

**DEPARTMENT OF VETERANS AFFAIRS RESPONSE TO THE
NOVEMBER 3, 2003 RECOMMENDATIONS OF THE
CHIROPRACTIC ADVISORY COMMITTEE**

Recommendation 1: Education Requirement. Degree of doctor of chiropractic resulting from a course of education in chiropractic. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs (VA) for the year in which the course of study was completed. Approved schools should be:

- (1) Schools of chiropractic accredited by the Council on Chiropractic Education Commission on Accreditation or equivalent agency recognized by the U.S. Secretary of Education, or
- (2) Schools (including foreign schools) accepted by the licensing body of a State, Territory, Commonwealth, or the District of Columbia as qualifying for full or unrestricted licensure.

VA RESPONSE: VA concurs with the intent of this recommendation but, for clarity, will remove the phrase “for the year in which the course of study was completed” when incorporating these educational requirements into the VA chiropractor qualification standard.

Recommendation 2: Licensure Requirement. Current, full and unrestricted license to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. A doctor of chiropractic who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status should be appointed only in accordance with existing VA provisions applicable to other independent licensed practitioners.

VA RESPONSE: VA concurs with this recommendation. These licensure requirements will be incorporated into the VA chiropractor qualification standard. VA will also include, as in other qualifications standards, a provision for the facility Director to waive the licensure requirement if the doctor of chiropractic is to serve in a country other than the United States and the doctor of chiropractic has licensure in that country.

Recommendation 3: Other Requirements. Doctors of chiropractic should be expected to meet the other employment requirements, such as citizenship, English language proficiency and physical requirements, established by VA for all other Title 38 employees.

VA RESPONSE: VA concurs with this recommendation. These requirements will be incorporated into the VA chiropractor qualification standard. VA will also include, as in other qualifications standards, a provision for appointment of a noncitizen, in accordance with VA Handbook 5005, Staffing, Part II, Chapter 3,

when it is not possible to recruit qualified citizens.

Recommendation 4: Scope of Practice. Doctors of chiropractic shall provide patient evaluation and care for neuro-musculoskeletal conditions including the subluxation complex¹ within the boundaries set by state licensure, VHA privileging and the doctor's ability to demonstrate educational training and clinical competency in the areas necessary to provide appropriate patient care.

VA RESPONSE: VA concurs with this recommendation. Pub. L. 107-135, Section 204(d) establishes this scope of practice.

Recommendation 5: Minimum Initial Privileges. Minimum initial privileges, based on the state licensure of the doctor of chiropractic (DC), should include:

1. History taking
2. Neuromusculoskeletal examination and associated physical examination
3. Ordering of standard diagnostic plain film radiologic examinations to include spine, pelvic, skull, and rib series and chest (PA and lateral)
4. Determine appropriateness of chiropractic care for the problem(s) for which the patient is being managed.
5. Provide chiropractic care
 - a. Adjustment
 - b. Manipulation/mobilization
 - c. Manual therapy
6. Manage neuromusculoskeletal care
7. Referral to appropriate provider when chiropractic care is deemed inappropriate or when patient conditions outside the scope of chiropractic care are suspected or detected through examination or as a result of diagnostic testing.

VA RESPONSE: As a general finding, VA views this description of privileges to be reasonable and appropriate. VA understands this recommendation lists functions that doctors of chiropractic are licensed to provide and also understands that these functions could be incorporated into a doctor of chiropractic's privileges, but must state that privileging is both practitioner and facility specific. Veterans Health Administration (VHA) Handbook 1100.19 defines privileging in the same manner as the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) as "the process by which a practitioner, licensed for independent practice (i.e., without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and the facility to practice independently, to provide medical or other patient care services within the scope of the individual's license, based on the

¹ "A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health." The Chiropractic Paradigm, Association of Chiropractic Colleges.

individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure". Facility needs, organizational policies and procedures, the availability of existing services that can meet the needs of the patients, and available resources are used by facilities in conjunction with a practitioner's scope of practice as defined by licensure to identify the privileges to be granted by the facility to all independent practitioners.

