

Direct Access in the VA for Chiropractic Care

By Michael S McLean, DC, FICA
Member, VA Chiropractic Advisory Committee

Many of my colleagues have asked me what really happened at the Veterans Affairs Chiropractic Advisory Committee meeting during which we voted on the question of direct access to DCs for the VA patients. Many opinions have been expressed on this matter. I was there. Let me tell you what occurred. The 3 DCs who are ACA members and the one DC who is a "Chiropractic Medicine" member voted along with 2 MDs, one DO, one PT and one Veteran's Organization member to make chiropractic available to the Veteran only by referral from a member of the medical team.

Firstly, let me assert I have not accused the ACA of "voting for medical referral". I know too many good and principled ACA members to believe the association would support that. But that is just my point. All three VA CAC members who are ACA members (and ACA leaders, at that) voted to make chiropractic care available only by referral. It is just stunning to me that such high-profile ACA leaders would all vote this way. I believe the ACA Board must disavow the actions of these three. Otherwise, the ACA consents by its silence to this disastrous precedent, and can no longer plausibly deny responsibility for this stance.

The ACA in its' news release of January attempts to differentiate between "referral" and "consultation", stating that their members didn't vote to have chiropractic access in the VA "by referral only" but instead "by consultation". It is a distinction without a difference. The act of making a referral is called a "consultation"; the consultation is the paper the referral is written on, or the phone call which grants permission for the patient to see a DC. The key idea here is that permission must be given before a VA patient may see a DC.

In explaining the actions of its members, the ACA release stated they voted for "referral only" because the VA would likely not implement a recommendation in favor of direct access made by a minority vote of 5-6. I disagree. Our recommendations are not binding on the Secretary of the VA and he would surely recognize the "turf war" quality of the vote. Even more importantly, if the VA still did not provide meaningful access to DCs once the Secretary's directives were made, we could always go back to Congress and ask them to help out, since the VA did not meaningfully try to make chiropractic available. Now that the DC members of the CAC have voted 4-2 for "referral only" we have no standing to go back to Congress for help. Their reply will be: you made your bed; don't complain to us.

In its release, the ACA goes on to defend its' members' actions as voting for what they believed would best serve Veterans' needs. It is disingenuous to deny responsibility for the actions of ACA leaders because they were not official ACA representatives but then put out an official ACA defense of their actions. In any case, it is difficult to reconcile putting more barriers in the way of Veterans accessing DCs with: serving their needs. When the CAC held its' first meeting, I stated that I had been seeing a few VA patients by referral for over 15 years, and if we did not end up with direct access, we were wasting our time, since chiropractic has been available to the VA patient for decades by referral. And here we are, recommending to the Secretary to continue this failed policy. This is not "serving the Veteran's needs".

I must point out that the CAC did recommend direct access for any Veteran who had previously had chiropractic care while in the military. I am proud that the CAC had the insight to make this recommendation. Unfortunately, the DoD military health care also limits chiropractic to "by referral only" which makes it much more difficult to be a member of this category. I do find it more than a little bit curious that the DoD project was initiated and overseen by ACA members exclusively, two of which are also on this VA committee. But at least, they are consistent. It is highly ironic that after all the clamor the ACA leadership made about the inclusion of a

representative of “chiropractic medicine”, the ACA members on the CAC unanimously voted with him (and against the ICA and WCA members) supporting chiropractic BY REFERRAL ONLY.

The magnitude of this disaster is hard to estimate at this time, but it will not only make it harder for VA enrollees to access care, it will make it harder to pass future legislation without having chiropractic “by referral only”. Our ability to see patients directly is being slowly eroded. It will make it terrifically difficult to “correct” the flawed legislation that put chiropractic in the DoD “by referral only”. And it will make it harder to pass legislation exempting DCs from medical gatekeeper oversight in HMOs or other managed schemes. And because 50% of the MDs receive their training in a VA setting, future MDs will believe DCs should be by referral only in the private hospitals in which they will eventually practice. It was the wrong decision both for the short run and the long, and those responsible should be taken to task for their decision.

