

## It Has to Fit Somewhere

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At some time or another, you have probably been confronted by the phrase that strikes fear into the hearts of most mortals: "Warning -- Some Assembly Required." At this point, you question whether you really want to subject yourself to this ordeal.

After successfully opening the box, you begin reading instructions that are either very confusing or make no sense at all. But with a little patience (and much trial and error), you finally complete the task.

As you gaze proudly at the item you have painstakingly assembled, you suddenly notice an extra screw. It is just sitting on the table, waiting to be put in place. What did you miss? You followed the directions to the letter. Where does this stupid screw go that you now hold in your hand. You begin frantically searching for its home.

Checking and re-checking each component, you search through the directions. Everything appears to be in place, but you still have this screw in your hand. It has to go somewhere!

Exhausted, you stifle the inner voice that has convinced you that it will fall apart or blow up without that screw. You tell yourself that it's simply an extra screw put in the box by mistake. Your confidence begins to build.

Over time, you forget about the screw. Nothing bad has happened. It really wasn't needed. You throw it away.

The health care decision makers in the United States appear to be experiencing this same scenario with chiropractic care. They believe we belong somewhere in health care reform, but they just can't seem to find the fit.

They try to place us in a primary care position, but the medical profession presents a strong argument convincing them that there is no "missing piece." They try to place chiropractors as secondary providers, but we don't seem to want to fit there either.

The public and the small amount of research tell Congress, state legislators, and third party payers that we must fit somewhere. But where?

Yes, we have enough comparative literature to demonstrate chiropractic's superiority in limited areas of care. But where do we fit in the emerging health care system?

The chiropractic profession itself has been of little help. As a group, we are still debating issues as basic as primary care and scope of practice. We have yet to deliver a definition of chiropractic that tells the decision makers where we fit.

They need a picture, a model. They need to see exactly how to integrate chiropractic into health care, and what the benefits will be. They need to see chiropractors in place as part of an advanced health care delivery system with bottom line benefits.

It was true with practice guidelines, and it is the same with health care reform. We have to show decision makers the answers to the problems we face.

In the case of practice guidelines, the chiropractic profession needed to develop them before the U.S. Agency for Health Care Policy and Research (AHCPR) did it for us. We completed the task and were just in time to present a draft copy at the public hearing for low back pain guidelines (soon to be published). We are still waiting to see just how much effect we had on the decision making process for federal guidelines.

We are now in the twelfth hour for health care reform. Can we build our own model and present it to Congress BEFORE they make the decisions for us?

The time has come to get decidedly serious and acutely honest about where chiropractic care fits into national health care reform. If we are unrealistic, we will be ignored. If we are undecided, we will only confuse. If we present multiple opinions, we will frustrate and alienate.

The U.S. Congress will not wait for us. They have their own agendas.

We must either take the initiative, or be willing to settle for wherever they think we belong. Are we willing to let that happen?

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