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Our Medicare Challenges Aren't an Education Issue

I would like to provide some clarification to the recent article by Steven Brown, DC, LAc, titled, "Chiropractic Needs a Lesson in Education" [[May 15, 2016 DC](#)]. While the author is entitled to his opinion about the need to increase admissions standards and training in the chiropractic profession, he makes a leap in declaring that this is the only solution to achieving Medicare equality for the chiropractic profession and our patients.

The primary obstacle to Medicare equality is the blatantly anti-competitive provision of the Medicare law that arbitrarily limits reimbursement for medically necessary services delivered by doctors of chiropractic. The statutory change ACA seeks would refine the definition of DCs as "physicians" under Section 1861 of the Social Security Act for the provisioning of any existing Medicare covered service that falls within the scope of practice of an individual DC as defined by their applicable state law. We as a profession are already educated, tested and licensed to provide those services. The passage of our initiative will require no additional training by doctors of chiropractic.

Dr. Brown certainly raises important points in his article that deserve consideration by the profession. However, he is conflating the issues when tying his opinion on our training to the [National Medicare Equality Campaign](#).

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Passion to Succeed: More Pivotal Than GPA?

I just finished reading the article by Dr. Steven Brown about chiropractic education and reimbursement. It is a well-written article, but fails to recognize some important points.

It would be great if chiropractors could rotate through all departments and see all diseases. The problem in the hospital is that adjustment is never the correct answer. All of the correct answers are medical interventions. I would suggest that chiropractors should have video case studies presented to them, like ground rounds, so they could see how everything is put together and a plan is formed.

I don't believe you need a 3.8 undergrad score and the MCAT to go to chiropractic school. I have plenty of friends who graduated from Palmer and other schools with roughly a 3.0 GPA in undergrad and at chiropractic college, and are doing just fine. They learned enough to know when to refer patients to other providers. The fact is chiropractors are musculoskeletal experts, much like physical therapists by their training. They have the ability to perform a physical exam and order necessary tests to evaluate the need for referral.

I think the author fails to realize how podiatry and the medical field really work. You graduate from your program and, having completed all your rotations, get placed for a residency. The better you

did on those rotations, the more offers you will have to pick from. You are matched to several programs and then pick where you want to go for your post graduate training. You have basic medical knowledge and then you are trained in your specialty. There are no extra spots to train someone who can't write a simple prescription.

If chiropractors want additional postgraduate training, there are several programs to choose from in the U.S. The demand for Western medical providers is almost unlimited. How many ER doctors do you know who can't find a job? But the demand for chiropractors is limited because what they do is limited. Chiropractic neurologists, functional medicine providers and chiropractic acupuncturists are examples of chiropractors who offer more to patients. At the same time, however, most of them would be completely useless in the hospital setting.

Being in both professions, I believe I have a better understanding of who needs what and at what time. The medical profession and physical therapists don't want to take over spinal manipulation. How many osteopaths actually manipulate? I have met four in my 20-year career. Chiropractors should be focused on CAM because that fits best with their training. They should focus on acupuncture, functional medicine, adjustments, soft-tissue treatments, etc. If you want to practice medicine, enroll in a medical program.

I wanted to know more and be able to do more. I went to PA school. My basic sciences at Palmer were excellent and my physical exam training was fantastic. I had to spend all my time learning the medical management of conditions.

Why would you overtrain a chiropractor and increase their debt when Medicare limits their reimbursement because of the limited scope of practice and limited CPT codes? Look at the physical therapy fall in reimbursement. I work in an orthopedic office and we had to hire an athletic trainer to demonstrate home exercises because many people don't want to pay a \$50 co-pay. Sound familiar?

I think if chiropractors want to succeed at this time in history, they have to provide services the medical field *does not* provide. I know tons of successful DCs. They vary in what they do and how they do it, but none of them is trying to be an MD.

I think it would be nice if chiropractic schools did not turn out so many chiropractors and flood the market. It is also interesting to note GPA has little to do with your success at running a business. Many of my high-GPA friends left the chiropractic profession to pursue other more lucrative, advanced degrees.

Chiropractic schools are in the business of attracting students. They have no responsibility if their students succeed or fail in business. My most successful chiropractic friends learn advanced CAM procedures that help people no one else can help and as a result, earn a professional income. Not all of these doctors were 4.0 undergrad students, but they have the passion to study and learn to provide more than anyone else. That's what makes them successful.

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