

## **Medicare Patients Give Chiropractic High Marks**

### **Results from demonstration project suggest feasibility of expanding chiropractic services in the Medicare program.**

By Peter W. Crownfield, Executive Editor

The long-awaited final report on the Centers for Medicare & Medicaid Services (CMS) chiropractic demonstration project, conducted from April 2005 through March 2007, is good news for chiropractic, with 87 percent of patients surveyed giving their doctor of chiropractic a score of 8 or higher when asked to rate their satisfaction with care (1-10 scale), and 56 percent rating their chiropractor a perfect 10. Moreover, in all but one of the demonstration sites (metropolitan Chicago), health care costs did not increase significantly with the addition of chiropractic services.

The demonstration project, "Demonstration of Coverage for Chiropractic Services Under Medicare," was mandated under section 651 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The project evaluated the effects of expanding coverage of chiropractic services in four different regions of the country: Maine, New Mexico, 26 counties in northern Illinois and one county (Scott) in Iowa, and 17 counties in rural Virginia. Approximately 40 percent of eligible DCs in the four regions participated in the project at some point or another.

Key findings from the summary report, relative to patient experiences with chiropractic care and analysis of chiropractic-specific Medicare costs during the project, include the following. To review the report in its entirety, visit [www.acatoday.org/pdf/demo\\_report.pdf](http://www.acatoday.org/pdf/demo_report.pdf).

- "Medicare beneficiaries reported good relief of symptoms and high degrees of satisfaction with the chiropractic care they received."
- "The most frequent reasons given for seeking care from chiropractors were favorable earlier experiences (59 percent) and insufficient relief of symptoms by prior treatments of other health professionals (39 percent)."

- "Clinical problems involved the back in 78 percent, neck in 50 percent, hip in 38 percent, and shoulder in 32 percent. Pain was the most frequent symptom, followed by difficulty walking. ... Sixty percent of [survey] respondents indicated that they received 'complete' or 'a lot of' relief of symptoms from their chiropractic treatments."
- "Chiropractic care was felt to be easily accessible, and nearly 95 percent of respondents indicated that they had to wait no more than one week for appointments. Similarly high proportions reported that chiropractors listened carefully and spent sufficient time with them."
- "Among users of expanded chiropractic services, visits increased by 60 percent overall and related Medicare expenditures increased by \$34.8 million. ... Essentially, all of the increased costs occurred in urban non-HPSA [Health Professional Shortage Areas] and in Illinois, and especially in Chicago and its suburbs."
- "Illinois accounted for 80 percent of the total increase in costs and also had the highest per-person increases in costs of \$485 per person compared with increases of \$136 per person in Virginia and \$35 per person in Maine, and decreases in the other two states." [Per-person costs decreased by \$178 in Iowa and \$59 in New Mexico.]
- "The types of prior treatments received from other health care professionals differed strikingly from those received by chiropractors, including pain pills in 58 percent, pain injections in 30 percent, both pain pills and injections in 22 percent, and surgery in 12 percent. ... The high reported use of pain medications and surgery in treatments received from other types of health care professionals suggests the potential for achieving cost offsets [by using chiropractic care]."

The stated purpose of the demonstration project was "for evaluating the feasibility and advisability of covering chiropractic services under the Medicare program (in addition to the coverage provided for services consisting of treatment by means of manual manipulation to the spine to correct a subluxation described in section 1861(r)(5) of the Social Security Act." Chiropractic was defined as "care for neuromusculoskeletal conditions typical among eligible beneficiaries and diagnostic and other services that a chiropractor is legally authorized to perform by the State or jurisdiction in which such treatment is provided." Chiropractic care needed to conform with CMS's policy for reimbursement of chiropractic services, meaning treatment was for active conditions with reasonable expectation of improvement or resolution. Maintenance and prevention services were excluded per the CMS policy.

For additional background information on the Demonstration of Coverage for Chiropractic Services Under Medicare project, read "[Details of CMS Demonstration Project Revealed](#)" in the April 9, 2005 issue.



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