

The Importance of Relevance

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For the sake of discussion, I wanted to rattle a few of the cages on our list of chiropractic sacred cows (like this is a new thing for me, eh?). First, a disclaimer or two. I am a chiropractor with 13 years of practice experience. Although my full-time work is not practice-focused at present, I keep my hands in clinical issues by editing Topics in Clinical Chiropractic, contributing to the clinical literature myself, and teaching clinical postgraduate clinical courses in spinal adjusting and outcomes management. And, of course I take CE courses and try to keep up the psychomotor skills on unwitting friends, family and colleagues.

However, in terms of the business and practice administration side of things, the last four years have seen me on the "other side" of the delivery equation in the role of policymaker and researcher for the state of Washington's workers' compensation program. In this capacity, I get bombarded with how "the system" sees chiropractors and get to experience first-hand how different practitioners, trade associations, and chiropractic scholars interface with the system. I get to participate in a number of regional and national health care forums, beyond the workers' compensation arena, and hear the gripes that all sides have. Which brings me to the point of this column: relevance. First, a few hard, cold observations from "the inside":

1. No one but chiropractors care about past victimization of chiropractors. Yes, it's acknowledged that chiropractors have been treated unfairly in many instances, particularly by organized medicine. Yes, "discrimination" of a kind has (and still does) occur(ed), but it's improving. But nobody sees chiropractors as some kind of oppressed minority class that the system has squashed. You see, lots of chiropractors drive flashy cars, live in nice houses, function in their community Rotary clubs, have viable political action committees (with the monetary resources to support that), and have a history of litigation (with the monetary resources to support that also). They also advertise a lot and must have the monetary resources to support that. Chiropractors, as a group, just don't engender the same heart-string traction as say, oppressed inner city youth, the uninsured, AIDS patients, children in poverty and the like. The victimization card, when played by chiropractors, is perceived as the whining of a special interest group, and manipulative in a really pathetic way.
2. Chiropractic paranoia is really, really annoying. Policy initiatives, guidelines processes, technology assessments, coverage decisions, and the like go on all day, every day for all clinical procedures, for all providers and all disciplines. These days, when something comes down the pike that impacts providers, those affected are typically approached at some point for input (a bureaucratic process known as "stakeholdering"). When chiropractors react with letters from legal council, calls to their legislators, with hard-nosed cries of justification for such reactions because of past conspiracies to eliminate the profession, it is reacted to as quite immature, and exceedingly special interest.

Sadly, it is also likely to engender less willingness to include chiropractors throughout the

process in the future. Hey, we won the lawsuit. Now we are dealing with turf battles, economics, competition and plain old market share, not an organized conspiracy to eliminate us from the face of the Earth. Sure, there are still biased old codgers out there, but even the Barretts and Sampsons of the world are often seen by their peers and policymakers as out of touch, ax grinders who don't even understand the scientific literature. Enter the forum as an equal competitor, not a paranoid.

3. No one else gets the syntax thing. Sure, everyone wants to be acknowledged and appreciated for their unique contributions, but why the wailing, gnashing, name-calling and internal squabbling over terms and practice preferences for which there is no absolute consensus agreement likely (or even possible)? A physician friend of mine (who has many great personal and professional relationships with a number of DCs) recently commented about his absolute lack of understanding for the "vicious shots across the bow" that some so-called chiropractic "leaders" take over unresolvable differences.

He was particularly astonished by frequent lobs fired at those involved in scientific endeavors. Even though medical practitioners frequently disagree with and dispute research findings, he can't understand why chiropractors don't have the same esteem and appreciation for their scientists as other professions do. He's decided to step back a notch from close professional alignment with chiropractors for fear of alienating someone or damaging his own credibility among his peers. He said to me, "So many of your colleagues behave like little children fighting over toys rather than professionals with honest differences of opinions." Yes, I'm afraid so. A quick glance at the history books shows that different viewpoints on chiropractic seemed to arise about a week after the first adjustment and have flourished ever since. No single group or individual has the market cornered on "true" chiropractic. Everyone else seems to see that ... just not us, perhaps.

Which brings me back to the issue of relevance. There are a lot of things near and dear to our hearts as chiropractors. But despite how emotionally attached we are to them, or how sure we are that they are real, unless the things we do as chiropractors seem relevant to others in society, our ability to "fit in" can be impacted. By fitting in, I mean things like being on everyone's radar screen as direct access providers, a source of expertise for patients with a number of NMS problems, equally likely to have our services paid for from mainstream health payment mechanisms and the like. Fitting in also implies having that unique contribution, filling a need or being a resource that doesn't exist elsewhere in the system (or is in limited supply). Having our own niche, if you will.

To fit in, we need to regularly look at our own "relevance quotient." Are we constructively contributing to finding solutions to current health care dilemmas? Do we attempt to articulate our own interests in the context of the greater community, not just our own (often myopic to others) perspective? Do we work to bootstrap our own to optimize the efficiency and effectiveness of the services we offer? Do we achieve an appropriate balance that adequately overlaps the health care system without simply duplicating services? Do we engage the policy process with sleeves rolled up and our own self-interest agendas placed squarely in perspective? Or are we zealously venting our spleens over past injustices, clamoring for the first spot in line, "dissing" our own colleagues who don't promote our perspective on chiropractic?

Step outside our profession for a minute and ask yourself what kind of chiropractic representatives you would like to work with. I'll bet you'd answer "relevant ones."

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