Recommendation 6: Other Initial Privileges. When permitted by the state licensure of the doctor of chiropractic and the privileging process for the VA facility, additional initial privileges may include:

1. Ordering of additional diagnostic studies
 - a. Imaging studies (e.g., CT, MRI, ultrasound, bone scan)
 - b. Clinical laboratory (e.g., Urinalysis, SMA 24, Arthritis Panel, CBC)
 - c. Other appropriate tests (e.g., EMG, nerve conduction)
2. Order or provide other treatment modalities:
 - a. Physical modalities (e.g., heat, cold, electrical, ultrasound)
 - b. Ergonomic evaluation, posture management
 - c. Orthotics, supportive bracing, taping
 - d. Counseling/education on body mechanics, nutrition, lifestyle, exercise, hygiene.

VA RESPONSE: As a general finding, VA views this description of privileges to be reasonable and appropriate. As noted in the response to Recommendation #5, privileging of all providers is done at the facility level in accordance with the current issue of Veterans Health Administration (VHA) Handbook 1100.19 and the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The actual privileges granted by the facility are determined by facility needs, organizational policies and procedures, and the availability of existing services that can meet the needs of the patients.

Recommendation 7: Additional Privileges. After the initial annual evaluation, the doctor of chiropractic may request additional privileges, which may be granted by the privileging facility consistent with the needs of the facility and the licensure held by the doctor of chiropractic, upon demonstration of appropriate training and competency.

VA RESPONSE: VA concurs that the annual evaluation process provides a framework for considering whether additional privileges are consistent with the chiropractor's licensure and the needs of the facility.

Recommendation 8: Publication of Information Letter. VHA should publish an Information Letter providing guidance to facilities regarding the recommended privileges approved by the Secretary.

VA RESPONSE: As noted in the response to Recommendations #5 and #6,

privileging of all providers is done at the facility level in accordance with the current issue of Veterans Health Administration (VHA) Handbook 1100.19 and the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). However, VA agrees that publication of an Information Letter would be useful in providing guidance to facilities that will be considering the credentials and privileges of doctors of chiropractors

Recommendation 9: Access to Chiropractic Care. Access to chiropractic care should be in consultation with the patient's primary care provider or another VA provider for the condition(s) for which chiropractic care is indicated. VHA facilities should establish processes that will ensure patients are adequately informed about treatment options, including chiropractic care, when presenting to urgent care with acute neuromusculoskeletal conditions appropriate for chiropractic care, when calling to request a primary care appointment for acute neuromusculoskeletal conditions, or when receiving care for difficult, chronic and otherwise unresponsive neuromusculoskeletal conditions. Patients presenting with neuromusculoskeletal complaints who prefer chiropractic care as their treatment option should be referred to a doctor of chiropractic for evaluation and care. Veterans who have been referred to and have received care from a doctor of chiropractic should continue to have access to the doctor of chiropractic for the continuation of care or treatment, consistent with facility policy for specialty care access.

VA RESPONSE: It would appear that the intent of this recommendation is to help ensure that chiropractic care is provided to those patients who want and need the services of a doctor of chiropractic.

VA concurs that access to chiropractic care should be in consultation with the patient's primary care provider or a VA provider who is providing care for, or been consulted regarding, the condition(s) for which chiropractic care is indicated. It is VA policy that providers must inform patients of treatment options and that patient preferences for treatment will be met whenever possible and appropriate. Shared decision-making regarding treatment options is encouraged. VA concurs that the provision of chiropractic care should be consistent with facility policy for specialty care access.

