

Are We Prepared to Take Advantage of Health Care Reform?

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By now, every doctor of chiropractic in the country is aware that health care reform was signed into law by President Obama in March and that [at least three provisions will impact both DCs and our patients](#). The first is a provision that, although it does not mention chiropractic by name, will likely result in the greatest impact on the profession. Starting in 2014, it is against federal law for insurance companies to discriminate against chiropractic physicians (and other providers) that meet specific state and health plan requirements. Second, doctors of chiropractic are specifically listed as potential members of interdisciplinary, community-based health care delivery teams. Third, doctors of chiropractic are defined as part of the health care workforce and included under the definition of health professionals relative to a new National Health Care Workforce Commission. This commission is charged with the difficult task of figuring out how to align the nation's market-driven health-care work force with burgeoning health care needs.

What does this really mean for the approximately 65,000 doctors of chiropractic practicing in the United States and the nearly 20 million patients we see each year? I think the answer to this question depends largely on the actions we take as a profession during a critical period between now and 2013. Although they represent hard-won victories, health care reform provisions directly relevant to the chiropractic profession are opportunities rather than guarantees of improved integration into the health care delivery system.

We have to answer several questions as a profession. Do we want to be more integrated into the health care system? If the answer is yes, are we willing to take the difficult steps required to make change happen, both as individual practitioners and as a profession?

As an example, I give you [Medicare's Physician Quality Reporting Initiative \(PQRI\)](#). The PQRI is currently a voluntary program that provides a small financial incentive for Medicare providers to collect process and outcomes data for the purposes of performance measurement. PQRI and similar programs create a potential vehicle to eventually compare the effectiveness of chiropractic outcomes against other treatments using patient-centered tools that (in the past) have tended to favor our profession.

This is exactly the type of data that will drive future policy decisions. Doctors of chiropractic have been able to participate in PQRI since 2008, yet only slightly more than a hundred have chosen to do so.

The hard truth is that we don't get to decide whether the health care system in the U.S. is going to change in a way that impacts the delivery of chiropractic care. It has been changing for quite some time and now will do so at an even more rapid pace over the next decade. Therefore, we have two options. The first is for us to continue standing on the tracks behind the health care system "train," reminiscing about how much better it was to practice chiropractic in the early days, and arguing among ourselves about whether the train is going in the right direction and who should be in which car. The second option is for us to start running as fast as we can to catch a train that has already

left the station.

Our ability to take full advantage of the opportunities presented in health care reform will depend on whether we are willing and able to work within the system to ensure that health plan inclusion, implementation of community-based health care teams and work force policies are grounded in the equitable delivery of high-quality patient care. Chiropractic participation in [medical homes](#) and as a player in the primary-care work-force discussion will depend upon our ability and willingness to focus on performance measurement, [evidence-informed practice](#), and communicating appropriately with other members of a multidisciplinary team.

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