

Comparative Analysis of Individuals With and Without Chiropractic Coverage

Patient Characteristics, Utilization, and Costs

Antonio P. Legorreta, MD, MPH; R. Douglas Metz, DC; Craig F. Nelson, DC, MS; Saurabh Ray, PhD; Helen Oster Chernicoff, MD, MSHS; Nicholas A. DiNubile, MD

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Background Back pain accounts for more than \$100 billion in annual US health **care** costs and is the second leading cause of physician visits and hospitalizations. This study ascertains the effect of systematic access to **chiropractic care** on the overall and neuromusculoskeletal-specific consumption of health **care** resources within a large managed-**care** system.

Methods A 4-year retrospective claims data analysis comparing more than 700 000 health plan members with an additional **chiropractic** coverage benefit and 1 million members of the same health plan without the **chiropractic** benefit.

Results Members with **chiropractic** insurance coverage, compared with those without coverage, had lower annual total health **care** expenditures (\$1463 vs \$1671 per member per year, $P < .001$). Having **chiropractic** coverage was associated with a 1.6% decrease ($P = .001$) in total annual health **care** costs at the health plan level. Back pain patients with **chiropractic** coverage, compared with those without coverage, had lower utilization (per 1000 episodes) of plain radiographs (17.5 vs 22.7, $P < .001$), low back surgery (3.3 vs 4.8, $P < .001$), hospitalizations (9.3 vs 15.6, $P < .001$), and magnetic resonance imaging (43.2 vs 68.9, $P < .001$). Patients with **chiropractic** coverage, compared with those without coverage, also had lower average back pain episode-related costs (\$289 vs \$399, $P < .001$).

Conclusions Access to managed **chiropractic care** may reduce overall health **care** expenditures through several effects, including (1) positive risk selection; (2) substitution of **chiropractic** for traditional medical **care**, particularly for spine conditions; (3) more conservative, less invasive treatment profiles; and (4) lower health service costs associated with managed **chiropractic care**. Systematic access to managed **chiropractic care** not only may prove to be clinically beneficial but also may reduce overall health **care** costs.

From the Department of Health Services, UCLA School of Public Health, Los Angeles, Calif (Dr Legorreta); American Specialty Health Plans, San Diego, Calif (Drs Metz and Nelson); Health Benchmarks Inc, Woodland Hills, Calif (Drs Ray and Chernicoff); and Department of Orthopedic Surgery, Hospital of the University of Pennsylvania, Philadelphia (Dr DiNubile). Dr Metz is a corporate officer of American Specialty Health Plans.

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