Washington State Chiropractic Association
Comment on: Shared Decision Making
Report and Recommendations by the Robert Bree Collaborative

October 15, 2019

Dear Bree Shared Decision Making Workgroup,

The Washington State Chiropractic Association applauds the outstanding effort of highlighting the importance of shared decision making as a key component of patient-centered care.
We offer the following feedback and perspectives for our collective professional perspective in an effort to foster an inclusive and enhanced access to evidence-informed services.

Comment 1: We are concerned that mere exposure to "*the best scientific evidence available*" may not create change in provider treatment habits. Despite ample scientific evidence of the efficacy and cost-effectiveness, many allopathic providers are unlikely to consider spinal manipulation (the primary modality of chiropractic care) in their shared decision process.

It has been our experience that even when confronted with evidence of best practices, provider behavior changes is extremely difficult to achieve due to habits and personal experience. This is not an unknown consequence within healthcare (Bornstein, 2008). Providers commonly interpose bias in doctor-patient discussion of treatment options in a shared decision-making environment. It is difficult to eliminate provider bias when chiropractic care should be considered (when appropriate) in the process of creating a true shared decision process.

Comment #2: Health care facilities have been and continue to be reluctant to integrate spinal manipulative therapy (chiropractors), again creating barriers for utilization of chiropractic care despite the available scientific evidence.

Healthcare systems are not immune to this bias as evidenced in their hiring practices and benefit structures. There is evidence of high patient satisfaction (Lisi, Chiropractic Integrated Care Pathway for Low Back Pain in Veterans: Results of a Delphi Consensus Process, 2018), with integrated facilities (Lisi, Chiropractic Integration into Private Sector Medical Facilities: A Multisite Qualitative Case Study, 2018), yet regionally, little integration has occurred. When the integrative discussions are initiated they are stopped midstream due to provider bias.

Comment #3: Healthcare systems do not readily change benefit structures and reimbursement to adopt the best available evidence thus creating an additional barrier to options in shared decision process.

With evidence of effective managed chiropractic care showing proof of reducing costs (Nelson, 2005) many insurers continue to structure their benefits in ways that prevent true shared decision making. High co-pays and artificial visit limits for chiropractic services incentivizes pharmacologic treatments for many of the most common complaints seen in a health care setting (Low back pain). These policies have the effect of acting as invisible patient care navigators whose advice contradicts the best evidence, clinical practice guidelines, and commonly made "shared decisions" between the patient and their portal of entry health care provider. This potential bias may hamper the patient from obtaining clear and thorough options from their care team members.

The Washington State Chiropractic Association encourages your process of clearly defining best practices in health care for the citizens of Washington State utilizing the best available information. We would encourage evaluating possible barriers to adoption. As a provider association, we will encourage and endeavor to increase our skills in shared decision making and support these improvements within our profession.

If you have any questions please do not hesitate to contact Lori Grass, WSCA Legislative and External Affairs Director at 253-988-0500 (LGrassi@Chirohealth.org).

Sincerely,

Phil Kriss, DC, WSCA President

Works Cited

Bornstein. (2008). Rationality in Medical Decision Making: A Review of the Literature On Doctors Decision-Making Biases. *Journal of Evaluation In Clinical Practice*, 97-107.

Lisi, A. J. (2018). Chiropractic Integrated Care Pathway for Low Back Pain in Veterans: Results of a Delphi Consensus Process. *Journal of Manipulative Physiological Therapeutics*, 134-148.

Lisi, A. J. (2018). Chiropractic Integration into Private Sector Medical Facilities: A Multisite Qualitative Case Study. *Journal of Alternative and Complementary Medicine*, 792-800.

Nelson, C. F. (2005). Effects of a managed chiropractic benefit on the use of specific diagnostic and therapeutic procedures in the treamtnet of low back and neck pain. *Journal of Manipulative Physiological Therapeutics*, 564-9.