



*“the ultimate goal...  
must be to keep people well.”*

*Canadian Medicare founder Tommy Douglas*

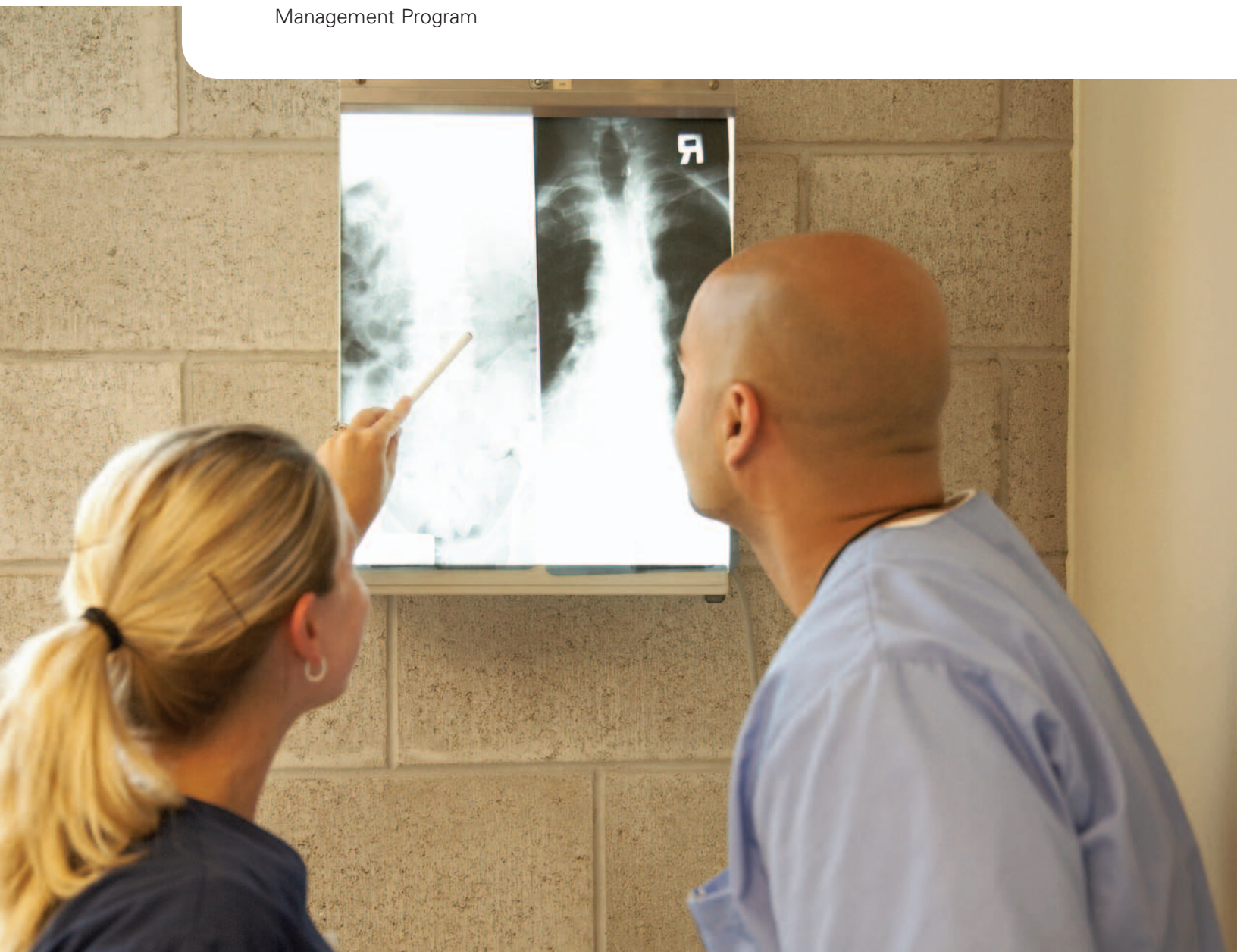
**Ontario Chiropractic Association**  
2006 – 2007 Annual Report



