

The California Chiropractic Association
and the
Foundation for Chiropractic Progress present:

Preparing for Lobby Day 2018
“Lobbying 101”



How do I do it?

- I am going to be very direct, very blunt and potentially offensive in making the next few points, they are about you and how you present yourself.
- I am **not joking** with any of the following: Get a haircut, shave, shine your shoes (shoes not athletic wear), gentlemen—remove any visible piercings; ladies—tone down any piercings, keep your jewelry conservative and not flashy.
- This is not a time for “personal expression” this is a time to look like the people you want to talk to and their staff. If your appearance is not what they are used to, your message will be harder to hear.

How do I do it?

- The goal is to look like the people you are speaking to—gentlemen—conservative blazer or suit (read: no golf shirts or Tommy Bahamas wear), an appropriate tie, dress slacks (read: no jeans).
- Ladies—dress, skirt, slacks, and/or jacket, neat and nothing over the top. Attractive but not flashy is the desired look. Keep the jewelry and cleavage to a minimum. Footwear—same idea, attractive without being flashy—remember you will be doing a lot of walking at the Capitol!

How do I do it?

- For some, this will be your first time in the Capitol, sitting down with a member or their staff—the environment can be intimidating. Respect where you are and the importance of it, but don't be overwhelmed by it.
- For some, “lobbying” has an untoward or sleazy feel to it—don't think of it as “lobbying.” Think of it as **problem solving**—it might be your problem, it might be your patients' problems, it might be your community's problems—the goal remains: **problem solving. You are there as part of a solution.**

How do I do it?

- You now know where to go, the tasks of the day (in broad brush terms), how to look, the attitude to bring. You will be part of a team, you likely will not be acting alone, in fact, try never to be acting alone. You be the ears when your teammate is speaking, and you be the voice when they are listening.
- Be respectful of the people you are speaking to regardless of their role. From interns working in an office to an Assembly member or Senator, be respectful.
- Remember, the two things an elected representative has in limited supply is their vote and their time. They can get more money, more supporters etc., but they can't get more time or more votes.

How do I do it?

- If time is such a precious commodity, you need to make the most of it!
- Rehearse, rehearse and rehearse. This isn't your office where you are comfortable and in control. This is their turf, their rules, their customs, they are in control. Respect these facts.
- Don't waste your time buttering them up, bragging on them, or telling your favorite story about them. You are there to get your message heard. Be grateful for their time and get to work as quickly and politely as the situation allows.

How do I do it?

- CCA will provide themes for your conversation and talking points for each theme. Stay on the themes, follow the talking points.
- The primary goals of CCA's Lobby Day 2018 are:
 - Friend-making
 - Information dissemination
 - Idea delivery
 - Trusted resource image creation
 - Reconnaissance collecting

How do I do it?

- Friend-making

- You are not looking for someone to play golf with or go to a ballgame with.
- The friend-making here is to create an exchange where you and your input are welcome.
- This means you do not challenge them, you do not put them on the spot demanding a position answer, and you do not make them be wrong.
- The goal, in the presence of opposition is to move the discussion from a binary situation to a multiple option situation. That is there is another way, they don't have to be wrong to be with you.
- Friends don't demand of friends. Be gentle, be consistent, be friendly!

How do I do it?

- Information dissemination
 - NEVER lead with printed materials—the minute they are introduced they then get the majority of the attention of the person you are speaking to and they stop hearing you and continue reading what you put in front of them.
 - Printed materials are leave behind, conversation closing, things for them to look at after you have left.
 - You can't drink from a fire hose -- don't blow people away with rapid fire, high power streams of data. Let them know good, solid, reliable data exists and go from there.
 - Be careful not to speak in absolutes. You do not have THE answer, you MAY have AN answer.

How do I do it?

- Idea delivery

- The most useful thing you can offer a member or their staff is a new way, or a new reason to look at things.
- Trim your input down to succinct ideas and strategies as to how your idea will improve the situation.
- Create language pictures that make your idea logical, easy to understand and relatable.
- Present your ideas in an alternative manner, avoid causing them to need to be wrong in their current view to be able to entertain your view.

How do I do it?

- Trusted resource image creation
 - An absolute homerun in this effort is for you and the CCA to emerge from the conversation as a trusted resource who is willing to help them do a better job on your issues as well as their own.
 - Never, never, never lie. Don't over-speak your data. If you don't have an answer say so—don't wing it, or ad-lib an answer that can later be verified and you look like an idiot.
 - Follow through—if you promise to track down a data point, provide an article or an analysis DO IT. Give them a date by which you will get back to them and make your deadline.
 - Be reasonable, rational and logical. The more extreme your view the harder it will be to be heard.

How do I do it?

- Reconnaissance collecting

- One of the most important things you can do is to feed areas of interest, areas of concern, pet projects, etc., back to CCA so that they can be included in future conversations and can be built upon.
- Be very honest in your feedback. If the response was bland and pure vanilla, don't try and be a hero by reporting more than there was. If they didn't give you the time of day, CCA needs to know that as much as they need to know the Assembly members mom is under chiropractic care and she loves her chiropractor.
- Feedback from the member is great, but so is feedback from the staff. Every possible entry point to be amplified needs to be conveyed.