Recommendation 10: Continuity of Care for Newly Discharged Veterans. Newly discharged veterans who have been receiving chiropractic care through the Department of Defense while on active duty, or who have service-connected neuromusculoskeletal conditions, or who are newly returned from a combat zone, or who have applied for service connection for the neuromusculo-skeletal condition for which DoD provided chiropractic care, should have direct access for continued chiropractic care at a VHA facility. Veterans accessing chiropractic care in this manner should be assigned a primary care provider at the earliest possible time.

VA RESPONSE: VA agrees there is a need to facilitate continuity of care for newly discharged veterans who were receiving care from DoD at the time of discharge. While VA has made significant progress in improving the transfer of care from DoD to VA, substantial challenges remain. At this time, mechanisms do not exist to expedite care in the manner suggested by the Committee. Upon discharge from the military, every effort will be made to assign the veteran to a primary care provider. VA remains committed to the goal, in conjunction with DoD, of creating a process through which separating service members can determine their benefits, have their health status assessed, and receive care through the VA health care system in a seamless, timely, and accurate manner.

Recommendation 11: Inpatient Care. Doctors of chiropractic may see inpatients, including patients in VHA's long term care facilities, upon referral from another VHA provider, but will not have admitting privileges.

VA RESPONSE: VA concurs with this recommendation.

Recommendation 12: Chiropractic Care in Community Based Outpatient Clinics (CBOCs). Chiropractic services should be provided in a CBOC when the parent facility determines that the need exists and when the resources are available to provide such services. The existing fee basis program can be utilized if staff or contract doctors of chiropractic are not available at the CBOC.

VA RESPONSE: VA concurs that the parent facility will determine, based on need and resources, if chiropractic care will be provided in CBOCs.

Recommendation 13: Fee Basis Care. Chiropractic care should continue to be available through the fee-basis program. An evaluation may be required prior to authorization of fee-basis care; however, the authorization mechanism should be consistent with the requirements for all other fee basis authorizations within the facility.

VA RESPONSE: VA concurs that chiropractic care should continue to be available through the fee-basis program and that the authorization mechanism for chiropractic care should be consistent with the requirements for all other fee basis authorizations within the facility.

Recommendation 14: Occupational Health Programs. Doctors of chiropractic can be utilized in the VHA facility's occupational health program.

VA RESPONSE: VA agrees facilities may choose to use VHA doctors of chiropractic in VHA occupational health programs when the doctor of chiropractic has the time to provide services to employees without interfering with the care of veterans. Chiropractic treatment of employees must meet current Department of Labor (DOL) regulations, i.e., treatment of spinal subluxation as demonstrable by x-ray or the provision of physical therapy for the same condition. DOL regulations require that all initial treatment plans be cosigned by a physician. In

VHA, the facility industrial hygienist or safety manager is responsible for ergonomic evaluations. VA agrees that facilities may develop policies and procedures that rely on doctors of chiropractic to evaluate both employees and workstations when they have appropriate skills and training, such as may be acquired through courses and VHA guidebooks. Clinical treatment requires approval from the Department of Labor. DOL does not typically pay for workstation assessment.

Recommendation 15: Screening of Patients. The doctor of chiropractic should screen patients to identify the following “red flags” or contraindications to manual therapy.

- a. Possible fracture from major trauma, or minor trauma in an osteoporotic patient.
- b. Possible tumor or infection in patients with a history of cancer, recent fever, unexplained weight loss, recent bacterial infection, IV drug abuse or immune suppression
- c. Possible cauda equina syndrome noted by saddle anesthesia, recent onset of bladder dysfunction, progressive neurologic deficit or major motor weakness in the lower extremity (not sciatica), unexpected laxity of the anal sphincter or perianal/perineal sensory loss.²

VA RESPONSE: VA agrees that these contraindications must be ruled out before chiropractic manual therapy is initiated. VA believes that it is essential that doctors of chiropractic should consult with medical providers if other conditions, which may be contraindications to manual therapy, are suspected.

