Response of the Council of the Nova Scotia College of Chiropractors to Proposed Changes to the Nova Scotia Auto Insurance Product: Discussion Paper

Submitted: February 2, 2023

Overview:

The Council of the Nova Scotia College of Chiropractors has thoroughly reviewed the Proposed Changes to the Nova Scotia Insurance Product Discussion Paper released in December 2022 for comment. We appreciate the opportunity to continue previous discussions and submissions to the Office of the Superintendent of Insurance.

The Council of the Nova Scotia College of Chiropractors has participated in discussions with the Office of the Superintendent of Insurance over the past several years. It is disheartening to see that the content of these discussions is not reflected in proposed improvements or changes to the Nova Scotia Auto Insurance Product. As front-line health care providers for Nova Scotians suffering from injury following motor vehicle accidents (MVAs), we have direct knowledge and expertise in the care and recovery of these individuals as well as the challenges faced by those who seek recompense or treatment for their MVA injuries.

The Government of Nova Scotia has indicated repeatedly in media and elsewhere the health care is the number one priority for Nova Scotia. In Action for Health **(1)**, Premier Houston states:

> *"Action for Health provides a path to a completely different kind of healthcare experience and health culture for Nova Scotia – one that is proactive and focused on people and patients. It will require a new kind of relationship between the traditional healthcare system, providers, patients, communities, and partners – a system where people's wider needs are supported to address the root causes of poor health and avoid unnecessary hospital visits. This vision is long overdue. The cracks in healthcare have been widening for many years. And, as a result, we've seen the number of Nova Scotians with poor health outcomes and chronic disease grow. But our strengths are many. COVID-19 has proven that the healthcare system can be responsive, collaborative, and flexible. It highlighted the dedication and resourcefulness of those on the frontlines. Our government is listening to health providers and giving them the respect they deserve. With innovative advancements in tools, technology and treatment, we are well situated to provide quality results in an economic and sustainable manner. "*

Assessment, diagnosis, and treatment of MVA injuries is not only an issue of the Office of the Superintendent of Insurance, but also a subset of health care in the province of Nova Scotia. As part of a cohesive strategy to ease pressures on existing resources, there are opportunities for policies created in the insurance industry to work in concert with other areas of government to help ease critical health challenges. It is time to re-think the obligations we place on some health care professionals, like family physicians. In cases like many motor vehicle accident injuries, there are educated, regulated and available professionals in other disciplines who already hold the scope of practice and expertise to

conduct the same role competently. Insurance and Health are not silos and must work together to consider related impacts as part of the overall fabric of service delivery in Nova Scotia.

To quote the CEO of Health Nova Scotia, Karen Oldfield **(2)**:

> *"The healthcare system was built during a different era, and aside from technological advances, it has barely changed since. That is not our future. No one person can move this mountain by themselves. We can do it if we all pull together with a common goal: a system that is ready, responsive and reliable."*

This quote equally applies to other areas of government, such as in the management of MVA related injury diagnosis, referral requirements, and treatment. We challenge the traditional model of the family physician as sole "gate-keeper" in the area of Section B Insurance. This is an outdated model from a bygone era where we were all fortunate to have a family doctor and access to our doctor was often within hours or days. Today, this is simply not the case for most Nova Scotians and we need to find solutions to address the immediate needs of those seeking recovery from MVA injury.

Resource management is a key tool for improved health care. There is a clear move within the health industry to put aside outdated biases and move toward collaborative care, utilizing all resources to their fullest scope in the service of our communities. There are opportunities in Nova Scotia's insurance industry to follow this lead and use chiropractors more effectively to improve timely health care delivery and access to care. As a regulated health care profession for over 50 years in Nova Scotia with a doctorate area of specialty in neuromusculoskeletal injuries, it is incongruent to see this discussion document reflect marginalization of ready resources that can further improve both delivery of care, timely access to care and expand the workforce in this area of recognized expertise.

