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Chiropractic Advisory Committee
Primary and Ambulatory Care SHG (112)
U. S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Re: Comments of the American Physical Therapy Association regarding the draft recommendations of the Department of Veterans Affairs' Chiropractic Advisory Committee

Dear Ms. McVicker:

Thank you for providing the American Physical Therapy Association (APTA) with the opportunity to comment on draft recommendations of the Department of Veterans Affairs' (VA) Chiropractic Advisory Committee. The APTA represents the interests of more than 64,000 physical therapists, physical therapist assistants, and students of physical therapy.

After reviewing the draft document, the APTA believes five overarching principles should guide the Advisory Committee as it completes its work. The five principles are as follows:

1. All new clinical services offered by the Veterans Administration should work within the confines of the existing primary care model.
2. Physical therapy is a separate, unique, and distinct clinical service from chiropractic. The integrity of each clinical service must be maintained.
3. Beneficiaries of Veterans programs deserve full disclosure and education regarding all options for treatment of his/her health care concern
4. All clinical services and clinicians should strive for an evidence-based practice model.
5. All clinical services deserve equitable treatment. Existing resources should not be diverted from existing services in order to provide the new chiropractic benefit. Physical therapy and chiropractic, as well as other clinical services, require uniquely dedicated fiscal, human, and physical resources.

The APTA would like to commend the committee for the statement in the document, which clarifies that the recommendations only apply to the provision of chiropractic care, allowing other qualified healthcare providers, when licensed and privileged, to continue to use manipulation as a treatment with his/her patients. The goal of providing the chiropractic benefit is to give veterans another alternative for

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healthcare, not to remove existing provider options. However, the draft recommendations contain several provisions that concern the Association. Those concerns are delineated in the following paragraphs.

Recommendation 4: Scope of Practice

Chiropractors often deliver some services that might also be delivered by physical therapists. It is not the intent of APTA to comment on the scope of practice for chiropractors. However, services that are delivered by chiropractors should not be considered physical therapy. Physical therapists and physical therapist assistants under the direction and supervision of a physical therapist are the only clinicians that provide physical therapy and it would be inappropriate to have chiropractors hold themselves out to the beneficiaries as able to provide physical therapy. In addition to other requirements, the current VA rules define physical therapy as services being administered by a physical therapist. Physical therapists and chiropractors overlap scopes of practice, but were not educated the same way, do not make clinical judgements the same way, and do not examine a patient from the same perspective. The clinical services provided by each profession a few similar interventions to address the needs of patients with similar conditions, and while the scopes of practice may intersect, neither is fully contained within the other.

Recommendation 9: Access to Chiropractic Care

The proposed comments of the Veterans Affairs' Chiropractic Advisory Committee indicate that chiropractic services would like to be considered in a unique delivery model to the VA. Like chiropractors, physical therapists enjoy many practice environments outside the VA with delivery models that range from a patient's ability to directly access physical therapy services to models that require physician coordination of care. As a member of the primary care team that provides comprehensive and collaborative health care services to our veterans, physical therapists practice within the current primary care model outlined by the Department of Veterans Affairs. In this model, the health care of our nations' veterans is directed by a primary care medical doctor (MD) or doctor of osteopathic medicine (DO). Although physical therapists practice independent of referral or direction from physicians in many settings, in the VA physical therapists practice collaboratively with physicians within the VA primary care model.

The APTA agrees with the requirement of a referral from a primary care physician in order to access chiropractic care. The APTA believes that the same standards followed by all other clinical services must apply to the chiropractic benefit. All new clinical services offered by the Veterans Administration should work within the confines of the existing primary care model. All clinical services, whether chiropractic or physical therapy, should be treated in an equitable manner that ensures cost-effectiveness as well as patient choice, safety, and accessibility to care. Any effort to provide chiropractic services in a delivery model outside the VA primary care model or in a different delivery model should include the same option for other clinical services. For example, if the veteran outside their primary care physician can directly access chiropractic services, then other clinical services, such as physical therapy, should be afforded this opportunity as well. For effective integration of this new benefit, it is essential that it be provided under the same delivery model as other clinical services and it is APTA's recommendation that the Department of Veterans Affairs

provide the new chiropractic benefit only within the VA primary care model as directed by the primary care medical doctor (MD) or doctor of osteopathic medicine (DO).