Recommendation 16: Referral Service Agreements. VHA should encourage the development of referral service agreements between doctors of chiropractic and both primary care and other specialty providers regarding the types of conditions appropriate for referral to chiropractic care, and the pre-referral testing that will be useful to optimize the provider’s time. The authorization mechanism for chiropractic referrals, follow-up, and recurrent care should be consistent with the facility’s business practices for other referrals.

VA RESPONSE: VA concurs with this recommendation. VA believes that the development of service agreements will facilitate the integration of doctors of chiropractic into VHA facilities.

Recommendation 17: Referrals from Doctors of Chiropractic. Doctors of chiropractic may make referrals to other VHA services and/or providers as appropriate, subject to facility protocols.

² US Dept Health & Human Services, Agency for Health Care Policy and Research. Acute Low Back Problems in Adults: Assessment and Treatment. AHCPR Publication No. 95-0643, Dec. 1994, pg. 2.

VA RESPONSE: VA concurs with this recommendation.

Recommendation 18: Coordination of Care. The doctor of chiropractic and the patient's primary provider, in conjunction with other appropriate VHA providers, should develop a collaborative treatment regime when patients present with concurrent neuromusculoskeletal and non-neuromusculoskeletal problems.

VA RESPONSE: VA concurs with this recommendation. VHA believes strongly that patient care is a multi-disciplinary, collaborative process that results in an integrated treatment plan.

Recommendation 19: Co-management of Care. As a member of the VHA health care team, doctors of chiropractic should co-manage patient care for neuromusculoskeletal conditions as appropriate, along with the patient's primary provider, other team members, and specialists.

VA RESPONSE: VA does not concur with this recommendation. VHA believes strongly that patient care is a multi-disciplinary, collaborative process in which the expertise of specialists is utilized, and concurs with the necessity of coordinating care, as noted in recommendation #18. However, within VHA, the patient's primary care provider is considered the individual responsible for understanding what care is being provided and coordinating it and, with the patient, is the ultimate decision-maker.

Recommendation 20: Placement of Doctors of Chiropractic within a Health Care Team. Doctors of Chiropractic should be integrated into the VHA health care system as a partner in a health care team.

VA RESPONSE: VA concurs that doctors of chiropractic should be integrated into a health care team appropriate to the care of patients presenting with neuromusculoskeletal complaints. Teams may be defined by organizational or functional relationships and facilities may adopt different methods of integration.

Recommendation 21: Site Selection. The VISN Clinical Managers should provide recommendations for the initial sites they believe will be most successful in integrating chiropractic care into a facility while meeting the needs of veterans. The goal is to have chiropractic care at each of the major VHA facilities in each of the VISNs, consistent with the VHA distance and time standards for specialty access.

VA RESPONSE: It would appear that the intent of this recommendation is to ensure that chiropractic care is ultimately available and accessible to veterans who need it throughout the VA health system. VA agrees with the intent of this recommendation.

Pub. L. 107-135 states: "The Secretary shall designate at least one site ... in each geographic service area of the Veterans Health Administration. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas." VA concurs that the VISN Chief Medical Officers should identify sites that they believe will be most successful in integrating chiropractic care. While VA understands the desire of the Committee to eventually see chiropractic care available at all major VHA facilities, VA will need to evaluate and learn from the initial placements of doctors of chiropractic in order to facilitate later expansion of the program, evaluate demand in relation to VHA distance and time standards for specialty care, and determine the resources required to initiate and maintain chiropractic care at additional sites.

Recommendation 22: Doctor of Chiropractic Staffing. Each facility providing chiropractic services should have enough doctors of chiropractic on staff to provide patient care. The goal is to have doctors of chiropractic at each of the major VHA facilities in each of the VISNS, consistent with VHA standards for waits and delay for specialty access.

VA RESPONSE: VA agrees that doctor of chiropractic staffing will be dependent upon patient workload. Initial staffing may be accomplished by full- or part-time appointments, contract, or fee-basis appointment.

