

## Looking Back: 1996

Editorial Staff

*As we celebrate our 25<sup>th</sup> anniversary as the definitive news and information source for the chiropractic profession, we look back at the important events as reported in DC since 1983, while also looking forward to the future. Throughout 2008, we will feature a review of the top headlines in chiropractic for a given year, along with an article on the future of chiropractic authored by an influential member of the profession.*

### February 1996: Millions Will See Chiropractic Documentary

One of the most significant aspects of our chiropractic centennial was the filming of a chiropractic documentary, "From Simple Beginnings: Celebrating a Centennial of Chiropractic Care." This was the cornerstone of the Chiropractic Centennial Foundation's commitment to increase public awareness of chiropractic. Now it's time to air that story. The medium chosen is television, both cable and the major network affiliates. The television time budget is \$500,000 and you, the individual chiropractor, will be the key player in the success of chiropractic's largest educational campaign.

The hour-long documentary tells the story of chiropractic from its beginnings to the present day. The program contrasts chiropractic's philosophy against the problems in today's medically oriented health care system. The viewing public will see where chiropractic fits historically and how it can make a difference today.

This is the most comprehensive media campaign the chiropractic profession has ever embarked upon. We have the opportunity for more than 500 million "impressions." (An "impression" in media/marketing parlance is when one person hears a particular message one time.) Please help your profession reach the greatest number of people. After you have had a chance to view the documentary and talk about it with your patients, let us know how it affects your patients and your practice. Your participation is greatly appreciated.

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### March 1996: MDs Cannot Perform Chiropractic Manipulation

In a historic decision, Kansas Attorney General Carla Stovall has issued a formal opinion stating, "Chiropractic manual manipulation as taught in accredited schools of chiropractic is not within the scope of practice of medicine and surgery as defined by K.S.A. 65-2869." The opinion further states, "The legislature clearly intended the distinctions between healing arts branches not be obliterated. K.S.A. 65-2835(g) prohibits a licensee from invading the field of practice of any branch in which the licensee is not licensed to practice."

This opinion is certain to have far-reaching effects because MDs also will be prohibited from directing physical therapists to perform chiropractic manual manipulation.

The opinion resulted from the Kansas Chiropractic Association's (KCA) hard work and the association's talks with state representative Gary Merritt, KCA Legislative Chairman and Past

President, Dr. Darrell Fore, praised Dr. James Edwards for his 10 years of efforts to keep physical therapists from performing manipulation and for discovering the medical statute limitation.

"For decades, the Kansas medicine and surgery law was assumed to give MDs complete authority for any procedure they chose to perform," said Dr. Edwards, a member of the Kansas State Board of Healing Arts. "While reviewing their statute, I accidentally discovered that there appeared to be no authority for medical doctors to perform any procedure other than 'drugs and surgery.' I knew that if I was interpreting the law correctly, physical therapists would also be prohibited from performing chiropractic-type or thrust manipulation."

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#### April 1996: Our Chiropractic Documentary: What Happened?

Chiropractic's recent foray into the world of television programming/marketing was going smoothly. *Dynamic Chiropractic* printed the air times and stations, and encouraged DCs across the country to inform their patients and friends of this exciting event. We suggested DCs lead local PR campaigns to further get the word out.

Shortly after we went to press with that information, the road to airing our documentary went from smooth to riddled with potholes. A number of stations suddenly chose not to air the chiropractic documentary due to "content." While some of the station airings and times did come off as scheduled, and other stations and airing times were found to fill in for those stations that had reneged, the last-minute changes played havoc with chiropractic's PR campaign.

But in the final analysis, we believe the airing of the documentary was successful, in that our documentary received television exposure across the country for nine days. Stations that refused to air chiropractic's documentary received hundreds of calls from DCs and patients wondering why the documentary wasn't aired, so much so that one major cable station has changed its mind and is willing to air the documentary in the near future. Affiliates of CNBC inadvertently ran two brief commercial segments over part of the documentary when it aired on March 3. CNBC has reportedly responded with commercial television time as compensation.