Over 116,000 Nova Scotians do not have a family physician or nurse practitioner. **(3)** Those that are fortunate to have access to one usually experience delays of weeks or even months to schedule an appointment for examination. Virtual medicine can be helpful in quicker access, however, the nature of MVA injuries is frequently neuromusculoskeletal (whiplash, strain, sprain, neck pain, back pain, etc.) and these require an in-person examination to accurately diagnose and determine severity.**(4)** MVA injury patients then add additional burdens to walk-in clinics and emergency rooms to access a physician for MVA injuries, documents, or referrals. **(5)** This is an unnecessary burden on our health care system and especially our emergency rooms and walk in clinics.

In addition to these resource challenges, family physicians may not be the ideal resource in expert management of injuries sustained in MVAs, like whiplash. Recent research conducted in Australia noted significant gaps in knowledge of general practitioners in case management of Whiplash Associated Disorders (WAD). Further education was suggested to address issues in radiology use, medication management, and identification of those most likely to suffer chronic WAD. **(6)** These gaps persisted despite the use and availability of clinical practice guidelines. Given the demand on general practitioners to be knowledgeable at a high level in so many areas of health care, it is perhaps unrealistic to expect

specific expertise in neuromusculoskeletal conditions, like whiplash, which have unique examination, treatment, and case management needs. **(7)**

Chiropractors in the Province of Nova Scotia have been regulated since 1972 under The Chiropractic Act. **(8)** There are clear requirements for education, licensure/registration, and ongoing continued

Chiropractors are educated and regulated professionals available province-wide with expertise and scope of practice in neuromusculoskeletal injury diagnosis and treatment.

education. Chiropractors are educated in a manner similar to medical physicians with undergraduate requirements as well as a specific professional degree program of 4 years, including internship. **(9)** Rigorous licensing examinations are required to demonstrate competency prior to registration for practice in Nova Scotia. If issues arise, there are clear complaints and discipline procedures like those of medicine and nursing which are available to pursue by patients, institutions or public. Chiropractors are required to obtain ongoing continued education hours biannually and created one of the first peer assessment programs in NS as part of a standard of regulatory excellence. **(10)**

The scope of practice and practice standards for chiropractors in Nova Scotia specifically include the examination, diagnosis and treatment of injuries commonly seen following MVA. **(8,11)** Nova Scotia's Chiropractors are able establish an accurate clinical diagnosis, apply sound judgment in deciding on appropriate care, provide competent treatment and provide the level of competent health care that is expected of a primary care provider for neuromusculoskeletal injuries. Patients presenting with injuries that do not fall under the scope of practice are referred to appropriate medical professionals for further or collaborative treatment.

The obligation to diagnose, not merely assess, a patient's condition is a critical distinction and holds chiropractic professionals to the highest standards of health care. **(8)** Chiropractors in Nova Scotia must consider all clinical findings, the best research available and the expressed preferences/consent of the patient in order to offer a diagnosis and determine the most effective and efficient options as part of a comprehensive treatment plan for all patients, including those suffering following MVA. Prescribing a treatment plan based on financial ability to pay, insurance limitations or without appropriate evidence would be improper conduct. The outcome goal of care in the case of a MVA related injury is always to restore the patient to pre-accident status or, if that is not possible, to maximal levels of stable recovery. Clinical data must drive decision making as health care professionals.

The primary responsibilities of diagnosis and treatment are part of everyday chiropractic practice for all patients. It is incongruent that in the case of a Section B injury that is well within the scope or normal practice, a patient must now have a medical doctor prescribe (or deny) access to treatment that is not their area of expertise. It is like asking a dentist if there is a need for chiropractic treatment or asking a chiropractor about treatment needs for a toothache. Health care professionals have areas of overlap in

scope but also areas of specific expertise and it is placing our medical professionals in a potential area of liability in determining a need for treatment that is not part of their treatment toolbox and outside of their knowledge base.

Chiropractic care is not a passive treatment but an effective, evidence-informed area of expertise that involves education, activity modification, home based exercise programs as well as the use of proven interventions such as joint mobilization and manipulation to restore proper function to injured tissues. Evidence-informed health care recognizes that chiropractic treatment is one of the more effective and recommended modalities in both acute and subacute cases of WAD and neck pain. **(12,13,14)**

Chiropractic care for whiplash, neck pain and back pain is effective AND cost-effective.