Recommendation 23: Support Staff. Personnel functioning as chiropractic assistants should come from existing job classifications, receiving additional on-the-job training from the doctor of chiropractic. Clerical staff for scheduling and other administrative clinic duties will also be needed.

VA RESPONSE: VA agrees that the doctors of chiropractic will require support staff. However, a recent evaluation of primary care productivity highlighted VA's need for additional support staff. VA has 1.5 support staff per 1.0 FTEE MD (median 1.11) as compared to 2.06 direct clinical support staff per 1.0 physician in private sector general internal medicine practices. While VA continues to work towards increasing ancillary support staff, assignment of resources to the doctor of chiropractic will need to be consistent with the resources allocated to other providers. The facilities chosen to implement the chiropractic care program will need to determine how to meet the need for chiropractic support staff. As noted in the recommendation, on-the-job training may assist existing support personnel to learn new job skills. Co-location with other providers and clinics may enable sharing of resources. VA believes that creating inequities in staff support between existing clinicians and new doctors of chiropractic is not conducive to successful implementation of a new program.

Recommendation 24: Space. Clinic space assignments should be consistent with existing provider space assignments. Each examination/treatment room should contain a sink and must be adequate to contain the standard chiropractic examination/treatment table (2 feet by 7 feet 5 inches) with sufficient space on all

sides for the doctor of chiropractic to move about during treatment.

VA RESPONSE: VA recognizes that a chiropractor requires special equipment that may require larger than usual examination/treatment rooms. VA also recognizes that two rooms per provider facilitate provider efficiency. However, at many sites, VA continues to experience constraints in providing optimal space to existing providers. VA believes that creating inequities in space allocations between existing clinicians and new doctors of chiropractic is not conducive to successful implementation of a new program. Conversion or reconfiguration of space may be needed to achieve optimal functional working relationships and thus may be a factor in the selection of sites and the speed with which chiropractic care can be implemented at VHA facilities.

Recommendation 25: Co-location with Collaborating Providers and Services. Where feasible, the doctors of chiropractic should be located with or near collaborating providers or services.

VA RESPONSE: VA concurs with this recommendation. As noted above in Recommendation #23, this may be a means of maximizing utilization of support staff, as well as use of space.

Recommendation 26: Equipment. Chiropractic adjusting tables and specialized diagnostic evaluation equipment particular to chiropractic needs will be needed.

VA RESPONSE: VA concurs that the doctors of chiropractic will require chiropractic adjusting tables and the equipment listed in Appendix C of the recommendations document.

Recommendation 27: Orientation. A standardized orientation program on how chiropractic care is to be integrated into VHA should be developed and presented to clinical and administrative staff at each facility prior to the actual implementation of a chiropractic service. VHA should develop a basic orientation program for doctors of chiropractic that can be modified for differences in facilities.

VA RESPONSE: VA concurs that standardized materials for explaining how chiropractic care is to be integrated into VHA should be developed and presented to appropriate staff at each facility prior to the actual implementation of a chiropractic service. VA looks forward to receiving more specific recommendations from the Committee regarding this and the need for orientation of doctors of chiropractic.

Recommendation 28: Ongoing Education of Providers. Doctors of

chiropractic should participate in facility interdisciplinary educational activities in order to encourage collaboration and gain familiarity with the care provided by other services.

VA RESPONSE: VA concurs that doctors of chiropractic should participate in facility interdisciplinary educational activities.

Recommendation 29: Education of Patients. VHA will provide standardized information to patients regarding the availability of chiropractic care. Each VISN will provide information to patients on how to access chiropractic services within the VISN. VISN Directors should assure the widest dissemination possible using multiple modalities.

VA RESPONSE: VA concurs that standardized information should be provided to patients regarding chiropractic care. VA looks forward to receiving more specific recommendations from the Committee regarding suggested content.

Recommendation 30: Quality Assurance. Chiropractic care should be incorporated into each facility's quality assurance program.

