

Testimony of

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Presented to

The Department of Veterans Affairs
Chiropractic Advisory Committee

March 25, 2003

Ladies and gentlemen of the Advisory Committee, my name is Doctor Jim Edwards and it is my privilege to serve as Chairman of the Board of Governors of the American Chiropractic Association (ACA), the nation's largest professional organization representing the chiropractic profession. As you may know, the ACA was substantially involved in the development and advancement of the chiropractic portion of the legislation that ultimately became Public Law 107-135, and with your important advice and input, we are hopeful the Department of Veterans Affairs will move forward to fully implement the new law in a timely and effective manner.

It should be obvious to all parties familiar with the process that led to the adoption of PL107-135 and the creation of the DVA Chiropractic Advisory Committee, that it remains a high priority of the ACA to ensure that America's veterans are provided with the access to chiropractic care they need and deserve – which, unfortunately, the DVA has failed to provide in the past. The hard work of your committee and the instructive input you can provide DVA Secretary Principi regarding how best to integrate chiropractic care into the DVA healthcare system, can go a long way towards correcting DVA's track record of neglect in this area. The ACA appreciates this opportunity to provide input to the Advisory Committee that, hopefully, will substantially assist you in making appropriate recommendations to the Secretary.

The ACA believes it important, that any recommendations regarding the integration of chiropractic care into the DVA healthcare system to be formulated by the Advisory Committee, be developed in context of – *and judged against* – a core policy objective that seeks to maximize the potential of chiropractic care to:

1. Improve patient satisfaction with DVA provided care;
2. Improve patient outcomes;
3. Reduce unnecessary surgical and diagnostic procedures;
4. Reduce the over-utilization of pharmaceuticals;
5. Reduce medical errors;
6. Expand beneficiary choice of provider; and
7. Reduce global per capita health care expenditures within the DVA system.

The provisioning of adequate levels of chiropractic care within the DVA will contribute in a substantive and positive way to the accomplishment these worthy objectives. Collectively, in a system as large and widespread as that managed by the DVA, the overall positive impact of providing chiropractic care could be quite substantial. Again, we believe the major thrust and primary intent of your recommendations to the Secretary, should be to maximize the potential of chiropractic care to have a positive impact on the DVA healthcare system with respect to each of these important policy objectives and your recommendations should be framed accordingly.

At this time, I would like to highlight two important points:

1. The maximum potential of chiropractic care to benefit the DVA health care system and its patient population cannot be fully realized if access to chiropractic care within the system is typically denied or impeded. Accordingly, the Advisory Committee should place a high priority on formulating recommended policies and procedures that, if implemented, would ensure unimpeded access to chiropractic care in the DVA system.
2. Additionally, the maximum benefits of chiropractic care cannot be obtained if artificial limitations are placed on the scope and authority of doctors of chiropractic practicing within the DVA or providing care to covered veterans. Doctors of chiropractic functioning as DVA employees or providing care to veterans through other means, should be allowed to provide the full range of services they are licensed to provide by state law. Accordingly, the Advisory

Committee should insist on the implementation of policies and procedures within the DVA that recognize the “full scope” of the DC license.

It is important that the Advisory Committee also address a series of related issues that will, undoubtedly, prove critical to the appropriate implementation of PL107-135, and we pleased to offer the following views of the ACA for the committee’s consideration:

1. To ensure the effective delivery and integration of chiropractic care into the DVA healthcare system, the DVA should provide such care primarily through doctors of chiropractic (*DCs*) who are hired as full-time employees of the DVA.
2. Full-time doctor of chiropractic employees should be hired at appropriate pay scale levels, provided with benefits and career advancement opportunities equivalent to other health care professionals serving the agency with similar professional standing, education and treatment responsibilities.
3. Doctors of chiropractic should be hired and stationed at locations in sufficient quantity as to adequately serve the needs of the patient population and to be readily accessible to those in need of chiropractic care. Generally speaking, DCs should be placed at all DVA hospitals, clinics and treatment facilities, with the possible exception being those situations where multiple DVA facilities are located in close proximity to one another but serve the same patient population.

4. DCs should be fully integrated into the operations of DVA treatment facilities, with appropriate ordering, referral and other privileges typically accorded physicians. In such a role they should be considered as full “team members” of the DVA healthcare delivery apparatus.
5. Barriers to obtaining chiropractic care within the DVA system should be eliminated. Patient access should be unimpeded, and, as required by PL107-135, the Advisory Committee should develop protocols for “direct access” to chiropractic care.
6. The Advisory Committee should explore the advantages of utilizing doctors of chiropractic as Primary Care Managers (*PCMs*) and should recommend, at the very least, that the DVA pilot and evaluate this concept at various DVA facilities.
7. The Advisory Committee should recommend that there be established within the DVA at a sufficiently high level, an “Office of Chiropractic Services” -- *staffed by doctors of chiropractic* – with appropriate authority and resources to oversee on a permanent basis the provisioning of chiropractic care within the DVA system.
8. The DVA should – in cooperation with the ACA and Association of Chiropractic Colleges (*ACC*) develop, implement, and sustain a public education campaign designed to inform eligible veterans regarding the availability of chiropractic care within the DVA system.
9. The DVA should place a high priority on implementing and maintaining a similar campaign aimed at educating DVA physicians and PCMs regarding

the appropriate use and benefits of chiropractic care. The ACA and ACC should participate, as partners with the DVA, to develop and implement the appropriate education and training program -- and such program should be maintained on a permanent basis. Every DVA physician and PCM should be required to complete the formalized training/education program that we urge be developed.

10. Recognizing the potential of chiropractic care to significantly improve and benefit the DVA system, it should be recommended to the Agency that DVA develop and implement policies that not only provide for access to chiropractic care -- but, as deliberate policy, actively encourage the utilization of the chiropractic care as a substitute for less effective and more costly forms of traditional care.

Mr. Chairman and Members of the Committee, I would be glad to respond to any questions you may have at this time.

[End]