Despite this scientific evidence, access to necessary care by chiropractors continues to be impacted by insurer practices that delay, limit, or discourage access to appropriate care by a chiropractor of the injured party's choice. There is simply no logical rationale for restricting registered chiropractors from practicing to their full scope of practice with patients suffering injury following an MVA. The potential proposal to further restrict financial restitution for necessary access to recognized, regulated, expert treatment in a system already strained for resources is inconceivable. **(7,13,14,177,18,19,21)**

We acknowledge the financial pressures of the insurance industry and the costs of health care for those who have been injured. Treatment of accident-related injuries can be short-term, efficient, and inexpensive. Anecdotally, our members suggest that the majority of MVA clients improve to pre-accident condition within the Protocols established in 2013. Costs incurred for chiropractic care for treatment are well below the allowances of several other provinces for similar injuries. **(14)** Treatment and recovery for some injuries can be more complex, require longer timelines, and are more expensive. These exceed the allowances of the initial protocol, incur additional costs and reflect the expected longer timeline to recovery of complex or severe injuries. Current requirements for additional medical referral also incurs additional costs as well as delays in appropriate care. There is simply no need of additional oversight for regulated health professionals acting within their scope of practice.

The evidence establishes that restricting treatment options and interrupted or delayed treatment for MVA injury is not an effective strategy to reduce costs but will ultimately drive additional costs of delayed recovery, chronic pain sequelae, additional treatment requirements and legal assistance. Early and active intervention has repeatedly proven benefits in terms of both recovery and costs. **(15,16,23)**

Cases where required injury management exceeds the initial protocol for treatment timelines (90 days, 10/21 treatment visits combined) are those consumers most in need of financial and resource support by insurance policies. Injuries that persist past 6 months have increased potential for added costs and timeline of treatment needs (e.g. chronic pain) that are mitigated by persistent treatment in the near term. Restricting timely access to neuromusculoskeletal expertise and treatment by chiropractors (e.g. requiring additional referrals or capping payment prior to maximum medical recovery) has the potential

to both limit client recovery and create additional expenses for clients, insurance, and the overall health care system. **(7)**

Chiropractic costs and duration of care compare favorably to those of other disciplines for common neuromusculoskeletal injuries like back pain. **(16,17,21)** Blanchette et al specifically noted **(17)**:

> *" Conclusion: The type of healthcare provider first visited for back pain is a determinant of the duration of financial compensation during the first 5 months. Chiropractic patients experience the shortest duration of compensation, and physiotherapy patients experience the longest. These differences raise concerns regarding the use of physiotherapists as gatekeepers for the worker's compensation system."*

The discussion of a Section B cap for a regulated primary health care profession like Chiropractic with proven effectiveness to limit access to treatment for Section B injuries appears illogical and biased. Injured clients who have had success with chiropractic care could be forced to discontinue their evidence-informed treatment plan prior to recovery due to financial restrictions. Those who have not had success with other treatments could subsequently be restricted from appropriate treatment by a chiropractor if they need to look for new options. Restriction in access to appropriate care due to financial caps for those with demonstrated need is simply unethical in health care and applies equally to those suffering following MVA. Chiropractors, along with MDs and physiotherapists, are recognized in the initial treatment Protocols as competent professionals to design, implement and monitor appropriate treatment. Removing that scope of practice by requiring referral or limiting the completion of indicated care with financial caps is not supported by the scientific literature.

A focus on reducing the potential of chronic pain cannot be overstated. This document is silent on addressing one of the key concerns related to injury and pain management. Chronic pain is expensive. "The annual per-person direct medical cost for a patient with chronic pain was more than 50% higher than a comparable patient without chronic pain." **(23)** This document does little to address the wellbeing of Nova Scotians who suffer from injury due to motor vehicle accidents. Despite the financial pressures to reduce insurance costs, we must invest in the benefits of timely access to effective treatment. We must be mindful of the cost of chronic pain and the complications that arise due to long term disabilities, addictions to pain medications like opioids, and the loss of workers in our industries.**(22)**

The Council of the Nova Scotia College of Chiropractors submits the responses below to the specific questions in the Discussion Paper in addition to the comments above. As first-line health care practitioners serving these clients in our communities, we offer an experienced, professional perspective from a clinical and patient perspective. We thank you for the opportunity to be part of solutions for Nova Scotians as we all work together to create better models to deliver vital services, like motor vehicle insurance benefits, moving forward in 2023 and beyond.