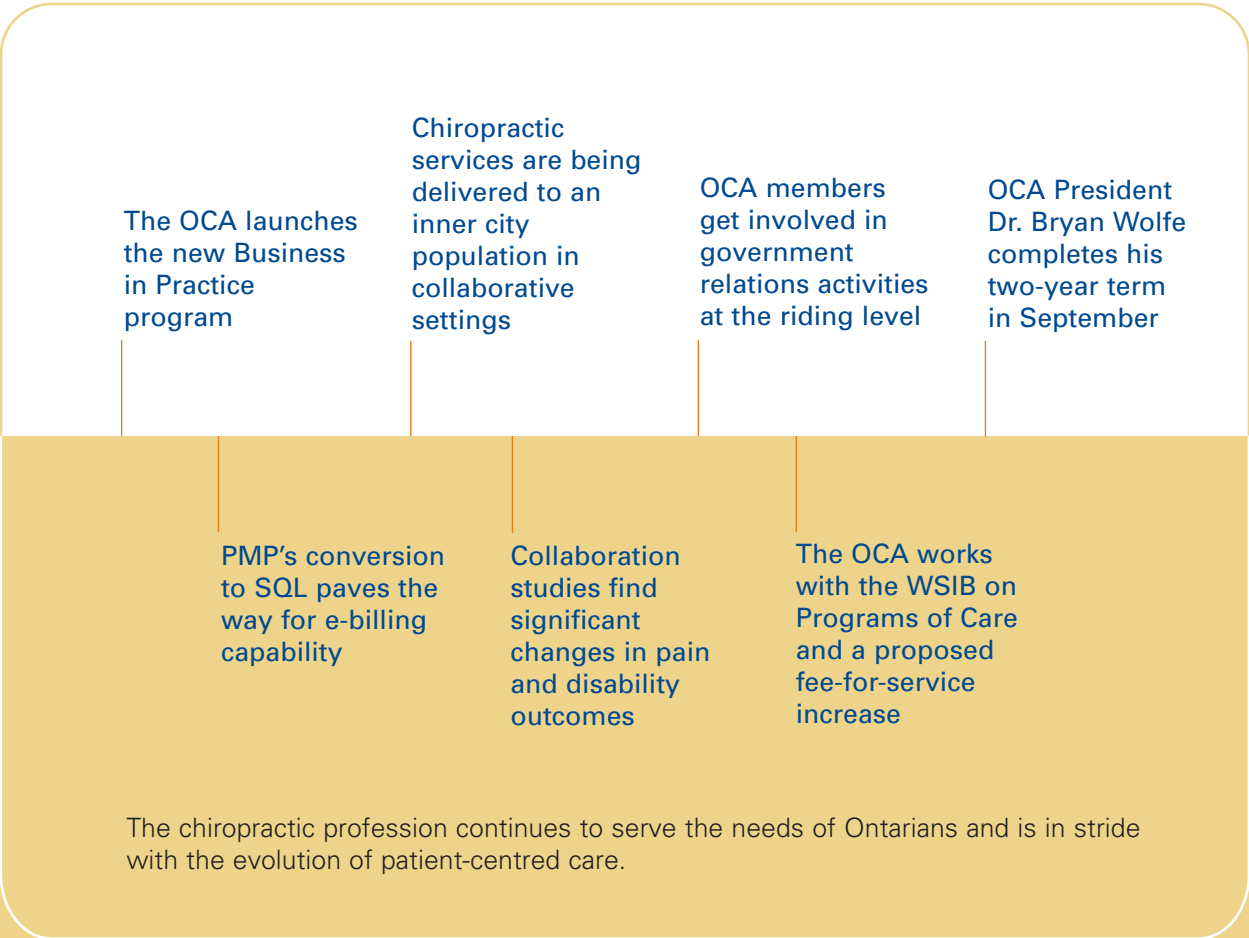
Treatment That Stands Up.

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## THE YEAR'S HIGHLIGHTS



## OUR MISSION STATEMENT

To serve our members and the public by advancing chiropractic health care.

## A MESSAGE FROM OUR PRESIDENT



For the past two years I have had the privilege of serving as OCA President. What a tremendous honour it has been to work on behalf of our membership and this wonderful profession.

I have had the good fortune to be involved with the OCA during a time of unparalleled change in the profession and within the health care system as a whole. Significantly, the realities that are necessitating change make chiropractic a natural choice in this new and unfolding paradigm of health care. As Tommy Douglas noted years ago in his vision of health care in Canada, ".... the ultimate goal... must be to help people keep well rather than just patching them up when they get sick."

Millions of Ontarians have recognized chiropractic's role as a partner in maintaining their health and enhancing their day-to-day lives. During my tenure as President of the OCA, the association has worked very hard to bring this message to more and more citizens of this province. As the system begins to make the shift, the OCA is focused on solidifying chiropractic's place for the benefit of Ontarians. Over the past year:

- the OCA has generated a Funding Options Paper, which advocates for the provision of chiropractic care to seniors, low-income earners and marginalized segments of the population;
- using a grassroots strategy to reach every riding across the province, we have fostered new relationships and opened fresh dialogue with MPPs and candidates about the value of

chiropractic care to patients, businesses and the health care system;

- we have educated employers, unions, plan sponsors and benefits consultants about the case for chiropractic by launching a direct mail campaign that cites research into patient outcomes, patient satisfaction and cost comparisons with chiropractic treatment;
- we have launched a highly successful new print advertising campaign that underscores chiropractic's role in helping patients to return to work sooner, and to enjoy a better quality of life—a message we have targeted to our key audiences, including plan sponsors, HR professionals, other health care providers and the general public;
- we have supported many research projects, including key pilot studies into chiropractic's role in integrated health settings including Family Health Teams and Local Health Integration Networks.

These are just a few of the ways the OCA has worked in the past year to adapt to the shift taking place in Ontario's health care system.

As my term as OCA President draws to a close, I would like to express my thanks to all association members for the opportunity to serve on your behalf. I have met many of you and enjoyed the fellowship, education and inspiration you all provided. I look forward to playing a continued role in supporting this unique and fascinating profession.

Dr. Bryan Wolfe  
President

## A MESSAGE FROM OUR EXECUTIVE DIRECTOR



The past year has been an extremely productive one at the OCA.

Activities and initiatives have been undertaken to further four key goals for the association:

enhancing practice viability for our members, enhancing

the profession's profile, advocating on behalf of the profession with key groups and influencers, and supporting ongoing efforts to include chiropractic in Community Health Centres and Family Health Teams.

Toward enhancing practice viability, this year the OCA has introduced its newest and most comprehensive practice enhancement tool to date: the Business in Practice program, which provides members with exclusive access to practice management and marketing training and consulting. We are confident that this program will help members apply sound business strategies to their growing practices, and thereby realize their own practice goals.

