

Looking Back: 2004

Editorial Staff

As we celebrate our 25th 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.

January 2004: Chiropractic's Biggest Win Ever on Capitol Hill

As part of legislation overhauling the 38-year-old Medicare program, passed by the House of Representatives on Nov. 22, 2003, and the Senate two days later, Congress has authorized four two-year pilot projects designed to test expanded access to chiropractic services for America's seniors. Also included in the Medicare bill is an ACA-backed provision aimed at ensuring that Medicare beneficiaries will continue to have access to chiropractors and other physicians; it replaces a 4.5 percent physician payment cut due to take effect in January with 1.5 percent payment increases in 2004 and 2005.

Senator Charles Grassley (R-Iowa), the chief sponsor of the "Medicare Chiropractic Demonstration Project," and other pro-chiropractic members of Congress, succeeded in turning back strong opposition from the organized medicine lobby and various other special interest groups. As the deadline for consideration of the bill approached, Senator Grassley even contacted one key opponent of the chiropractic provision, Senate Majority Leader Bill Frist, MD, via his electronic pager and sent the message to "Back off!"

An ACA-backed demonstration project within the Department of Defense (DoD) health system that was approved by Congress in 1995 led to the enactment of legislation (Public Law 103-337) in 2000, establishing a permanent chiropractic care benefit for America's active-duty military personnel. In 2002, also at the urging of the ACA, Congress approved legislation (Public Law 107-135 and Public Law 107-251) to establish a permanent chiropractic care benefit for America's veterans through the Department of Veterans Affairs health system, and to include doctors of chiropractic in a National Health Service Corps student loan reimbursement pilot program.

The Chiropractic Demonstration Project, as sponsored by Sen. Grassley and to be administered by the U.S. Department of Health and Human Services, will assess how greater freedom of choice for consumers and additional competition among care providers, including doctors of chiropractic, will benefit the health of Medicare beneficiaries and provide for more efficient use of Medicare resources. The four-site, two-year demonstration likely will have a profound impact in rural and medically underserved areas, where beneficiaries will no longer be forced to visit a second or third provider to receive the full range of necessary services.

ACA leaders also recognized the active involvement of thousands of its members and other DCs around the country who participated in a months-long grassroots lobbying effort, beginning with the ACA's National Chiropractic Legislative Conference in March 2003, as well as the efforts of

individual friends of the chiropractic profession. A number of national and state chiropractic organizations also played an important role in this victory.

February 2004: Jury Finds Death of Canadian Chiropractic Patient "Accidental"

A coroner's jury has ruled that a patient's death, which occurred more than two weeks after receiving an adjustment to her neck, was an accident. While the five-member jury investigating the death of Lana Dale Lewis was unable to find any direct evidence linking chiropractic adjustments to a stroke she suffered six days after being treated, the ruling of "accident" suggests the manipulation performed by Etobicoke chiropractor Philip Emanuele may have played a part in hastening her demise, and allows Ms. Lewis's family to proceed with a civil suit against him.

Lana Lewis was admitted to Queensway General Hospital in Toronto on Sept. 1, 1996, six days after receiving an upper neck manipulation from Dr. Emanuele. Prior to suffering the stroke, she had seen Dr. Emanuele for approximately 18 months, primarily for the treatment of migraine headaches and musculoskeletal pain. At Queensway, she was diagnosed as having suffered a minor stroke and was hospitalized briefly, and then released. However, approximately 10 days after suffering the first stroke, Ms. Lewis suffered a second, larger stroke that proved to be fatal. She was readmitted to Queensway, where she died Sept. 12. The initial coroner's report did not cite the adjustment as the cause of death, and at that time, the Toronto coroner's office decided not to hold an inquest into the cause of Ms. Lewis' death.

Nevertheless, more than three years later, in November of 1999, the Lewis family called for an inquest to determine the cause of her death. In January 2000, the family also filed a \$12 million civil lawsuit against Dr. Emanuele and a number of chiropractic organizations, citing they had not advised the public properly regarding the dangers of neck adjustments.

After the family's request for an inquest was denied twice, the coroner's office reversed its stance and decided an inquest could proceed. Even then, however, it faced a series of delays. The inquest into the cause of Ms. Lewis' death finally began in April 2002. The coroner's jury was charged not with assigning blame, but determining whether Dr. Emanuele's adjustment played a role in the death, and was given the option of five possible findings: homicide, suicide, accident, natural causes and undetermined.

The position of the chiropractic profession was that Ms. Lewis died of natural causes, exacerbated by her poor overall health - being overweight, a heavy smoker and drinker, and suffering from high blood pressure - all of which put her at increased risk for stroke. At the trial, several medical experts testified that Ms. Lewis' stroke was caused not by the chiropractic adjustment, but by advanced end-stage atherosclerosis that Dr. Harker Rhodes, a neuropathologist at Dartmouth University Medical School, said had "virtually completely destroyed" her left intracranial vertebral artery and blocked 70 percent of the right vertebral artery intracranially. Dr. Rhodes also stated "it was simply a coincidence" that Ms. Lewis received a neck adjustment a few days prior to her stroke.