CNSCC
COUNCIL OF THE NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Specific Comments:

Proposed changes to Section A – Questions for Comment:

- **What are your views on the proposed changes to the minor injury definition?**

The expansion of the current "minor injury" definition to include "Minor injuries would now include sprains, strains, whiplash injuries, contusions (bruises), abrasions, lacerations, as well as any clinically associated sequelae of those injuries, which do not cause serious impairment or permanent serious disfigurement" raises a number of important clinical concerns.

There are existing concerns with the concept of classification of "minor injury" application to individual cases of certain diagnoses. This definition should be of concern to any health care professional or consumer who has had significant experience in dealing with soft tissue injuries and whiplash. Individual cases of WAD vary widely in presentation and recovery. Soft tissue injuries are not all equal and while some would certainly fit the concept of a "minor injury", there are others where the injury is quite significant.

The fact is that the management of soft tissue injuries is often complex. Many symptoms associated with soft tissue injuries, such as whiplash, include aspects which are largely subjective. These can include headaches, joint pain, burning in muscles and tendons, and other generalized pain symptoms. While these aspects of injury are sometimes difficult to objectify, they are no less impactful to the daily lives of those who experience soft tissue injuries. Some patients are left to deal with frequent debilitating headaches which can significantly affect their quality of life. Under the proposed definition these patients would likely be classified as having a minor injury and restricted in the benefits accessible.

In contrast, a person who suffers a broken arm during an accident may recover fully in a few short weeks to months with little residual impairment. In the above context, this fracture injury would be considered a more significant injury and that patient would presumably not be confined to a standard cap in relation to their injuries or restitution.

Moreover, in some cases an accident victim can sustain injuries to the spinal column, which do not result in complete disruption of the disc or ligament, but can develop significant sequalae, in the form of arthritis or future disc herniations. These changes often do not show up diagnostically until years post-injury, despite the fact that the pain and suffering produced by these changes is real and being experienced by the patient from the time of injury. As a result, these patients may require ongoing therapeutic intervention or experience disability related work or activities of daily living that far exceeds the duration of the insurers "limitation" period and can be of significant financial expense to the injured party. These injuries are anything but "minor" to these patients/consumers.

- **What are your views on changing Nova Scotia's minor injury cap?**

The restriction of the minor injury cap amount while also expanding the conditions and their sequelae subject to the cap magnifies the concerns above. For patients on the severe end of the spectrum of the listed "minor" diagnoses, further restriction in support could be devastating.

-What do you think the minor injury cap should be in Nova Scotia?

This is a question outside of chiropractic expertise. As health care providers, we reiterate the individualized nature of injury, effective and appropriate treatment requirements, and recovery duration and expectation that is independent of a generic diagnosis. Simplifying injuries to "minor" and "major" in this way is not reflective of clinical need or care.

• Should the consumer have a choice as to what their minor injury cap is

(i.e., have the option to pay a higher premium for a higher cap or no cap)?

The chiropractic profession is a strong proponent of patient choice as one of the tenets of evidence-based health care. Provided the consumer is truly informed of the pros and cons of their choices in advance, informed choice is supported. Basing a decision purely on upfront financial cost of the policy without a clear understanding of what benefits are offered or lost, is not in the best interest of consumers.

- Is this feasible from an industry perspective?

This is outside of expertise. Decline to answer.

Proposed changes to Section B – Questions for Comment:

• What are your views on the proposal to expand the list of healthcare practitioners who are eligible to design a treatment plan under the Protocols to include nurse practitioners?

