

**DIAGNOSE & REFER DOES NOT A PRIMARY CARE PHYSICIAN MAKE!**

I recently heard Dr. Andrew Weil (A Harvard MD - specializing in what he terms "NATURAL AND PREVENTIVE CARE") state on national television that at least 80% of the health problems that come into the doctor's office do not require drugs or surgery. Please note the word AND. A rather "large" word. I submit that "wellness care" alone does not leave much in the way of specific services for a doctor to perform. (As I did in "Dissent 1", I refer you to the "Chiropractic and Wellness Care" article in Vol.4 No. 1 of the Journal of Chiropractic Humanities.) I further suggest that without the "natural care" aspect of practice one cannot be considered a Primary Care Physician. We will look at what is meant by the term "natural care" in subsequent articles.

What is meant by the term Primary Care Physician (PCP)? Dr. Reed Phillips recently addressed the definition of a PCP promulgated by the Institute of Medicine. (See below) The IOM has, over time, promulgated several definitions of Primary Care Physician. In fact, a prior definition to that addressed by Dr. Phillips came into issue in the recent demise of Southern California College of Chiropractic. (aka Quantum University)

It is not my purpose to re-hash that situation, but a short detour into that matter is revealing as to the issues being addressed in this article.

The Council on Chiropractic Education (CCE) denied "Southern California College of Chiropractic" accreditation by "Resolution" adopted June 16, 1994. Although several reasons for the denial of accreditation were espoused, the primary rationale was the school's purported

"Misinterpretation of the concept of the preparation and education of the Doctor of Chiropractic as a primary health care provider"

During the period from July 1, 1995 to October 17, 1995, I served as the part time Vice-President for Institutional Advancement and General Counsel for Quantum University. A response to the "Resolution" of the CCE was presented to the California Board of Chiropractic Examiners in a "hearing brief" <sup>1/</sup> where I argued, among other things:

1. The Foundation for Chiropractic Education and Research (FCER) had, in a 1991 report, declared that chiropractors "generally (are) found to be lacking" in the qualifications for PCP status under the then existing definition by the Institute of Medicine (IOM); <sup>2/</sup> and
2. The "CCE has substituted the concept of diagnose and refer for diagnose and treat." <sup>3/</sup> This error is being perpetuated in the arguments in favor of the wellness paradigm.

It is worth noting that at a meeting of the California Board of Chiropractic Examiners held in October, 1995 Dr. Floyd (Chancellor of Quantum University) and I presented to the California "Board" a preliminary version of the "vision" which is being developed in this series of articles. We requested that the "Board" ignore the lack of CCE accreditation in order to allow Quantum to further develop and

refine its vision and move in a different direction with respect to the education of its students. We had approximately 5 to 10 minutes to present this new vision. This was obviously not sufficient time to develop the concept.

However, even based upon the limited presentation, 3 out of 7 "Board" members voted in favor of our request. In fact, based upon the questions and comments from the "Board" members, it is my opinion that 3 out of the 5 chiropractic members voted in our favor and 2 chiropractors, plus the 2 layperson members, voted against us. I wish to express my gratitude to the 3 members who voted with us. Thank you!

I will now turn to a series of three articles relating to the primary care-wellness issue. It would be well worth your time to review these articles. I will be presenting only a limited response here. I will be using the following three terms:

Primary Care Physician - PCP

Portal of Entry Physician - PEP

Referral Based Independent Practitioner - RBIP

DR. REED PHILLIPS-President of LACC (*Dynamic Chiropractor*, 7-1-96)

Dr. Phillips presented an extended analysis of the Institute of Medicine's (IOM) definition of a PCP which was promulgated in March, 1996. He pointed out that "chiropractic had no representation" in the processes undertaken by the IOM towards producing their definition. Why not? Did anybody demand, or even ask, to participate? Was any legal action ever contemplated to enjoin the IOM from proceeding without our participation? I for one did not take any of these actions.

Dr. Phillips quotes extensively from the IOM definitions. I will repeat the portions I consider to be the critical aspects of the IOM definitions:

"Primary care is the provision of . . . health care services by clinicians . . . addressing a **LARGE MAJORITY OF PERSONAL HEALTH CARE NEEDS,. . .**"

". . . personal health care needs refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring-UNRESTRICTED BY PROBLEM OR ORGAN SYSTEM-and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation and treatment when appropriate...." (Emphasis added.)

He concludes we have three choices:

1. Change in order to comply with the IOM definition. (he does not make any specific suggestions as to how this is to be accomplished.)
2. Ignore the IOM and go on own way. or

3. Utilize (and refine the definition of) the wellness paradigm. He does not explain how this would qualify us to be considered PCPs. It simply does not.

Frankly, I cannot see the difference between choices (2) and (3). Either we meet the IOM definition, or we do not. Any attempt to independently redefine what constitutes a PCP is to go our own way. This is true even if other "persons" than the IOM itself might be buying into the wellness paradigm.

