

Cost-effectiveness and utilization of chiropractic care

Cost effectiveness

A 2015 analysis of the National Health Interview Survey indicated that adults in the United States spent \$14.9 billion on complementary health approaches to manage painful conditions including back pain (\$8.7 billion).¹

A 2015 cross-sectional study of 17.7 million older adults enrolled in Medicare indicated that greater availability of chiropractic care in some areas may be offsetting PCP services for back and/or neck pain among older adults.²

A 2015 systematic review concluded that “although cost comparison studies suggest that health care costs were generally lower among patients whose spine pain was managed with chiropractic care, the studies reviewed had many methodological limitations.”³

A 2015 systematic review found that structured education is cost-effective for whiplash-associated disorder and that for neck pain and associated disorders, advice, exercise and multimodal care including manual therapy are cost effective.⁴

A 2014 systematic review found “some economic advantage of manual therapy relative to other interventions used for the management of musculoskeletal conditions, indicating that some manual therapy techniques may be more cost-effective than usual GP care, spinal stabilization, GP advice, advice to remain active, or brief pain management for improving low back and shoulder pain/disability. However, at present, there is a paucity of evidence on the cost-effectiveness and/or cost-utility evaluations for manual therapy interventions.”⁵

A 2014 randomized controlled trial examined “costs and benefits of different doses of spinal manipulative therapy (SMT) in patients with chronic low back pain (LBP).” It concluded that “a dose of 12 SMT sessions yielded a modest benefit in pain-free and disability-free days. Care of chronic LBP with SMT did not increase the costs of treatment plus lost productivity.”⁶

A retrospective claims analysis found that Tennessee Blue Cross/Blue Shield beneficiaries initiating care with chiropractic physicians had lower treatment costs for low back pain episodes than those initiating care with medical physicians.⁷

A 2011 systematic review found that guideline-endorsed acupuncture, cognitive behavioral therapy, exercise, interdisciplinary rehabilitation, and spinal manipulation were all cost-effective for patients with sub-acute or chronic LBP. There was insufficient evidence for the cost-effectiveness of spinal manipulation for acute LBP.⁸

A 2012 systematic review found spinal manipulation was cost-effective for neck and back pain, used either alone or combined with other therapies.⁹

A prospective cohort study of Washington state workers found that 1.5% of workers who saw a chiropractor first for work-related back pain review later had surgery, compared to 42.7% of those who first saw a surgeon.¹⁰

Utilization

A 2015 secondary analysis of a representative Gallop Pol sample found that 13.7% of US adults reported that they had used chiropractic within the last 12 months. It concluded that “US adults often use chiropractic care, generally regard DCs favorably, and largely perceive that chiropractic care is safe.”¹¹

A 2013 analysis of Medicare data through 2008 showed that chiropractic claims represented less than one tenth of one percent of Medicare costs. Chiropractic claims peaked in 2005 and then declined through 2008, contrasting to an overall increase in Medicare costs.¹²

References

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