Dynamic Chiropractic – October 7, 1994, Vol. 12, Issue 21

We Get Letters

"... to protect the health of our children and their parent's freedom of choice."

I read your Sept. 1 editorial with interest. The subject of chiropractic treatment of children is volatile and frequently misinterpreted.

I'm please to tell you that your statement about it being a number of years before chiropractic research of asthma, otitis media, etc., is conducted is inaccurate. FCER is currently funding research on chiropractic treatment of these ailments as well as infantile colic and adolescent scoliosis.

You were correct in your assessment that such research would be expensive, complex, and time consuming. The total cost of the four studies now underway will be almost $350,000.

Anecdotal evidence abounds supporting the efficacy of chiropractic in treating these common childhood ailments. It is only by subjecting chiropractic treatment to rigorous scientific scrutiny that we will be able to protect the health of our children and their parent's freedom of choice.

Mary Johnson
Director of Communications, FCER
Arlington, Virginia

"Chiropractors should only care for those children who have spines."

Bravo for Don Petersen and "Pediatrics: The Final Frontier." Yes Don, your rule of thumb is good, if you would only change one word. Remove the word "treat" and say, "Chiropractors should only care for those children who have spines."

If we hold strong to our non-therapeutic stance, i.e., chiropractors do not treat disease, then if a child has a subluxation we can be of help.

Give us a level playing field, and outcome assessment, and we can, as George McAndrews stated, "beat the hell out of them in the market place." And that my fellow chiropractors is exactly why they fear our involvement in the care of children.

For a goodly number of childhood so called disease problems, chiropractic care costs less, is drugless and bloodless, will do no harm, and is effective. Why should they fear us? Because children get will under chiropractic care without medical "treatment."

"Enuf" said,

Fred H. Barge, DC, PHC

Some sold "their future for 12 cents a share"

Dear Editor:

Today I received my September 1, 1994 issue and read, with great dismay, that CliniCorp, Inc., has decided to put MDs into their chiropractic clinics "to survive." About one year ago, my brother was "pitched to" by CliniCorp to have them buy his clinic in exchange for stock in the company. After we carefully analyzed the situation, my brother and I both felt that CliniCorp did not have a handle on how a chiropractic office works. It was obvious to us that centralized billing would not work, as there was no mechanism to account for the nuances of the system. For example, we have found that certain insurance companies and certain adjustors in particular, notoriously "lose" chiropractic bills. Billing, in those cases, must be done by return receipt certified mail. How can a central office follow something like that? Also, there was no way to allow "Mrs. Jones" to pay only $5 per month on her deductible, when the central office computer only knows to bill her $250 up front. Also, once the doctor cedes control to a central office, how does that doctor control problems that arise?

Another problem with CliniCorp's original model was that there was very little incentive left for the doctor to produce. His fortunes were left to the mercy of the company. His own individual effort made very little

difference to his financial bottom line. So the fact that CliniCorp is facing hard times does not surprise us. It is too bad for the doctors who sold their future for 12 cents a share.

What concerns me the most, however, is the fact that CliniCorp has concluded that they must install MDs and become primary care medical facilities to survive. There are now seminars, given by respected chiropractic consultants, who say that you must become a "Rehab" clinic with MDs and PTs if you wish to survive the ’90s. What they are really saying is that you need the clout of the MD license to get paid and to get into the managed care system.

As the 34-year-old son of a long time chiropractor, I have grown up with the profession. My family of chiropractors has stayed away from the dogmatic infighting of the "straight" versus the "mixer." Live and let live has been our way of thinking. But this trend toward "medicalization" of the profession in the name of getting paid is where we draw the line. Hiring MDs so that you can bill under their name, and becoming a pseudo-medical facility is professional suicide. Prostituting yourself by doing bogus insurance reviews for a mere $100 or $200 also causes professional cannibalization. While both of these money-making tactics may provide the chiropractor with a short-term financial gain, the long term damage to the profession is irreversible.

Bernard D. Newman, DC
Pittsburgh, Pennsylvania

Insurance Does Not Have to Be "A Horror Story"

Dear Editor:

As an individual providing insurance and financial services to various professional practitioners, I would like to add more emphasis and perhaps some guidance relative to Dr. David P. Gilkey’s "An Insurance Horror Story" published August 12, 1994.

Purchasing insurance should be handled in a similar fashion as purchasing any other commodity. You may not be able to feel it, smell it or touch it, but it is as much a commodity as is a car. A $10,000 care will take you from A to B as would a $50,000 car and you may not be impressed with the fact that it is more

attractive or has a better stereo, but if you are in a serious accident, there is a difference.

You can’t expect to get an equivalent car for half the cost and you can’t expect to get an equivalent policy for half the cost. By and large, as in all products, you get what you pay for.

My suggestion is that Dr. Gilkey fell victim to the singly most important item about disability insurance: the definition of disability. His agent gave him the "if I couldn’t treat patients, I was covered" definition but the policy most likely stated that "total disability" was a requirement, as well as bring unable to work in any occupation related to his "education and training." I have studied a number of companies and found that definition is clearly stated in both proposals and policies.

Choose your agent as you would your chiropractic physician. Rely on references, experience, specialty, and "vibes." If all look good but you don’t feel "comfortable" with your relationship, find another agent. Do not expect the agent to put in writing their definition of the policy, they are prohibited from re-wording the policy language in any way.