Improvements in the use of nurse practitioners as noted in this document are potential additional steps toward a goal of resource management in health care. Like the findings of the Australia review of physicians mentioned above **(6)**, medical professionals are not always well trained in design or delivery of optimal case management of these complex injuries. There is an expertise required in physical medicine that is based on specialized training along with hands-on experience and skills, not merely titular health care profession. Appropriately trained health care providers in neurological and orthopaedic examination as well as functional capacity would be suitable additions, regardless of professional designation, as long as there is proven competency.

First and foremost, ensuring that regulated professionals currently in place who are already trained and experienced in these areas can readily offer service in the full scope of their professional practice for MVA clients is an obvious improvement to access. Chiropractic training, ongoing continued education and daily practice are focussed in the specific area of neuromusculoskeletal diagnosis and treatment.

The addition of nurse practitioners, although welcome, is not a substitute for the benefits of direct access to chiropractors.

- **What are your views on the proposal to expand access to adjunct therapy under the Protocols to include dentists, kinesiologists, psychologists, psychiatrists, social workers, and counsellors?**

Based on both the research in this area and our members' professional experience, there is a definite roll for dentist (particularly those who address TMJ dysfunction and injury) in addition to mental health experts to address significant patient/consumer needs.

The addition of non-regulated professionals, like kinesiologists, is an area where additional oversight or restriction would be appropriate. For unregulated professions, the pathways of standardized educational credentials, quality assurance and complaints/discipline processes are not available to manage potential areas of inappropriate or unprofessional conduct. The oversight role of a professional regulatory body is a significant gap in ensuring proper standards of care for consumer protection.

Chiropractors also provide key treatment options in the management and recovery of TMJ dysfunction and injury as part of their neuromusculoskeletal scope of practice and training. Ensuring that each profession is practicing within their full scope of practice as a cohesive team is an excellent goal for all health care, including recovery from MVA injuries.

- **What are your views on the proposed aggregate coverage limit of $1000 for dental and mental health services under the Protocols, and to not count visits for these services toward the number of authorized treatment visits?**

The existing protocol limits of 10/21 visits combined for chiropractic, physiotherapy and massage therapy are already quite limiting in providing optimal care and efficient recovery for these patients. The collaborative care model is an excellent pathway for those with complex or multiple MVA related injuries and this flexibility in combined care is ideal. However, generic caps in treatment visits or financial amounts prohibit prescribing best-practice care plans by each professional involved in order to meet standardized, external restrictions. When each professional can do their best work, we improve results and often save money and time in treatment costs in the end.

This limited payment or visit number model might work better when applied to a single practitioner treatment plan rather than a multi-disciplinary model that addresses various areas of injury and may create shorter timelines to recovery as well as less risk of chronicity.

Commenting on the exact cost of these additional services is best left to the professions involved, however, we suspect that this is a nominal amount considering costs of dentistry and psychological counselling. We support the proposal to NOT include these in the already established protocol cap.

- **What are your views on the proposal to amend the priority of payment for Section B**

benefits such that the auto insurance provider will become the first priority payor?

We fully support the auto insurance provider becoming the first priority payor.

This has been a decades long request of our patients and the chiropractic profession. A patient who has used their personal insurance for care in an MVA recovery and then slips on the ice or sustains an injury in sport, for example, is now paying for personal care out of pocket. Despite two insurance plans and premiums, we frequently have seen patients unable to afford care for other injuries or conditions due to the current payor arrangement.

Questions for Comment:

- **What are your views on the possibility of sub-limits for medical coverage under**

Section B (outside of the Protocols)?

In some cases, treatment, and recovery for MVA injuries can be very complex, require longer timelines, and incur more expense. These exceed the allowances of the initial protocol and reflect the expected longer timeline to recovery of complex or severe injuries. Evidence-informed health care recognizes that chiropractic treatment is one of the more effective and recommended modalities in both acute and subacute cases of WAD and neck pain **(7,12,13,15,17,18)**

The evidence establishes that restricting treatment options and interrupted or delayed treatment for MVA injury is not an effective strategy to reduce costs but will drive additional costs of delayed recovery, additional treatment, and legal assistance. Early and active intervention has repeatedly proven benefits in terms of both recovery and costs**. (6,13,14,15)**