DIRECT ACCESS AND CHIROPRACTIC- A TEXTBOOK CASE DEMONSTRATING THE NEED FOR THE ICA

By Michael S McLean, DC, FICA
Member, VA Chiropractic Advisory Committee

ON SEPTEMBER 17, 2003, THE CHIROPRACTIC PROFESSION TOOK A BODY BLOW THAT IT WILL BE TRYING TO RECOVER FROM FOR GENERATIONS. WE MAY NOT IN FACT EVER FULLY RECUPERATE. ON THIS DATE, 9 OF THE 11 MEMBERS OF THE VETERANS ADMINISTRATION CHIROPRACTIC ADVISORY COMMITTEE (CAC) VOTED TO RECOMMEND THAT CHIROPRACTIC CARE NOT BE AVAILABLE TO VETERANS BY DIRECT ACCESS. THIS MAJORITY, WHICH I AM SAD TO REPORT INCLUDED SEVERAL DCS, VOTED TO RECOMMEND THAT THE VA MAKE CHIROPRACTIC CARE AVAILABLE ONLY BY REFERRAL.

THE MEMBERS OF THE CAC VOTING AGAINST DIRECT ACCESS TO CHIROPRACTIC CARE INCLUDED ALL THREE (3) OF THE ACA MEMBERS ON THE COMMITTEE, AS WELL AS THE MEMBER OF THE CHIROPRACTIC MEDICINE SPLINTER GROUP.

AS AN APPOINTEE FROM THE ICA I TOOK QUITE A BIT OF CRITICISM FROM THE ACA LEADERSHIP FOR NOT BOWING OUT TO LEAVE THE FIELD ENTIRELY TO THE ACA MEMBERS WHO HAD BEEN ON THE PREVIOUS MILITARY DEMONSTRATION PROJECT ADVISORY COMMITTEE. THE ARGUMENT WAS, I RECALL, THAT UNLESS THE ENTIRE MILITARY ADVISORY COMMITTEE WAS RECYCLED INTO THE VA CHIROPRACTIC ADVISORY COMMITTEE, WE WOULD END UP WITH DUVALL (CHIROPRACTIC MEDICINE) ON THE VA COMMITTEE AND HEAVEN KNOWS, HE WOULD TAKE THE SIDE OF THE MEDICAL PROFESSION AND SPLIT THE CHIROPRACTIC VOTE.

WELL, THE VOTES HAVE BEEN COUNTED, AND YES DUVALL VOTED WITH ALL THE MEDICAL PROFESSIONALS ON THE VA CAC, AGAINST DIRECT ACCESS TO CHIROPRACTIC CARE FOR VETERANS. UNFORTUNATELY, SO DID ALL THREE ACA MEMBERS, 2 OF WHOM -REED PHILLIPS AND RICK MCMICHAEL- HAD BEEN ON THE MILITARY ADVISORY COMMITTEE.

I ARGUED PASSIONATELY THAT WE HAD TO STAND UP FOR THE VETERANS; THAT THEY WOULD HAVE NO MEANINGFUL ACCESS FOR YEARS UNLESS WE SUPPORTED DIRECT ACCESS. I POINTED OUT THAT IF THE SECRETARY OF THE VA-PRINCIPI- DID NOT RECOMMEND DIRECT ACCESS AFTER THE DCS HAD STOOD FIRM ON IT, THAT WE COULD GO BACK TO CONGRESS AND ASK FOR FURTHER LEGISLATION TO COMPEL THE VA. BUT IF WE VOLUNTARILY SIGN OFF ON "BY REFERRAL ONLY", WE HAVE NO LEGITIMATE REASON TO GRIPE WHEN WE DIDN'T STAND UP FOR OURSELVES AND OUR PATIENTS.

SOME STATEMENTS HAVE BEEN MADE TO THE EFFECT OF, "WE HAVE TO BE TEAM PLAYERS" AND "THE VA IS A SYSTEM THAT IS BUILT AROUND A PCP AND WE HAVE TO JUST FIT INTO IT".

