

Department of Veterans Affairs  
Chiropractic Advisory Committee

Minutes of the Meeting  
December 4-5, 2002

Present:

Reed Phillips, DC, PHD, Chair  
Charles E. DuVall, Jr., DC  
Leona M. Fischer, DC  
Warren A. Jones, MD (December 4 only)  
Michael S. McLean, DC  
Rick A. McMichael, DC  
Brian P. Murphy, MPT  
Michael K. Murphy, DO  
Michael J. O'Rourke  
Cynthia S. Vaughn, DC  
Sara McVicker, RN, MN, Committee Manager and Designated Federal Official

Not present:

Paul G. Shekelle, MD, PhD

The meeting was held in Room 230, Department of Veterans Affairs (VA) Central Office, 810 Vermont Avenue, Washington, DC 20420.

Dr. Phillips called the meeting to order at 8:15 am, Wednesday, December 4, 2002. Ms. McVicker informed the Committee that Dr. Shekelle was unable to attend the meeting.

The Committee had organized a series of briefings by Committee members to help all members gain a better understanding of the professions of chiropractic, osteopathic medicine and physical therapy.

Dr. Phillips opened the presentations with a discussion of Chiropractic Education and Training. He listed the locations of the colleges of chiropractic in the US and in other countries and discussed the qualifications of faculty. He provided Committee members with an academic catalog for the Southern California University of Health Sciences as an example as well as an article comparing chiropractic and allopathic medical education. Program accreditation is granted through the Council on Chiropractic Education (CCE), with institutional accreditation through the respective regional accrediting agencies. CCE is recognized as an accrediting agency by the US Department of Education. Dr. Phillips discussed the organization of the CCE within which a Board of Directors is responsible for approving the CCE Standards, bylaws and policies while the

Commission on Accreditation has independent responsibility for evaluating program compliance with the standards and makes accreditation determinations. Dr. Phillips discussed admission standards, required course work, required competencies and program length. He also discussed the role of doctors of chiropractic (DCs) as primary care providers. 31 licensing agencies in the US recognize the designation of chiropractic physician as primary care provider and all 50 states and the District of Columbia allow direct access to chiropractic care. He cited two studies that found first year allopathic medical residents failed to demonstrate competency in musculoskeletal medicine.

Dr. Vaughn discussed Chiropractic Scope of Practice, Competency Evaluation and Licensure. She provided an overview of the legal scope of practice for DCs, described state licensure requirements and outlined testing procedures to ensure clinical competency. With a few exceptions, all 50 states and the District of Columbia authorize DCs to perform physical examinations, diagnostic imaging studies, laboratory studies and physiotherapy modalities. Licensure laws require DCs to diagnose and to refer when indicated. All 51 jurisdictions in the US permit DCs to serve as primary contact, direct access providers. With a few exceptions, all jurisdictions prohibit DCs from utilizing prescriptive medications and performing surgery. Dr. Vaughn described the Part IV of the National Board of Chiropractic Examiners (NBCE) Examinations. The NBCE examinations consist of 3 written examinations covering basic science subjects, clinical science subjects and clinical competency as well as Part IV, the Objective Structured Clinical Examination (OSCE). The OSCE is a practical examination utilizing standardized patients and trained examiners that covers physical examination and case management skills, x-ray interpretation and diagnosis, and chiropractic technique. All jurisdictions accept Parts I-III; 46 jurisdictions accept Part IV with the remaining jurisdictions using their own examination processes for licensure. Dr. Vaughn distributed copies of two NBCE publications: NBCE Examination Information and NBCE Candidate Information for the Part IV National Practical Examination and announced that veterans eligible for veterans' benefits through the US Department of Veterans Affairs may now receive full reimbursement for NBCE examination fees. NBCE also offers an optional physiotherapy examination that is not required by all jurisdictions. Dr. Vaughn also discussed the NBCE Special Purposes Examination that is used by state licensing boards for licensure by endorsement or for licensure reinstatement. Disciplinary action by licensure boards is reported to the Chiropractic Information Network-Board Action Databank (CIN-BAD). Dr. Vaughn offered to provide copies of the Federation of Chiropractic Licensing Boards Official Directory to members upon request.

