

**DEPARTMENT OF VETERANS AFFAIRS
CHIROPRACTIC ADVISORY COMMITTEE**

**RECOMMENDATIONS REGARDING EDUCATION NEEDED TO IMPLEMENT
CHIROPRACTIC SERVICES WITHIN VETERANS HEALTH ADMINISTRATION**

May 17, 2004

INTRODUCTION

Public Law 107-135, Section 204 established the Department of Veterans Affairs (VA) Chiropractic Advisory Committee “to provide direct assistance and advice to the Secretary in the development and implementation of the chiropractic health program” within Veterans Health Administration (VHA). Public Law 107-135 also states, “As part of the program, the Secretary shall provide training and materials relating to chiropractic care and services to Department health care providers assigned to primary care teams for the purpose of familiarizing such providers with the benefits of chiropractic care and services.”

The Committee has discussed extensively how doctors of chiropractic can be integrated successfully into the VHA health care system and has previously made 38 recommendations to the Secretary of Veterans Affairs. Included in those recommendations were several relating to orientation/education programs for existing VHA personnel, newly employed doctors of chiropractic, and patients. The Committee believes that these orientation/education programs are crucial to the successful integration of chiropractic care into VHA and, in this document, provides a series of recommendations regarding content and delivery for each of these audiences.

RECOMMENDATIONS AND RATIONALE:

A. Orientation for Newly Employed Doctors of Chiropractic.

Recommendation 1: Standardized orientation.

VHA should develop a standardized orientation program for newly employed doctors of chiropractic that can be modified for functional and organizational differences in facilities.

Rationale: Most doctors of chiropractic have been trained and practice in stand-alone chiropractic offices or clinics. Consequently, they will need a more thorough orientation to the structured setting of a large health care system. In addition to the general orientation all new employees receive, newly employed doctors of chiropractic will require orientation to the services provided at the facility and the facility’s care processes. All newly employed doctors of

chiropractic should receive the same content to assist them in integrating into VHA. VHA should develop a standardized format that can be modified for differences in the organization and operations among VHA facilities.

Recommendation 2: Content for Standardized Orientation Program.

In addition to the general new employee orientation, doctors of chiropractic should be oriented to the following:

- VHA patient eligibility for services, priority categories, etc.
 - How service connection is determined (physical examinations done under criteria determined by VA.)
 - Public Law 104-262 calls for VA to provide hospital care and outpatient care services that are defined as "needed". VA defines "needed" as care or service that will promote, preserve, and restore health. This includes treatment, procedures, supplies, or services. This decision of need will be based on the judgment of the health care provider and in accordance with generally accepted standards of clinical practice.
 - Related benefits: Grants for Specially Adapted Housing, Automobile Grant & Adaptive Equipment, clothing allowance in some circumstances, vocational rehabilitation, service-disabled veterans insurance.
- VHA, VISN, and facility organization including communication and reporting structure for the doctors of chiropractic.
- Staff member responsibilities, i.e., credentialing, privileging, reprivileging, medical staff functions, committees, day-to-day operations and communications.
- VHA, VISN and facility policies and procedures – how to locate policies and procedures; overview of subjects pertinent to patient care that are covered by policies, e.g., priority scheduling for service connected veterans, electrical safety for patient care equipment, providing medical opinions, immunizations.
- Care processes and standard operating procedures, including:
 - Patient scheduling and appointments.
 - Procedures for receiving and making referrals and follow-up documentation.
 - Use of the electronic medical record.
 - Infection control procedures.
- Documentation policies and responsibilities, e.g., acceptable abbreviations, required content/format, compliance requirements, billing

requirements including designation of service connected/non-service connected status for the reason for the visit.

- Procedures for ordering supplies, equipment, etc.
- Quality assurance/program evaluation activities, JCAHO requirements, other accreditation requirements.
- Performance appraisal system for employees.

Rationale: Unlike health care providers who are used to working within an organized healthcare system, doctors of chiropractic must be informed of how the VA healthcare system operates and expectations regarding what they may or may not do within VHA. The content provided to newly hired doctors of chiropractic should be consistent across VHA.

Recommendation 3: Assignment of Mentor.

