Dynamic Chiropractic

PHILOSOPHY

Chiropractic Profession Plagued By UCAL

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I would like to talk to you about a race. There is a race for the shrinking health care dollar; there is a race for positioning as the recognized experts in non-surgical, non-drug, conservative health care; there is a race to build a responsive, performance- oriented, powerful, national chiropractic profession that will comprise the majority of practicing chiropractic physicians.

My concern is that some chiropractors don't even know there is a race. Some know, but don't care. Some have decided to run the race according to their own, rather than established, rules. Some will only run if they have the inside track and have no concern for the rest of the team. Some are willing to run, but do not feel they are adequately prepared for the competition. Fortunately, there are those who have made the necessary sacrifices and subjected themselves to the essential disciplines to be ready for the race.

There is no need to relate these responses to the various thinking and activities of different groups within the chiropractic profession. I am sure you can match them together.

The race I alluded to can be likened to a relay race, since we have been handed the baton by those who have run before us. However, I believe we are running the last leg of the race now. If we don't hit the finish line first, we may find ourselves out of the competition completely.

As we think about the last facet of the race, I would like you to reflect upon the following list of chiropractic groups: ACA, ICA, FSCO, NACM, WCA, and UCAL. Do you know which of these chiropractic groups are the largest? The UCAL is! UCAL is the acronym for Uncomitted Chiropractors At Large.

We can no longer afford the liability of non-committment or divisiveness within our profession. We are racing against larger, stronger competition with our limited resources and personnel. We cannot survive the disadvantages and detrimental effects of internal conflict that divides our personnel and dissipates our resources.

I mentioned the skrinking health care dollar. Consider the effects of most of the cost containment measures coming out of government, industry, and private third-party payers. They are trying to ration care, increase beneficiary out-of-pocket expenses, eliminate the freedom to choose a physician, develop strict utilization parameters, and create uniform fee structures.

Even though chiropractic services are desired by the population we serve, how much will they be demanded when the cost for those services takes a bigger bite out of their pocketbook? I don't know. But a recent federal study of 11,000 employees in 20 Minnesota firms determined that 20 percent would switch insurance plans if their monthly out-of-pocket expenses increased by 10 dollars.

Some of you have already experienced the explosion of the myth of patient fidelity when some of your solid chiropractic patients reduced or eliminated their chiropractic care when their employer switched to an HMO, PPO, or self-insured plan that did not cover chiropractic services.

We believe we are the experts in non-surgical, non-drug, conservative health care. But what we believe does not matter if the public does not perceive our beliefs to be true. Twenty or thirty years ago there were not many in the race for that recognition. But with the increasing concern about escalating health care costs, unnecessary surgery, the growing legal and illegal drug problem, iatrogenic disease, and the preventative and wellness programs, the attractiveness of the words, "non-surgical, non-drug, conservative health care" has prompted other health professions to enter the race for recognition in this area.

How will the chiropractic profession finish in this race for the shrinking health care dollar? That my friends is up to you.

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