

Has the Anti-Chiropractic Bias Gone Away Yet?

Robert Mootz, DC

Boy, oh boy, did I have the most amazing thing happen to me recently! Following a big meeting with some insurance types and chiropractors, an insurance claim executive approached me and asked if I could brainstorm with her on getting rid of the bias some of her claim managers displayed toward chiropractors. Holy cow! You'd better go back and read that again - an insurance executive wanted me to help her figure out how to get rid of bias against chiropractors! The meeting was generally about making improvements in practice, second opinions, etc., with a committee of advisory DCs who have been working to improve quality of care for many years.

I know the world isn't all "rosy" out there, from a DC's perspective - but the message to be gleaned from this encounter is certainly a positive one: After enough exposure to competent DCs working with the patients' best interests at heart, and who strive to objectively develop practices and policies to get best practices adopted, the executive's default position was, "Chiropractors are a good resource, and we need to use them better, for the benefit of our business." (Even though some folks on the medical side still publish reports that try to understate or minimize the documented outcome advantages from spinal manipulation.)

Earlier in the week, I spoke at a multidisciplinary meeting: Two other DCs and I were on a medical continuing education program (along with eight or 10 MDs), talking about implementing best practices in caring for injured workers. None of us was there to "educate" anyone about chiropractic, per se; we were all selected for our expertise in disability prevention, quality improvement, and care for two common occupational conditions (low back injuries and carpal tunnel syndrome). We addressed those issues as well as any other presenter addressed his or her topic, of course, providing data on adjusting and manipulation; timely communication with employers; keeping care goal-oriented; setting expectations for patients; coordinating care with others who may be involved, etc. One MD asked me in the hall about what I thought could be done to help some of his colleagues overcome their ignorance about what chiropractors can do to help injured workers. Oh, he also asked what we were doing about DCs out there "who don't use best practices or who overtreat."

If that wasn't enough, I just got off the phone with a health care economics consultant who was wondering what kept payers and policy regulators from more widely incorporating chiropractic services in ways that could help their bottom line. Whew - all this within the same week! Remarkably, though, this was not a particularly unique week, except for the encounter with the insurance company exec.

When I began my job as a workers' compensation policy wonk 10 years ago, I went through oodles of meetings with DCs and state fund staff, looking at discrepancies between MDs and DCs in our workers' compensation system. I made a list of 20 or so major policy and coverage issues. Guess what? Three are left today - and two are extra educational and quality training programs DCs conduct for DCs!

So, why do we see DCs in various settings still getting "whacked" by workers' comp coverage in some states; in federal legislation; and in lots of insurance programs everywhere? From my vantage point, here's what I suspect is happening:

1. Where chiropractors approach problem-solving by "trying to educate others about chiropractic" or more controversially, "trying to educate others about true or real chiropractic" (which implies that only they or their authorized folks can really speak for chiropractic), DCs often lose, end up with "half-loaf," or get whacked upside the head - by themselves or by others. This means chiropractors are so focused on chiropractic self-interest that they don't focus on anyone else's self-interest.
2. Where DCs roll up their sleeves and look for ways to solve a community's problems (as opposed to converting others to the chiropractic agenda; the chiropractic belief system; the chiropractic this; or the chiropractic that), they usually succeed and end up being asked to work on things "chiropractic" that they never even had on their radar screens.

The bottom line is this, folks: When you come selling your agenda; trying to convert the rest of the world to believing the way you do; changing its behavior to your liking; making it easier for you to get your bills paid; and trying to convince everyone that the world is against you, people see you coming a mile away. When you come as one of many resources out there with your sleeves rolled up, ready to get to work solving problems, they see you as - well - one of many resources with your sleeves rolled up, ready to get to work solving problems. Put another way, people see us for what we are and what we have to offer - salespeople with special-interest agendas, or community resources dedicated to everyone's good. And guess which one most people want to invite into their world?

Now, don't get me wrong: We have to pay attention to discrimination when it occurs. We have to stay on top of politics, policy and parity, and we can't just ignore the realities of remaining viable in business. But I do think we may be approaching a "critical mass" in our quest to gain cultural authority. The way to push it over the top is for others - those you don't expect - to seek out your services to help them address "their" agenda, which somehow just happens to also be "your" agenda. To accomplish that, the world must see you as a valuable community resource with ethics, interest, expertise and tools to function as a problem-solver and builder in society - not just a whiny special interest who wants the world to stop what it is doing and change its behavior to make your life better.

(Incidentally, the group of advisory DCs I referred to earlier have been actively working to help improve DC expertise in occupational health through education, regular publication in the state association literature, and volunteering their time for projects that improve things for everyone.)

Robert Mootz, DC
Associate Medical Director for Chiropractic,
State of Washington Department of Labor and Industries
Olympia, Washington
thinkzinc@msn.com

NOVEMBER 2003