Witnesses called by the coroner's office and evidence presented at the inquest provided differing testimony. One letter, signed by dozens of neurologists, stated that blood vessels such as the vertebral artery can tear if a person's neck is rotated improperly. Other witnesses testified that Dr. Emanuele's adjustment was "the probable source of injury" to Ms. Lewis, and there was only minimal to moderate atherosclerosis in her vertebral arteries. Lawyers for the CCA and CMCC expressed disappointment with the jury's verdict, saying it "represents a massive miscarriage of justice."

Even before the jury ruled the death of Lana Lewis an accident, Canadian chiropractors were beginning to feel the backlash of the inquest. According to an article in the *Toronto Globe and Mail*, the Lewis inquest "subjected the chiropractic industry to terrible publicity," and some practitioners have reported a drop in billings and the number of patients treated by more than 20 percent.

May 2004: Veterans Get Chiropractic Care

On March 30, 2004, Department of Veterans Affairs (DVA) Secretary Anthony Principi announced a historic and far-reaching blueprint for formalizing the full inclusion of chiropractic care into the massive veteran's health care system in the United States. Secretary Principi's decision to implement more than three-dozen recommendations made by the multidisciplinary Chiropractic Advisory Committee will dramatically improve the quality of care available to millions of veterans in the U.S. and increase access for every veteran who wants or needs to see a doctor of chiropractic.

Since the creation of the DVA health system, the nation's doctors of chiropractic have been kept outside the system and all but prevented from providing proven, cost-effective and much-needed care to veterans, including those among the most vulnerable and in need of the range of health care services DCs are licensed to provide. In 2002, 4.5 million patients received care in DVA health facilities, including 75 percent of all disabled and low-income veterans. Although the DVA health care budget is roughly \$26 billion, in 2002, less than \$370,000 (0.0014 percent) went toward chiropractic services for veterans.

On March 31, a mere one day after Secretary Principi's historic announcement, Congressman Bob Filner introduced H.R.4051, legislation to provide veterans with direct access to DCs through the DVA health care system. The ACA worked closely with Filner (D-Calif.) on the direct access bill now before Congress, and on other ongoing efforts to ensure unimpeded access to chiropractic care.

The Filner bill seeks to amend Title 38 of the U.S. Code to permit eligible veterans to receive direct access to chiropractic care at DVA hospitals and clinics. According to Section 3 of H.R.4051: "The Secretary [of Veterans Affairs] shall permit eligible veterans to receive needed [health care] services, rehabilitative services, and preventative health services from a licensed doctor of chiropractic on a direct access basis at the election of the eligible veteran, if such services are within the state scope of practice of such doctor of chiropractic." The measure goes on to directly prohibit discrimination among licensed health care providers by the DVA when determining the services a patient needs.

September 2004: Chiropractors as Primary Care Providers

A new research paper published in the *Journal of Manipulative and Physiological Therapeutics* has found that a managed care network consisting of DCs as primary care providers (PCPs) provided equivalent care and saved substantial costs compared to patient management utilizing medical doctors and osteopaths. The analysis not only found that chiropractors were able to diagnose and treat patients at a level nearly equal to medical doctors, but also that patients enrolled in the chiropractic network were admitted to the hospital less frequently, spent less time in the hospital for care, underwent far fewer surgeries and used far fewer pharmaceuticals than other HMO patients, resulting in tremendous cost savings and extremely high patient satisfaction scores.

An independent provider association (IPA) known as Alternative Medicine, Inc. (AMI) was created to serve as the new integrative health care system. It functioned within the classical gatekeeper HMO model, and adhered to the same rules and regulations as any other contracted conventional allopathic IPA. Curiously, only doctors of chiropractic were willing to participate in the project. According to the authors, the MDs and DOs interviewed declined to take part in the project "for a variety of professional, personal, political and economic reasons."

AMI's credentialed chiropractor network officially began treating patients on Jan. 1, 1999, with an enrollment of just 37 members. By Dec. 31, 2002, enrollment had grown to 649, largely through word-of-mouth advertising from patients. The chiropractors participating in the IPA had a higher number of initial patient visits, which were designed purposely to correct structural abnormalities in patients, and provide information on lifestyle and diet modifications to prevent more serious diseases from occurring in the future. In many instances, AMI enrollees saw their chiropractors an average of twice per month, sometimes more.

The analysis showed that properly credentialed chiropractors could diagnose conditions almost as well as medical doctors, including conditions they might not normally see in the conventional chiropractic setting. In addition to favorable clinical outcomes, patients enrolled in the chiropractic IPA gave it higher satisfaction scores than the rest of the HMO network.

A variety of excuses have also been put forth as to why chiropractors are often considered ineffective as primary care providers, including a lack of training, education and experience and philosophical differences with the allopathic model of care. The results of this study shatter the myth that chiropractors cannot function effectively as primary care providers in a managed care network, and shows they can diagnose, treat and refer patients as well as, if not better than, their allopathic colleagues.

As with most studies that compare one form of care to another, some limitations were noted in the analysis. The authors freely admitted that the number of patients enrolled in the chiropractic IPA paled in comparison to patient populations in the other HMOs, and that they were unable to determine the exact effect the transfer of members into and out of the network had on overall cost savings and clinical outcomes. But despite these (and other) limits, the authors believe they may have come up with a model that could revolutionize the way people are cared for in the managed care system - one that could leave patients satisfied with the care they receive while delivering significant cost savings.

OCTOBER 2008