Each new doctor of chiropractic should have a mentor or “buddy” assigned to assist them in the orientation to day-to-day activities, answer questions, and be a general resource. The mentor should be a clinician who is accepting of chiropractic care.

Rationale: Orientation of new employees generally includes assignment of a worksite “buddy” who is responsible for assisting the new employee and providing “on-the job” orientation. This “buddy” is usually someone in the same profession or position as the new employee. Since VA currently has no doctors of chiropractic on staff, the mentor should be a clinician assigned to the doctor of chiropractic’s functional or organizational work unit. It is essential that the assigned mentor be accepting of the introduction of chiropractic care within VHA in order to assist in the integration of the doctor of chiropractic.

Recommendation 4: Communication among doctors of chiropractic working in VA facilities.

The VHA Central Office entity responsible for chiropractic care should establish and maintain an e-mail group for doctors of chiropractic in order to facilitate communication, problem-solving and best practices among the group. Both appointed employees and contracted doctors of chiropractic should be included in the group.

Rationale: The doctors of chiropractic will need to use electronic communication to share information and provide peer support among the group. In order to establish and maintain a current e-mail group, the “owner “ of the group will need to be notified when new doctors of chiropractic are hired or contracted. The Central Office entity responsible for chiropractic care will be able to accomplish this through the Professional Standards Board.

Recommendation 5: Evaluate Orientation Program for Doctors of Chiropractic.

The orientation program for doctors of chiropractic should be evaluated after an appropriate period of time, e.g., approximately 6-12 months after employment, to determine what, if any, improvements are needed.

Rationale: The orientation program should incorporate lessons learned for future use when other doctors of chiropractic are employed.

B. Education of Existing VA staff.

Recommendation 6: Education of VHA and VISN Leadership:

All VHA Chief Officers, Chief Consultants, VISN Directors, and VISN Chief Medical Officers should receive an educational presentation on chiropractic care as soon as possible. The presentation should be made by a doctor of chiropractic and encompass the requirements of P.L. 107-135; a general description of chiropractic education and licensure requirements; an overview of chiropractic care, including indications and contraindications; scope of practice allowed by state licensing laws; and descriptions of how chiropractic has been integrated into other traditional healthcare settings.

Rationale: VHA leadership must set a positive tone for the implementation of the program and therefore must have information that will be useful to them in making decisions regarding implementation. The Committee suggests using the presentations done at the December 2002 Chiropractic Advisory Committee meeting as a basis for the presentation and suggests that this presentation be conducted at a National Leadership Board meeting for convenience of VHA personnel.

Recommendation 7: Providing Information Regarding Introduction of Chiropractic Care.

VHA should develop a standardized information program on how chiropractic care is to be integrated into VHA. This information should be presented to appropriate clinical and administrative staff at each VHA facility prior to the actual implementation of the chiropractic care program. Contract personnel should receive the same information as appropriate to their responsibilities.

At facilities that will not be providing chiropractic care on-site, at a minimum, clinical and administrative personnel in patient care services and facility leadership should receive an overview of chiropractic care, information on the education and licensing requirements for doctors of chiropractic, and how patients may access chiropractic care at a VA facility or through fee basis. All VISN-level personnel should also receive this information. See Appendix A for suggested content.

At facilities that will be providing chiropractic care on-site, a more in-depth educational program on chiropractic care should be required for clinicians in the following assignments: primary care; general internal medicine; neurology; rheumatology; orthopedics; surgeons performing spinal surgery; rehabilitation medicine including physiatrists, physical therapists and occupational therapists; pain clinics or other types of clinics which see patients with chronic pain; podiatrists; prosthetists; and radiologists, especially those who must approve imaging studies. Content should include:

- Requirements of P.L. 107-135.
- Pertinent VHA policy statements.
- General description of chiropractic education and licensure requirements.
- Overview of chiropractic care and chiropractic terminology.
- Scope of practice allowed by State laws and privileges of doctors of chiropractic at facility.
- Brief bibliography.
- Descriptions of how chiropractic care has been successfully integrated into other traditional health care setting.
- Patient education materials.

