

## We Get Letters & E-Mail

"Treat Patients for What They Need, Not What the Insurance Pays"

Dear Editor,

I am a chiropractor from Canada and have practiced in Australia and Greece. I have been reading *DC* for years now. I read most of the articles except those pertaining to U.S. politics, new laws, changes with HMO, etc., as they don't apply to me. In your latest edition, you wrote about the drop in reimbursement from ASHP. I have been willing to write about it for a while and now it's time. I recently visited a friend of mine in Maine and he told me the same with despair.

Here is my viewpoint: I have a lot of relatives who are chiropractic patients in the states. When I ask them the treatment they receive, of course, it includes chiropractic adjustments, but also adjunctive therapies. They don't know how much the chiropractor charges because they bill the insurance company directly. Evidently, the treatment is related to how much and what the insurance pays, not what the patient needs.

Of course, if the insurance pays for cold packs the chiropractor does it; electric stimulation - the chiropractor does it; soft tissue work - the chiropractor does it; and the list goes on and on. By cutting the reimbursement, chiropractors milking the system will have to reorganise their treatments because the insurance has decreased their money. In the meantime, patients will wonder why chiropractors have suddenly modified their care. Unless chiropractors want to do the same work for less money, they will start doing less to the patients simply because they receive less money.

As you notice, patients don't receive the care they need, but rather what the insurance pays. I don't like insurance companies simply because they are there to make money. Most don't have a clue about health. It was only a matter of time before they realised the abuses in the system, and they are changing it now. Most likely, those complaining the most are the ones who used the system the most. They should be grateful for what they got.

Treat patients for what they need, not what the insurance pays!

*Andre Lajoie,DC  
Charny, Quebec  
Canada*

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How a Practitioner-Owned Company Does Business:

Dear Editor,

As the president and chief executive officer of complementary health care plans (which include ChiroNet, AcuMedNet, NaturNet, and CHP Massage Therapy) I read with interest your article "ASHP Drops Reimbursement to \$30 Global Fee - 1999 Withholds Will NOT Be Returned (Volume

18, Number 17, August 6, 2000). I thought your readers would be interested in knowing how a practitioner-owned company does business:

- First, all practitioners, regardless of discipline or specialty, deserve fair reimbursement rates. The Complementary Healthcare Plans (CHP) group does not employ a withhold. In our organization, fee schedules and shared risk are tools of fair reimbursement. CHP reimburses its practitioners at 70 percent of premiums, not including copayment. Our reimbursement goal is to do better.
- Second, CHP's practitioners are not forced to use a rigid pre-treatment authorization process. All our pre-paid programs are direct access, with patients self-referred. CHP has never used referral or pre-treatment programs in its prepaid programs. How successful has CHP been? We've done it this way for over ten years.
- Third, practitioners and employees own CHP. There are no institutional investors and no venture capitalists demanding high returns on investments. All proceeds are reinvested to expand the company. How stable is CHP? Our practitioner turnover has been less than two percent over ten years.
- Fourth, CHP spends approximately 50 percent of its administrative expense on three provider-related activities: credentialing, utilization management, and quality management. CHP believes practitioners should be managed clinically before they are managed administratively. How successful have we been? Again, look at our network stability.

CHP maintains and promotes a value system that integrates business and clinical components within the organization: neither is subordinate to the other, so the patient focus of our practitioners is never diverted.

Health care practitioners, whether complementary or allopathic, regardless of discipline, have a right to be treated with respect. Health care practitioners have a right to fair reimbursements. The corollary is that organizations like CHP have a right to hold practitioners accountable for their actions. Have we done a good job? Check our turnover rate. Practitioner complaints are virtually nonexistent. Member complaints are a low two percent per 1,000 members.

CHP works with its practitioners to make the system work - for the patient, the practitioner, and the payer. CHP is patient-focused and evidenced based in its philosophy and practice. CHP strongly believes in its ethical values of service, quality, trustworthiness, and fairness. We view our chiropractic practitioners as "partners" rather than "suppliers."

Quality-focused organizations like CHP exist because practitioners demand them. Lesser organizations exist because practitioners allow them. The chiropractic community can effect change!

*Richard D. Brinkley*  
*President, CEO, CHP*  
*Portland, Oregon*

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ASHP: The Plan That Wouldn't Die

Dear Editor,

I was delighted to hear in the August addition of *Dynamic Chiropractic* about ASHP's huge profits. This means that the insurance companies are paying Mr. DeVries' company a sum much greater than what the provider doctors are receiving for their services. This is not such good news, unless, of course, the chiropractic profession considers forming its own not-for-profit IPO. Considering the margin that middleman Mr. DeVries is receiving, that would translate into much higher compensation to the provider doctors while at the same time offering competitive or lower costs to the insurance companies.

If such an organization were formed, I would suggest the following guidelines:

1. The network should include any willing provider IPO. By limiting ASHP's membership to approximately 20 percent of the chiropractors in an area, they were able to divide our profession into the "haves" and the "have-nots." Those wishing to stay in the 20 percent of the "haves" that received the majority of insurance patients have been subjected to accepting lower and lower compensation or becoming members of the 80 percent who are the "have-nots." Remember the saying, "united we stand, divided we fall?"
2. Start-up fees should be kept low enough that even your first-year doctor can be a provider. In addition, there should be no yearly fees.
3. Paperwork should be kept to a minimum. This should not only save doctors time and money, but reduce costs for the IPO as well.