The problems

- In the U.S., as well as worldwide spinal pain is the #1 cause of disability (1)
- In the U.S. we spend \$600 billion addressing pain, 20 times the entire budget of the National Institutes of Health (NIH) goes to dealing with pain (2)
- Spinal pain results in 25% of all opioid scripts in the U.S. (3)
- Opioids are killing 175 Americans every day (4)
- Americans consume 99% of the world's production of hydrocodone (5)
- Opioids are ineffective or harmful in dealing with chronic pain (6)
- Opioid users are 40 times more likely to use heroin (7)

Our solutions conversation:

- Chiropractic care is an answer to a portion of the opioid and chronic pain crises in California/USA
- Chiropractic care is one of the most cost-effective approaches for spinal pain
- Chiropractic care is safe
- Patients of chiropractors express high levels of satisfaction

Chiropractic care is an answer to a portion of the opioid and chronic pain crises in California/USA

- “...nearly a quarter of the opioid prescriptions written in the U.S. are for low back pain, medical guidelines often recommend against it.” (8)
- “...when you look at the IOM report, the FDA guidelines, and the CDC guidelines, all of them recommend that non-opioid and non-pharmacologic approaches be the first approaches in dealing with chronic pain...(9)
- “The adjusted likelihood of filling a prescription for an opioid analgesic was 55% lower among recipients [of chiropractic care] compared with nonrecipients” (10)

Chiropractic care is one of the most cost-effective approaches for spinal pain

- “OBJECTIVE: To investigate the cost-effectiveness of SMT compared to other treatment options for people with spinal pain of any duration...CONCLUSION: This review supports the use of SMT in clinical practice as a cost-effective treatment when used alone or in combination with other treatment approaches.” (22)
- “Approximately 42.7% of workers who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor” [this is on a case equivalent basis] (23)

Chiropractic care is one of the most cost-effective approaches for spinal pain

- “Overall, cost comparison studies from private health plans and WC plans reported that health care costs were lower with chiropractic care.” (24)
- “This study found that older multiply-comorbid patients who used only CMT during their cLBP episodes had lower overall costs of care, shorter episodes, and lower cost of care per episode day than patients in the other treatment groups.” (25)
- “Chiropractic care alone or DC with MD care incurred appreciably fewer charges for ULBP than MD care with or without PT care. This finding was reversed for CLBP. Adjusted charges for both ULBP and CLBP patients were significantly lower for DC patients” (26)

Chiropractic care is one of the most cost-effective approaches for spinal pain

- “Chiropractic care alone or DC with MD care incurred appreciably fewer charges for UNP or CNP compared to MD care with or without PT care, when care included referral providers or services.” (27)
- “Utilization and expenditures for headache treatment increased from 2000 to 2009 across all provider groups. MD care represented the majority of total allowed charges in this study. MD care and DC care, alone or in combination, were overall the least expensive patterns of headache care. Risk-adjusted charges were significantly less for DC-only care.” (28)

Chiropractic care is safe

- A chiropractor in Sacramento, California can purchase a \$1 million/\$3 million professional liability policy for less than \$2,000 a year
- In 2015, in Sacramento similar coverages for medical doctors (11) were as follows:
 - Internal medicine--\$5,100.00
 - General surgeon--\$21,118.00
 - OB/Gyn--\$22,165.00

Chiropractic care is safe

- Short-term soreness is known to follow chiropractic care but serious adverse events following chiropractic care are rare. Short-term soreness under chiropractic care is no greater than with other manual care

“Existing literature indicates that benign adverse events following manual treatments to the spine are common, while serious adverse events are rare.” (12)

“We judged the quality of evidence as high that transient minor musculoskeletal adverse events are common following SMT, although they may be equally common following non-SMT manual therapy.” (13)

Chiropractic care is safe

- Risk of injury among Medicare recipients is lower following chiropractic care than primary care medicine
 - “among Medicare beneficiaries aged 66 to 99 years with an office visit for a neuro-musculoskeletal problem, risk of injury to the head, neck, or trunk within 7 days was 76 percent lower among subjects with a chiropractic office visit than among those who saw a primary care physician.” (14)
- Risk of injury following use of alternatives to chiropractic care such as NSAIDS is higher than under chiropractic care
 - “Some of our included reviews indicate that NSAIDs involve a substantially higher risk of SAEs...than SMT” [SAE=Serious adverse events, SMT=spinal manipulative therapy] (15)

Chiropractic care is safe

- Most studies of spinal manipulative therapy don't even mention any assessment of adverse events
 - “In the 26 RCTs of SMT for acute low back pain...18 publications made no mention of any assessment of adverse events, 3 publications made general comments about adverse events (“no adverse effects were documented...”), and 5 publications reported on specific adverse events, none of which were judged to be related to the treatment...” (13)
- Known risks of serious side effects by intervention (21)
 - Spine surgery 1,800/1,000,000
 - Use of NSAIDS 153/1,000,000
 - Use of prescription opioid medication 53.6/1,000,000
 - Chiropractic care <1/1,000,000

Chiropractic care is safe

- Chiropractic care has not been identified as a cause of vertebral artery dissection leading to stroke:
 - “We found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care.” (16)
 - “We found no significant association between exposure to chiropractic care and the risk of VBA stroke.” (17)
 - “There is no convincing evidence to support a causal link between chiropractic manipulation and CAD” (18)

Patient satisfaction with chiropractic care

- Of the 3,562 back-pain sufferers who sought care from nondrug practitioners were more likely to say it helped compared with those who sought care from medical doctors. But insurance often doesn't cover "alternative" care" (19)
- Make your first call to a professional who can assess your problem, such as a primary care physician or a chiropractor. "In most cases, you won't need a specialist," (20)
- A referral makes sense when conservative measures have failed to address your back pain. "A well-trained chiropractor will sort out whether you should be in their care or the care of a physical therapist or medical doctor" (20)

Patient satisfaction with chiropractic care

- “95% of past-year chiropractic users say it is effective” (21)
- “97% of past-year chiropractic users are likely to see a chiropractor if they have neck/back pain” (21)
- “89% of past-year chiropractic users recommend it to family and friends” (21)
- “88% of past-year chiropractic users agree it’s a good value for the money” (21)
- “Three in four patients describe chiropractic care as ‘very effective’” (21)

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