Recommendation 10: Continuity of Care for Newly Discharged Veterans

Several providers, including physical therapists, have direct access privileges within the Department of Defense (DoD) but not within the Department of Veterans Affairs. Newly discharged veterans had direct access to many clinical services while on active duty and must end that treatment in the DOD system, enter the VA system through a primary care physician, and then resume care. Currently, no special consideration is given to the newly discharged veteran to allow circumventing the primary care MD for continuation of care by any provider. No other providers working under direct access models in the Department of Defense are able to bypass the primary care model of the VA. The chiropractors on the committee argue that the profession must contend with undue bias against them. The argument regarding bias toward chiropractics can be made for other types of providers also; the referral process from the primary care physician is always tainted by the provider's bias.

The APTA contends that in order to treat all clinical services equitably, the referral requirement for newly discharged veterans to access chiropractic care should be enforced. If the referral requirement is removed then the VA should drop the requirement for any services that military personnel may access directly while on active duty.

Recommendation 12: Chiropractic Care in Community Based Outpatient Clinics

The APTA believes that if chiropractic services are offered in such a setting, alternatives to chiropractic care such as physical therapy, must also be available. Patients must be educated regarding all possible modes of care and access to those services should be of equal convenience.

Recommendation 16: Referral Service Agreements

Referral service agreements should clearly define appropriate mechanisms for referral to or from chiropractic services. In addition, referral service agreements should exist for all clinical services to ensure equitable treatment. The method by which a beneficiary obtains a referral for chiropractic services should be consistent with the means to obtain a referral to any other clinical service. The referral to chiropractic care should not be easier to obtain than a referral to other clinical service as this may unduly influence the veteran to seek chiropractic care.

The APTA disagrees that periodic care over an indefinite period of time is acceptable practice. Utilization management is a hallmark of the primary care model. Referral to chiropractic care on one occasion should not authorize an open-ended period of care. Guidelines for determining medical necessity need to be in place prior to offering the chiropractic benefit to veterans.

Section F: Integration of Chiropractic Care into VHA
Recommendation 18-38

The Department of Veterans Affairs (VA) has a long history of providing our nation's veterans with high quality rehabilitation services. Rehabilitation from injuries, impairments, and functional limitations are a critical part of the Department of Veterans Affairs' mission, essential for veterans' return to activities of daily living following rehabilitation, and a critical role of the nearly 1,000 physical therapists that provide rehabilitation services in the VA. APTA has significant concern that the implementation of a new benefit, such as chiropractic services, without additional resources, could be detrimental to existing clinical services and the veterans served by these services.

The proposed comments of the Veterans' Affairs Chiropractic Advisory Committee do not address how this new benefit will be financed. The Department of Veteran Affairs, like all government agencies, has significant budget constraints that must be taken into account when expanding clinical services with a new benefit. Without securing additional new resources to finance the new chiropractic benefit, funding could be diverted from existing clinical services to pay for this directive. Physical therapy services in the Department of Veterans Affairs are limited in their funding and the concern of the APTA is that funding for physical therapy services will be negatively impacted. The VA must take the appropriate action to ensure that physical therapy is a unique clinical service separate and distinct from chiropractic and that appropriations for this new benefit are allocated in the Veterans Affairs budget on an annual basis.

Recommendation 22 discusses the issue of chiropractic assistants. However, there is no clarification or description of their role in patient care. It is unclear if persons working in a physical therapist assistant capacity currently will be expected to act as a chiropractic assistant also or if this is an entirely new designation. It is also important that the level of supervision required for the chiropractic assistant be clearly stated. The APTA would recommend these issues be clarified in the final document.

Recommendation 33 states that all doctors of chiropractic should be full, voting members of the medical staff. Each clinical service should be represented equally in the VA facility. If chiropractors gain medical staff voting privileges, then each clinical service present in the VA facility should have voting representation.

In closing, the APTA would like to see references within the document that clearly include therapy disciplines as appropriate services to consult with in order to provide comprehensive rehabilitation care. On many occasions, especially recommendations 18-20, reference is made to the multidisciplinary team or to "other appropriate VHA providers." The APTA would like physical therapists to be specifically mentioned as one of these providers. It should be very clear in the final document language that many clinical services are appropriate options in the treatment of neuromusculoskeletal conditions.

Thank you for consideration of these comments. If you need further information, please contact Leslie Knepper, PT, Assistant Director of Federal Regulatory Affairs, at 703-706-8547 or by e-mail at leslieknepper@apta.org. We look forward to providing input as the Committee develops its final recommendations and the Department of Veterans Affairs implements the chiropractic benefit in the future.

Respectfully submitted,

A handwritten signature in black ink that reads "Ben F. Massey, Jr." The signature is written in a cursive style with a large, prominent initial "B".

Ben F. Massey, Jr., PT, MA

President

American Physical Therapy Association