The consumers for whom injury management exceeds the initial protocol for treatment timelines (90 days, 10/21 treatment visits combined) are those most in need of financial and resource support by their insurance policies. Injuries that persist past 6 months have the potential for long term costs and treatment needs (e.g. chronic pain) that can be mitigated by persistent treatment in the near term. Restricting timely access to neuromusculoskeletal expertise and treatment by chiropractors (e.g. requiring additional referrals or capping payment prior to maximum medical recovery) has the potential to both limit client recovery and create additional expenses for clients, insurance, and the overall health care system. **(7,19)**

Chiropractic costs and duration of care compare favorably to those of other disciplines for common neuromusculoskeletal injuries like back pain. **(16,17)** The discussed restriction of financial support, and therefore access to care, for an evidence-informed, effective, and cost-effective treatment options by chiropractors and not other professionals appears illogical and biased. Injured clients who have had success with chiropractic care could be forced to discontinue effective, evidence-informed treatment plans prior to recovery due to financial pressures. Those who have not had success with other treatments could subsequently be restricted from appropriate treatment by a chiropractor if they need to look for new options. Restriction in access to indicated treatments due to financial caps for those with

demonstrated need is simply unethical in health care and applies equally to those suffering following MVA.

If, in rare instances, there are concerns that arise regarding necessity of care, existing processes are in place to address them. Independent assessments, ongoing reporting, and ultimately regulatory investigation of complaints are all available to address potential extremes in care that are not clinically supported. **(8,10)**

Restricting chiropractic coverage in Section B limits proven treatment access for those who need that most and may create an unmanageable financial and mental health burden. For the elderly, those who have been unable to work due to injury, and those with complex pre-existing medical conditions, timelines for recovery and treatment needs may be extended. **(7)** Each patient is unique in health care and there must to flexibility to consider their unique findings and requirements for recovery. Although the majority of cases fall close to the mean, there are legitimate outliers on the tail ends of the distribution curve. Discriminating against these groups of consumers receiving support in their recovery is unconscionable.

- **If Nova Scotia were to introduce sub-limits for chiropractic, massage therapy, and acupuncture services, what should the limits be?**

We do not support any additional limits for treatment in Section B. This is addressed in detail in the previous question.

Of particular concern is the proposal to group a regulated profession (chiropractic) which is already authorized to diagnose and design treatment plans in Protocols, now being considered in context with massage therapists and acupuncturists, who have no additional oversight or regulation. This is a pointed insult to the profession of chiropractic.

It may be defensible to have additional restrictions on professions where there are no legislated professional licensing or standards creating clear obligations, scope of practice and disciplinary procedures outlined in legislation by the Province of Nova Scotia in a specific Act and Regulations. This is not the case for chiropractic.

Chiropractors have been regulated in this province since for over 60 years and have the same level of oversight and professional standards as medical physicians, nurses, and physiotherapist. There is no proposed cap for these other regulated health professionals, nor should there be for chiropractors.

In the existing Protocols, chiropractors, physiotherapists and medical physicians are specifically permitted to determine best courses of care and treatment plans for those injured. It is a significant switch in course for the chiropractor to then be “demoted” to an ancillary service in Section B with the other two similarly acknowledged professions to be treatment so differently. The competency and scope of practice is established in Protocols and should continue into Section B.

Questions for Comment:

- **Do consumers have sufficient access to the information and education necessary to inform their decisions regarding insurance in Nova Scotia? Are there particular challenges for inexperienced drivers in this regard?**

Our members report that patients find insurance information difficult to obtain and understand. As part of care delivery, we can help advise them on that aspect of understanding existing coverage, however the processes can be overwhelming. For those experiencing an accident-related injury for the first time, patients frequently comment that they wish they had understood the pros and cons of choices made more in advance, regardless of experience. This is likely one additional reason for the increase in legal costs noted in the discussion paper.

Consumers and practitioners alike may also be unaware of the potential mediation role of the OSI recently communicated. Where there is dispute between a patient/provider and the involved insurance company, a knowledgeable mediator might also reduce legal costs of claims.

- **How could consumer awareness and education be improved?**

As in all industry, the use of jargon that is not daily language for the general public poses a barrier to communication and understanding. Creating more consumer-friendly communication tools is paramount.

