

# Foundation for Vertebral Subluxation

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## **RE: Language in Preface of the CCE Accreditation Standards**

Dear Dr. Benberg,

The following is the Foundation's response to the CCE's invitation for the submission of public comment to the draft language developed by the "CCE Consensus Committee" for review and action by the Council at its January 2013 Annual Meeting.

### **Primary Health Care**

The CCE's efforts to re-define primary health care is at variance with the definitions promulgated by the World Health Organization, the Institute of Medicine and other authoritative bodies. Chiropractors are not trained, nor do we believe they should be, to deliver primary health care in its entirety. Chiropractors do not receive appropriate training in numerous interventions generally held to be necessary for the practice of primary care. Chiropractic training does not include the comprehensive nature of knowledge and skills required to provide primary care and in the United States chiropractors are specifically restricted from providing much of this care. Chiropractors are more genuinely described as portal of entry providers.

### ***World Health Organization (WHO)***

The definition primary health care used by the World Health Organization in the Declaration of Alma (1978) is as follows:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as

possible to where people live and work, and constitutes the first element of a continuing health care process.<sup>1</sup>

The document goes on to describe specific components of primary care. According to this definition, primary health care:

includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.<sup>1</sup>

Under this definition, primary care must include a number of services, such as the provision of drugs and vaccines, which are outside the scope of chiropractic practice, and incompatible with chiropractic practice.

### ***American Academy of Family Practice (AAFP)***

The American Academy of Family Physicians defines primary care physician as follows:

A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services.

Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

In this document, the term physician refers only to doctors of medicine (M.D.) and osteopathy (D.O.).<sup>2</sup>

This definition requires a primary care physician to serve “as the entry point for substantially all of the patient's medical and health care needs” and limits the term physician “only to doctors of medicine (M.D.) and osteopathy (D.O).”

### ***“Medical Home” Concept***

Medicine.net defines primary care as:

The "medical home" for a patient, ideally providing continuity and integration of health care. All family physicians and most pediatricians and internists are in primary care. The aims of primary care are to

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<sup>1</sup> Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. [http://www.who.int/publications/almaata\\_declaration\\_as\\_a\\_programmatic\\_and\\_institutional\\_accrerator\\_en.pdf](http://www.who.int/publications/almaata_declaration_as_a_programmatic_and_institutional_accrerator_en.pdf)

<sup>2</sup> American Academy of Family Physicians. <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>

provide the patient with a broad spectrum of care, both preventive and curative, over a period of time and to coordinate all of the care the patient receives.<sup>3</sup>

The definition of primary care provider:

In insurance parlance, a physician chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services.<sup>4</sup>

This definition requires a primary care physician “to control access to other medical services.” Such is not the role of a doctor of chiropractic.

### ***Institute of Medicine (IOM)***

The definition of primary care adopted by the IOM Committee on the Future of Primary Care follows:

Primary care is the provision of *integrated, accessible health care services* by clinicians who are *accountable* for addressing a large *majority of personal health care needs*, developing a *sustained partnership with patients*, and practicing in the *context of family and community*.<sup>5</sup>

The Committee also defined terms used in the definition:

**Integrated** is intended in this report to encompass the provision of comprehensive, coordinated, and continuous services that provide a seamless process of care. Integration combines events and information about events occurring in disparate settings, levels of care and over time, preferable throughout the life span.

**Comprehensive.** Comprehensive care addresses any health problem at any given stage of a patient’s life cycle.

**Coordinated.** Coordinated ensures the provision of a combination of health services and information that meets a patient’s needs. It also refers to the connection between, or the rational ordering of, those services, including the resources of the community.

**Continuous.** Continuity is a characteristic that refers to care over time by a single individual or team of health care professionals (“clinician continuity”) and to effective and timely communication of health information (events, risks, advice, and patient preferences) (“record continuity”).

**Accessible** refers to the ease with which a patient can initiate an interaction for any health problem with a clinician (e.g., by phone or at a treatment location) and includes efforts to eliminate barriers such as those posed by geography, administrative hurdles, financing, culture, and language.

maintaining, or restoring health (Last, 1988). The term refers to all settings of care (such as hospitals, nursing homes, clinicians’ offices, intermediate care facilities, schools, and homes).

**Clinician** means an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients.

**Accountable** applies to primary care clinicians and the systems in which they operate. These clinicians and systems are responsible to their patients and communities for addressing a large majority of personal health needs through a sustained partnership with a patient in the context of a family and community and for (1) quality of care, (2) patient satisfaction, (3) efficient use of resources, and (4) ethical behavior.

**Majority of 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 or treatment when appropriate. **Personal health care needs** include physical, mental, emotional, and

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<sup>3</sup> <http://www.medterms.com/script/main/art.asp?articlekey=5042>

<sup>4</sup> <http://www.medterms.com/script/main/art.asp?articlekey=11897>

<sup>5</sup> Primary Care. America’s Health in a New Era. National Academies Press.  
[http://books.nap.edu/openbook.php?record\\_id=5152&page=31](http://books.nap.edu/openbook.php?record_id=5152&page=31)

social concerns that involve the functioning of an individual.

