Dynamic Chiropractic

PHILOSOPHY

The Pitfalls of Recognition

R. James Gregg

Chiropractic is coming into unprecedented recognition as a safe, effective, cost-efficient choice for a wide range of health problems. As a profession, we have fought over 100 years for recognition as a sound health care choice, and through massive popular acceptance, with more than 20 million persons annually seeking our care in the United States alone, we are certainly both a marketplace and a sociological force to be reckoned with.

It is the "to be reckoned with" part of the equation that concerns me. Chiropractic's critics and competitors have never spared cost or effort to keep our science and our practitioners on the outside of the mainstream of American health care. In this process, those forces have lately become more conscious of the need to compete than of the utility of criticism, and a significant shift in their thought and direction is quite discernable today. It is clear that the "quack" label and the "unscientific cult" approach has not been successful in keeping chiropractic out of the big picture. There are even many in orthodox medicine who are resigned to chiropractic's having earned a significant role in health care. There are many other who are not inclined to give up easily, and the means of this continued resistance have become subtle, and easily confusing to many of us in chiropractic.

Recognition is welcome, but the terms of that inclusion and acceptance pose a serious challenge to chiropractic. We are all pleased by the opportunity to participate in the growing managed care and the long-established hospital care delivery systems. More and more health plans and health care institutions are opening up to chiropractic, but are calculating very carefully how this can be accomplished without yielding on the main point of who is in charge. The doctor of chiropractic is entitled to the primary care status with which our education and licensure have empowered us. There is no state or jurisdiction in which any citizen cannot self-refer to a DC, and in which the doctor of chiropractic is not authorized to take those patients into the health care system. Agreement to participate in a plan in which chiropractic services are only available upon referral from or under the official supervision of a medical overlord is a step on the path to oblivion as a portal of entry, primary care provider. And, my friends, it is happening.

The decisions that will shape our future status are not likely to be made in the U.S. Congress or through some highly publicized national health care policy pronouncement. It will be the long-term, cumulative decisions and abdications regarding our current status, taken by one provider at a time, that will yield this type of big change. The temptation to move in this direction is understandably great to many practitioners, both new and long established, faced with the tough realities of the contemporary marketplace. However, agreeing to a revised status, agreeing to be a provider on referral only, is part of a real serious creeping threat to our status as primary care providers. It represents a means by which medicine can channel, use, and exploit chiropractic, therefore achieving the sort of "containment" that has been part of organized medicine's strategy all along, elimination having proven impossible.

I see this pressure regularly as DCs from around the nation get in touch to discuss their hospital practice options and the situations managed care plans are offering. I hear confusion and questioning in many of my colleagues' voices. It is this confusion, this uncertainty about how

accepting a deal in which a few of their patients come from this or that plan on "referral" (or after application to and permission by a gatekeeper MD) can hurt their individual practice or chiropractic in general. It seems so harmless to many, yet the cumulative effect is potentially massive.

There are no simple answers in this increasingly complex health care marketplace. I personally plan to promote within all chiropractic organizations with which I am involved, the adoption and wide dissemination of carefully worded policy positions that articulate the proper status of the doctor of chiropractic. I hope that individual DCs can then take those official policies to managed care plan administrators and use their clear, forceful, and accurate description of chiropractic practice as a means of educating them about the rightful role of the doctor of chiropractic in the greater health care system. To be able to tell an administrator that the organization of their plan as far as the role of the DC is concerned is contrary to the policies and positions of several chiropractic professional societies may help focus the thinking of both the chiropractor seeking a role, as well as the decision-makers in the plans themselves. In the end it will require a rare combination of courage, determination, and education to make this work correctly. If we want to maintain our independence, and not be sucked unwittingly into a technicians role, we better resolve ourselves to doing the work that this daunting task will require. I, for one, think it is the only way, and the right way.

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