VA RESPONSE: VA concurs with this recommendation. VA looks forward to receiving more specific recommendations from the Committee regarding this recommendation.

Recommendation 31: Performance Measures. VHA should develop performance/outcome measures for chiropractic care.

VA RESPONSE: VA looks forward to receiving more specific recommendations from the Committee regarding this recommendation.

Recommendation 32: Evaluation of Chiropractic Care Program. A formal evaluation of the challenges and benefits of providing chiropractic care within VHA should be completed by the conclusion of the third year of implementation. Formal progress reports should be completed at least annually and provided to the Secretary, the Under Secretary for Health, the Deputy Under Secretaries for Health, other members of the National Leadership Board, and made available to interested stakeholders.

VA RESPONSE: VA concurs with this recommendation.

Recommendation 33: Medical Staff Voting Privileges. All doctors of chiropractic once credentialed and privileged by a VHA facility, should be members of the Medical Staff and have full voting privileges.

VA RESPONSE: Granting of medical staff membership and voting privileges is

determined at the facility level, defined in the facility's Medical Staff Bylaws, in accordance the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Most facilities within VHA, but not all, grant medical staff membership and all rights and responsibilities thereof to licensed independent practitioners.

Recommendation 34: Continuing Education. Doctors of chiropractic employed by VHA should be expected to obtain continuing education as required for the maintenance of licensure and competency. VA should fund such training in accordance with existing VA policy.

VA RESPONSE: VA concurs that doctors of chiropractic employed by VHA will be expected to obtain continuing education as required for the maintenance of licensure and competency. Facilities/VISNs have procedures for requesting and distributing financial support for educational activities when it is available.

Recommendation 35: Oversight and Consultation for the Chiropractic Program. VHA should create a mechanism for providing oversight of and consultation on the implementation of chiropractic care. This may be accomplished through the appointment of a chiropractic advisor, similar to the position of the physician assistant advisor or the directors of podiatry and optometry, and a field advisory committee.

VA RESPONSE: VA agrees that a mechanism to obtain input and advice from doctors of chiropractic practicing within the VA health care system is important in successfully implementing chiropractic care in VHA.

Recommendation 36: Committee Membership. Doctors of chiropractic should be included in the membership of appropriate facility, VISN, and national clinical and administrative committees, work groups and task forces in a manner consistent with the participation of other providers.

VA RESPONSE: VA agrees that doctors of chiropractic should be included on facility, VISN and national committees when appropriate to the charge of the committee.

Recommendation 37: Academic Affiliations. VHA should provide opportunities for educational and training experiences for senior chiropractic students and recent graduates from chiropractic programs, consistent with graduate preceptor programs sponsored by chiropractic educational programs. These educational experiences should expose the student to a wide range of services provided in the VHA facility to broaden the participant's understanding of clinical care and to help the student to experience chiropractic care in a multidisciplinary setting.

VA RESPONSE: VA agrees that providing clinical opportunities for training students in accredited educational programs is desirable. Development of clinical training opportunities requires establishment of on-going care delivery processes and sufficient clinical workload to support the training activities. Once chiropractic care has been established and evaluated, local facilities will be authorized to enter into VA approved affiliation agreements with accredited chiropractic educational institutions, in order to provide opportunities for appropriately supervised educational experiences for student and graduate preceptor programs. Chiropractic training experiences will be required to meet current VA standards for appropriate supervision of trainees, selection and appointment of trainees, and administration of the educational program.

Recommendation 38: Research. VHA, in conjunction with its chiropractic providers and chiropractic educational programs, should conduct clinical research relevant to the type of conditions and services provided by doctors of chiropractic. Emphasis should be placed on common service connected conditions. Research related to integration of multidisciplinary providers into teams should also be undertaken.

VA RESPONSE: The Office of Research and Development (ORD) will notify all VA research sites that it seeks proposals for formal merit review (fall 2004) from investigators interested in conducting rigorous clinical studies of chiropractic care.