

Current and future health care trends, and their impact upon chiropractic

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If you read a recent Sunday edition of the Toronto Star, you may have come upon "Earthweek: Diary of the planet" by Steve Newman. This column reports scientific developments and unusual natural phenomena that occurred throughout the world during the previous week. Under the subheading "Natural vaccines," you might have read to your amazement, about a recent chance discovery by Scottish scientists of a way of growing medicines in plants which could make other methods of producing vaccines obsolete. In fact, the researcher, Professor Mike Wilson of the Scottish Crop Research Institute in Dundee said that this could help the Third World grow crops that contain vaccines against endemic disease. Cattle could graze on foods giving them immunity to pests and disease. He goes on to note: "It may sound fanciful to say you can vaccinate yourself against disease by plucking a banana off a tree and eating it, but it is perfectly feasible."¹

As "Star Wars" as it sounds, this is just one of the many incredible developments that are presently under investigation in the health industry. Research and technological advancements, as well as outcomes and cost evaluations of traditional modes and rationale for the provision of care are changing the face of health delivery throughout the western world. The pace is such, that by the time the dust settles over the next 10 to 20 years, the provision and administration of health services will reflect today's system in name only. Costs, inappropriateness of care and public pressure are, and will continue, to force dramatic and often traumatic changes in health delivery as we move from a provider to a consumer driven system. The average person on the street, is developing an ever increasing skepticism concerning our system's ability to satisfy current or future health care needs. This is well evidenced by recent reports which indicate that the amount spent in the

U.S. on alternative health care actually exceeded that expended on traditional health care.²

Due to provider failure to adequately address the issues of costs and outcomes, control is essentially being taken out of the hands of the health practitioner and instead is being governed by business and information technology.³ Health care provision will continue to become more pragmatic as we are forced to pick and choose what services will be provided, for whom, and for how long. We can no longer afford this luxury. Health care criteria to determine the statistical appropriateness of certain therapeutic procedures for a patient is already in effect in parts of Europe, and will become so in North America as health care is forced to revisit its ability to prolong life at all costs. The new rule of the day will center around what is appropriate or cost effective rather than what is necessarily most beneficial to an individual patient. We will have to balance quality of life with quantity of life; costs with benefits; preventative medicine with curative medicine. We will find ourselves asking not what does a patient need but how do we spend our resources to buy the maximum health for the largest number of citizens.⁴

While we have failed to put a lid on health care costs, our economy continues to shrink. This creates serious concern, in that Canada, with its large national debt, now finds itself unable to afford many of the social programs that a healthier economy could. As such, we are now forced to come to grips with the fact that every dollar spent on social programs has opportunity cost. The decision to spend it on "A" makes it unavailable for "B." We spend approximately 30% of our health care dollars on 1% of the sickest people. Although not all of this money is wasted, no other society would take a 90 year old person with congestive heart failure out of a nursing home and put them into an intensive care unit to die. Estimates are that approximately 30% of the health care budget is spent on the last year of life, with most of that in the last 30 days.⁵

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One question that decision makers in health administration are being forced to ask is; are we maximizing our health by spending so much on health care? ... There is no doubt that the health status of a nation is affected by its level of health care. But, other factors play a clear role as well. Expansion of the health care system uses up resources which otherwise would be available to address equally critical concerns. Robert Evans, in a recent article in "Social Science Medicine" points out that the Japanese probably got healthier because they got richer, but they clearly got dramatically healthier without increasing health care spending. In the case of the Japanese, one can suggest that by limiting the growth of their health care sector, they freed up resources which were in turn devoted to capital investment, both physical and intellectual. The consequent rapid growth in prosperity, particularly relative to their leading competitors, has greatly enhanced (already well developed) national and individual self-esteem⁵, which in turn contributed to a remarkable improvement in health. A society which spends so much on health care that it cannot or will not spend adequately on other health enhancing activities, may actually be reducing the health of its population through increased health spending.⁶

All of this points to the potential for further upheaval in health delivery over the next few years as we come to grips with current and future socio-economic realities. We will be forced to scrutinize our system to limit the use of procedures that are ineffective or marginally effective. As well, we will need to eliminate some procedures that are effective but too expensive. There will be pressure to achieve some consensus on health care priorities, both social and individual, with a corresponding consumer driven shift from the traditional illness-based model of care delivery to a health/prevention/wellness paradigm. Governments will regulate the supply of providers as well as the supply of technology to the system to reduce the potential for excess and contain costs. Momentum will continue to

build for the development of effective prevention programs to reduce preventable disease and injury, which will be bureaucratically driven rather than provider based. More of the decision making for health provision will take place locally, as governments attempt to defer responsibility for health provision and create an equation of accountability where local constituents are forced to come face to face with the costs of health care in their community. Accountability for the provision of health care services will become more up front and personal.

With culturally sensitive care gaining increased popularity, consumers will demand more representation in deciding how care is distributed, and who in the health field will be providing those services for them.

For the provider, increased focus will be placed upon evidence based decision making models of care, with practice guidelines, care maps and algorithms becoming the preferred method of monitoring effectiveness and reducing waste. Within a very short period of time, all health provision, medical or otherwise will require absolute verification of effectiveness and cost efficiency for payment for service to occur. Long gone will be the days of arbitrarily submitting accounts to public or private payor and expecting questionable or excessive procedures to go unchallenged. In some jurisdictions, payors – government and otherwise, are already creating a system of "preferred" providers who are deemed accountable and trustworthy, where their subscribers or claimants are being shepherd to for care. All of this is not necessarily how we want things to be, but, is a reasonable depiction of what we think is inevitable.

