

Are You the GP of Tomorrow?

AS MDS CHOOSE SPECIALIZATION OVER PRIMARY CARE, CHIROPRACTORS COULD BE THE SOLUTION

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The original concept came from an article written by Marino Passero, D.C. in the January 1, 1993 issue of "DC." A review of the last 12 months of the American Medical News supports Dr. Passero's position:

An article on the front page of the April 13, 1992 issue of the American Medical News (AMN) shows "Physicians describing themselves as in primary care ... 35%." The article goes on to predict: "Projected primary care physicians in year 2020....26%."

This trend is further emphasized by the article's first paragraph: "Increasing the number of primary care physicians has long been touted as the way to improve access and cut costs. But the trend at the nation's medical schools has been exactly the opposite."

Another article in the August 3, 1992 issue of AMN begins: "Amid concerns that subspecialties are breeding 'like bunny rabbits,' training program accreditors have slapped an unprecedented one-year moratorium on recognizing more."

The problem is so serious that the federal government is groping for ways of encouraging primary care from forgiving medical education loans to creating a board to control the number and distribution of residencies. Have you ever seen a better opportunity for chiropractic in your life?

Once again, the arrogance of the medical community provides another opportunity for a more patient-oriented profession. Unless of course, we wish to follow suit.

What exactly is standing in the way of the chiropractic profession filling the much needed and demanded role of primary care?

What is keeping us from being the GPs and FPs (family practitioners) that will work together with the patient to determine their health care requirements and refer as necessary?

Imagine a society where health conscious people, insured by cost conscious third-party payers (HMOs, PPOs, companies), begin with a visit to the chiropractic GP. Upon careful examination, the chiropractic GP determines a course of chiropractic treatment or refers when necessary to the more expensive medical specialist or subspecialist. We would be the gatekeepers protecting the patient from the casual and many times unnecessary prescription of drugs and surgery. We would also be protecting the third-party payer and ultimately the public from unnecessary costs which many times accompany unnecessary prescriptions and operations. Think about it.

We already have the right approach: low cost, conservative, patient-oriented health care. We have most of the necessary educational requirements. What more is there to do?

The chiropractic college curricula may need some additional general diagnostic course work. Those already in practice may need six to nine months of certification courses. And we will probably need special guidelines and some more initials to show the world we can do the job. But think of the impact on society:

No longer would health care be drug, surgery and technology- driven.

The world would have a wellness approach to health care that reserves more aggressive treatment until needed.

The economic impact would be incredible, as a number of studies are beginning to show.

Perhaps this is exactly what was envisioned almost 100 years ago. Should the divisive issues of "straight" and "mixer" be replaced by an emphasis on "generalist" and "specialist?"

Is this our destiny?

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