

WSCC's Doctor of Chiropractic Medicine Program: Training Chiropractors to Provide Primary Care

Editorial Staff

Editor's note: The following is an unabridged news release to "DC" from Western States Chiropractic College in Portland, Oregon.

"It's time we put dogma aside and direct our attention to the best interest of the patient. Chiropractic must be seen by the public as the source of conservative primary care, anchored by the strong core of established chiropractic effectiveness.

*William Dallas, DC
President, Western States Chiropractic College*

The board of trustees of Western States Chiropractic College and President William Dallas, have announced plans to develop and implement a new degree program: the Doctor of Chiropractic Medicine (DCM). The college administration hopes to implement a pilot program for the DCM on their campus in Portland, Oregon in 1995.

President Dallas says the DCM program is motivated by the need to broaden the scope of practice to better serve the needs of patients. This is supported by the documented shortage of primary care providers in the United States today -- a shortage projected to continue for at least the next 20-30 years. The chiropractic profession can help relieve this shortage through the creation of the Doctor of Chiropractic Medicine program. The need to contain escalating health care costs, coupled with the increasing number of health care consumers who have a preference for a conservative, integrated approach to primary care, has created the demand for an additional option in health care.

Building on the proven clinical competencies imparted by the curriculum now leading to the DC degree, the DCM program will produce primary care physicians equipped to provide the full range of chiropractic care and to manage the health care needs of the patient, including definitive care of most common health problems. The DCM graduate will be a chiropractor fully trained to deliver primary care.

Primary care and its practitioners have been described, defined, and categorized in conflicting ways. An obvious conflict is the difference between defining primary care in terms of the professional degree, training, and specialization of the person delivering the care rather than according to the type of care being given. Similarly, the type of care can be defined in terms of its inclusion or exclusion from a list of complaints or diagnoses, by the setting in which it is delivered, or by considerations such as the degree to which it is longitudinal rather than episodic, person-focused rather than disease-focused, and thus preventative rather than reactive.

An Oregon regulation offers a definition of primary care which can be adapted to the chiropractic profession:

"Primary health care" means holistic health care which the client receives as the first point of contact with the health care system and which is continuous and comprehensive. Primary health care includes health promotion; prevention of disease and disability; health maintenance; rehabilitation; identification of health problems; management of health problems and referral.

By adapting this definition to chiropractic the description of a new kind of health care provider emerges -- a physician equipped to provide a full range of both primary and chiropractic care. This new provider, the DCM, will be able to manage the health care needs of the patient, including definitive care of most health problems. This new provider's participation in the health care delivery system will help to reduce the shortage of primary care providers and to meet the needs of health care consumers who prefer access to a physician who can provide traditional chiropractic care and primary care with a fundamentally conservative approach.

As diagnosticians, chiropractors are portal of entry physicians. Given the majority of states' practice acts, however, the average chiropractor is perceived as a neuromusculoskeletal specialist who lacks the authority necessary to provide more extensive care. Far too frequently, patients present to chiropractors with signs and symptoms where pharmaceutical intervention should be considered. Currently, the chiropractor must refer this patient, causing additional expense and inconvenience for the patient, often resulting in a break in the continuity of conservative care provided by the chiropractor. With a goal of national health reform being the delivery of efficient, cost effective, primary care, chiropractic as currently practiced could be eliminated or severely limited in the evolving system if it is unable to provide full primary care.

In developing a curriculum for the DCM program, Western States will use as a guideline the list of the 60 most common patient complaints identified by the U.S. Public Health Service and determine the appropriate standard of care for each one. The DCM degree program will require clinical experience in a primary care facility with additional training in the diagnosis and management of the most frequently encountered patient complaints.

Educational plans for the DCM degree will include a minimum of an additional year beyond the DC program. Clinical training will be expanded to include the diagnostic and therapeutic procedures characteristic of definitive, comprehensive primary care. The setting for the additional education and training will be in a primary care facility where DCM candidates can be exposed to the kind of patient conditions that most commonly require health care intervention. The setting required will be a large group or multidisciplinary practice offering general health care. Professionals licensed to provide primary care will be included in the staffing of these facilities. Conservative treatment protocols will be determined through consensus of DC and MD/DO primary care faculty. First priority will be given to chiropractic and conservative treatment.

The development of the DCM program was influenced by surveys indicating the direction the profession in Oregon wants to take. Consecutive surveys of Oregon chiropractors, with the unusually high response rates of 54 percent and 58 percent, indicate a clear desire on the part of the profession to broaden the scope of practice. The first survey revealed 74 percent of those responding want at least limited pharmaceutical privileges; in the second survey that preference increased to 87 percent. A similar survey of Western States' faculty revealed that over 92 percent want chiropractic to be

broader scope, ranging from limited pharmaceutical privileges to full primary care provision.

Dallas stated that this program is not connected with or related to any other proposed program involving a change in the role of chiropractic practice.

Officials at Western States believe, given the desire of a majority of Oregon chiropractors, that Oregon -- with its broad practice act -- is the place to introduce the first DCM program. The first DCM candidates will probably be new graduates who continue their studies beyond the DC program. But the success of the DCM as a new health care provider relies on the degree gaining recognition across the country, being offered by other chiropractic colleges, and for currently licensed DCs having a chance to earn the new degree. Crucial support for the college's decision to pursue the new degree program has come from the chiropractors in many other states who have expressed an interest in adding to their state's scope of practice the increased clinical authority conferred by the DCM degree. In response to this the college is considering how best the DCM degree program can be offered to currently licensed chiropractors, and is pursuing cooperation with other chiropractic colleges. Many obstacles, including accreditation, program development, and modifying state statutes, need to be addressed to offer this degree program in Oregon or in other states.

The DCM program promises the opportunity to help fill the need for primary care providers in the health care system of the future with physicians who are committed to universally available, conservative, comprehensive patient care consistent with the best tradition of chiropractic.

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