

**DEPARTMENT OF VETERANS AFFAIRS  
CHIROPRACTIC ADVISORY COMMITTEE**

**RECOMMENDATIONS REGARDING  
EVALUATION OF THE CHIROPRACTIC CARE PROGRAM**

**July 14, 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). The Committee has previously made recommendations to the Secretary of Veterans Affairs. In March 2004, VA concurred with a recommendation regarding program evaluation that stated:

“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.”

The Committee also recommended, and VA concurred, that chiropractic care should be incorporated into each facility’s quality assurance program. This document provides more specific recommendations regarding program evaluation and quality assurance activities.

**RECOMMENDATIONS AND RATIONALE:**

**Recommendation 1:** Evaluation of the chiropractic care program should encompass the domains of quality of care, access to care, patient functional status, cost/revenue, patient satisfaction, and patient safety.

**Rationale:** VA has established these domains as central to its quality and performance evaluations.

**Recommendation 2:** Whenever possible, mechanisms currently in use by VA should be used to evaluate the chiropractic care program (e.g., patient satisfaction, wait times).

**Rationale:** VA currently has evaluative tools and processes that can be used in evaluation of the chiropractic care program.

**Recommendation 3:** VA should use implementation and evaluation of the chiropractic care program as an opportunity to develop quality assessment tools for the care of veterans with neuromusculoskeletal conditions. Such assessments should include all care disciplines providing care for these conditions.

**Rationale:** Musculoskeletal conditions are the most prevalent service-connected disabilities experienced by veterans. 39.8% of veterans receiving VA compensation in fiscal year 2002 were service-connected for musculoskeletal conditions. There currently are no national quality assessment tools for management of patients with musculoskeletal or neuromusculoskeletal conditions. VA has an opportunity to become a leader in this area.

**Recommendation 4:** The Office of Research and Development should develop an appropriate research agenda for chiropractic care.

**Rationale:** VA agreed in earlier recommendations to seek proposals regarding chiropractic care for formal merit review. As a large integrated health care system, VA has an opportunity to define a research agenda that will contribute to this area of knowledge.

VA also has an opportunity to evaluate success factors in incorporating a new program and models of care. Stewardship of taxpayer dollars requires VA to use its resources in the most efficacious way.

**Recommendation 5:** Each facility should develop a peer review process for chiropractic care that is consistent with the peer review process for other professions.

**Rationale:** Existing criteria for peer review of other health care providers should form the basis for chiropractic peer review.

**Recommendation 6:** VA should require all authorization denials of outpatient fee basis chiropractic care to be documented, including the reason for denial, and centrally reported for use in program evaluation.

**Rationale:** VA must be able to assess demand for chiropractic care and identify potential obstacles to successful implementation of this program.

**Recommendation 7:** VA should monitor complaints to the Patient Advocate and use of the clinical appeals process to detect arbitrary denials of referral for chiropractic care.

**Rationale:** VA must be able to assess demand for chiropractic care and identify potential obstacles to successful implementation of this program.

**Recommendation 8:** Both VA and non-VA doctors of chiropractic (DCs) should be involved in the evaluation and monitoring of the program.

**Rationale:** The professional knowledge and experience of VA DCs will provide first hand information on the state of the program. As there currently are no administrative DCs available within the VA system who can objectively review and evaluate data, non-VA DCs should be utilized in planning and conducting the program evaluation.