Despite some of the problems inherent in this precedent-setting event for chiropractic, millions of people were touched by the message of chiropractic. At press time, the reports are just beginning to come in. A DC in Illinois reported seeing the largest number of new patients ever in his office. Many have new opportunities to share the story of chiropractic with patients, friends and family. The effects will truly be long-lasting.

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#### May 1996: Study Shows Chiropractic Cost-Effective in Managed Care

The question of whether chiropractic care is effective within a managed care system has been answered in the March 1996 issue of the *American Journal of Managed Care (AJMC)*. The *AJMC* is a new publication that refers to itself as "the forum for peer-reviewed literature on managed healthcare."

According to the abstract for "Cost-effectiveness of chiropractic care in a managed care setting," Mosley et al. retrospectively evaluated the cost of health care for back or neck pain for members of a health maintenance organization who sought chiropractic care or other treatment methods. In addition, differences between the groups in surgical rates, use of diagnostic imaging and patient satisfaction were compared.

Findings revealed, "The cost of healthcare for back and neck pain was substantially lower for chiropractic patients than for non-chiropractic patients (\$539 vs. \$774)."

Mosley, et al., made two comments in particular that we would like to hear echo down the halls of managed care:

"We are somewhat puzzled by the relatively low proportion of HMO members who chose chiropractic care for back pain when compared with published figures. This phenomenon merits additional study in our sample. If even half the study patients treated by traditional therapies could have been cared for in the chiropractic setting, the annual savings would have exceeded \$215,000."

"Although a larger sample of patients must be studied in order to definitively show broad-based success, we believe that managed chiropractic is an extremely promising method of treating acute back and neck discomfort. We recommend its wider application by the managed care industry and the physician community."

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#### August 1996: National Workshop Sets Chiropractic Research Agenda

From July 12-14, members of the National Workshop to Develop the Chiropractic Research Agenda (NCRA) met in the nation's capital to discuss and debate the future of chiropractic research. The workshop was funded through a contract with the U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA). The members of the workshop are an interdisciplinary group of the most distinguished names in spinal research.

A major concern for chiropractic research is the state of our research infrastructure, most notably the number of researchers at our colleges. Such numbers dictate the capacity for future chiropractic research. According to one of the surveys conducted at the workshop, the total number of faculty at chiropractic colleges in North America (15 of the 17 colleges reporting) is less than 1,300, and the number of faculty with any involvement in research is only 82.

The total institutional budgets for 16 of the 17 chiropractic colleges were \$224 million. Of that, only approximately 2 percent is spent on research, half of which came from the HRSA grant that funded this conference. Six of the 16 chiropractic colleges received no grant money over the past year, and 90 percent of all faculty haven't received any grant money in more than three years.

The work groups developed specific recommendations for the development of chiropractic research. Those recommendations are not yet ready for release, but most of them center on prioritizing the chiropractic research agenda according to what is most important for the field practitioner, and seeking both internal and external funding.

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#### November 1996: New CPT Manual Includes Chiropractic Codes

The American Medical Association (AMA) has published procedural terminology manuals for physicians since 1966. Now, for the first time, the AMA's just-released procedural terminology manual (*CPT 1997, 4<sup>th</sup> Edition*) includes identification codes to be used specifically by doctors of chiropractic.

One can't help but wonder how AMA members feel about the CPT editorial panel electing to include chiropractic manipulative treatment (CMT) codes. After all, it has been less than a decade

since the AMA was found guilty of trying to "contain and eliminate" the chiropractic profession.

The CMT codes are the work of chiropractors Jerilynn Kaibel and Craig Little. Dr. Little is the American Chiropractic Association's representative to the CPT/HCPAC (Health Care Professional Advisory Committee), which develops all codes. Dr. Kaibel is the ACA representative to the RUC (Relative Value Update Committee)/HCPAC, which places a reimbursement value on all the codes.

While the reimbursement values will not be available until after the November elections, the CMT codes do provide some immediate relief on the issue of E/M codes. As stated in the preamble, chiropractors may report additional E/M services as required. This should begin to settle the argument with a number of insurance carriers.

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