Simplifying the processes, required forms and management of all cases once they have occurred would help improve understanding of consumers. Better support from case workers who can address individual concerns and issues would ease the stress of injured patients and help in overall recovery. Reducing barriers and delays in care, like removing additional referral requirements, would also alleviate confusion in the consumer who suffers from injury following MVA.

- **What role and level of involvement should the OSI have in providing insurance education for consumers?**

There is a key role for the OSI to provide access to information, to ensure simple processes of administration are mandated and remove barriers to timely access to treatment when needed. By taking care of the underlying areas of confusion and redundancy, education can be straightforward. Specific consumer education will be greatly enhanced when processes are addressed simply, transparently, and effectively.

Additional Comments?

The Automobile Accident Diagnostic and Treatment Protocols Regulations established a fees schedule in 2013 that has not been updated in 10 years. During this time, there has been a significant rise in costs of living that apply to professionals and professional practices as well. Current rates of compensation are outdated and reviewing these once per decade is insufficient.

Specifically, the Consumer Price Index (CPI) from 2013 to 2022 was just under 25% according to the Bank of Canada calculator. There are numbers quoted as high as 29% applied to Nova Scotia specifically. Using the BOC calculator, which is a conservative estimate compared to NS estimates, here are the current fee schedule discrepancies: **(21)**

$100 exam fee in 2013 = $124.78 in 2022
$75 treatment fee in 2013 = $93.58 in 2022
$45 treatment fee in 2013 = $56.15 in 2022
$50 report fee in 2013 = $62.39 in 2022

We suggest an updated fee arrangement with review biannually and/or a cost of living adjustment annually to reflect the CPI for Nova Scotia. The potential for private clinics to limit accepting patients injured in MVAs is a concern for consumers. We cannot expect our professionals to subsidize the cost of accident-related treatment that is provided well below customary fees.

In addition, the fee schedule reflects an unexplained imbalance of payment for report fees. Chiropractors and physiotherapists receive $40.00 - $50.00 per report/treatment plan while physicians receive $125.00 for the same report form.**(20)** Given the nature of the extensive history, consultation and physical examination provided by Doctors of Chiropractic, the data collected is extensive and the value of the forms is, at least, equivalent.

Barriers to appropriate, trained, and licensed professionals that limits access for Nova Scotians who have suffered injury in a motor vehicle accident must be removed. Additional referral requirements and financial disincentives are both unjustified and out of step with the collaborative health care approach we need to serve our communities in 2023 and beyond.

This document does little to address real needs for the wellbeing of Nova Scotians who suffer from injury due to motor vehicle accidents. Despite the financial pressures to reduce insurance costs, we must invest in the benefits of timely access to effective treatment. We must be mindful of the cost of chronic pain and the complications that arise due to long term disabilities, addictions to pain medications like opioids, and the loss of workers in our industries. **(22,23)**

The Council of the Nova Scotia College of Chiropractors appreciates the opportunity to comment on the discussion paper on behalf of the profession and the consumers that are our patients. As first-line health care providers, we are focussed on helping our patients recover their health following MVA injuries. Returning to pre-accident levels of function is a critical role in the overall recovery from these traumatic experiences. We see firsthand the stress of disability and the frustration of not being able to do what was previously easy. Working together, insurance payors, expert health care providers and

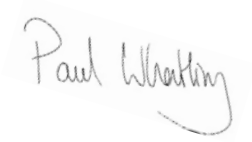
motivated patients can achieve maximal recovery with the right treatment, support, and tools at the right time. We are willing partners in being part of a patient-focussed, evidence-informed process that accomplishes these goals.

We can do better than what is reflected in this discussion paper.

Nova Scotia's Chiropractors can help.

For further discussion, please contact the Council of the Nova Scotia College of Chiropractors via our Executive Director, Mr. John Sutherland at 902-445-2445 or by email at jsutherland@pathfinder-group.com .

Sincerely,



Dr. Paul Whatling, DC
President, Council of the Nova Scotia College of Chiropractors

Attachments:
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Executive Summary
Chiropractic 101 – An overview of professional education, expertise, and practice.

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