

The Truth about "The Trouble Ahead"

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I have been following the debate about managed care in the chiropractic profession, the medical profession, and the public/political forum. The discussions are often distorted by a lack of understanding, misuse of terms, and "hardening of the categories," to the extent that meaningful discourse is sacrificed.

The past several months have seen a series of articles from Arnold Cianciulli, DC, in this and other chiropractic publications. The point of view Dr. Cianciulli brings to these pieces is clearly anti-managed care, which is all well and good. Both sides need to be heard. I have always been struck by the lack of comprehension of managed care. The most recent "Maturity" column in Dynamic Chiropractic (April 10, 1995) moved me to express a contrary opinion to balance his view of health care reform.

I do not see myself as an apologist for managed care. Not everything is rosy in the future of health care, but change is taking place. Change is sure to continue in spite of deprecations from the likes of Dr. Cianciulli. I do participate in a number of managed care organizations, both as a provider and as a manager, so I think I know whereof I speak.

In "The Trouble Ahead" Dr. Cianciulli asserts: "Few people can deny that American doctors and hospitals provide the highest quality medical care anywhere in the world..." By what measure? By the measure of per capita spending, number of surgical procedures performed, and MRI scanners, maybe the U.S. is best. But if your quality measures include life expectancy, infant mortality, or nutritional status, the quality of U.S. health care suffers in comparison to most of the industrial nations, and even some of the less developed countries.

I'm reminded of Detroit automakers in the '60s who were convinced that "quality" was equated with big, heavy, chrome and tail fins. Volkswagen and Toyota however identified quality quite differently and proceeded to take over a huge share of the automobile market. If Dr. Cianciulli's view of quality in medical care holds sway with the chiropractic profession, I fear DCs will suffer the same fate as Detroit.

Dr. Cianciulli cites statistics showing the prevalence of CT and MRI scanners in the U.S. versus other countries. Do three to six

times as many scanners in the U.S. make us three to six items as healthy? I don't think so. Dr. Cianciulli posits that the goal of "industry" (actually the purchasers of health care, not just industry) have a "motive ... to reduce expenditures for health care." Nowhere in any segment of the health care reform debate has anyone even suggested that spending levels be reduced. Even the wildest single-payer advocates recognize that health care costs inevitably rise. The financial goal, if any actual targets have been set, consists of reducing the rate of growth in spending and improving the efficiency of the system. The goal of managed care is to increase value for health care dollars spent.

Dr. Cianciulli complains that savings in managed care (HMOs in his example) are illusory, achieved on a "one time" basis and by "cost-shifting." May I suggest that market forces are a far more powerful determinant of value than any preconceived notion of quality held by Dr. Cianciulli? Detroit iron, anyone? The growth of managed care proceeds not because of some sinister agenda on the part of the medical-industrial complex, but because customers search for, recognize and purchase based on their own determinations of value. Health plans that can offer high quality health care and demonstrate cost containment will displace more expensive and lower quality products.

Dr. Cianciulli goes on to say that the Group Health Association of American (GHAA) "vigorously opposes direct access for chiropractic physicians..." A quick phone call to GHAA Senior Legislative Aide Vernon Rowan revealed that there is no policy at all in GHAA regarding access to any specialty. GHAA does observe that HMOs with effective gatekeepers are often more efficient, but not because chiropractic is excluded. GHAA opposes managed benefits (e.g., insurance equality laws), but isn't opposed to chiropractic.

I realize that Dr. Cianciulli is a national chiropractic leader. His work with the ACA and NCMIC is commendable. His experience is to be revered. I find much to agree with in his columns, and perhaps in face-to-face conversation we would agree more than disagree. Chiropractors are not effective on the "inside" of a medical gatekeeper. Portal of entry access is the only way to integrate into managed care. Many MCOs already know this. Certain specialties, ob/gyn, for example, do not require referral from a gatekeeper. A woman knows when she needs a PAP smear or when she's pregnant, and she doesn't need a PCP-gatekeeper referral. Chiropractic patients know when they need a chiropractor and don't need a PCP referral either.

I agree with Dr. Cianciulli that DCs need to work within managed care to assure access to chiropractic services. But the way to achieve that integration is not to demand inclusion because it is our right. Managed care recognizes a good deal when it sees one. Providing appropriate and cost-effective health care which

satisfies patients and is administratively congruent with MCO operation can virtually guarantee success in the current and future managed health care market.

In its infancy, the chiropractic profession was dependent: dependent on its defiant leaders; dependent on its loyal patients; dependent on dedicated practitioners. As the profession developed, it achieved a measure of independence: freedom from persecution, prosecution, and in the heyday of third-party pay, financial independence. As we mature it becomes increasingly apparent that chiropractic must exchange independence and isolation for interdependence with the rest of the health care enterprise. We need not compromise our values, but build on them and capitalize on our strengths: unique service which is clinically effective, economical, and very patient friendly.

Given these values and an understanding of health care economics, the health care world becomes a much less frightening place, and the proper place of chiropractic it becomes much clearer. Here I think Dr. Cianciulli and I can agree. Dr. Cianciulli's column is appropriately titled, "Maturity," which to me reflects the reality of interdependence and the necessity to prepare ourselves individually and as a profession to bring the benefit of our services to those who need it.

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