One of our most valued member services, the OCA's PMP software and support, has introduced a wealth of enhancements this year, each in response to input and requests from our members. The SQL conversion and new updates have enabled significant program enhancements.

The OCA's new "We've Got Your Back" advertising campaign has been designed to educate our external audiences—specifically Extended Health Care, health care and the general public—about chiropractic's role in improving quality of life for patients and organizational health for businesses. The campaign has been extremely well received and will be re-launched in the coming year.

In addition to targeted advertising, there has been a significant focus on education and outreach to Extended Health Care and health care audiences through direct mail as well as tradeshow activities. Member communications tools have also been developed to support grassroots activities.

In preparation for the 2007 election, the OCA has ramped up its ongoing government relations activities with a new strategy to reach MPPs and candidates in all ridings by building one-on-one relationships and fostering OCA member involvement in local politics.

Adding further weight to the OCA's advocacy activities with government has been the new Funding Options Paper. With our stated goal that every Ontarian who could benefit from chiropractic has the opportunity to do so, the Funding Options Paper explores viable ways to support chiropractic treatment for marginalized populations. Presenting such options to government decision makers is vital because, currently, financial barriers restrict vulnerable populations from using chiropractic services. Working to find a solution to this problem is one way the OCA is serving our members and their patients. The completion and distribution of the Funding Options Paper is a major step forward.

The chiropractic profession in Ontario continues to benefit from the work we have done as a collective. The current health care climate in Ontario is an exciting challenge for those of us who have the privilege to be working on behalf of the profession. I look forward to continued growth, as an association, and as a profession, in the years to come.

Dr. Bob Haig  
Executive Director

## SCORECARD

### OCA Achievements in 2006 – 2007

<p><b>Enhancing practice viability</b></p>	<p>The OCA proudly launched its new Business in Practice program, providing OCA members with a suite of marketing, business and practice management courses and consulting services.</p>
<p><b>Patient Management Program: keeping pace with technology</b></p>	<p>PMP’s conversion to SQL allows users to adapt to industry requirements. Through enhanced data protection, the SQL server enables forthcoming e-billing capability and secure internal networking.</p>
<p><b>Funding options for Ontario’s vulnerable populations</b></p>	<p>The OCA’s advocacy efforts included the publication of a Funding Options Paper to support funding of chiropractic services for vulnerable populations. The paper was presented to MPPs and candidates across the province in anticipation of the general election in October 2007.</p>
<p><b>Stating the case for chiropractic</b></p>	<p>The OCA utilized new communications materials, including the Extended Health Care Advocacy Campaign and the <i>Chiropractic Can Help</i> pamphlets to reach out to plan sponsors, consultants and union leaders.</p>
<p><b>Building awareness about chiropractic</b></p>	<p>The OCA launched the “We’ve Got Your Back” campaign, successfully targeting key audiences through such trade publications as <i>The Hospital News</i>, <i>Benefits Canada</i>, <i>Benefits and Pension Monitor</i>, and the <i>Medical Post</i> and through such consumer publications as <i>Chatelaine</i> and <i>Reader’s Digest</i>.</p>
<p><b>Communications resources put to use</b></p>	<p>The OCA was involved in numerous health-related tradeshow, such as Primary Care Today, corporate wellness fairs and workplace educational lunch-and-learns, where new communications material was presented. These included: <i>Chiropractic Care and You</i>; a package of information on chiropractic in integrated settings; and an electronic presentation, titled The Benefits of Interprofessional Care.</p>
<p><b>Partnerships with other health professionals</b></p>	<p>The OCA took a lead role on committees with other health professionals to develop such guidelines as WSIB fee schedules and Programs of Care, and has worked to foster interprofessional dialogue and to support studies into collaborative care.</p>
<p><b>Member and community outreach</b></p>	<p>The OCA developed and supported grassroots initiatives—such as public education activities, society-sponsored events and riding-level political activism. Ready-made advertorial inserts were created for use by regional societies, and PowerPoint presentations, including an Extended Health Care presentation and a presentation aimed at educating the general public, supported members’ public education activities.</p>
<p><b>Supporting chiropractic research</b></p>	<p>The OCA continues to support chiropractic research. For more information, see page 17.</p>

