

A Victory Half Won ...

Peter Martin

Health care is different. Most people visit their doctors based on uncoordinated, reactive and piecemeal decisions prompted by aches, pains and illnesses. -- Editorial comment, San Jose Mercury News, August 18, 1997.

While I disagreed, as I usually do, with the main thrust of the editorial in the "Merc," I could not help but appreciate the elegantly simple and concise phraseology used to describe the way people utilize health care.

The aforementioned editorial took California governor Pete Wilson to task for his statement that the state should not fund health care programs "based on uncoordinated, reactive and piecemeal decisions," but rather should wait until a study commission publishes its recommendations.

The Mercury News expressed concern that persons on public assistance would be deprived of health care if the governor had his way and, turning Wilson's own words against him, made the point that "health care is different." Indeed, it is.

People do make their health care decisions prompted by aches and pains, self-selecting the provider who they believe can best ameliorate their condition. Managed care has placed impediments in the way of self-selection of type of provider, but the trend of enlightened managed care (perhaps an oxymoron) is to provide a choice and to broaden access to a variety of alternatives; orthodox medicine being perceived as simply that: just another alternative.

Direct-access managed care has become over the past few years a dominant market for chiropractic services. Direct-access, as its name implies, has improved access to our services, but all too often at reimbursement and utilization levels that are ridiculously low. It would seem that we are winning the battle for access, but have yet to engage in the battle for utilization and reimbursement. Still, a victory half won is better than no victory at all.

The June 1997 issue of the Journal of the American Chiropractic Association featured a reprint of a 1966 survey conducted by Business and Health Magazine, which noted the popularity of chiropractic care; stating that six firms in ten now cover chiropractic, a big increase in the past few years. By way of comparison, 59% of workers are provided chiropractic coverage, whereas 53% are covered for dental services, and only 32% for vision care.

Acceptance of chiropractic is at an all time high. Insurers, even MCOs, recognize the demand for our services and have incorporated chiropractic care in their plans, increasingly allowing direct access, albeit with limitations. Patients, understanding limits of coverage, have become amenable to paying cash for services if our fees are reasonable and our recommendations for further care make good sense. And finally, after two years of persistent lobbying, the draconian x-ray requirement in Medicare has been rescinded and our right to exercise clinical judgement has been duly recognized.

Things, so it would seem, are looking up. It has become quite clear that our services are valued; that the chiropractor is more often seen as the best doctor out there for a broad variety of "aches,

pains and illnesses." And God bless 'em, our patients self-select a DC to be their doctor over any other alternative out there when it is believed that our services best suit their needs.

One hundred years of chiropractic education has trained a lot of chiropractors who in turn have educated a lot of patients. The credibility of chiropractic has been established by the ability of the individual chiropractor to tell the story of chiropractic and to deliver as promised. We have done a good job, but the doctor can only educate his or her own patients. What about the majority who have never been to a chiropractor, not even when suffering from the "aches, pains and illnesses" generally thought to be within our purview? The Alliance for Chiropractic Progress, a joint ACA/ICA coalition, is seeking to increase the credibility of chiropractic to this uninformed (or misinformed) majority by funding a large-scale public information campaign stressing the quality of chiropractic education.

Most people are not yet aware of the length and breadth of the chiropractic curriculum, let alone the competency levels demanded by the colleges of their students and the national and state boards of our graduates. Public confidence in the quality of chiropractic education will be a key factor in increasing utilization of chiropractic services.

Each of us should take great pride in our college and the progress that they have made in increasing educational standards. At a recent panel discussion of college presidents in Davenport, one president complained that efforts to improve admissions standards would preclude many sitting on that panel from currently entering as students in the very colleges that they are CEOs of today. He was right, of course, but isn't that the way it should be? Should we not work to improve beyond the standards of 20, 30 or 40 years ago? Certainly William Harvey would not be qualified to enter medical school today, nor would Abraham Lincoln make it to Harvard Law School. Should we be surprised that B.J.'s level of pre-chiropractic education would not allow him to enter Palmer or Palmer West today? Absolutely not. But I would be very surprised that were Harvey, Lincoln and B.J. alive today and knocking on the doors of their respective professions, that they would lack the motivation to qualify themselves for admission.

Entry into a learned profession is not cheap. It demands significant motivation and commitment. I am proud that chiropractic is placing a higher value on itself by raising the price of admission in terms of increased educational standards. Educators must continue to strive to raise the expectations of the public and the profession of the value of the DC degree, and must continue to work diligently to meet those heightened expectations.

Confidence in and credibility of the DC degree will allow us to be recognized for what we truly are: doctors who are by qualification best prepared to provide safe, effective and conservative primary care to a public seeking surcease from their "aches, pains and illnesses," and wishing for a better way of living.

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