

Report on the DOD Chiropractic Health Care Demonstration Program and the Military Hospitals

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As I read the literature and meet new students each quarter, the number of questions that come up about our DCs in the military hospitals is on the increase. As a result, I requested permission from the Office of the Assistant Secretary of Defense for Health Affairs (OASD[HA]) to write this short update.

Our DCs began working in the military hospitals over one year ago. Prior to implementation, the oversight advisory committee met five times to define project guidelines. The committee consists of six chiropractors, one MD, one DO, one PT/PhD, several research-oriented PhDs, and several other non-health care providers. Needless to say, there were several long and challenging debates. Our DCs represented us very well.

Approximately four months ago OASD(HA) requested that I begin visiting the hospitals to assist the DCs in preparation for their survey by the Joint Commission on Accreditation of Healthcare Organizations, and to report my findings. After visiting four of the 10 hospitals, I can report that the working spaces are excellent. Having spent several years in the military, I had some hesitation when remembering supply control mechanisms and general support. Our DCs are being supported as well as many private offices and better than most. I say this after having been the director of field training programs at Palmer College of Chiropractic West, and having visited many private offices. The Department of Defense and the military services are providing as level a playing field as possible within their governing instructions.

Patient flow concerns every private practice DC. In military medicine, patients are not a problem. Our DCs have CAs that schedule appointments, support their treatments with physiotherapy, and yes, don't collect payment for services. Our DCs are paid a fixed wage regardless of the number of patients they see. One might say this is the ultimate managed care environment.

Our DCs working in the military hospitals have opportunities to visit orthopedic units, radiology units, and any unit or department they desire, and learn from their medical peers. Medical physicians, for the most part, are quite surprised at the diagnostic skills of our DCs. I am aware of at least two situations where military patients have found solutions for long-standing health problems through chiropractic that they could not find through conventional military medicine. Nonetheless, old misconceptions and biases will take time to change.

The most reassuring observation I can relay to all chiropractors is that our military contracted DCs are representing our profession in an outstanding manner. I believe they honestly understand that they are not just providing a new service for the military, but that they are representing over 50,000 chiropractors and 100 years of chiropractic history. The services they are providing will determine if chiropractic will be made available for the infantryman who hurts his back, the jet pilot who gets a kink in his neck, the radar operator who cannot take drugs for a headache, or the tank driver who is just slightly too tall for his vehicle.

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About the author: Dr. Beacham was interviewed in 1993 and 1994 for the project by both the Department of Defense and the project legislative architects. He is currently contracted with DoD as a senior policy consultant. Dr. Beacham, director of clinical administration and a clinical professor, is employed full-time by Palmer College of Chiropractic West. He has attended courses by the Joint Commission on Accreditation of Healthcare Organizations on hospital accreditation, and spent one week at a Naval hospital, training with the Navy's Health Services Organization in Naval hospital accreditation preparation.

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