

We Get Letters & E-Mail

Managed Care: Silver Lining or Storm Cloud?

Editor's note: In the January 26, 1998 issue, *Dynamic Chiropractic* ran an interview with Gerald Weis, DC, president of the Cincinnati-based managed care organization Chiropractic Choice, Ltd. As expected, we received numerous letters, faxes and e-mails from chiropractors weighing in on chiropractic and managed care. This first group of letters is a representative sample of those responses.

Running a Cash Practice "Can and Is Being Done Everywhere"

Dear Editor:

Thank you for your recent interview with Gerald Weis, DC. Raise your hand if you are surprised that the president of a managed care company thinks it is the best thing since sliced bread and the only game in town.

I am concerned that his comments on running a cash practice might cause some new doctors to not even consider this exciting option. As chiropractors, we do have a choice that my medical friends envy. We can run very profitable cash practices without the bureaucracy, loss of autonomy and higher overhead that Dr. Weis says comes with managed care. We can choose not to participate in a system that Dr. Weis admits is "only interested in one thing: the bottom line."

Is running a cash practice easy? It depends on your attitude, but it can (and is) being done everywhere. Dr. Jim Parker used to say, "The man who says it can't be done is liable to be interrupted by someone doing it."

There will be those doctors who choose to practice in a managed care environment. I wish them and their patients well, but let's not pretend it is the only game in town.

R. Tyler Given, DC
Poway, California

"Sometimes No Profile Is Better Than a Good Profile"

Dear Editor:

I have been out of school for 2 years and have been in practice for the past 1 1/2 years. I agree with Dr. Weis' managed care concepts and would like to participate with MCOs, but as a younger chiropractor that lacks the experience of practice, not the knowledge, how does one get fed by today's health care delivery system?

This is not only a great concern of mine, but I think I speak for many new graduates with the same question. How can I get my practice or business started and not only survive but thrive in today's managed care world when no one is going to give us a chance? How does one get a utilization profile built for or against them when they aren't even being utilized in the first place? Sometimes no profile is better than a good profile.

David C. Jackson, DC
Fort Collins, Colorado

"Dr. Weis ... Will Kill Our Profession"

Dear Editor:

Managed care is not about health care, but simply the bottom line. Managed care is only interested in making money by collecting the largest premium the can get away with and paying out the least amount in coverage possible.

Dr. Weis admits to having a high overhead, more work, more paperwork, more staff, etc. What will happen to his practice if and when managed care collapses? We don't need MCOs, IPAs, HMOs or any other third party payers! What we need to do is get back to the basics -- teach patients about the subluxation and its devastating effects. People will flood our offices -- and they'll pay cash!

Dr. Weis and Dr. Dallas (the president of Western States College of Chiropractic) will kill our profession by trying to become integrated into a system of health care that has no philosophy and causes 81 million medical mistakes a year. Market forces will drive patients away from managed care and into our offices. The trend is already shifting; there are already more visits to alternative care practitioners.

Being "in motion" as Dr. Weis said is great. Wayne Gretzky (considered the greatest hockey player of all time) says that he got to be the best by skating to where the puck is going, not where it is. The question, Dr. Weis, is this: are you heading to where the puck is going, or are you simply chasing it?

Steve Holloway, DC
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You Do the Math

Dear Editor:

I read with great interest the interview with Dr. Gerald Weis. Frankly, I don't understand the amount of attention that he has been receiving in various chiropractic magazines recently. According to Dr. Weis, 80 percent of his patients are referred to him from a group of 300 MDs. This may be a satisfying practice style for him, but it does not take any special mathematical ability to realize that this model of chiropractic cannot support a large number of chiropractors. In fact, if every 100 MDs would refer to a

chiropractor, there would only be a practice base for about 5,000 chiropractors nationally.

In managed care organizations that require a medical referral for chiropractic services, the utilization rate for chiropractic is about one tenth of what it is without a gatekeeper. It is obvious that if chiropractic does not establish itself as a primary portal entry of profession, then ninety percent of all chiropractors will be excluded. The vast majority of chiropractors should not be expending energy trying to establish themselves in a managed care environment. They will never be accepted as anything but practitioners who can treat acute, uncomplicated lower back pain with a medical referral. Instead, most chiropractors should be positioning themselves to survive outside a managed care environment, because this is where they are going to be.

