

Are Doctors of Chiropractors Primary Health Care Providers?

This question has been asked and answered in the past several years by patients, Chiropractors, and medical doctors. My intention is to approach the question only from the perspective of three research articles, relaying the opinions of those authors which I believe accurately reflect the current perception of chiropractors in a primary care role.

The three articles are Chiropractic and a New Taxonomy of Primary Care Activities by Gaumer, et al (JMPT, 5/01), The Role of Chiropractic in Primary Care: Findings of Four Community Studies by Teitelbaum (JMPT, 12/00) and Advising Patients Who Seek Alternative Medical Therapy by Eisenberg (Internal Med. 7/97). The first two articles are authored by researchers from ABT Associates in Cambridge, Massachusetts and the last one by Dr. Dave Eisenberg who became known to chiropractors in the early 1990s when writing about “unconventional” medicine in the United States. You may recall that his article reflected that there were more visits to providers of alternative medicine in one year than to all “primary care physicians” and that 70% of those using alternative care did not tell their physicians. It makes you wonder about the definition of mainstream versus alternative.

Do we need the definition of primary care before proceeding? The definition is different from profession to profession. Primary medical care uses the biomedical paradigm whereby individuals seek services by a physician. Primary healthcare focuses on a healthcare system whose services are provided by a healthcare team within a community. Chiropractic fits into the second definition in a complimentary role as a partner in the delivery of primary health services.

In order to determine where the chiropractor fits into primary care, we need to determine the scope of primary care. Since allopathic care is the most accepted primary care we need to evaluate those activities that take place in the routine office-based practice. Gaumer et al listed and evaluated by frequency and importance 189 activities that constitute primary health care. Although Gaumer et al used two panels to evaluate, one composed mostly of allopaths (referred to as interdisciplinary with 60% M.D.s) and the other mostly of chiropractors (40% D.C.s), there were interesting consensus results. Both groups agreed that 92% of the activities listed were primary care. Approximately 60% of the activities evaluated were performed with similar frequency with both medical and chiropractic offices. About 40% were performed significantly more frequently in medical offices. The interdisciplinary panel felt that M.D.s were required infrequently or never in 53% of the primary care activities, 31% activities required no involvement some of the time and only 16% involved M.D. involvement most or all of the time. Medical doctor involvement was perceived to be required more frequently by the chiropractic panel than the interdisciplinary panel. It was simply a matter of self-assessment by the D.C. panel as to having no competence or limited competence in certain areas of primary care, particularly the most invasive diagnostic procedures.

The results of the two panels in the study by Gaumer et al are consistent with other similar assessments. The U.S. Government Accounting Office found that 60%-90% of

office diagnoses could be handled by non-M.D. professionals. The Council on Graduate Medical Education found that care patterns reflect the use of too many primary care physicians that underrefer to specialists; many of the things that they do could be delegated to non-physician providers.

We need to know the opinions of other entities than the panel of chiropractors and physicians referred to above. Next, I will relate the opinion Dr. Dave Eisenberg, M.D. has been on the pulse of alternative therapies from the allopathic prospective for over ten years. Basically the Dr. Eisenberg suggests that there is an “invisible mainstream” in the U.S. healthcare system and little is known about the safety, efficacy, and mechanism of action of individual alternative treatments. Unfortunately he needs to read more about the safety, efficacy, mechanism of action, and cost effectiveness of the chiropractic adjustment.

Ideally medical doctors should be educated in all areas of health care so that they can work together with other professionals on patient care. There will always be disagreement over preferred treatment. Eisenberg suggests that medical doctors should be “gatekeepers” over alternative health care providers for the safety of patients. He believes that chiropractors and other alternative practitioners should be queried on the effectiveness of the treatment, the frequency of the treatment, the time frame for effectiveness, the risks, the costs, the side effects, and the willingness to continually report to the medical physician! Furthermore Eisenberg states that no referral should be made to alternative health care providers without a thorough medical evaluation! Maybe he thinks that M.D.s would actually palpate their patients for musculoskeletal complaints. It is amusing that he suggests that medical doctors and their patients should dare to disagree about therapeutic choices. I have had many patients dismissed from their primary care provider for suggesting alternative treatment. There are also many medical doctors that simply refuse to refer to a chiropractor. Of course, this does not come as a surprise.

Last and most important, what do patients think of about chiropractors as primary care providers? Teitelbaum investigated this question without surprising results. Essentially community studies suggest that consumers prefer that chiropractors not be primary care providers in a conventional way (the allopathic model of care). Her studies of chiropractors found that D.C.s shouldn't bother to aggressively overcome barriers to chiropractors increasing their role in primary care delivery based on the allopathic model. Like Eisenberg, Teitelbaum found that allopathic physicians opinions ranged from indifferent to hostile on the subject of D.C.s becoming primary care providers. My close friend Dr. Dan Wik, D.C., M.D. stated at best, “Chiropractors are not even a blip on the medical doctors radar screens.”

We could have predicted the opinions of medicals doctors, chiropractors, and even patients. The fact remains that the usage of alternative health care is constantly on the rise especially chiropractic. It is due to two components. One, patients are attracted to the model of “wellness” as opposed to sickness. Our patients want to assume a more active role in our results-oriented care. They like the preventative and curative aspects

and our focus on health care promotion. Basically the chiropractic model of health care is consistent with the emerging consumers' preferences. And two, patients are dissatisfied with the quality of medical care. They don't like managed care usurping the patient's decision-making power. Managed care doesn't really like the utilization of chiropractic services but does like the market appeal of chiropractic. Hence, there is a low number of visits and the low reimbursement for chiropractic services with managed care plans. Patients are tired of a pill for every ill, waiting too long for the medical appointments, and the frustration with the results and business practices of traditional medical care.

Patients are pouring into chiropractic offices in record numbers and it has little to do with primary health care activities. Obviously many patients have had success with chiropractors that have successfully treated a resistant condition and some have discovered that chiropractors have competencies and interest that M.D.s lack.

The bottom line according the medical research and literature as it relates to chiropractors currently being primary care providers is that we are not foremost in primary care. It doesn't seem that we will be in the near future either. Our profession did not start that way, our colleagues and most consumers don't see it that way. I am only a messenger.

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