

The AMI Study

The MAC Research & Technology Subcommittee regularly evaluates scientific research and studies regarding the effectiveness, efficiency and safety of chiropractic care. One of these studies, known as the “AMI Study,” is outstanding empirical evidence that chiropractic care reduces health care costs by substantially reducing the number of hospitalizations, hospital days, outpatient surgeries and procedures, and pharmaceutical costs.

This study has been an integral part of the MAC’s campaign to educate lawmakers and other important health care policymakers regarding the truth about chiropractic care. Below is a summary of the study and its three-year follow-up, which showed even greater decreases in the benchmarks mentioned above.

MAC members can access the full studies in the “Members Only” section of the MAC website, www.chiromi.com. To access the “Members Only” portion of the website, you will need your user name (your last name, all lower case) and password (your MAC billing number, which can be found on any invoice you receive from the MAC). If you cannot locate your billing number, contact the MAC office at 1-800-949-1401 and we will assist you.

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“Clinical and Cost Outcomes of an Integrative Medicine IPA,” *Journal of Manipulative and Physiological Therapeutics*. June, 2004; 27(5): 336-347

In 1996, a large HMO serving the needs of more than 600,000 people in the Chicago area was approached and asked to consider the merits of gathering data on a system of health care that emphasized the use of complementary and alternative medicine (CAM). The idea behind the approach was to build an integrative system of health care using primary care physicians who specialized in nonpharmaceutical and nonsurgical approaches, and then to compare patient and provider data from that system with more traditional HMOs. An independent provider association (IPA) named Alternative Medicine, Inc. (AMI) was created to serve as the new integrated health care system.

In the chiropractic network, DCs performed all patient examinations, treatments, and procedures at their own discretion. Recommended follow-up visits, choice of appropriate treatment, and ancillary therapies utilized did not require approval from a medical director.

A comparative analysis of clinical and cost outcomes found decreases of:

- 43 percent in hospital admissions per 1,000
- 58.4 percent in hospital days per 1,000
- 43.2 percent in outpatient surgeries and procedures per 1,000
- 51.8 percent in pharmaceutical costs

The study noted that, “The AMI experience seems to indicate that a nonpharmaceutical/ nonsurgical orientation can reduce overall health care costs significantly and yet deliver high quality care.”

The authors also stated: “At the very least, this analysis has demonstrated that a select group of chiropractic physicians successfully functioned in both a safe and effective manner as [primary care physicians] in a classical gatekeeper HMO model. Second, it has demonstrated that these same chiropractic physicians were capable of initiating and coordinating care for patients

with a broad spectrum of disease states, representing a wider variety of diagnostic presentations than is commonly seen in most chiropractic offices. Third, the magnitude of improvement in both clinical and cost outcomes compared with normative values is so large that it is difficult to dismiss as purely coincidental to population bias and nothing more.”

A three-year follow-up study (JMPT, May 2007) that added other CAM-oriented primary care physicians using a nonsurgical/ nonpharmaceutical approach demonstrated even greater reductions in both clinical and cost utilization, as follows:

- 60.2 percent in hospital admissions per 1,000
- 59 percent in hospital days per 1,000
- 62 percent in outpatient surgeries and procedures per 1,000
- 85 percent in pharmaceutical costs

