THE AMERICAN CHIROPRACTIC ASSOCIATION AND PRIMARY CARE

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ACA Mission Statement:

The Mission Statement of the American Chiropractic Association (ACA) states:

"The ACA is a professional organization representing Doctors of Chiropractic. Its mission is to preserve, protect, improve, and promote the chiropractic profession and the services of Doctors of Chiropractic for the benefit of patients they serve. The purpose of the ACA is to provide leadership in health care and a positive vision for the chiropractic profession and its natural approach to health and wellness. On behalf of the chiropractic profession, we accomplish our mission and purpose by affecting public policy and the legislation, by promoting high standards in professional ethics and quality of treatment, and by carrying out a dynamic strategic plan to help ensure the professional growth and success of Doctors of Chiropractic."

ACA Master Plan:

The ACA Master Plan, first ratified by the House of Delegates in June 1964 and most recently amended in July 1994, governs the future policies of ACA. The Master Plan Definitions are:

"With regard to the core chiropractic principle, which holds that the relationship between structure and function in the human body is a significant health factor and that such relationships between the spinal column and the nervous system are highly significant because the normal transmission and expression of nerve energy are essential to the restoration and maintenance of health."

Chiropractic shall be described in accordance with a foregoing principle as follows:

"Chiropractic is a branch of the healing arts that is concerned with human health and disease processes. Doctors of Chiropractic are physicians who consider man as an integrated being and give special attention to the physiological and biochemical aspects including structural, spinal, musculoskeletal, neurological, vascular, nutritional, emotional, and environmental relationships, and are trained in diagnosis so they may treat patients effectively and make timely referral to other healthcare providers when appropriate."

The practice and procedures which may be employed by doctors of chiropractic are based on the academic and clinical training received in and through accredited chiropractic colleges and include, but are not limited to, the use of current diagnostic and therapeutic procedures. Such procedures specifically include the adjustment and manipulation of the articulations and adjacent tissues of the human body, particularly in the spinal column. Included is the treatment of intersegmental aberrations for alleviation of related functional disorders.

Chiropractic is a drug-free, non-surgical science and, does not include pharmaceuticals* or incise surgery. Due regard shall be given to the fact that state laws, as well as the nation's antitrust laws, may allow doctors of chiropractic to utilize ancillary health care procedures commonly referred to as being in the common domain. **Without prejudice to our commitment to this vital core concept, and in conformity with the nation's antitrust laws, chiropractors may elect in their practice to use common domain procedures, otherwise allowed by applicable law, and assuming they are properly qualified by background, education, and training to do so."

ACA Charter Provisions:

The ACA Code of Ethics is based upon "the fundamental principle that the ultimate end and object of the chiropractor's professional services and effort should be: The greatest good for the patient." The Code of Ethics is to give guidance to the profession, specifically the ACA membership, with consideration to the responsibilities to the patients, the public, and to fellow practitioners. The Code can also be utilized by state legislatures, state administrative agencies, and by state chiropractic associations to the extent they are authorized under law to exercise enforcement or disciplinary actions.

ACA Policies on Public Health and Related Matters:

The ACA has established "Policies on Public Health and Related Matters;" one of these policies references "Primary Health Care: Role of Chiropractic." The ACA HOD ratified this policy in 1994. It states:

"The role of chiropractic in primary health care is characterized by direct access, longitudinal, integrated, conservative, ambulatory care of patients' health care needs, emphasizing neuromusculoskeletal conditions, health promotion, and patient-centered diagnosis and management. The chiropractor in the primary health care system is a first-contact gatekeeper for neuromusculoskeletal conditions."

The principle outlined below are intended to better serve the health needs of the public. They also provide policy-makers, other health care professionals, and the public with a clear understanding of chiropractic. These principles are also intended to provide a focal point to which members of the profession can gravitate and will allow the profession to pursue its legitimate aspirations for growth and development.

Chiropractors are first-contact physicians who possess the diagnostic skills to differentiate health conditions that are amenable to their management from those conditions that require referral or co-management.

Chiropractors provide conservative management of neuromusculoskeletal disorders and related functional clinical conditions including, but not limited to, back pain, neck pain, and headaches.