## OCA Goals for 2007 – 2008

<p><b>Support our members to build healthy, successful practices</b></p>	<p>The newly launched Business in Practice program is one of the many practice-building tools available to OCA members, offering support and training in the areas of marketing, business and practice management.</p>
<p><b>Launch the new and expanded OCA mentorship program: Lending a Hand</b></p>	<p>Following a successful pilot of Lending a Hand, the OCA's mentorship program is set to launch across the province in the fall of 2007, providing valuable personal support for recent graduates and new DCs.</p>
<p><b>Enhance the OCA's Patient Management Program</b></p>	<p>By incorporating user suggestions, PMP will continue to evolve. Currently in development is WSIB and Auto Insurance e-billing. PMP's support team will continue to offer experienced service.</p>
<p><b>Build on advocacy efforts</b></p>	<p>The OCA will continue its multilevel approach to advocacy with specific attention to the fall 2007 election, fostering a positive dialogue and supporting our members' grassroots political involvement.</p>
<p><b>Reach out to our key audiences</b></p>	<p>Through the OCA's ever-expanding outreach to employers, plan sponsors, unions, government and other health care professionals, the OCA will continue to raise the profile of chiropractic in Ontario.</p>
<p><b>Demonstrate chiropractic's value within the health care system</b></p>	<p>The OCA will support the integration of chiropractic into primary health care settings by facilitating interprofessional collaboration and advocating for mandatory continuing education. Efforts will build on public awareness and outreach activities.</p>
<p><b>Build awareness of chiropractic</b></p>	<p>The OCA's "We've Got Your Back" print advertising campaign was designed to foster greater understanding of chiropractic's role in improving quality of life and worker productivity. The campaign's re-launch aims to educate decision makers within the health care and Extended Health Care landscape, as well as the general public.</p>
<p><b>Support grassroots public education activities</b></p>	<p>New public education materials and electronic presentations have been developed to support our members in their presentations and EHC outreach activities, and the OCA continues to be engaged in supporting community events and workplace lunch-and-learns.</p>
<p><b>Improve online access to chiropractic information</b></p>	<p>The OCA's new website, scheduled for launch in late 2007, will feature new content and enhanced usability, ensuring easy access to resources, information and relevant tools.</p>
<p><b>Seek partnerships in health care research</b></p>	<p>The OCA recognizes the value of strategic relationships in supporting chiropractic research. The OCA has worked closely with the Ministry of Health and Long-Term Care and other stakeholders to deliver needed resources.</p>





*“The chiropractor will collaborate with other recognized health care practitioners toward the ideal of teamwork, in which the rights and best interest of the patient are paramount.”*

*—The Ontario Chiropractic Association’s Code of Ethics, Section 8*

## THE OCA REPRESENTS ONTARIO’S CHIROPRACTORS

The Ontario Chiropractic Association (OCA) is a voluntary professional association whose mission is to serve our members and the public by advancing chiropractic health care. Established in 1929, the OCA today represents approximately 2,700 (81%) of Ontario’s practising chiropractors.

The OCA advocates for the provision of chiropractic as an integral component of Ontario’s health care system. In furthering this goal, the association provides professional development tools for its members, and engages in public education activities to generate increased awareness about the benefits of chiropractic care. The OCA provides its members with many services, including:

**Practice management tools** — Members can access practice management training, a mentorship program, and the OCA’s Patient Management Program (PMP), Canada’s most popular practice management software for chiropractic offices;

**Advocacy** — Leveraging key government, Extended Health Care and regulatory influencers through education, grassroots engagement and intervention;

**Public awareness** — With the creation of a unified look and feel for all of the OCA’s communications materials, the OCA has worked to develop a cohesive marketing and communications strategy aimed at articulating the business case and the benefits of chiropractic;

**Value-added partner benefits** — The OCA provides valuable service offerings to its members such as CCPA liability insurance and home and auto insurance through TD Meloche Monnex;

**Member information** — The OCA is committed to keeping its members informed of important government health care policy developments, industry trends, clinical advancements and practice-related issues through the *OCA News*, member bulletins and alerts, and specific issue briefing notes.

## THE BENEFITS OF OCA MEMBERSHIP

### Business in Practice program

Available exclusively to OCA members, the Business in Practice program offers comprehensive business and practice management training that's tailored to suit the individual's practice.

### Advocacy and negotiation

The OCA works to educate and strengthen relationships with government, third-party payers, insurers, employers, unions, media, and health care stakeholders and regulators to advocate on behalf of our members. Through such activities, the OCA speaks on behalf of its members in decision making that affects the chiropractic profession.

### Media relations and issue management

The OCA is active in addressing chiropractic and other related health issues in the news, as well as working to educate representatives of the media and the general public.

### Practice management software

Patient Management Program (PMP) is Canada's most popular practice enhancement software, created by chiropractors for chiropractors. With experienced former CHAs providing the support, PMP has been a trusted resource for practitioners since 1991.

### Liability insurance

OCA members qualify to apply for the profession's own liability protection program for chiropractors. Established by the Canadian Chiropractic Association in 1986, the Canadian Chiropractic Protective Association (CCPA) offers coverage designed to protect both members and the public in the event of a professional liability claim, and it is the most popular liability insurance among Canadian chiropractors.

### Patient-focused practice marketing

The OCA has created a range of patient education materials that members can use in their practices. Province-wide campaigns leverage public awareness and the OCA's media relations activities. At the local level, the OCA subsidizes the marketing and advertising initiatives of regional societies across Ontario.

### Public awareness and education

The OCA's public education programs raise awareness and generate positive media coverage about important health issues related to chiropractic. Seasonal initiatives enhance the credibility of chiropractic in the public domain, and position chiropractors as health care leaders.

## THE OCA INTRODUCES BUSINESS IN PRACTICE

The OCA's newest member service, the Business in Practice program, was developed in partnership with the Gibraltar Group, a Canadian-owned consulting firm that specializes in chiropractic practices. The program offers comprehensive business and practice management training that's tailored to suit the individual needs of a member's practice.

### Management tools for DCs

The OCA's Business in Practice program provides business know-how to help chiropractors plan for all their practice needs, and provides customized instruction to structure and grow their practices. The program's courses, seminars and consulting services give members the tools, and the confidence, to manage challenges at all stages of practice—from setting up a practice and managing debt to planning for the future.

Covering such topics as business planning, networking and effective marketing strategies, Business in Practice provides training that's suited to chiropractic students, recent graduates, CHAs and established practitioners.