At facilities that will be providing chiropractic care on-site, clinical personnel who will not be working directly with doctors of chiropractic, administrative staff in patient care services, and facility leadership should receive an overview of chiropractic care, information on the education and licensing requirements for doctors of chiropractic, and how patients may access chiropractic care at the facility, as well as information pertinent to their job responsibilities, e.g., billing, coding, etc.

See Appendix B for Recommended Employee Education Content by Category of Personnel. See Appendix C for suggested bibliography.

Rationale: Clinical and administrative personnel who may receive inquiries from patients must be knowledgeable about VHA's chiropractic care program and how patients may access chiropractic care. The degree of information needed will vary with the responsibilities of the personnel, but content for various groups should be consistent across VHA.

Recommendation 8: Development and Dissemination of Information on the Chiropractic Care Program.

The educational materials for current VA employees should be developed nationally to ensure consistency. Employee Education Service (EES) should be utilized to advise on learning modalities appropriate to the educational goals for introducing this new clinical program. Information should be available to employees through both local distribution and on VHA intranet sites. Availability of education materials should be announced through multiple means, including internal VA newsletters, conference calls and staff meetings, and computer log-on daily mail/announcements used to communicate with staff.

Rationale: EES is VHA's resource for employee education and has expertise in designing educational efforts. The content of the educational materials should be consistent across VHA.

Recommendation 9: Referral Service Agreements as an Educational Tool.

The development of referral service agreements should be used as an educational opportunity for both doctors of chiropractic and other providers and required at all facilities offering chiropractic care.

Rationale: To develop service referral agreements, doctors of chiropractic and other providers must discuss the skills each group has and decide how to coordinate patient care. This activity will familiarize the doctors of chiropractic with the other services provided in the facility, provide an introduction to other professionals with whom they will interact, educate non-chiropractic providers on chiropractic care, and result in working agreements that will facilitate patient care.

C. Education of Patients

Recommendation 10: Content and Dissemination of Patient Information.

Educational materials for patients should be developed nationally to ensure consistency in content. Content should include an overview of chiropractic care, including what chiropractic care is, information on the education and licensing requirements for doctors of chiropractic, indications for chiropractic care and how veterans may access chiropractic care. See Appendix D for suggested content.

Each VISN will provide information to patients on how to access chiropractic services within that VISN, including through the fee basis program. VISN Directors should assure the widest dissemination possible including print information available to patients, posters, inclusion in facility newsletters, posting on facility web sites, press releases to community media, through patient advocates and Medical Center Advisory Councils, and in orientation sessions and/or orientation materials provided to new patients.

VA should nationally distribute information regarding the availability of chiropractic care via the 2005 edition of *Federal Benefits for Veterans and Dependents*; VA and VHA web sites, including the list of services covered under the medical benefits package and *MyHealthVet*; information kiosks; veterans service organization publications; the Transition Assistance Program; and national press releases.

Rationale: VHA should make all veterans aware that chiropractic care is a part of its Medical Benefits Package and ensure that distribution of information on chiropractic care occurs. The current VHA Directive on chiropractic care

instructs VISNS to provide patient information regarding chiropractic services; however, members of the Committee have received complaints that veterans receiving VA care are not aware that VA provides chiropractic care. Better distribution of information is needed.

Recommendation 11: Development of Patient Information.

VA educational resources should ensure that all patient education material regarding chiropractic care meets VA readability criteria and is field-tested by focus groups for comprehension. Materials should be designed for electronic distribution but should initially be provided using national funding and a mandatory distribution plan. Patient education material should be Section 508 compliant and available in Spanish.

Rationale: Educational materials are worthless if patients cannot read or comprehend their message. Blinded veterans and veterans for whom Spanish is their primary language must have access to the same patient education materials as other veterans. Patients must be able to make informed decisions regarding their care. VHA published a patient education brochure regarding chiropractic care in May 2001 and distributed it electronically through the VISN Chief Medical Officers. It is unclear how widely it was used, and many patients interested in chiropractic care report that they have never seen it. National funding is essential to insure consistency in the information presented. Mandatory distribution is essential to ensure the material reaches all facilities and is available to patients.