Chiropractors are expert providers of spinal and other therapeutic manipulation/adjustments. They also utilize a variety of manual, mechanical, and electrical therapeutic modalities. Chiropractors also provide patient evaluation and instruction regarding disease prevention and health promotion through proper nutrition, exercise, and lifestyle modification, among others. The range of diagnostic and therapeutic services offered by chiropractic is dynamic and will be modified by education, research, technological change, and society's evolving health care needs.

Chiropractic diagnostic and therapeutic goals should be achieved as safely, quickly, and economically as possible to promote patient health and independence.

Optimal patient care can best be achieved when chiropractic is vertically integrated within the health care system. Interdisciplinary collaboration is essential to this purpose. The diagnostic and therapeutic guidelines adopted by the profession should be evidence-based. In health care, the absence or ambiguity of scientific evidence requires using sound clinical judgment in place of hard data.

Chiropractors offer accessible and appropriate care to all population groups.

Chiropractic recognizes the multi-faceted aspects of health, disease, etiology, and related patient care."

In support of this policy the ACA had developed a "Glossary of Terms" and additional "Nomenclature" to clarify the positions expressed in this ACA Policy. These can be assessed in the ACA's Public Health Policies.

The House of Delegates replaced this policy in March 2001, with the following:

PRIMARY HEALTH CARE: ROLE OF CHIROPRACTIC

"The chiropractic profession's role in Primary Health Care is to educate its students and practitioners in providing primary care at the undergraduate and graduate levels of instruction.

The Doctor of Chiropractic is qualified to provide primary health care and may choose to further develop their

primary care practice (specializing in family practice, pediatrics, generalist with subspecialty in neurology, sports medicine or occupational health) providing for a wide range of services with a long term patient-doctor relationship or choose to provide specialty care (neurology, orthopedics, radiology, rehabilitation, occupational health) providing for a narrower range of services with a short term patient-doctor relationship.

The Doctor of Chiropractic is qualified to provide primary care with respect to the definition from the Institute of Medicine:

'Primary care is the provision of integrated, accessible health care services by clinicians (doctors of chiropractic/chiropractic physicians) who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.'

Integrated-incorporating comprehensive, coordinated, and continuous services throughout the patient's life span:

A. Comprehensive—'addresses any health problem at any given stage of a patient's life cycle.'

B. Coordinated—ensures the integration of health services and information necessary for the patient's health and well-being in a rational manner and including the resources of the healthcare community.

C. Continuous—'care over time by single clinician (doctor of chiropractic/chiropractic physician) or team of health care professionals ('clinician continuity') and to effective and timely communication of health information (events, risks, advice, and patient preferences) ('record continuity').'

Accessible-unrestricted direct access for any problem at any time.

Health care services—chiropractic service which primarily focuses on the restoration of the inherent recuperative abilities of the body through natural means. Chiropractic focuses on the relationship between structure, primarily the spine, and function primarily coordinated by the nervous system of the body as that relationship may affect the restoration and preservation of health. Chiropractors also provide patient evaluation and instructions regarding disease prevention and health promotion through proper nutrition, exercise and lifestyle modification among others. The range of diagnostic and therapeutic services offered by chiropractic is dynamic and will be modified by education, research technological change and society's evolving health care needs. Referral to other healthcare providers for conditions beyond the chiropractic scope of practice is integral to chiropractic practice.

Clinician (doctor of chiropractic/chiropractic physician)—responsibilities as a primary care clinician include wellness promotion, health assessment, diagnosis and the chiropractic management of the patient's health care needs. When indicated, the doctor of chiropractic consults with, co-manages, or refers to other health care providers.

Accountable—responsible to the patient and community for the large majority of personal health care needs by establishing a sustained patient-doctor relationship.

Majority of personal health care needs—chiropractors receive all problems that patients bring unrestricted by problem or organ system—and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate.

Personal health care needs include physical, mental, emotional, and social concerns that involve the functioning of an individual.

Sustained partnership—the expected establishment of a patient-doctor relationship over one's lifetime and is inclusive of mutual trust, respect and responsibility.

Patient—the individual who seeks care from a naturally based and/or chiropractic perspective.

Context of family and community—providing care in consideration of the patient as they relate to their family and communities and with reference to the community in which the clinician practices.

