences in co-pays to these 2 provider types. Analysis is based on episodes of care for LBP: reimbursed care delivered between the 1st & last visit with a health care provider for LBP. A 60 day window w/o Tx is considered a new episode.

Results: Paid costs for episodes of LBP care initiated with a chiropractor were almost 40% less than episodes initiated with an MD. Even after risk adjusting each Pt's costs (determining the severity of clinical presenting symptoms), episodes of care initiated with a DC were 20% lower than those initiated with an MD.

Conclusions: Paid costs for episodes of care initiated with a DC were almost 40% less than episodes initiated with an MD. Even after risk adjusting each patient's costs, episodes of care initiated w a DC are 20% less expensive than episodes initiated w an MD. Results suggest that insurance companies that restrict access to chiropractic care for LBP may, inadvertently, be paying more for care than they would if they removed these restrictions. Savings to the payer for allowing unrestricted access to chiropractic care would result in a saving of \$2.3 million per year.

Commentary: This retrospective claims analysis of some 85,402 patients insured by Blue Cross Blue Shield in Tennessee who sought help for LBP initiated by either a DC or MD demonstrates that treatment for an episode of LBP with a chiropractor results in lower costs for LBP care than episodes initiated by a medical doctor even after controlling for severity of Pts presenting complaints. This is a very large population of Pts insured by one of the major insurers in the USA. The discussion section explains that by restricting access to chiropractic care, insurers may be paying more for management of LBP episodes than if they allowed unrestricted access to chiropractic care. A \$2.3 million per year savings is substantial and, clearly, cost-effective. This is a very significant finding which may cause health insurance companies to reappraise their policies concerning restricted access to chiropractic care.