Isn't it about time chiropractors controlled their own destiny? Will we complacently stand around while middlemen like DeVries get rich exploiting the talents and hard work of our profession? We have a lot of great business minds within the chiropractic community. I'm planting the seed, now let's see what some of those great minds can grow.

*Dr. Raphael Vacco*  
*Escondido, California*

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Stop Taking This Lying Down!

Dear Editor,

The best way to combat companies such as ASHP, ACN and TRIAD is to do what I do: Either resign or do not recredential. If all chiropractors followed their consciences and quit these ridiculous plans, we would all be better off.

These plans would be forced to negotiate a better, fairer deal with us tomorrow. Act now! Fight and stop taking this lying down!

*Peter Hill,DC,MPA*  
*Boston, Massachusetts*

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"I Would Like to Get on the Select Plan"

Dear Editor,

I have just finished reading the interview with ASHP's finest. In the past I haven't worried much about ASHP and what they had to offer and their impact on health care. I am a preferred provider on the network and I am allowed to treat scraps of PPO patients. I have been on the plan for several years and I can honestly say that I probably got 10 patients referred to me from ASHP. Not much of an impact.

I was never worried about being an HMO provider because my practice was doing well and still is. But I am now seeing more and more patients come in under the HMO to which I have to send to my partner who is on the Select HMO plan. I also recently logged on to ASHP's website and curiously typed my name into their provider seeking area. My name came up as a nonprovider. I was shocked, since I am a preferred provider. I called and they said that we don't acknowledge preferred doctors on the web page. Well why not? They had no answer.

I am now at the point where I would like to get on the select plan so I don't lose the patients I have. I'd hate to come to work one day and see I am losing old patients as fast as I can get new ones. Sallie Mae won't be happy. So, I asked to apply for the select plan. I knew what the answer would be. "We already have the maximum amount of providers in your area. If a spot becomes available, you might be selected. We do have plenty of spots open in Truckee." I believe that this topic of closed networks has gone way too far. I believe that if a doctor is qualified and is willing to pay processing fees, he should be allowed to be in a plan.

No matter what the plan is, I will give a patient the time and treatment that they need, not just what the plan pays for (which is another joke, but I do it anyway). Down the road is a guy that adjusts them and shoves em' out the door as quickly as possible. He's on the Select network and having a great life. Is it because he gives better treatment or because he's more qualified? I don't think so. It's a shame that health care is run this way.

Why wasn't this topic discussed in your interview? I believe it should be one of the first questions asked every time you run into these people. I'm sure the majority of the chiropractic population would like a straight answer, other than "That's what our contract says and that's what the insurance companies request." No, what's the real reason? And at the same time each chiropractic college student should be notified that when they graduate they will be responsible for a \$1,000 per month school payment, but ASHP is closed. It would be great to have a big sign at the registrar's office: STOP BEFORE YOU SIGN HERE, HEALTH PLANS ARE CLOSED!

*David A. Sommer,  
DC, CSCS, RSMT, CSMT  
Simi Valley, California*

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"Reduces the Chiropractor from the Role of Doctor to the Role of Technician."

Dr. Editor,

The global fee is one problem with ASHP. The ASHP contract limits the chiropractic scope of practice by making chiropractors refer to a primary care physician for MRI and CT. There are many forms of gatekeeper. This particular form reduces the chiropractor from the role of doctor to the role of technician.

I have no doubt that some chiropractors will hurt the profession by only thinking of their

immediate gratification and signing with ASHP. I hope the overwhelming majority of chiropractors value what they do and the services they perform.

*Dr. Anthony DeSiena,DC  
Eugene, Oregon*

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"Have Some Dignity"

Dear Editor:

The complaints about ASHP never stop, but each complaint is always followed by something like "I would drop them except too much of my practice relies on them." ASHP will never dramatically change because chiropractors are complaining. If you don't like what they are doing, drop them. Have some dignity. What they are doing is horrendous for the chiropractic profession and the only way things will change is if enough chiropractors quit. It's illegal for anyone to organize a boycott, so if that's what you're waiting for, you have a long wait. If you think what ASHP is doing is hurting rather than helping the chiropractic profession, should you be supporting them? How can you ever support something that is leading to your destruction? In the long term - and for me, even in the short term - dropping them will only help your practice.

*Doug Roche,DC  
San Diego, California*

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"Educating the Public Will Continue to be Near-Impossible"

Dear Editor,

Graeme Blennerhassett's article in the July 10 *DC* misses the mark. Although he eloquently states the facts supporting the value and necessity of chiropractic (according to a definition of chiropractic shared by so many of us), the public will not and cannot understand until our colleges and chiropractic institutions adopt the same view. Presenting a single definition and philosophy as a unified profession would turn the health care industry topsy-turvy. Until then, educating the public will continue to be near-impossible because they continue to get conflicting definitions from within and without the profession.