Primary care is the domain of all whole body healing arts professions, providing the avenue by which individuals and their community's may pursue the establishment and maintenance of good health care consistent with their personal ideals and philosophy of life. It is incumbent of all healing arts professions to cooperatively integrate a respectful utilization of each other's expertise in the best interests of the patient and community."

In 1985 the HOD established the following policy on Scope of Practice: Limitations—Condemned.

"Resolved, that the ACA condemns any efforts to limit or reduce the scope of chiropractic practice more limited than that embodied in the ACA Master Plan."

In 2001 the HOD established a policy on Chiropractic Wellness Care. This policy describes chiropractic as *"an active care model that emphasizes wellness."* This policy defines wellness, its goals, and appropriately positions the doctor of chiropractic in this patient-centered process. The policy lists the Active Wellness Care Domains of the doctor of chiropractic as:

- Evaluation/Assessment of Patients (risk factors, health needs)
- Information/Education of Patients (awareness)
- Intervention/Monitoring (including counseling)
- Integration with Other Community Resources

This policy further states that, *"All phases of the active/wellness model allow the patient to engage in preventive care as well."* These include primary, secondary, and tertiary levels of injury prevention.

Within the wellness policy the "Primary Roles of the Doctor of Chiropractic" are:

- Primary Care/Direct Access Practitioner
- Health Information Resource
- Health and Wellness Advocate
- Disease and Injury Prevention Manager
- Spinal Care Specialist within the Health Care System

Again, this policy on Wellness Care has identified the doctor of chiropractic as a primary-care provider.

Other references in "The ACA Policies . . ." that address some aspect of primary care are included under the headings of: Comprehensive Health Planning, Diagnosis, Health Care, Health Factor, Infant and Child Care, Managed Care: Direct Access, Medical Quality, Physical Exams by DCs, Physician Status at Federal Level, and Physician Status at State Level.

In the last few years, 3 major legislative initiatives have been launched by the ACA to expand the availability and utilization of the profession. The first effort was to seek to provide chiropractic care to military personnel. In the Defense Authorization Bill (DAB) of '93, the Department of Defense (DoD) was authorized to commission DCs in the military. It was never budgeted by DoD and it never happened. In the DAB of '95, we finally had included the 2-year Pilot Program at 10 military installations. This was extended and expanded to 3 more sites (including Congress) through the efforts of Senator Strom Thurmond in '97. Finally, DAB 2001, signed by President Clinton, authorized 5-year phasing in of chiropractic providers. Initially the ACA, along with the Association of Chiropractic Colleges (ACC), sought the broadest possible scope of practice both diagnostically and therapeutically, with no restrictions in access. Unfortunately, the best that could be attained was to have access through the DoD managed-care model, with the scope of chiropractic care including, "at a minimum, care for neuromusculoskeletal conditions." It is hoped that in time, as DCs are integrated into the military health-care system, their utilization and scope will be expanded as has been seen in numerous civilian integrated health-care centers.

A similar initiative was begun with the Department of Veterans Affairs (DVA) in the last couple of years. This finally came to fruition when President Bush signed P.L. 107-135 on January 23, 2002. Again although the ACA/ACC coalition along with other chiropractic groups and numerous individuals had lobbied for direct access and full-scope inclusion, the final results were

more limited. The access was limited to the 22 geographic service areas and the scope was described as, "shall include a variety of chiropractic care and services for neuromusculoskeletal conditions, including subluxation complex."

In the last 3 years the ACA has made a major legislative and administrative effort to expand the scope of chiropractic care under Medicare, which has been limited to adjustment/manipulation of the spine since chiropractic was first included in 1974. In both the 106th and 107th Congresses, bills have been introduced under chief sponsor Honorable Wes Watkins to expand chiropractic services to the full scope of practice as designated under state law.

On a daily basis the ACA is approached by DCs all around the country seeking assistance in combating federal, state, and local statutes, as well as corporate, insurance, and managed-care provisions that discriminate against DCs by limiting their scope of practice (diagnostic or therapeutic). It is an ongoing struggle that the ACA continues to champion for the profession.

In summary, throughout the above referenced Mission, Master Plan, Charter, Code of Ethics, and Policies on Public Health and Related Matters, as well as through ongoing legislative initiatives, the Doctor of Chiropractic is considered educated, skilled, and qualified as a Primary Health Care Provider, according to the American Chiropractic Association.