Dr. McMichael discussed Clinical Practice Settings, the Department of Defense (DoD) experience, and Hospital Privileges. Practice settings for DCs include solo practitioners, group practices, and multi-discipline practices. Multi-discipline practices include both those with a traditional focus in which DCs work with allopathic physicians, physicians of osteopathic medicine, and physical

therapists, as well as those with a complementary and alternative medicine (CAM) focus which may also offer acupuncture and other CAM modalities. Chiropractic practice models are those of a portal of entry, first contact provider who performs physical examination, diagnostic imaging, laboratory testing and other specialized diagnostic testing in order to make a diagnosis. DCs provide chiropractic adjustment/chiropractic manipulative therapy services, refer to other providers as appropriate, and manage or co-manage the patient's care. Scope of care may include exercise, lifestyle or activity instruction and recommendations, ergonomic recommendations, therapeutic modalities and procedures, orthopedic supports and appliance, rehabilitation services, diet and nutritional recommendations as well as wellness care and counseling. Dr. McMichael provided information regarding the chiropractic patient profile contained in the Job Analysis of Chiropractic conducted by the NBCE in 2000 and discussed chiropractic hospital practice. The annual survey conducted by the American Hospital Association in 1998 included a question about chiropractic privileges. 215 hospitals reported they were providing chiropractic services within their hospital or a subsidiary of their health system, through their local network or through a formal contractual arrangement or joint venture. Dr. McMichael described the DoD experience including staffing models, start up costs, credentialing and privileging, integration of DCs into the military treatment facilities. He discussed outcomes and satisfaction reported by patients during the DoD Chiropractic Health Care Demonstration Project.

Dr. McLean discussed Chiropractic Terminology including the definition and detection of subluxation complex, and the historical background and current use of the terms adjustment, manipulation and mobilization. He also discussed the Association of Chiropractic Colleges Paradigm that describes the purpose, principle, practice and foundation of chiropractic practice. Dr. McLean briefly described chiropractic techniques, referring to the frequency distribution of techniques found in the NBCE Job Analysis, 2000.

Dr. Fischer discussed Chiropractic Organizations, describing the missions and goals of the international, national and state membership organizations, and the chiropractic research and educational organizations.

Dr. DuVall provided a brief history of spinal manipulative therapy (SMT) and discussed several studies that support the conclusions of the 1975 workshop, Research Status of Spinal Manipulative Therapy, held by the National Institute of Neurologic Diseases and Stroke. These studies indicate there is a place for SMT in the treatment of mechanical back and some neck problems, and that SMT may be considered the first form of treatment in acute, non-complicated neuromusculoskeletal conditions. 94% of all spinal manipulative therapy in North America is performed by DCs. Dr. DuVall closed by expressing the hope that the inclusion of chiropractic physicians in VHA will provide an opportunity to further research on the efficacy and usefulness of SMT.

The meeting recessed at 12:03 for lunch and a site visit to the National Naval Medical Center, Bethesda, MD.

At the National Naval Medical Center (NNMC), William Morgan, DC and Terry Kearny, DC who staff the chiropractic clinic; CAPT James Devoll, USNMC, Service Line Leader, Musculoskeletal Service Line and other staff presented a history of the development of the clinic under the DoD Chiropractic Health Care Demonstration Project and discussed the DC scope of practice, their clinical privileges, medical staff status, and how the musculoskeletal service line operates. Patients have usually had a clinical work-up before coming to the chiropractic clinic, but the DCs use diagnostic tests as necessary to rule out contraindications or to do baseline work-ups before referring patients to other providers. The doctors of chiropractic perform adjustments on extremities and in chronic pain management. There is no limit on the number of visits permitted once referred to the chiropractic clinic. The service line, which includes rheumatology, orthopedics, physical medicine and rehabilitation, physical therapy, occupational therapy, and podiatry works in a very collegial manner to determine the best approach for each patient. NNMC provides a model of integrated care, with cooperative management of patients within and without the musculoskeletal service line. Patients often have same day access to services. The DCs are members of the medical staff with voting privileges. NNMC sponsors an internship for chiropractic students from New York Chiropractic College. NNMC staff answered numerous questions from the committee prior to a tour of the chiropractic clinic.