*“The program has taught me to look at running a practice from every angle and has enabled me... to do so with confidence.”*

*—Dr. Angela R. Pucci, North York*

## THE OCA ENHANCES ITS PATIENT MANAGEMENT PROGRAM

The Patient Management Program (PMP) is the most trusted and reliable practice management software program available for chiropractors on the market today.

### Created by chiropractors for chiropractors

Available exclusively to OCA members, the PMP was developed by the OCA and launched in 1991.

Backed by OCA support staff who have both technical expertise and real front-line experience in chiropractic offices, PMP offers a range of features that can enhance practice efficiency and effectiveness, allowing doctors to focus on their patients.

PMP manages all patient information, including patient visits, WSIB submissions, reporting, letter writing and more.

In a recent survey, more than 66% of respondents rated the knowledge, communication and professionalism of the support staff as excellent.

### Recent enhancements


The OCA ensures that PMP adapts to changes in technology and to the changing needs of PMP users. To this end, the PMP team is continually developing and enhancing the software.

The conversion to SQL took place in April 2007. As industry requirements change, PMP must be able to adapt, and this new technology is required to support many of these advancements.

In preparation for future advancements, the OCA has secured an additional programmer to increase programming capacity.

Dr Karin Hammerich (a PMP user since 2000) called PMP “Fantastic. The support people are speedy, courteous and, above all, very patient.”





*“We must now move increasingly toward group practice... only in that way are we going to be able to keep the costs from becoming so excessive that the public will decide that Medicare is not in the best interest of the people of this country.”*

—Tommy Douglas, Ottawa, 1979

## INTEGRATION AND THE FUTURE OF HEALTH CARE

Tommy Douglas, the founding father of Canada’s public health care system, had a vision for the future of health care in this country that is now beginning to take shape.

### **Integration is working together for better patient care**

“Integrative health care” is a term that describes teams of health care providers who work together to provide collaborative patient care.

With many different co-operative practice models emerging on the health care landscape—ranging from consultative models to interdisciplinary and integrative approaches—policy makers, health care managers and researchers are beginning to explore the relationship between different practice models and health outcomes.



## ONTARIO MOVES TOWARD COLLABORATIVE MODELS

The Ministry of Health and Long-Term Care's move toward instituting integrated or collaborative health care in Ontario includes the creation of **Family Health Teams** and **Community Health Centres (CHCs)**. Designed primarily to give medical doctors support from complementary professionals, most Family Health Teams consist of doctors, nurses, nurse practitioners, social workers and dieticians, who work collaboratively to provide their patients with co-ordinated care—delivered when they need it and as close to home as possible. CHCs are non-profit organizations that provide primary health and health promotion programs for individuals, families and communities.

CHCs work with individuals, families and communities to encourage greater local and personal responsibility for their health and well-being. They provide education and advice to help families access the resources they need from other community agencies. In this way, the Community Health Centre program contributes to the development of healthy communities.

There are now several pilot projects underway that incorporate chiropractic into the Family Health Team and Community Health Centre models.

Recognizing the diverse nature of Ontario's people and its geography, the Ontario government created **Local Health Integration Networks (LHINs)**. Each LHIN (there are 14 in all) is a not-for-profit corporation that works with local health providers and community members to determine the health service priorities of their geographic area. The LHIN then meets those needs by planning, integrating and funding local health services, including hospital services, home care, long-term care, mental health and addiction treatment, and community support. Primary care physicians will continue to be funded directly by the Ministry of Health and Long-Term Care, rather than the LHINs. Created in April 2006, LHINs took on their full role of planning and funding health services on April 1, 2007. LHINs do not provide services directly but are, instead, responsible for integrating services in each of their respective geographic areas.

LHINs are founded on a principle that community-based care is best planned, co-ordinated and funded at the community level, because local people are best able to determine their own health service needs and priorities. The Ministry of Health and Long-Term Care is handing over nearly two-thirds of the Ministry's budget to LHINs.

*“The OCA is working diligently to keep chiropractic healthy, vital and moving forward in step with the changing health care environment.”*

*—Dr. Bryan Wolfe, President, the Ontario Chiropractic Association*

## THE OCA SUPPORTS COLLABORATION

Recognizing the shift in Ontario’s health care landscape, chiropractors and the OCA have been active in the LHIN consultation process throughout the province, forming important relationships with key decision makers within these new health care administration agencies, and demonstrating the value of incorporating chiropractic into interdisciplinary teams and primary health care settings.

The OCA is working closely with the Government of Ontario to achieve our common goal: the development of an effective, accessible and patient-centred approach to health care in this province. LHINs, Family Health Teams and Community Health Centres are important steps forward, and chiropractic’s contribution is being felt by patients, providers and government alike. The OCA looks forward to continued progress toward health care integration.





*“This new strategy focuses on a client-driven approach, in which health care organizations, the community and the individual work together, and the benefits will be felt across the system.”*

*—Hon. George Smitherman, Minister of Health and Long-term Care*

## CHIROPRACTIC & COLLABORATIVE HEALTH CARE

As Ontario’s health care system embraces more collaborative models, more and more OCA members are choosing to practice in multidisciplinary environments. In fact, a recent survey indicated that the number of members working in such clinics has doubled. Health care practitioners are coming to recognize the benefits their patients derive from collaboration, consultation and integration.

