Dynamic Chiropractic

HEALTH & WELLNESS / LIFESTYLE

CAM: Chiropractic-Acupuncture-Massage, Complementary-Alternative-Medicine, or Chiropractors-Accepting-Mediocrity?

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How quickly acronyms appear in our language, taking on significant meaning and ultimately becoming part of the culture. We have just gone through Y2K, which will soon be in the dictionary as a word with all its attributed meanings. "CAM" (chiropractic-acupuncture-massage) has now achieved such a distinction.

CAM is being heralded as a viable model of health care delivery. No longer is a procedure that does not meet the traditional medical establishment rules and requirements met with disdain, nor does it carry with it the stigma previously attributed to alternatives. What has happened? What are the subtle issues relative to the embracing of CAM?

TRIAD Healthcare commissioned a national survey asking questions about complementary care that was released on January 10, 2000, conducted by Sorelli B, a research and development company specializing in health care for the "boomer consumer". Sorelli B conducts a quarterly national tracking study of boomer attitudes toward, and use of, health care. For more information visit www.sorelli-b.com .

The findings were significant. A few highlights:

- Americans are willing to spend more for a visit to a complementary health care practitioner than they are for a visit to a traditional physician.
- Respondents report that they return to normal activity faster following complementary treatment than they do with conventional treatment.
- More than 40% of all adults think that chiropractic and massage therapy benefits should become core components of their health plans.
- The study showed that consumers want the coverage, but even if such benefits are not available to them, they are ready to spend more for CAM services - specifically chiropractic care - than for traditional medical care.
- "Out-of-pocket" price insensitivity doesn't spill into monthly insurance payments. Only about 20% of those consuming chiropractic services in the past year would agree to up their premiums by $10 or more per month for chiropractic coverage.

There are many more significant findings from the study, which you can read by visiting the website. However, I would like to focus on a few CAM programs advertised and promoted that are actively embraced by many payers, HMOs, insurance companies and IPAs offering chiropractic services. The approaches suggested will ultimately spell disaster for doctors of chiropractic and all other alternative providers.

Headlines tout added benefits, potential for new patients, exclusive network availability, and increased access for patients to visit a doctor of chiropractic, acupuncturist, naturopath and massage therapist. The hoopla and fanfare surrounding these announcements also state words to this effect:

1. direct access to the DC: no more gatekeeper;

2. no more claims forms or paperwork to complete;

3. patients pay cash for your services;

4. you discount your fee, from 25% to 40%;

5. members without benefits will now be able to avail themselves of your services;

6. insurance companies, HMO and networks take credit for providing this wonderful benefit.

Let's analyze these so-called "benefits" in light of the Sorelli B study to determine if the light at the end of this wonderful tunnel is an oncoming train. The ingredients in this mix are volatile, with the potential to destroy any significant future growth for chiropractic and possibly undermine previously attained inclusion in basic benefits.

The Sorelli B study suggests that Americans are willing to spend more for a visit to a complementary health care practitioner than for a visit to a traditional physician. The reason is quite simple - Americans have had medical benefits paid for them under a health care plan for 50 years. Most Americans have NOT had to pay for "medical services" and thus view them as a necessary core benefit, while all other services such as chiropractic, are seen as add-on benefits. Unless chiropractic becomes a necessary core benefit service included in the basic offering of every health care plan, the only way to access the DC in the future will be outside the traditional reimbursement system.

This will be a giant step backward for a profession that has labored long and hard to become included in "equality" legislation and other core benefit programs. The essence of our legal and legislative challenge was: "If a benefit program provides coverage for a particular service, the type of provider who delivers that service should not be a factor in the patient receiving the benefit." The fundamental legal, legislative and popular positions taken by the chiropractic profession have been consistent with patient access, equality, choice and nondiscrimination of provider. The programs being offered as so-called "benefits" fly in the face of this core concept.

The Sorelli B study further finds that more than 40% of all adults think that chiropractic and massage therapy benefits should become core health plan benefits. The general population is clamoring for chiropractic to be in the core benefits, and these so-called benefit access programs are systematically denying the very potential of such a thing occurring. Why should any company, employer or HMO consider making these services a core benefit when they can get the public relations benefit of making these services available, yet pay nothing?

Most companies have a mindset that adding chiropractic benefits will increase costs. Most do not

consider the fact that the inclusion of chiropractic care can (and does, according to some studies), reduce the need for some surgeries, decrease lost time, save money, and assist speedier recovery. The significant questions for each DC to ask are: How will any data be accumulated if the profession operates outside the system on a patient-pay, "no-data" system? How will chiropractic be able to substantiate the value of cost shifting and cost savings as long as these types of programs continue to proliferate?

Finally, Sorelli B suggests that "out-of-pocket" price insensitivity doesn't spill into monthly insurance payments. Only about 20% of those using chiropractic services in the past year would agree to have their premiums raised by $10 or more per month for chiropractic coverage. Herein lies the real challenge for chiropractors. The consumer wants the service, yet few are willing to pay increased premiums for it. However, they are willing to pay more out of pocket than they do for traditional care. The use of chiropractic services will continue to decline. I would anticipate only those who truly require chiropractic service and who have exhausted all the core benefits available under their plans will use them. The DCs who accept the patient payment of cash with no health care network forms are limiting, not increasing, the availability of patients in a very adverse selection process. Additionally, good risk protection means keeping as complete a record for the direct-access "discount" patient as is required for any other patient.

The CAM proposals are essentially akin to the lure of the siren of Greek mythology. For the moment, CAM offerings appear to be a respite from the drudgery of compliance and accountability: a way to serve patients and return to the old fee-for-service model. All this might sound good for the moment, but it is devastating in the long term. This is a major concern for practitioners and the profession as a whole. Currently inclusion of chiropractic into core benefit programs appears impossible. The data to support the value and necessity of chiropractic services in helping to reduce and shift costs, improve quality of life for the worker and ultimately provide the kind of health paradigm to support the advancement of CAM, will be impossible to measure and document. Without significant data, no program for inclusion of chiropractic can be realized.

CAM services are accepted by the consumer, who wants them provided in some fashion. The medical establishment is trying to provide them under their guise, and the system is trying to provide them at no cost.

The DC will ultimately need to recognize that most CAM services have not reached the levels of licensure, acceptance, prior reimbursement mandates, and research documentation achieved by chiropractic at tremendous cost. To those advocating CAM services, any program that includes them in any fashion is viewed as advancing their cause. To the chiropractic profession, it is a completely different issue.

The Sorelli B study is worth reading carefully. The direction taken by the profession today in many of the programs currently being offered will significantly affect the advancement of the profession tomorrow.

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