Appendix A: Recommended Information for General Staff Education.

LEGISLATION:

Section 204 of PL 107-135, Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, required VA to:

- Establish a chiropractic advisory committee to provide advice and assistance to the Secretary in the development and implementation of the chiropractic health program. The Committee is to provide recommendations to the Secretary on scope of practice, services to be provided and protocols governing referrals to and direct access to doctors of chiropractic.
- Provide chiropractic care on at least one VHA site in each VISN through appointment and contracts.
- Provide “a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex”.
- Provide training and materials relating to chiropractic care and services to VA health care providers assigned to primary care teams.

The Secretary of Veterans Affairs appointed the VA Chiropractic Advisory Committee in the summer of 2002. In November 2003, the Committee submitted 38 recommendations covering six topics.

- qualifications for employment,
- scope of practice,
- services to be provided (privileges),
- access to chiropractic care,
- referrals to and from doctors of chiropractic, and
- integration of chiropractic care into VHA.

The Secretary accepted almost all of the Committee’s recommendations as written or in concept and directed VHA to initiate implementation planning. The Committee report and the VA response to the recommendations are available at www.va.gov/primary under the heading of ‘Chiropractic Advisory Committee.’

WHAT IS CHIROPRACTIC CARE?

The chiropractic approach to health care is holistic, stressing the patient’s overall well-being. It recognizes that many factors affect health, including the activities of daily work and living, environment, and heredity. Doctors of chiropractic (DCs) use natural, drugless, nonsurgical methods of treatment and rely on the body’s inherent recuperative abilities to promote healing. They may also recommend work and lifestyle changes, such as stress reduction, diet modification, and appropriate exercise. When appropriate, they may consult with and refer patients to other health providers.

Like other health care practitioners, DCs follow a standard routine to obtain the information needed to diagnose and treat the patient's condition. They take the patient's medical history; conduct a physical, neurological, and orthopedic examination; assess posture; and may order x-ray or other spine imaging tests and laboratory tests.

For conditions in which neuromusculoskeletal structures are involved, DCs may manually manipulate/adjust the affected regions of the spinal column and other musculoskeletal structures. They may also use other therapeutic procedures and treatments to produce favorable changes in the affected areas.

WHAT IS CHIROPRACTIC ADJUSTMENT/MANIPULATION?

Chiropractic adjustment, also called chiropractic manipulation, is treatment using the DC's hands or equipment to apply body leverage and a physical thrust to one joint or a group of related joints to restore joint and related tissue function. It is a treatment procedure that is carefully administered to specific joints of the body with the intent of correcting a subluxation, reducing pain, improving nerve function, and speeding recovery. It is the principal form of treatment used by DCs and may be used with other supporting forms of treatment, depending on the patient's specific needs. Chiropractic health care is widely used for back pain and its related disorders. Patients seek chiropractic care for such problems as back pain, neck pain, accident and injuries, muscle spasms, headaches related to tension and strain, sciatica (chronic pain in the hip or thigh), pinched nerve, and related problems.

DOCTORS OF CHIROPRACTIC (DCs)

Chiropractic training is a 4-year academic program consisting of both classroom and clinical instruction. At least 3 years of preparatory college work are required for admission to chiropractic schools. Students who graduate receive the degree of Doctor of Chiropractic (DC) and are eligible to take the state licensure board examinations in order to practice. DCs are licensed as independent practitioners in all 50 states, Puerto Rico, the Virgin Islands, and the District of Columbia. Some schools also offer postgraduate courses, including 2- and 3- year residency programs in specialized fields.

INTEGRATED CARE

In the past, most DCs have delivered their services in private practice settings. However, in recent years, medical practices, hospitals and long-term care facilities have integrated chiropractic care into their programs. The most notable example is the Department of Defense (DoD), which began offering chiropractic care under a demonstration project in the mid-1990s. The (DoD) Chiropractic Health Care Demonstration Project (CHCDP) demonstrated that chiropractic care was accepted best when the doctors of chiropractic were incorporated within a

traditional medical team housed within the main medical facility, rather than functioning as a separate entity. At the National Naval Medical Center in Bethesda, MD, chiropractic was organizationally placed within a musculoskeletal service line that also includes, Orthopedics, Neurology, Neurosurgery, Physical Medicine and Rehabilitation, Physical Therapy, Occupational Therapy, and Podiatry. This arrangement has provided an organizational structure that reflects functional working relationships in the care of patients with neuromusculoskeletal conditions. However, as in VHA, organizational structures in DoD vary among facilities and thus several different organizational models have been used to integrate chiropractic care into its healthcare delivery system on a permanent basis. As of 2004, DoD provides chiropractic care at 42 sites.