Kevin M. Goff, DC
Auburn, New York

"My Patients Stand to Lose Everything and Gain Nothing"

Dear Editor:

I wish to respond to an interview with Dr. Gerald Weis that was published in the January 26, 1998 issue of *Dynamic Chiropractic*. As I read the comments made by Dr. Weis, the one word that came to my mind was unbelievable. I will summarize his beliefs as follows:

1. Managed care is "the only game in town."
2. The "gravy train" is over, and chiropractors will have to "work as hard as MDs have been working."
3. Even though managed care reduces your income and raises your overhead, this gives chiropractors an opportunity to improve efficiency with tremendous personal and professional growth.
4. Chiropractors are considered specialists and therefore are lower on the "food chain" than primary care physicians.
5. Managed care is about seeing a large number of patients fewer times, so as to be within the MCO's utilization profiles and avoid being kicked out.
6. The negative aspects of MCOs are more paperwork, more accountability and the loss of autonomy. Dr. Weis response to this: "Everybody else has to, why shouldn't we?"
7. By proving ourselves and working with medical doctors, we become the doctors of choice for musculoskeletal problems.

I am at a complete loss to understand what is good about the above scenario. If I want to work for a bureaucracy that offers more paperwork, more frustration, less autonomy and a lower income, then I'll go work for the IRS. If I want to be just a musculoskeletal practitioner, then I'll become a physiatrist, physical therapist, massage therapist or athletic trainer. My guess is that I am not the only

chiropractor that recognizes there is a bigger picture than sprains and strains in chiropractic.

Dr. Weis said, "Lord only knows" when asked what he saw coming in the next ten years with managed care. I find it curious that he wouldn't be able to answer this question more specifically. According to his paradigm, it appears we will assume our "new" role of bottom-feeding, "lower on the food chain," overworked, underpaid, less autonomous, pain-based pseudo-medical employees of a Wall Street-driven managed care organization.

As I see it, my patients stand to lose everything and gain nothing by my inclusion in Dr. Weis' system. The truth of the matter is, that "silver lining" to the managed care cloud is really nothing more than a glimmering scalpel.

Years ago, they used to throw chiropractors in jail for practicing medicine without a license. Now, they will send us to an MCO's "work hardening program" for doctors. At least in prison we got "three hots and a cot" along with our workout.

*L. J. Hazen, DC
Fort Wayne, Indiana*

Medical Savings Accounts: The End of Gatekeepers?

Dear Editor:

I read your editorial, "The New Health Insurance: Should You Become a Player?" in the December 1, 1997 issue of Dynamic Chiropractic. Your ideas and presentation are very perceptive, and the historical description of events you described leading up to our current state of affairs in chiropractic is locked on like a laser beam.

There is, however, one potential and very likely scenario that will in my opinion bring us full circle to a point that even predates modern health insurance. It will allow, and even encourage, the patient to again interact with his/her doctor regarding costs of any and all medical/chiropractic procedures prior to their administration. The patient is again motivated to negotiate, because instead of a third-party picking up bills without any question, the money will come from a personal medical savings account (MSA), which is currently legal and has been enacted within the past year by Congress.

There are approximately 750,000 such policies available to professionals, after which time it is my understanding the government will look at providing greater numbers for the general public. Currently, professionals and their families can put up to \$3,750 in a medical savings account with \$1000, \$1500 or \$2500 deductible as regards to their current health insurance policy. The insured family then pays from the MSA directly to the doctor until all deductibles on their current insurance policy are paid. The insurance company then picks up the remainder at a pre-agreed upon term.

The MSA will be allowed to be deposited in mutual funds and be used for virtually any medical expense. Chiropractic will be a big winner, because there will be no more gatekeepers. Individuals will determine when, where and how much they will spend on their health.

With the current conservative groundswell for everything from acupuncture to Zen therapy, who do

you think yuppies and those in generation X are more likely to go to? Will they go to their family MD to receive the latest drug for symptom relief? Or will they go to a doctor of chiropractic who uses hands-on care in relieving bodily aches, pains and dysfunctions by natural means, someone with genuine caring, common knowledge and wisdom?

The answers to these questions remain unanswered, of course, but personally, I am completely confident that when the power is given to the "little guy" again, most personal health problems will be solved quicker, cheaper and better than ever, with the DC situated perfectly to be the right player at the right time. Start now by purchasing your own MSA and encourage your professional brothers and sisters to do the same.

R.J. Jensen, DC
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God Bless Dr. Heine

Dear Editor:

After reading Dr. Heine's letter in the December 15, 1997 issue, I finally have the ammunition to ward off all those Amway cultists. He lists about six things that "If you can truthfully say to yourself ... then don't get involved with the Amway business." He's being facetious, of course, but I'm taking him dead serious.

Attention, Amwayers of the world: leave me alone! My profession is providing me all of my dreams. My lifestyle can survive my illness or disability. I do have enough time for my family ... and a resounding "Yes!" to the other three statements, as well.

So, multilevelers of the world, this is Frank Means, DC, saying "Take me off your list."

Frank Means, DC
Corsicana, Texas

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