In order to realize the vision of an integrated, preventative model for health care in Canada, the OCA and its members will continue to do their part by working toward a more open, accessible and integrated system.

*“The St. Michael’s program clearly demonstrates the value of chiropractic in an integrated environment and how important it is to train future chiropractors in a multidisciplinary approach.”*

—Dr. Deborah Kopansky-Giles

## CASE STUDIES DEMONSTRATE THE BENEFITS OF COLLABORATION

### Chiropractic in a hospital setting

**Principal Investigators:** OCA members Deborah Kopansky-Giles, DC (Principal Investigator); Igor Steiman, DC; Howard Vernon, DC.

**With:** Jim O’Neill, Inner City Health Program Director; Dr. Philip Berger, Chief, Department of Family and Community Medicine; Dr. Heather Boon, Co-Investigator, University of Toronto; Maureen Kelly, Project Manager; Anne-Marie Tynan, Research Assistant; Chad Leaver, Research Assistant. Collaborating Institutions were the Canadian Memorial Chiropractic College, St. Michael’s Hospital and the University of Toronto. The OCA was also instrumental in helping to secure the MOHLTC grant.

**Funded by:** Ontario Ministry of Health and Long-Term Care: Primary Health Care Transition Fund.

**Project overview:** Chiropractic services are being delivered to an inner city population of Toronto through a partnership between the Canadian Memorial Chiropractic College and St. Michael’s Hospital. Chiropractors are on staff, working in a collaborative model of care with the department’s other health care providers, including physicians, physiotherapists, pharmacists, nurses, social workers and dieticians.

**Goal:** To introduce strategies to improve collaboration between chiropractors and physicians in the co-ordinated delivery of

interdisciplinary neuromusculoskeletal care in a primary care environment; to facilitate co-ordination and continuity of care within a patient-centred model; and to improve access to care for patients who otherwise could not afford care.

**Results:** The project was completed with more than 600 patients accessing care in the chiropractic program. Patients were referred by family physicians, the employee health unit or the Positive Care Clinic (HIV/AIDS). A more than 95% endorsement of “very good” or “excellent” was achieved on the patient satisfaction questionnaires. Clinical outcomes demonstrated important differences in quality of life, including pain reduction, improvement in function and perceived well-being. Physician respondents to the physician satisfaction questionnaire unanimously supported the continuation of the program.

**Conclusions:** Upon completion of the project, both St. Michael’s Hospital and the Canadian Memorial Chiropractic College have committed to continuing the program. Planning is underway at St. Michael’s Hospital for a permanent program, embedded in the Department of Family and Community Medicine. Education initiatives have focused on interprofessional education. It is believed that the model created, not only ensures fair access for patients (this project focused on the inner-city community) and patient-centred care, but can also be generalized to other jurisdictions.



## Chiropractic in a clinic setting

**Principal Investigators:** OCA member Silvano Mior, DC; and Jan Barnsley, PhD.

**With:** Heather Boon, PhD; Pierre Côté, DC, PhD; Brian Gamble, MD; Robert Haig, DC; and Project Manager Janet Hayes, RN.

**Funded by:** Ontario Ministry of Health and Long-Term Care: Primary Health Care Transition Fund.

**Project overview:** This study, which took place in Mount Forest, Chatham, and is still ongoing at the Rosedale Clinic, in Hamilton, builds upon previous Ministry-funded research that proposed attributes for successful collaboration between chiropractors and physicians in the delivery of musculoskeletal care. The model suggests numerous communications strategies to facilitate co-ordination and continuity of care within a patient-centred paradigm. Interprofessional education sessions were a key element of the communications strategy.

**Goal:** To implement a model for collaboration between different health providers, specifically chiropractors and physicians, in the co-ordinated delivery of interdisciplinary musculoskeletal care.

**Results:** The study found significant changes in pain and disability outcomes. Patients reported that pain and disability decreased. As well the

number of patients taking medication for their conditions dropped from 48% to 37%, and medication dosage levels among patients taking medications dropped on average from 12 to 8 doses per week. Education sessions helped to demystify differences between providers, and enhanced understanding of each profession. Co-location was seen as an important but not essential enabler for success. Patients were pleased with the perceived level of interdisciplinary communication and co-operation between physicians and chiropractors, and felt that it resulted in improved continuity of care.

**Conclusions:** This study forms the basis of an effective collaborative model of care. A patient-centred, evidence-based approach to including chiropractic care into primary care results in high provider and patient satisfaction. The creation of an interprofessional education program is seen as an important element of a collaborative model. Co-location supports the effectiveness of interdisciplinary collaboration. Access to health care services is enhanced when cost barriers are removed, especially for vulnerable populations.

## CASE STUDIES: DEMONSTRATING THE BENEFITS OF COLLABORATION (continued)

### Chiropractic in a Community Health Centre

**Principal Investigators:** OCA members Jeff Balon, DC, MD; Dirk Keenan, DC; Peter Aker, DC, MSc; and Michael Birmingham, PhD; Pran Manga, PhD.

**With:** MJ Garner, MSc; David Moher, PhD, and Carlington Community and Health Services.

**Funded by:** Ontario Ministry of Health and Long-Term Care: Primary Health Care Transition Fund.

**Project overview:** Limited access to health care resources for Canadians of low socio-economic standing contributes to acute musculoskeletal disorders developing into chronic disorders. Delisting from the Ontario health care plan made chiropractic care less accessible to people without private insurance. The effectiveness of chiropractic in a low-income urban population is unknown, because there has been limited study of the ability of chiropractors and traditional medical providers to work in a collaborative team.