**Sustained partnership** refers to the relationship established between the patient and clinician with the mutual expectation of continuation over time. It is predicated on the development of mutual trust, respect, and responsibility.

**Patient** means an individual who interacts with a clinician either because of illness or for health promotion and disease prevention.

**Context of family and community** refers to an understanding of the patient’s living conditions, family dynamics, and cultural background. **Communities** refers to the population served, whether they are patients or not. Community can refer to a geopolitical boundary (a city, county, or state), or to neighbors who share values, experiences, language, religion, culture, or ethnic heritage.

**Health care services** refers to an array of services that are performed by health care professionals or under their direction.<sup>6</sup>

The IOM report also includes the following:

**TABLE 4-1** Diagnosis Clusters That Make Up the Majority of Nonreferred Ambulatory Visits to U.S. Office-Based Physicians, NAMCS, 1989–1990<sup>7</sup>

Rank	Cluster Title	Percent	Cumulative Percent
1.	General medical examination	7.2	7.2
2.	Acute upper respiratory tract infection	6.2	13.4
3.	Hypertension	4.4	17.8
4.	Prenatal care	4.3	22.1
5.	Acute otitis media	3.5	25.6
6.	Acute lower respiratory tract infection	2.7	28.3
7.	Acute sprains and strains	2.7	31.0
8.	Depression and anxiety	2.5	33.5
9.	Diabetes mellitus	2.1	35.6
10.	Lacerations and contusions	1.9	37.5
11.	Malignant neoplasms	1.7	39.2
12.	Degenerative joint disease	1.7	40.9
13.	Acute sinusitis	1.6	42.5
14.	Fractures and dislocations	1.6	44.1
15.	Chronic rhinitis	1.5	45.6
16.	Ischemic heart disease	1.4	47.0
17.	Acne and diseases of sweat glands	1.3	48.3
18.	Low back pain	1.2	49.5
19.	Dermatitis and eczema	1.2	50.7
20.	Urinary tract infection	1.1	51.8

It should be noted that the IOM definition defines primary care as including “addressing a large *majority of personal health care needs*.” Note carefully this definition: “**Majority of 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 or treatment when appropriate.”

Furthermore, CCE must ask if the treatment and management of the conditions enumerated in Table 4-1 be a mandated part of chiropractic education.

<sup>6</sup> Primary Care. America’s Health in a New Era. National Academies Press.

[http://books.nap.edu/openbook.php?record\\_id=5152&page=32](http://books.nap.edu/openbook.php?record_id=5152&page=32)

[http://books.nap.edu/openbook.php?record\\_id=5152&page=33](http://books.nap.edu/openbook.php?record_id=5152&page=33)

<sup>7</sup> Primary Care. America’s Health in a New Era. National Academies Press.

[http://books.nap.edu/openbook.php?record\\_id=5152&page=78#p200063749960078001](http://books.nap.edu/openbook.php?record_id=5152&page=78#p200063749960078001)

## Vertebral Subluxation

The altered language on this topic being offered is:

Assess and document a patient's health status, needs, concerns and conditions with special consideration of axial and appendicular structures, including subluxation/neuro-biomechanical dysfunction.

We do not consider the subluxation to be synonymous with “neuro-biomechanical dysfunction” and suggest that the term be removed completely or added in the following manner:

Assess and document a patient's health status, needs, concerns and conditions with special consideration of axial and appendicular structures, including subluxation **and** neuro-biomechanical dysfunction.

We also suggest that metacompetencies be added to the *Standards* to address the identification and management of vertebral subluxation. This is considering that the majority of chiropractors accept subluxation terminology (McDonald, Smith), that recognized practice guidelines acknowledge it (CCP, ICA, PCCRP, NGC), that it's included in ICD-10 (WHO) and that it is the only service reimbursed by Medicare.

## Without Drugs & Surgery

The following is the suggested change to the Preface addressing Primary Care and the issue of drugs in chiropractic being offered by the CCE:

Practice primary health care as a portal-of-entry provider for patients of all ages and genders focusing on the inherent ability of the body to heal and enhance function without unnecessary drugs or surgery.

It is apparent given what is occurring in chiropractic relative to scope of practice that the CCE is attempting to avoid the issue of removing the phrase “without drugs and surgery” from the Preface. In its place the CCE would like us to accept “...without *unnecessary* drugs and surgery.”

We believe that this is for the sole purpose of silently sanctioning the use of drugs (the necessary kind only) within the practice of chiropractic, thereby not alienating those institutions which intend on including such instruction within their curriculums. We realize this is a contentious issue for some, however the wording “without drugs or surgery” should be returned unchanged to the Preface and *Standards*.