*Robert L. Smith,DC*

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"A Credible Way for Chiropractors to Present Their Care"

Dear Editor,

In reply to Don Murphy's letter, "Why Maintenance Care," *DC*, July 10, 2000: Unfortunately, the term, "maintenance care" tends to be tarnished by outlandish claims and "entrepreneurial" usage. To disassociate themselves from this, many chiropractors ultimately champion symptom-based care.

When explained in sound biomechanical, pathological and physiological terms, sensible

maintenance care is wonderful - virtually all spinal problems we deal with justifiably need long-term chiropractic care to rehabilitate, and symptom-based care usually leaves a chronic spinal condition which will continue to damage the spine.

Some of the principles behind this were covered in my article in the same July 10 edition of DC. The complete reasoning, available in my book, "How to Get Rid of Your Back Pain...So It Stays Away," is a credible way for chiropractors to present their care.

To test this, I invite those who think along the lines of Don Murphy to attempt to refute any of the models presented in the book.

*Dr. Graeme Blennerhassett  
Bairnsdale, Australia*

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"Extreme Irony"

Dear Editor,

I couldn't help but find the extreme irony in the letter "Crystals! Acupuncture! Yoga! What's next?" from Dr. Lawrence of Toccoa, GA, in your June 26, 2000 issue. At first I thought it was just another case of a doc being upset by therapies not understood. But as I read on, I realized it all sounded eerily familiar. Before I tell you why, try this exercise. Using Dr. Lawrence's letter, replace the word "chiropractic" with the phrase "allopathic medicine." And when he refers to yoga, acupuncture, and other forms of alternative care, change those references to "chiropractic." Voila! Right before your eyes you'll recognize the same narrow-minded prejudice and fearful attitudes that have been heaped upon our beloved profession by the "anti-quackery" crusaders of the AMA. Instead, this time it is a chiropractor conducting the witch-hunt.

We have gained some status and power in the health care system "food chain" and the shoe is now on the other foot! Are we going to "wear it well" or just "go home and kick the dog with it"? It would be a shame if history is so soon forgotten and chiropractors, yesterday's underdogs and champions for freedom of choice, become tomorrow's bullies.

*Steve Koc,DC  
Independence, Oregon*

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When Adjusting Animals, the Law's a Bear

Dear Editor,

Interesting article in your July issue on Dr. Kyle Goltz with a veterinarian adjusting a bear. I trust your article will not give "Charlie Chiropractor" the idea that he can adjust animals of his patients or otherwise, and that would be OK with the law.

This issue was recently brought to the attention of the California Board of Chiropractic Examiners (CBCE). They responded: "A few years ago, the California Board of Veterinary Medicine was going to enact a regulation which would have permitted the referral of animal patients to licensed chiropractors. However, this was stopped. This would have caused the chiropractors to violate the law since Title 16, Division 4, Section 302 (CBCE regulation) states that a chiropractor may

manipulate and adjust the spinal column and other joints of the human body." They even sent out a memorandum to this effect. I would hope that any interested chiropractor would read the state law first; if the term "human body" were therein, it would be a violation thereof.

If the CBCE would approve a curriculum for DCs to take and qualify before they could adjust an animal patient, that might be a different story, if such were adopted by their state board. The vets are as proud of their practice as MDs are of theirs, and DCs must be careful if they choose to violate these other acts.

*Robert B. Jackson, D.C., (Ret)*  
*Jones, Oklahoma*

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What? No Complaints?

Dear Editor,

I just finished reading the results of the poll question, "How is your practice compared to five years ago." Several of the comments on the "worse" side of things forced me to comment.

I graduated in December of 1997 from NCC. I moved out to Phoenix knowing only one fellow chiropractor and my dog - to a market many would say is saturated with chiropractors-and started my own practice from ground zero.

Here I am two and one-half years later. I've kept my overhead very low and spend about a half-hour with every patient. I see about 40 patients a week. And collections are well into the five-digit range per month. Every day is fun. Stress is a word I practically have to look up in the dictionary to remember what it means. The future's "so bright I have to wear a welding shield!"

Can anyone out there with a negative attitude toward chiropractic today tell me how I, a brand new student starting from nothing, can be on the way to building a solid practice - and yet while more established doctors, with more experience and a patient base on which to build, are having such a hard time? Maybe these negative DCs are still stuck in the 80s and 90s. The days of large practices and expensive overhead are gone. I'm a "one-man show," with no employees, no phone book ad, and no expensive equipment. What I do have is a practice that is still growing. I would not trade being a chiropractor for any other profession on the planet. How many times this week have you changed a patient's life for the better? Isn't that worth anything anymore? I know things are changing among my colleagues that have graduated recently. There are a handful in my area that have small offices, spend quality time with patients, are highly respected by those patients, have very low stress and are on their way to making very comfortable six-figure incomes. What more can a person ask for? We all need to stop looking at the negatives about being a chiropractor and focus on those memories that stand out... those memories of patient "miracle" stories and how we helped improve their lives.

And if you can't do that, then retire from the profession so the optimists out there can continue to improve chiropractic!

*James Bogash,DC*  
*Mesa, Arizona*