**Goal:** To examine the impact of introducing a chiropractor into a multidisciplinary health care team, both on traditional medical providers and on patients.

**Results:** Twelve providers were followed for the 18 months of collaboration. The health care teams expressed increased willingness to trust the chiropractor in shared-care cases. Providers shifted their views of the legitimacy of chiropractic from neutral to positive. By study's end, they indicated that chiropractic was safer than anti-inflammatory medication for treating low back pain.

Patients saw significant positive change in health status for both physical and mental composite score. All patients reported significant reduction in current and typical pain. Those with low back pain and neck pain reported significant reduction in disability.

**Conclusion:** This study has demonstrated the ability of chiropractors and traditional medical practitioners to work together in a collaborative multidisciplinary team, and to successfully treat clients of CHCs with complex chronic conditions. Primary health care benefits from the inclusion of a chiropractor in a clinic setting.



## THE OCA SUPPORTS ONGOING RESEARCH

The OCA's involvement in chiropractic research included support for Dr. Mark Erwin in his role as Canadian Chiropractic Research Foundation Scientist in Disc Biology and Chiropractic Research Chair, University of Toronto, and for Dr. Greg Kawchuck in his capacity as Canada Research Chair in Spinal Function and his work on Quantification of Mechanical Low Back Pain.

Funding has also been secured by the OCA through the Ministry of Health and Long-Term Care's Special Chiropractic Research Fund for numerous projects, such as:

- Validation of a Decision Aid Tool for X-ray Use in Patients With Acute Low Back Pain, led by Dr. Carlo Ammendolia;
- A Randomized Controlled Trial to Study the Efficacy of SMT on Non-Ulcer Dyspepsia, led by Dr. Robert Annis;
- Dr. Matthew Barrigar's study, titled Impact of Chiropractic Care in a Chronic Pain Population in an Addiction Recovery Program;
- The Epidemiology and Primary Care Utilization for Occupational Neck Pain in Ontario, led by Dr. Pierre Côté;
- Dr. Jill Hayden's study, The Development, Refinement and Validation of Clinical Predictive Rules for the Management of Acute Low Back Pain in Primary Care Practice;
- Clinical Management of Mechanical Neck Pain: A Decision and Utilities Analysis, led by Dr. Gabrielle van der Velde.

*“My relationship with my MPP has progressed from cordial to me becoming a reliable source of grassroots, health care information.”*

—Dr. Brian Moore, Aurora

## ADVOCATING FOR THE PROFESSION

In 2007, the OCA ramped up its advocacy efforts with all levels of government and bureaucracy. Activities were co-ordinated within the context of the upcoming provincial election, and focused on enhancing access to chiropractic services.

Additionally, local involvement in advocacy by OCA members has helped to raise chiropractic’s profile in communities across the province.

Member involvement at the riding level is a key element to our government relations activities. To support this, the OCA has incorporated a Riding Designates program, in which each riding has one or more chiropractors dedicated to communicating with its MPP or political candidate, regardless of party affiliation.

Riding Designates will maintain positive relationships with MPPs, enabling the members to discuss key issues with these decision makers when called upon by the OCA.

### Funding options advocacy efforts

The Ontario government’s de-listing of chiropractic services in 2004 has been especially harmful to vulnerable populations, which generally do not have private health insurance.

In order to find solutions to this problem, the OCA commissioned the DeGroot School of Business and Ward Health Strategies to provide funding options for “re-listing” chiropractic services for Ontario’s seniors, working poor and those on social assistance.

### Publicly funded X-ray

The OCA continues to advocate for direct access to publicly funded X-ray facilities for our patients.

### Regulated Health Professionals Act—update

The OCA actively participated in the Bill 171 consultations—our voice was heard, although there has still been no movement on two significant outstanding regulatory issues for chiropractors: access to sophisticated diagnostic imaging, such as diagnostic ultrasound and MRI; and access to laboratory testing. We will continue to engage in dialogue with government decision makers on these important issues.



## WORKPLACE SAFETY AND INSURANCE BOARD

### Regional Evaluation Centres

In 2006, the OCA reported it was working with the WSIB to review the Regional Evaluation Centre program (REC). The OCA was successful in ensuring the multidisciplinary nature of the RECs. This was an important issue to our members, as the revised system benefits chiropractic patients.

### Health Professionals Liaison Committee

At the urging of the OCA and other health professionals, the WSIB established the Health Professionals Liaison Committee to assist with identifying and resolving non-clinical, administrative issues for practitioners.

The OCA is one of four professional associations on the fee-setting advisory committee, which is the oversight committee for the WSIB's Programs of Care (POC), fee schedules and other issues of importance to health professionals. Since the adoption of the Programs of Care, the WSIB does not enter into bilateral negotiations with any health profession on fees or any issue that affects other professions.

The OCA is working with the WSIB on a proposed fee-for-service increase, which is now in development.

Current Program of Care activity is centred on chronic low back pain. The OCA's representative in the development of this POC is Dr. Rhonda Kirkwood.

### Auto insurance

Much effort has gone into consultation with the government and insurers on:

- Development of new Pre-Approved Frameworks;
- Attaining inflationary fee increases;
- Establishment of HCAI—ensuring that practitioner rights are protected in the use of the system and that the system is as user-friendly for practitioners as possible.