The meeting reconvened Thursday, December 5, 2002 at 8: 13 am.

Dr. Murphy reviewed the history of osteopathic medicine, the osteopathic curriculum, and osteopathic techniques. Post-doctoral training includes a 12 month internship, with some variation from state-to-state on the postgraduate training required for licensure. Some doctors of osteopathic medicine (DOs) choose to complete a residency program in a specialty area which requires 2-6 years additional training. DOs are licensed for the full practice of medicine and surgery in all jurisdictions. Each state determines the tests and procedures for licensing; in some states, allopathic and osteopathic physicians take the same examinations; other states administer separate licensing examinations. Osteopathic manipulative treatment involves a variety of different types of manual technique approaches that do not have to be practiced in a specific way, but rather are adapted to the individual patient, and a variety of techniques could be used for a given somatic dysfunction. DOs were first commissioned in the Public Health Service in the 1940s and in the Department of Defense in the 1960s. Osteopathic manipulative treatment is a core (automatically conferred) privilege for DOs in the US Navy. In addition to being a membership organization, the American Osteopathic Association (AOA) is an umbrella organization with sections that approves establishment of osteopathic schools; accredits schools, hospitals and residencies, and continuing medical education;

and certifies individuals. AOA requires its members to earn a specific number of continuing medical education credits every three years in order to maintain membership. Approximately 70% of the profession maintain membership in AOA. The Comprehensive Osteopathic Medical Licensing Examination- USA is accepted for licensure in 49 states. Louisiana requires the US Medical Licensing Examination. No practical examination on manipulative techniques is required for licensure; however, residencies require competency in procedures and osteopathic certification boards consist of written and practical examinations. Dr. Murphy pointed out that there is a difference between osteopathic medicine as practiced in the US and in other countries. In the US, osteopathic medicine is a full physician practice while practice in Britain is strictly manipulative care.

Mr. Murphy discussed the history of physical therapy in the Department of Veterans Affairs (VA) which began after World War I. VA currently has approximately 900 physical therapists (PTs) in all settings. There is no national chief of physical therapy; an advisory council exists to provide communications between VA Central Office and the field. Mr. Murphy discussed the primary care model that VA uses today, in which care is provided by a interdisciplinary and interdependent health care team and how patients access care at the Salt Lake City VA Medical Center where he practices. At that medical center, physical therapy is integrated into primary care and the PT may be called to evaluate patients in the ER or the primary care clinic. PTs are also considered members of the medical staff and have voting privileges at that medical center. Their core privileges include mobilization and manipulation. Mr. Murphy referred to the Guide to Physical Therapists Practice and publications by the American Physical Therapy Association that describe the educational standards for PTs. The accrediting agency for physical therapy programs is the Commission on Accreditation in Physical Therapy Education (CAPTE). As of 2002, all accredited programs must award a graduate degree, and the profession is moving toward awarding a clinical doctorate degree (DPT) as entry level for licensure. At the present time 42 of the 200 PT programs offer DPT degrees. There are no longer any programs offering a bachelors degree in PT. The Federation of State Boards of Physical Therapy provides a standardized test for licensure. The licensure examination is written; course work required for graduation requires demonstration of competency. Although there is variation among states, many allow an extremely broad scope of practice. The PT Code of Ethics requires individual PTs to act within the limits of their competence. PTs do not make pathologic diagnoses but do make diagnoses related to the physical therapy scope of practice. Licensure in 35 states allows direct access, with some variation in the definition. There are no postgraduate requirements to become an independent practitioner. The US Army allows PTs to act as direct access providers for musculoskeletal conditions.

During discussion, it was pointed out that the definition of the term "manipulation" is not used synonymously by PTs, DCs and DOs.