TEAM PLAYERS, YES. THE WATER-BOY, NO. WE HAVE EARNED THE RIGHT TO BE FIRST-CONTACT PROFESSIONALS BY ENDURING OVER A CENTURY OF BIGOTRY, SCORN, DERISION, ECONOMIC PRIVATION, CRIMINAL CONSPIRACIES, AND UNJUST JAIL SENTENCES JUST FOR BRINGING TO MANKIND THIS MIRACLE OF CHIROPRACTIC. WE WERE NOT INVITED BY THE MDS TO BE ON THE TEAM ! WE WERE PLACED ON IT BY

ORDER OF CONGRESS, AND THE PRESIDENT, WHO SIGNED THE LEGISLATION DIRECTING THE VA TO UTILISE DCS.

YES, THE VA DOES UTILIZE A PCP MODEL IN ITS FACILITIES. BUT IT'S NOT SACRED . THERE IS NOTHING TO PREVENT THE VA FROM MODIFYING ITS PCP MODEL TO ALLOW DIRECT ACCESS TO DCS FOR PATIENTS THAT COULD BENEFIT FROM IT. IT ISN'T DIFFICULT TO CONSTRUCT A NEW MODEL, AND CHIROPRACTIC REALLY DOESN'T FIT INTO THE OLD ONE ANYWAY. THE ONLY THING STANDING IN THE WAY IS THE EGO OF THE PCP.

IT IS, AFTER ALL, MORE EXPENSIVE TO MAKE EVERY CHIROPRACTIC PATIENT SEE A PCP FIRST, INSTEAD OF JUST GOING STRAIGHT INTO THE CHIROPRACTIC DEPARTMENT. FROM A STRICTLY MONETARY VIEWPOINT, DIRECT ACCESS WINS OUT.

BUT THE FEAR OF OFFENDING THE MEDICAL PROFESSIONALS WAS APPARENTLY ENOUGH TO WIN OVER THE ACA CROWD. AND THE TRULY CATASTROPHIC QUALITY TO THIS ABANDONMENT OF DIRECT ACCESS IS THE EFFECT IT WILL HAVE ON THE ENTIRE FACE OF HEALTH CARE IN A QUARTER-CENTURY. THE VA, YOU SEE, TRAINS 50% OF THE MEDICAL DOCTORS IN THIS COUNTRY.

MOST OF THE MDS WHO WILL GO ON TO PRACTICE IN HOSPITAL SETTINGS WILL GO THRU THEIR TRAINING IN VA FACILITIES WHERE DCS ARE "BY REFERRAL ONLY". THEY WILL DUPLICATE THIS MODEL IN PUBLIC AND PRIVATE HOSPITALS THRUOUT THE COUNTRY, AND, ULTIMATELY, THE WORLD. THIS AMAZING OPPORTUNITY TO SHAPE HOSPITAL CARE HAS NOW PASSED BY.

AS AN ICA MEMBER, I AM PROUD TO SAY I VOTED IN FAVOR OF DIRECT ACCESS, AS DID MY WCA COLLEAGUE. I THINK 90% OF THE PROFESSION WILL BACK ME UP ON THIS. I'M SURE MORE THAN 90% OF THE ICA WILL SUPPORT MY POSITION, AND I SUSPECT THE MAJORITY OF THE ACA WILL AS WELL. THIS DISSENT WILL BE NOTED BY SECRETARY PRINCIPI AND WILL PUT THE VA ON NOTICE THAT THEIR TREATMENT OF DCS WILL BE WATCHED.

STILL THINK THE ICA AND THE ACA HAVE NO MAJOR DIFFERENCES ? IT LOOKS MORE LIKE THE ACA AND THE ASSOCIATION OF CHIROPRACTIC MEDICINE HAVE NO MAJOR DIFFERENCES. IF YOU'RE NOT AN ICA MEMBER, AND YOU LOVE CHIROPRACTIC, I HAVE ONLY ONE THING TO SAY TO YOU: JOIN.