### Working with Extended Health Care stakeholders

The OCA is focusing much attention on demonstrating the benefits of chiropractic to Ontario's employers, employees and insurance companies. Concurrent grassroots marketing and Extended Health Care strategies, designed to promote the needs of the patient have reinforced these efforts.

Through the OCA's enhanced education and communications initiatives we can continue to improve awareness about the case for chiropractic.



## RAISING PUBLIC AWARENESS

### OCA resource material

The OCA has launched several new public education and communications initiatives in the past year.

#### “We’ve Got Your Back” campaign ads

Research has shown us that there is a need to educate all of our external audiences—including Extended Health Care plan sponsors, employers, unions and other health care professionals—about the benefits of chiropractic. The “We’ve Got Your Back” campaign ads have been designed to do just that.

Their message, tested in focus groups comprised of representatives from each of our key external audiences, emphasizes chiropractic’s role in improving quality of life for patients, and in improving organizational health for businesses.

The five ads have appeared in such trade publications as the *Medical Post*, *Benefits Canada*, *Benefits and Pensions Monitor* and *Hospital News*. They have also appeared in two general-interest publications: *Reader’s Digest* and *Chatelaine*. Additionally, the series of five posters was sent to all OCA members to display in their offices.

### OCA public education material

The OCA’s public education modules—such as “Pack it Light, Wear it Right”; “Plant and Rake Without the Ache”; and “Lift Light, Shovel Right”—continue to be popular among members and the general public.

These modules, used in conjunction with the OCA’s grassroots community outreach strategy, including a public education presentation titled “Caring for Your Back”, give our members an opportunity to interact with their communities while promoting health and well-being.

### Extended Health Care Patient Advocacy Campaign

Among the OCA’s other new initiatives, the Extended Health Care Patient Advocacy Campaign is designed to support ongoing efforts to promote and enhance coverage under Extended Health Care plans. The program’s fundamental message is “When chiropractic is covered, everyone benefits.” The Patient Advocacy Program, therefore, seeks to mobilize chiropractic patients, as members of these plans, to help inform employers and unions about the benefits of covering chiropractic care.

Program materials include a brochure, a poster, a backgrounder and a how-to guide.

### OCA Extended Health Care (EHC) outreach

EHC plans are increasingly important to third-party payers for chiropractic services. At a decision-making level, OCA activities are directed at key EHC stakeholders—plan sponsors, unions, health insurers and benefit plan advisers. As part of this outreach, the OCA has developed a single-fold pamphlet directed at EHC audiences, as well as a member presentation titled Chiropractic Care: Organizational Perspectives.

### Raising awareness with other health professions

The most effective means of raising awareness about the case for chiropractic is through member-driven public education. For this purpose, the OCA has produced a member presentation titled The Benefits of Inter-professional Care, and has had a strong presence at health care-related trade shows.

*“Community involvement is one of our priorities. We are very proud to support the Mikey Network”*

—Dr. Joel Weisberg, North York

## CHIROPRACTORS ARE ACTIVE IN THEIR COMMUNITIES

### OCA members raise funds for the Mikey Network

The OCA's North York Chiropractic Regional Society recently organized the first-ever Chiropractic Community Blue Jay Day, raising more than \$3,000 to support the Mikey Network, a charitable organization dedicated to raising awareness about heart-healthy lifestyles and to placing public access defibrillators in public venues.

### OCA members run for municipal office

The OCA extends its congratulations to members Dr. John Cochrane of Pointe au Baril and Dr. Harold Paisley of Waterloo on their recent elections to public office. The OCA also acknowledges the efforts of Dr. Peter White of Kirkfield and Dr. Bryan Dumanski of Sault Ste. Marie, who ran for office in their respective communities.

### Chiropractor of the Year Award

The 2006 recipient of the association's highest individual honour was Dr. Allan C. Gotlib of Toronto, who has served as the CCA's Director of Research Programs for eight years.

### The Presidential Citation Award

Recognizing contributions and leadership by exceptional individuals toward elevating the profession, this year's recipients are Dr. Silvano Mior of Markham, Dr. Dirk Keenan of Ottawa and Dr. Deborah Kopansky-Giles of Toronto.

### Professional Services Award for Research

The 2006 award was presented to three very deserving OCA members: Dr. Peter D. Aker of Tweed, Dr. Gregory J. Lehman of Kingston and Dr. W. Mark Erwin of Toronto.

### Professional Services Award for Political Action

This award, which recognizes members who have made a commitment through advocacy, lobbying or political activism that raises the profile and understanding of chiropractic in the political arena, was presented to Dr. Natalia Lishchyna of Mississauga.

### The Hearts and Hands Award

This award was established in memory and appreciation of the work of the late Dr. Michael Brickman. The 2006 honouree is Dr. Gordon Lawson of Unionville. Dr. Lawson got involved in micro-enterprise development to provide financial aid to the poor, and has been involved with the Yonge Street Missions for more than 20 years.

### Community Service Award

The 2006 award was presented to Dr. Salima Ismail of Manotick. Dr. Ismail took a leadership role in fundraising to restore her community Royal Canadian Legion.



## OCA STRUCTURE

The OCA Board of Directors is grateful for the continuing support of its members and is looking forward with enthusiasm to the year ahead.

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Treatment That Stands Up.

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