The Texas Back Institute in Plano, TX is an integrated clinical practice that also uses a team approach to patient care. The professional staff includes board-certified orthopedic surgeons with spine fellowship training, general surgeons, general medicine physicians, internists, chiropractors, physiatrists, pain specialists, exercise physiologists and physical and occupational therapists. DCs function as attending, consulting and referring providers within the practice.

Monroe Community Hospital in Rochester, NY jointly operates a full-time chiropractic clinic with New York Chiropractic College. The clinic is designed to operate in conjunction with the hospital's nursing home. In New Jersey, Meadowlands Hospital Medical Center has established an Emergency Department Chiropractic Program. The Cleveland Chiropractic Wellness Clinic is co-located at Truman Medical Center-Lakewood, MO through an affiliation agreement with Cleveland Chiropractic College. George Washington University Medical Center, the Osher Clinic for Integrative Medicine at the University of California - San Francisco, and the Henry Ford Health Care System in Detroit are other examples of institutions that have collaborative programs which include chiropractic care.

VA will initiate chiropractic care at 21 sites, one in each VISN. Patients who use those medical centers may access chiropractic care through a consultation to the DC from their primary care provider. Other patients may be referred for chiropractic care through the fee basis program.

Appendix B: Recommended Employee Education Content by Category of Personnel

Topic	PC/clinical staff with DC interaction	Other clinical staff/ no DC interaction	Gen'l info for other Med.Center staff	Coding staff	Billing staff	HR/credentialing/privileging staff	Patient Ed.
Introduction of chiropractic care to VHA facilities- requirements of PL 107-135	X	X	X	X	X	X	
Sites where DCs will be placed	X	X	X	X	X	X	X
How patients access chiropractic care at those sites	X	X	X	optional	X	optional	X
How patients at other sites access chiropractic care	X	X	X	optional	X	optional	X
Education and training requirements for DCs	X	X	X	optional	optional	X*	X
Overview of chiropractic care	X	X	X	X*	X*	X*	X
General scope of practice - state laws	X	X		X	X	X*	
Scope of practice and privileges in VA	X	X	X	X*	X*	X*	X
Pertinent VA policy statements - directives	X	available as reference	available as reference	available as reference	available as reference	X*	
Information letter on credential and privileging	X	available as reference	available as reference	X	X	X*	
Descriptions of how chiropractic has been integrated into other traditional health care settings	X	X	X	X	X	X	
Bibliography	X	available as reference	available as reference	available as reference	available as reference	available as reference	

* = more detailed education pertinent to job responsibilities

Appendix C: Recommended Bibliography

Articles:

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Masarsky, Charles and Masarsky, Marion Todres. Somatovisceral Aspects of Chiropractic. Philadelphia: Churchill Livingstone, 2001.

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Appendix D: Recommended Content for Patient Education

Note: This content will need to be adjusted for readability and comprehension as advised by Patient Health Education Program, St. Louis Employee Education Resource Center.

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HOW CAN CHIROPRACTIC MANIPULATION/ADJUSTMENT HELP ME?

Chiropractic health care is widely used for back pain and its related disorders. Patients seek chiropractic care for such problems as back pain, neck pain, accident and injuries, muscle spasms, headaches related to tension and strain, sciatica (chronic pain in the hip or thigh), pinched nerve, and related problems.

DOCTORS OF CHIROPRACTIC (DCs)

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DCs are licensed as independent practitioners in all 50 states, Puerto Rico, the Virgin Islands, and the District of Columbia. Some schools also offer postgraduate courses, including 2- and 3- year residency programs in specialized fields.