Mr. O'Rourke discussed the expectations of patients from the perspective of a veterans service organization. Veterans expect timely quality healthcare services with guaranteed access to the continuum of care. He stated that the American Legion passed a resolution in 1998 calling for VA to provide chiropractic care. Mr. O'Rourke stated that he has queried several other national veterans service organizations and the consensus is that veterans want access to chiropractic care.

Following the lunch break, Ms. McVicker provided follow-up on several items pending from the September meeting.

The Secretary concurred with the Committee's recommendation that the Major Occupational Study should be initiated as soon as possible. In his letter to the Chair, he stated that he had directed VA staff to initiate the steps necessary to accomplish this. Ms. McVicker informed the Committee that she and Brian McVeigh, Program Analyst in the VHA Management Support Office would be managing this project. She described the steps necessary to contract for the study as well as the administrative work, such as revision of regulations/policies that VA will need to do once the study is completed. She provided 2 timelines – a worst-case scenario and best-case scenario. The worst-case scenario, which includes the potential need for approval of survey instruments by the Office of Management and Budget (OMB), would push completion of all administrative requirements into 2005. The best-case scenario projected completion in early 2004. Ms. McVicker reported that she and Mr. McVeigh have had several conversations with VA Human Resources and contracting personnel regarding the project. Ms. McVicker reported she will be contacting the Office of General Counsel to clarify the requirements for OMB approval of survey instruments under the Paperwork Reduction Act.

Ms. McVicker was requested to seek clarification on VA's authority to hire doctors of chiropractic at the September meeting. She provided the Committee with a Fact Sheet prepared by the Office of General Counsel (OGC) in May 2001 in response to an inquiry by Congressman Lane Evans, Ranking Democratic Member of the US House of Representatives Committee on Veterans Affairs. This document states:

"The Department of Veterans Affairs has legal authority to hire chiropractors under section 7405 of Title 38, United States Code. That section authorizes the temporary employment of professional personnel on a full-time, part-time or fee basis appointment. Full time appointments are renewable up to 3 years. Part-time appointments are limited to one year. There is no time limit for fee basis appointments

If VA were to determine it wished to exercise section 7405 authority to appoint chiropractors, VA first would have to prescribe regulations establishing qualifications and compensation rates for this position. Qualification standards are based on an in-depth job analysis. VA also

must validate the standards of specified levels of knowledge, skills, and abilities against other clinical positions. This generally is a resource intensive process. As a point of reference, the revised qualifications standard for registered nurses was developed over a number of years. Upon completion of these necessary actions, VA then could prescribe the necessary regulations authorizing the appointment of chiropractors. Actual hiring would involve credentialing, privileging, and evaluating the qualifications of applicants before appointing them.

Title 5, United States Code, provides appointment authorities for regular civil service employment. Presently, there is no Title 5 classification standard for chiropractors. To the best of our knowledge, the Federal government has never employed chiropractors. However, if VA requested, the Office of Personnel Management may agree to develop such a classification standard. In the interim, VA could consider classifying positions using the General Health Sciences classification standard. If VA decided to do so, it would establish the grade based on the classification standard, and then would base pay on the GS schedule of rates. VA, of course, would have to follow the regular civil service regulations in making civil service appointments."

HR 2792, introduced in August 2001, did not include the changes to Chapter 74, Subchapter 1 necessary to permit full-time permanent appointments of DCs, nor did HR 3447, the compromise bill which was passed by both the House of Representatives and the Senate in December 2001 and signed by the President in January 2002. Therefore, in the absence of legislation to amend Title 38, VA may appoint DCs only under the provisions of section 7405 as described above. VA must develop qualifications standards, revise regulations/policies, etc. before any appointments of any type can be made.

Ms McVicker provided to the Committee an outline of Title 38, Chapter 74, Subchapter 1, a comparison of the Title 5, Title 38 and Title 38 Hybrid personnel systems, and a table describing terms of appointment, compensation, and benefits for personnel appointed under Section 7405.

