Dynamic Chiropractic

PHILOSOPHY

The Fun and Entertainment Continue

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As the health care marketplace continues to evolve, the old "rules" are being changed without notice. What was common practice is "suddenly" becoming out of fashion, unpopular, illegal and/or just plain stupid.

Consider the recent lawsuit brought by the Minnesota Association of Nurse Anesthetists against Allina Health Corp., four hospitals, five group practices and 65 anathesiologists.[1] The civil suit charges the defendants with wrongfully billing Medicare for services that were in fact provided by the nurse anesthetists. The suit seeks a whopping $1 BILLION in fines and damages.

According to the article in the American Medical News, the nurses said that while they were performing the anesthetic work, the MDs were:

- providing services to other patients
- sleeping
- reading
- making personal phone calls
- attending meetings
- performing duties on other floors
- receiving IV fluids in the doctor's lounge
- watching "Star Trek"
- watching Vikings football games
- off hospital grounds

The suit claims that from 1988 through 1997, the MDs billed Medicare as if they had performed the procedures. Worse, the nurses state that the hospitals knew what was going on; that the hospitals "facilitated" the deceitful practice, and fired nurses who blew the whistle.

Think for a moment about being a party in a $1 BILLION lawsuit (it is hard to write "BILLION" without capitalizing it). This isn't exactly something your malpractice insurance would cover.

Do you think the practice of MDs billing for services performed by nurses was done ONLY in Minnesota at these particular hospitals and by these particular MDs? Do you think this wasn't done before 1988? That's probably just the last year to fall within the statute of limitations. So why didn't the nurse anesthetists come forward in 1988, 1989, 1990, 1991, 1992, 1993, 1994 or 1995?

The answer may be that back then, this was accepted as common practice; everybody did it. Our health care world is ever changing. What was regarded as common practice 10 years ago, may now be a very costly, unpopular mistake.

How can chiropractic learn from medicine, without the BILLION dollar price tag? What practices and attitudes have we perpetuated that may not fit in today's heath care environment?

Isolationism: In the past, chiropractors have responded in kind to political medicine's animosity. This has kept DCs and MDs apart (what the AMA originally intended), which has not been in the

best interest of our patients. And while political medicine still operates on arrogance, chiropractors need to rise above it and work with the hundreds of thousands of MDs who don't follow the party line.

Cost Effectiveness: The era of health care cost effectiveness is squarely upon us. The medical model has become a cost monster that many industrialized countries can no longer afford. Chiropractic must be continually aware that our cost effectiveness is being judged by insurance computers that measure all forms of health care against each other.

Provincialism: With the recognition of the World Health Organization, chiropractic is becoming a globally acknowledged profession. If we all continue to work together, chiropractic will become licensed in every country in the world.

Service Associations: Membership in our chiropractic organizations must be brought to a personal level. DCs are looking to their associations for the services they provide. Unless a DC experiences personal benefit from association membership, they won't join, and those who are members may not continue.

These are just a few of the ways in which chiropractic is being affected by the changing health care environment. How has this changing environment affected your chiropractic practice? What outdated concepts do you need to abandon? What new practice methodologies do you need to institute?

Reference

"Nurses seek $1 billion in suit against 54 anesthesiologists." American Medical News, April 14, 1997.

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