Carl R. Piserchia, MBA
Norwalk, Connecticut

"Smart" Wins in the Information Age

Dear Editor:

Both Paul and Alan Tuthill should be commended on their insightful article, "Chiropractic and the Information Age" (August 12, 1994). The potential gains that can be made by the chiropractic profession through harnessing the power of today’s technical tools is tremendous. The challenge, however, is that in the information age, "fast and first" don’t always win. The winners in today’s world of information management are those who are the smartest. "Smartest" implies those who make the tools of technology work for them.

The danger of being "first and fast" in the world of technology is that the tools are changing at an amazingly rapid rate. Here are some of the "smart" questions that need to be answered:

Hardware

- How much and what kind of hardware do you need initially to support your expected usage?
- Where will it be located? Do you have the space and power?
- How will you respond to growth?
- How will you handle service upgrades?
- What will it cost?

Software

- What is the right combination of operating system, network operating system, bulletin board software, data base management system, user interface, communications (both data and fax) utilities?
- How will it be integrated to best serve chiropractic?
- How will you respond to the changing needs of your users?
- How will you handle service upgrades?
- What will it cost?

Operations

- What will be your hours of operations?
- How will you handle routine backup and recovery?
- What are your long-term requirements for archives?
- How will you track and charge back for usage? Or is it free? Can you afford to offer it free?
- Who will staff it? What kind of training will be needed?
- Will you need user and operation manuals? Who will write them?
- What will it cost?

Chiropractic must take a look at where they want to go to get their information. Can the profession afford to have all 50 states starting up their own systems or would you rather have access to all information through one system? These are questions that need to be answered before chiropractic races out to attempt to be on the "cutting edge of technology." By thinking smart, chiropractic can gain the edge through technology ... without getting cut.

Shaun P. Callahan
Chiro-Serve, Inc.
Annapolis, Maryland

"The medical profession already has enough incompetence to fill everyone's gut."

Dear Editor:

While the DCM degree theoretically benefits both the chiropractic physician and the patient, the practical application and training of a chiropractic primary care professional by this route may be substandard and inadequate.

As a chiropractor and third-year medical student I have had a unique opportunity to evaluate the bias expounded by both medicine and chiropractic. (Even as a medical student I continue as a fervent advocate of holistic applications to maintain health and alleviate sickness.) I believe this program cannot produce clinicians competent to cover a broad spectrum primary care area with the current chiropractic curriculum and a one-year medical-like internship.

Surgery and pharmacology are complex issues. To gain expertise the student of medicine must learn to use surgery and pharmacology over a long period of time beginning from the first year of medical school to the last day of residency. This is much like the student of chiropractic. To become skillful, chiropractic manipulation is taught from day one (spinal biomechanics) to the end of the clinical externship before graduation. Medicine and chiropractic require respective extensive educational backgrounds to become proficient. Simply, medical education is not conducive to mastering osseous manipulation, and chiropractic education is not conducive to mastering medicine.

The medical profession already has enough incompetence to fill everyone's gut. Why do we want to place this burden on the chiropractic profession?

C. Wilson, DC
3rd year medical student
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Dr. Amaro Responds to Criticism of DCs Practicing Acupuncture

Dear Editor:

The August 12, 1994 issue of "DC" printed a letter to the editor from David Orman AP, MTOM, of Annandale, Virginia that challenged my August 20, column "Warning: This Article Is Not for the Weak of Heart." In that letter, Dr. Orman attacked the acupuncture education received by DCs. He stated, in a nutshell, that we as DCs are not qualified to practice or to include this work within our scope of practice.

Dr. Orman’s primary reason was that we are doing patients a disservice because "these 100-200 hour programs pale in comparison to the 2,800 hour oriental medical school training ..."

Dr. Orman stated: "Many states do not require chiropractors or medical doctors to test for competency with acupuncture. Acupuncturists on the other hand are required to pass a state and/or national examination for licensure." Then, in his next paragraph, he mentions Florida and the fact that "virtually every health care practitioner advertises, ’acupuncture services’..."

The Department of Professional Regulations, under the direction of the governor’s office of the state of Florida, regulates the practice of acupuncture by chiropractic physicians through state board administered examination and documentation of a 100-hour program in acupuncture conducted by the Council on Chiropractic Education’s certification program.

Allow me to quote the number of hours and subject matter offered in a typical acupuncture program regarding subjects we as chiropractic physicians have already studied and been examined on.

General Biology............................ 42 hours General Chemistry.......................... 42 hours Organic Chemistry.......................... 42 hours Biochemistry............................... 42 hours General Physics/Biophysics................. 42 hours Human Anatomy............................. 112 hours Physiology I & II.......................... Pathology.................................. 42 hours Western Nutrition.......................... 28 hours Counseling and Communication............... 14 hours General Psychology......................... 28 hours
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Medical History............................. 28 hours Western Medical Terminology................. 14 hours
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Western Clinical Sciences.................. 105 hours Survey of Health Professions................ 14 hours Western Pharmacology........................ 14 hours Cardiopulmonary Resuscitation................ 7 hours
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Laws, Ethics & Practice Management.......... 35 hours Observation Internship..................... 100 hours Practice Internship........................ 700 hours --

Total .... 1,409 hours

I have taken these subjects and hour figures directly from the curriculum page of one of acupuncture's more notable schools. The other 18 catalogues of acupuncture schools I have in my possession are of a similar nature.

Dr. Orman needs to be reminded we don't have to retake these subjects and when it comes to the academics of acupuncture and nutritional therapy it becomes very obvious this critic doesn't know what he's talking about.

John A. Amaro, DC, FIACA, Dipl.Ac.
Carefree, Arizona

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