The IOM position is, in effect, that to be a PCP you have to be able to diagnose and treat a large majority of all existing problems; either directly yourself or by "involving other health care practitioners". Wellness, or health promotion, relates primarily to the limitation of future problems, not existing problems. Nor does it relate to all types of conditions.

Nowhere in Dr. Phillip's article, or those referred to below, is the subject of our legal scope of practice addressed. Where does a chiropractor derive the legal authority to "(involve) other health care practitioners"? The legal question cannot be ignored. The FCER's conclusion (referred to above) that chiropractors cannot qualify as PCPs was based, in part, upon their analysis of the legal issues. I will return to these issues intermittently in future articles.

If you are not a PCP, what are you? A Portal of Entry Physician (PEP) or, perhaps, as will be briefly addressed below, a Referral Based Independent Practitioner. (RBIP) A Portal of Entry Physician is one who can work directly with patients without the necessity of referral from some other physician. Of course, that will satisfy the interest of many of you reading this article. What about the rest?

Dr. MERIDAL GATTERMAN-Professor NYCC (*Dynamic Chiropractor*, 12-16-96)

Dr. Gatterman responded to Dr. Phillip's article and emphasized the need for the utilization of A PATIENT-CENTERED MODEL OF HEALTH CARE and the need for a broader clinical training for chiropractic students. This is a significant contribution to the definition of chiropractic. She also stressed that "(C)HIROPRACTIC HAS NOTHING TO BE GAINED BY FILLING THE NICHE MEDICINE WISHES US TO FILL." RIGHT ON!

She does not, however, address the question of how we increase the number of tools in our doctor bags. (Or recognition of the use of additional tools by many presently practicing chiropractors-See footnotes)<sup>4</sup>/ Again, this is a necessary step for those chiropractors who wish to practice as PCPs. I will have more to say about increasing our number of "tools" in subsequent articles.

DR. JEAN MOSS-President of CMCC (*Dynamic Chiropractor*, 1-1-97)

Dr. Moss addressed the wellness paradigm, but she does not add anything specific to the definition of that concept. Rather, she emphasized the need to:

1. Change the chiropractic curriculum to place more focus on the conditions that respond to chiropractic care. (She appears to mean musculoskeletal specialist care.)
2. Bring the chiropractic message to segments of the population which have not previously utilized our services for musculoskeletal problems (e.g. geriatric patients). and

3. Prepare students to participate "as an equal member of the health care team" as a primary contact provider.

Obviously, these are worthy goals. They do not, however, constitute primary care practice. In addition, is it realistic to think that chiropractors can be both equal members of the health care team and primary contact providers? I am not sure of the sense in which she is using the term primary contact provider. However, so long as our paradigm is founded primarily on the spine we are precluded from being the referring physician by that part of the above definition which refers to "unrestricted by problem or organ system".

The limitation of PCPs to those who are not "restricted by problem or organ system" was not, as far as I can find, part of the definition of primary care physician until the IOM version released in March, 1996. It seems, at least in part, to be directed at chiropractors. What do you think?

My understanding of the way in which managed care operates in the United States is that specialists work on referral from a primary care physician. This would then make us a Referral Based Independent Practitioner (RBIP). How realistic is this? What do you think? I will address this issue, and the whole question of our involvement in the integrated health care movement in general, in future articles.

The bottom line is, there is no room for primary care physicians (alternative, or otherwise) who do not have tools to address a majority of common health care problems. The 80% figure used by Dr. Weil should meet the "majority" of common health care standard. But, how do we meet this standard?

This deserves more attention. I will delve into this matter in the remaining articles in this series, starting with the next article in which I will be addressing naturopathy, homeopathy and possibly acupuncture. I will be addressing the history, philosophy and legal scope of practice issues related to practice of these healing arts in the United States.

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<sup>1</sup> This "brief" is on file with the "Board" and anybody wishing to do so can look at it. On or about September 5, 1995 I filed a legal action on behalf of Quantum University against the California Board of Chiropractic Examiners. On October 17, 1995 I informed the school that I had a "conflict of interest" (Which I am not free to disclose) and could no longer continue to represent the school or its students. I also resigned as Vice-President. I think that lawsuit could and should have been won in the long run. However, I am not privy to what has developed since conflicting off the case.

<sup>2</sup> "Brief" pp. 20-22 and Exhibit "N" (part of FCER report pp. 113-114).

<sup>3</sup> "Brief" p. 14.

<sup>4</sup> The CATO Institute, Policy Analysis, THE MEDICAL MONOPOLY, Protecting Consumers or Limiting Competition? indicated that there are approximately 1000 homeopaths in the United States. Yet, a 1993 "Job Analysis of Chiropractic" by the National Board of Chiropractic Examiners showed that 36.9% of the respondents used homeopathic remedies. Projected over 50,000 chiropractors, that is approximately 18,000. Why is this type of fact invariably ignored by spokespersons for this profession, the media and governmental agencies?