

We Get Letters & E-Mail

Illinois Really Knows How to Save Money

Dear Editor:

This past July, the budget cuts for the State of Illinois went into effect, cutting a grant total of one-half of 1 percent of the budget. Among these cuts was the [elimination](#) of adult coverage for certain Medicaid services, among which was chiropractic care.

This morning, an adult Medicaid patient came to my office whom I have been treating on and off over the years for a chronic low back condition aggravated by lifting. He reported that since Medicaid did not pay the \$8.63 fee for chiropractic treatment, he had gone to his MD, where Medicaid would pay.

The MD did an exam, took a series of X-rays, did an MRI, gave him some drugs, and sent him to physical therapy. After treatments and diagnostics costing the Medicaid system well in excess of \$1,000, the man reported it did him little good. He decided to come back to us and pay out of his own pocket for a treatment he knows *works* for his low back condition.

Let me see now: How much did the State of Illinois save for treatment of this man's low back condition by eliminating chiropractic services? If my math is correct, the state paid over a 100 times more for this man's care. Is this an isolated case? No; it happens scores of times every day in offices throughout Illinois.

I am not bemoaning the fact that our practice no longer receives the \$8.63 office visit from Medicaid patients. Believe me, this small amount makes little difference in our bottom line. I *do* bemoan the fact that our legislature is apparently more concerned about making cuts on programs with little political clout, rather than actually cutting the programs that will help trim the budget. No wonder the State of Illinois contends as being among the states in the worst financial condition.

*Don Selvidge, DC
Mattoon, Ill.*

The Fox Continues to Guard the Hen House

Dear Editor:

[The article](#), "Spine Care: An Unlimited Opportunity for DCs" in the Aug. 26, 2012 issue of *Dynamic Chiropractic* points out that by virtue of the DC's training and expertise, chiropractors are in a perfect position to assume the role of "primary spine care physician." From a clinical standpoint, I could not agree more. I would even like to expand that role and be labeled "primary musculoskeletal care physician."

However, what the article fails to mention is how this cannot happen in a managed care world controlled by allopathic-model health plans, insurance companies and Medicare. Many current health plans and Medicare have reduced the DC to a technician who can be paid for a few \$35 spinal manipulations. An office visit for evaluation and management is considered unnecessary and not reimbursable. Under many of these restrictive health plans, the DC cannot order an MRI or even X-rays and lab tests.

Practicing nurses and physician assistants have far greater authority in the current system and despite typical shortfalls in knowledge and expertise, they are filling the primary care void, including neuromusculoskeletal care.

In the dark shadows of the DC's current position in the health-care payer system, DCs will not be able to accept the role of "primary spine care physician" or any other primary care role. In order for DCs to assume this role and properly manage patients clinically, authority will have to be restored or added to health plans. As long as the fox continues to guard the hen house, I don't see this happening anytime soon.

John M. Donovan, DC
The Dalles, Ore.

Profits Over Patient Safety

Dear Editor:

I was interested in your [recent expose](#) of the guilty plea by GlaxoSmithKline, LLC. [Read "Crime Does Pay - Big: GlaxoSmithKline Fined \$3 Billion; Stock Rises," Sept. 9, 2012 issue.] I was particularly interested in the inclusion of the medication Advair. I know a man who was taking the lowest dosage of Advair (100/50). He had some reactions to Advair including acute sensitivity to the sun; acute sensitivity to chlorine (can't swim in chlorinated water); rectal bleeding; hand tremors; and muscle spasms in his legs. Although he has written to both the FDA and GlaxoSmithKline about these reactions, they are still not included in the warnings about adverse reactions.

If you have a patient with breathing problems who may be taking Advair for the condition, advise them of these potential side effects - and the fact that GlaxoSmithKline may not be warning them about other dangerous and harmful side effects. GlaxoSmithKline is more interested in the obscene salaries of its executives and profits to its stockholders than the health and welfare of its "victims." Additionally, I suggest you advise these patients of the imperative necessity of keeping Lung Place (T-3 for those unfamiliar with the meric chart) free of sublaxations through regular, preventative maintenance adjustments.

Frederick Vlietstra, DC
Middletown, N.Y.

A Conspiracy Is Underfoot

Dear Editor:

I have been following most of what is written in "We Get Letters & E-Mail" for some time because I find it quite interesting. The letters section has many good ideas to offer the chiropractic profession and it has been doing that for many, many years. The letters and the ideas just keep coming.

The subjects that have occupied most of the editorial pages of late focus on "unification" and Medicare. I've thought about both and made up my mind that there is a conspiracy underfoot (and nowadays, *conspiracy* is a famous word).

There is not going to be any unification as long as the people who are running the ACA and ICA do not change their minds. And they will not. They will not because they are comfortable with where they are, and they are afraid to lose their "seats" at the table. And we on the other side keep writing, talking, asking, begging, hoping that something will change - and yet no one seems to be listening.

Something is wrong here. If this is not a conspiracy against this noble profession, then what is it? How come a bunch of bureaucrats can say no to this profession, even when their own existence depends upon it? Something is terribly wrong. If this is not a conspiracy, then please, can someone fill in the "gap" for me so I can understand?

The same goes for Medicare. We are very naive to believe that any of our "chronic" problems will be solved by the ICA and the ACA. The whole bloody system is wrong and has to change. We need new leadership that really cares about this profession; a leadership that understands the problems we are faced with. They must be all be chiropractors; no laypeople.

The future is going to be much more difficult than it is today. Nothing stays constant; look around and you will see that PTs are learning to manipulate the spine, as are massage therapists; and yet we stay idle, waiting for the ICA and the ACA to help us. Whom are we kidding?

Leone Hassiotti, DC, PT, PE
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DC encourages letters to the editor to discuss issues relevant to the profession and/or to respond to a previously published article. Submission is acknowledgement that your letter may be published. Submit your letter to editorial@mpa-media.com; include your full name, degree(s), as well as the city and state in which you practice.

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