Ms. McVicker provided data on a number of information requests that the Committee had made at the September meeting, including manipulative/manual therapy treatment provided by DOs, PTS, and DCs through the fee basis program FY 1991-FY 2002; VA research related to neuromusculoskeletal conditions FY 1995-FY 2001; number of visits and patients receiving care for musculoskeletal diagnostic codes 711-738 FY 2002; outpatient manipulative treatment/manual therapy (CPT codes 98025-98929 and 97140) FY 2002; and most frequent diagnostic codes for outpatient visits FY 2002 (based on first 1 million records).

The Committee discussed the site visit to National Naval Medical Center, Bethesda. Comments from Committee members included:

- Impressive
- Integrated system of co-management of patients
- Team work for patient benefit
- Chiropractic integrated within treatment team
- Dynamic type of program
- Originally not organized that way (within service line); organization not the same across all DoD facilities/services
- High quality records with emphasis that terminology in notes have to be understandable to others in terms of diagnosis, treatment modalities
- Navy has ownership of process, i.e., contract directly with DCs rather than through a contracting agency as done by the Army/AirForce.

The Committee discussed features of the functional and organizational relationships that would allow chiropractic care to be delivered in the most effective manner within VA.

The Committee discussed scope of practice and what should be included in a recommendation to the Secretary. The Committee also discussed the goal of achieving early access of patients to DCs. Dr. Phillips and Ms. McVicker will organize the flip chart notes and provide them to the Committee for further input and, if possible, development of a draft statement regarding scope of practice and other issues. At the next meeting, the Committee will plan to take oral statements on the specific charges to the Committee and continue discussion on the charges to the Committee.

The meeting adjourned at 4:15 pm.



Sara J. McVicker, RN, MN  
Committee Manager and Designated Federal Official



Reed B. Phillips, DC, PhD  
Chair

**Attachment 1: Materials provided to the Committee**

Agenda

- Federal Register notice
- Minutes of the September 2002 meeting
- Powerpoint presentation on Chiropractic Education and Training
- Southern California University of Health Sciences Academic Catalog
- Article, What is Primary Care? Cheryl Hawk, Journal of Chiropractic Medicine, Vol. 1, number 4 (Fall 2002), pages 149-154.
- Article, A Comparative Study of Chiropractic and Medical Education. Ian Coulter et al. Alternative Therapies, vol. 4, no.5 (September 1998), pages 64-75.
- Powerpoint presentation on Chiropractic Scope of Practice, Competency Evaluation and Licensure
- National Board of Chiropractic Examiners (NBCE) Examination Information, Spring 2003 and Candidate Information for the Part IV National Practical Examination, May 2003
- Powerpoint presentation on the Chiropractic Profession: Clinical Practice Settings, Hospital Privileges, the DoD Experience
- NBCE Job Analysis of Chiropractic, 2000
- Book, The Chiropractic Profession: Its Education, Practice, Research and Future Directions. Davis Chapman Smith, published by NCMIC Group, West Des Moines, IA, 2000.
- Powerpoint presentation on Chiropractic Terminology
- Handout on Chiropractic Organizations
- Handout on Scientific Efficacy for Spinal Manipulative Therapy
- Powerpoint presentation on Osteopathic Medicine
- Glossary of Osteopathic Terminology
- Handout on Health Care Services to Entitled Veterans
- Institute of Medicine definition of primary care
- Chiropractic Assistant Course Syllabus, 6/6/02 and brochure on Chiropractic Assistant Course, Southern California University of Health Sciences Postgraduate Division
- Handout on process for completing major occupational study and associated Administrative requirements
- Handout, Comparison of Title 5, Title 38, and Title 38 Hybrid Personnel Systems
- Handout on VA authority to hire
- Status Report, December 2002 on follow-up from September, 2002 meeting
- Handout, Manipulative/manual therapy treatment provided by DOs, PTS, and DCs through the fee basis program FY 1991-FY 2002
- Handout, VA research related to neuromusculoskeletal conditions FY 1995-FY 2001
- Handout, Number of visits and patients receiving care for musculoskeletal diagnostic codes 711-738 FY 2002
- Handout, outpatient manipulative treatment/manual therapy (CPT codes 98025-98929 and 97140) FY 2002
- Handout, Most frequent diagnostic codes for outpatient visits FY 2002 (based on first 1 million records).