

CCGPP, ACA Establish Consensus Terminology Describing Chiropractic Care

The [Council on Chiropractic Guidelines and Practice Parameters](#) (CCGPP), with assistance from the American Chiropractic Association (ACA), has established terminology that describes chiropractic care using conventionally recognized terminology across the accepted continuum of care. The terminology was established by a formal consensus process conducted in early 2009.

The chiropractic profession is making great strides with integration among health care providers and insurers. Doctors of chiropractic now practice in many military and Department of Veterans Affairs (VA) sites, in hospital settings and in a variety of integrated practice models. As our nation's health care landscape changes and the primary care shortage becomes more acute, the stage will be set for even more integration of doctors of chiropractic among other health care providers--traditional and alternative. Therefore, it is vital that the scope of appropriate chiropractic care be clearly defined relative to overall patient case management.

The terminology that was established by the CCGPP consensus process relates to levels of care across the spectrum from acute care, to chronic/recurrent care and on to wellness care. The process specifically defined the following:

Care of acute conditions - Medically necessary care of acute conditions is care that is reasonable and necessary for the diagnosis and treatment of a patient with a health concern and for which there is a therapeutic care plan and a goal of functional improvement and/or pain relief. The result of the care is expected to be an improvement, arrest, or retardation of the patient's condition. Initially, the care may be more frequent, but as levels of improvement are reached, a decrease in the frequency of care is to be expected. A patient may experience exacerbations of an acute injury/illness being treated that may clinically require an increased frequency of care for short periods of time. A patient may also experience a recurrence of the injury/illness after a quiescence of 30 days that may require a reinstatement of care.

Care of chronic/recurrent conditions - Medically necessary care of recurrent/chronic conditions is care that is provided when the injury/illness is not expected to completely resolve after a treatment regimen but where continued care can reasonably be expected to result in documentable improvement for the patient. When functional status has remained stable under care and further improvement is not expected or withdrawal of care results in documentable deterioration, additional care may be necessary for the goals of supporting the patient's highest achievable level of function, minimizing or controlling pain, stabilizing injured or weakened areas, improving activities of daily living, reducing reliance on medications, minimizing exacerbation frequency or duration, minimizing further disability, or keeping the patient employed and/or active. Chronic/recurrent care may be inappropriate when it interferes with other appropriate primary care or when its benefits are outweighed by its risks, for example, psychological dependence on the physician or treatment, illness behavior, or secondary gain.

Care for wellness - Achieving wellness requires active patient participation. Wellness is a process of achieving the best health possible, given one's genetic makeup, by pursuing an optimal level of

function. "Optimizing levels of function" may include a combination of health care strategies such as chiropractic adjustments, manipulative therapy, manual therapies, exercise, diet/nutrition counseling, and lifestyle coaching.

The formal consensus process followed the RAND/UCLA method for rating appropriateness. Panelists were selected to provide a broad representation of the profession in terms of geographic location and organizational affiliation, and an attempt was made to include members of other professions, including representation from third-party payers.

"We are working very hard to level the health care playing field and to fully integrate doctors of chiropractic and their professional services into America's health care system at all levels. While the chiropractic profession serves tens of millions of patients and is the third largest doctoral-level health care profession in the United States, it is still not as fully integrated as it should be," said [ACA President Rick McMichael, DC](#). "Doctors of chiropractic will only be able to level the health care playing field when we speak a common language with one voice, as a united profession."

"The days of isolationism are fading away. Chiropractic care is becoming integrated into the VA hospital system, as well as many other private sector and educational environments," said [CCGPP Chairman Ronald J. Farabaugh, DC](#). "The common language spoken in these environments is the language of 'best practices,' and it is a language in which DCs need to become fluent, as we become more fully integrated into mainstream health care."

[A full report on the consensus process](#), including a complete list of the established terms, was published in the July/August 2010 issue of the *Journal of Manipulative and Physiological Therapeutics*.

Source: American Chiropractic Association