

Underserved Patients

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When I think about the typical medical doctor (MD), I think of only three things: diagnose, drugs, referral. With the exception of minor injuries, this pretty much sums up their "toolbox." The typical patient interaction amounts to a few tests and an "I've got a drug for that" conversation. If the tests suggest something more serious, there is ultimately a referral to a medical specialist. Chiropractic, nutrition and other forms of care are rarely considered, yet a trip to the general / family practitioner MD is the first stop for most Americans.

When most people think about doctors of chiropractic, they think about back, neck, shoulder or some other musculoskeletal pain. The typical chiropractic visit includes a discussion of the pain area, some palpation, sometimes a few tests, and the resultant adjustments. Depending on the severity of the pain, other modalities may be utilized. Depending on the DC, nutrition or herbs may also be part of the conversation. There is little talk about drugs, even though the majority of the U.S. adult population is taking at least one prescription drug. Most times these prescriptions are for ailments chiropractic or nutrition / herbs could address.

In both of the above scenarios, the patient is underserved.

The doctor of chiropractic is the clear underdog in the health care community. Most other health care providers are uneducated about the benefits of chiropractic care and have a bias against chiropractic. We are like the local sandwich shop in a city filled with fast-food chains. If we are going to win / earn customers, we have to provide better service and serve a superior product.

There is a growing awareness of the dangers of prescription pain drugs that has been gaining momentum for the past few years. It is reflected in the [Policy Impact](#) brief¹ and "[Vitalsigns](#)" report² published by the Centers for Disease Control and Prevention (CDC) in November 2011 and July 2013, respectively. An article by CNN² at the end of last year helped the American public better understand why they should be concerned about pain drugs and the MDs who prescribe them.

According to the CDC, "Every day in the United States, 105 people die as a result of drug overdose, and another 6,748 are treated in emergency departments (ED) for the misuse or abuse of drugs." Most of these are from painkillers.

According to the CNN article, these pain drugs "are useful when used short-term and for extreme pain, but there is no evidence that long-term use is either safe or effective." The article also notes, "A recent Johns Hopkins study showed that between 2000-2010, opioid prescriptions given after pain-related doctor visits nearly doubled - from 11% to 20% - while identification and treatment of pain stayed the same."

It is unlikely that the medical community will change its behavior anytime soon, even though the evidence is pointing away from the use of pain drugs. There is an effort to make the overdosing patient the culprit, rather than the drugs themselves. But as public awareness grows, people will have a desire to find their own alternatives.

Given the current focus by the media, your conversations (if they aren't already) need to include pain management and drugs; especially with your female patients, as they are more at risk. As the CDC's Vitalsigns report notes, "More than 5 times as many women died from prescription painkiller overdoses in 2010 as in 1999."

If most of your patient visits are driven by pain, you need to have as many nondrug pain relief "tools" in your toolbox as you can. This can include everything from vitamin D for musculoskeletal pain⁴ (yes, there is [an RCT study](#) demonstrating its effectiveness) to lasers and other modalities you probably already have or are thinking about incorporating into your practice.

Take a few moments to read [the CNN article](#). This will give you an idea of the kinds of devastating experiences occurring in your community. Remember that nationwide, three people die from pain drugs every hour.

Make the appropriate changes in your practice, from your admission forms to the conversations you have with each patient. Include every aspect of wellness, not just where the pain is today. Overserve every patient in your effort to make your practice and chiropractic the first choice for health as well as for musculoskeletal pain.

We each have to serve our patients better if we are going to win / earn their appreciation and patronage. If not, they will continue to seek the same non-DC providers - with the same results.

References

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3. Smith S. "Prominent Pain Doctor Investigated by DEA After Patient Deaths." CNN.com, Dec. 20, 2013.
4. Schreuder F, Bernsen RMD, van der Wouden JC. Vitamin D supplementation for nonspecific musculoskeletal pain in non-Western immigrants: a randomized controlled trial. *Ann Fam Med*, November/December 2012;10(6):547-55.

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