

Managed Care -- An Assault on Personal Imperatives

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The corporations of America are faced with rising health care costs, although 1993 evidenced the lowest increase in a decade. To control worker health care benefits, the "boss" has become the doctor. Unperturbed by ethical and legal issues, the boss interferes with the patient's health by denying care, delaying care, or diminishing care. Corporate America has crossed the line from reviewing care to outright harassment of providers. Is it legitimate for business to be involved in health care management? Notice, I did not say business should not question providers or procedures, I am referring to patient care management.

A Harris poll found 25 percent of doctors believe cost containment reduced the quality of care to unacceptably low levels. The same survey showed that more than half of 203 senior/corporate executives interviewed believe that fee for service care is superior to that provided by HMOs. This figure was 41 percent only four years ago.

The New York office for Municipal Labor Relations conceded that they had instructed Blue Shield/Blue Cross to waive the second opinion requirement when such consultation would represent a physical or emotional hardship to patients. "To have a third person unknown to the doctor or patient make important decisions relating to a person's health, based primarily on financial considerations, should be anathema in a free society and should be curtailed immediately." Are we talking about cost containment or care containment? Will denial of conservative chiropractic care result in more medications and surgeries? Will degenerative joint problems continue to deteriorate, rendering patients impaired in their work and lifestyles?

Dr. Kirkaldy-Willis wrote extensively about joint hypomobility. Isn't it time for our profession to investigate this issue? There is enough basic science data to warrant some serious outcome studies on a person's quality of life under chiropractic versus no chiropractic treatment. This information is vital to our position within the health care system. The chiropractic clinicians who daily treat patients welcome our researchers to this vital area. This is the arena where the field doctors could assist and support our researchers. This cooperation is long past due.

An HMO in New Jersey requires all participating DCs to call an HMO nurse with the patient's symptoms and other facts, and she will define the treatment plan. Should the DC disagree, the medical director with the assistance of a DC advisor will make the final determination. I ask you, is this why you went to chiropractic college? Is this not the unlicensed practice of chiropractic by the RN and the MD? What will our state boards do to protect the public?

Now is time for all state associations, and I mean all, to come together and fight for the patient's right to direct access for chiropractic care. Too few states have achieved "direct access." "The future is now," stated the great football coach George Allen. Let's get going. Wake up!

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