For Chiropractic, the question arises as to how do we reasonably expect to fit into any future health care equation? This, for a number of factors, is somewhat open to conjecture at this time. Due to serious philosophical divergence within the profession, the lack of a fixed public identity,⁷ a general failure to embrace outcome based methodologies of practice and continued isolationist ten-

dencies among many practitioners, our future in the “interdependent” paradigm of future health provision may be in jeopardy. Already, we are seeing the utilization of chiropractic services going down or plateauing in areas where managed care has taken root. Combine this with the steady rise in the number of practitioners dipping into a pool of available consumers that is not growing fast enough to supply future provider numbers; and the potential for crisis starts to crystalize.

Whether chiropractic will survive is not the question. The more poignant concern is how will it survive. Our ability to thrive, expand market share and increase influence with policy makers in our evolving health industry will very much depend upon decisions that we collectively make now. We must understand that we can no longer operate in isolation depending upon chiropractic’s “special” relationship with our patients to sustain us. The experience of managed care in the U.S., has demonstrated the vulnerability of even the strongest of practices in this regard.

Recent attitudinal studies by Caplan and Associates commissioned by the Canadian Chiropractic Association demonstrated conclusively that one of the major factors that serves to hamstring the profession’s growth, is chiropractic’s failure to present a fixed identity to the consuming public. This study demonstrated that the lack of consistency amongst chiropractors, not only region to region, but even within the same town creates confusion and frustration for patients, and serves to hamper expanded utilization of chiropractic services.⁸

Our scope, provides enormous latitude for ethical practice and growth and no responsible leader endorses any philosophy which is reductionist or limiting in nature. But, if most recent focus group research conducted by the communications firm of Ryan, Edwards indicates that the public is collectively just starting to accept a musculo-skeletal model of chiropractic, what we present to the consumer must be within the bounds of what he or she consid-

ers reasonable. Perhaps more importantly, this same research also revealed that if through a communications strategy you attempt to shift attitudes too quickly or too dramatically, not only does the public not buy in, but more often than not, doubt is generated as to the actual validity of even established claims.⁹ It will only be through continued research, and a professionally formulated and pragmatic public relations strategy that is constantly monitored for effectiveness that we are going to positively shift public attitudes towards what constitutes reasonable or rather “believable” chiropractic practice.

We wish to be quick to emphasize that we in no way advocate a chiropractic scope which pigeon holes us to the treatment of low back pain, but in the fight for public acceptance, as in every battle, ground must be won a step at a time.

We believe, that for chiropractic to flourish, it must first solidly position itself as mainstream.⁹ With this goes responsibility for what is fair and reasonable. If chiropractors wish to be treated as equals in a scheme of health care delivery where all other players are held to certain parameters of accountability then we must accept the same standards. We need to learn to use measurable outcomes, care maps and treatment plans. In today’s world, and certainly that of the future, it will not be just governments and third party payors that demand this, it will be the consumers themselves. With the explosion of computer technology and subsequent spawning of communications networks of ever increasing sophistication, it is not implausible to conceive of the health care consumer of the future, “surfing the net” to match symptomatology to the most appropriate provider. Then, he or she will be able to not only access a list of the chiropractors or other practitioners, but also personal profiles as well as perhaps health insurance utilization stats, demonstrating their average treatment profiles for certain conditions. Many providers see this trend for increased public scrutiny and bureaucratic interference as going too far, and perhaps they are

right. But, for chiropractic, never have we found ourselves on more of a level playing field with other providers, in this regard. Our position in health care delivery can, we believe expand dramatically, if we accept this reality of growing public accountability. Chiropractic is, when compared to medicine, a small profession, that is young, enterprising and less bound by tradition. By being quick to adapt to changing public attitudes and positioning ourselves to best secure our market (the delivery of spinal manipulative services), our potential for increasing position and influence during this current turmoil in the delivery of health services is enhanced. This can only occur by understanding the changes taking place, and positioning the profession in such a way as to maximize effect for the majority of chiropractors.

For the first time in its 100 year history, chiropractic faces a new and unexpected challenge. Up until recently, the provision of spinal manipulative services or more pointedly the "chiropractic adjustment" has been solely our domain. Now with extensive study verifying the effectiveness of the chiropractic model of care for the treatment of spinal related complaints, chiropractic's exclusive hold on the spinal adjustment is being threatened by both physiotherapists and medical practitioners alike. This makes it imperative that we establish chiropractors as the safest and most experienced providers of spinal adjustments in the public eye. In short, we must convince the public that we are the only group of providers they should think of. This can only be realized through acceptance, and this, again, can only be achieved by being seen as a mainstream provider with well defined and easily recognized parameters of care.

Is there a future for chiropractic in the 21st century? Without any doubt. What that future may comprise depends, we believe on how we position ourselves in the marketplace today. With 1996 marking the beginning of our second hundred years as a profession, we have unprecedented opportunity for growth and expanded influ-

ence in the structuring of future health policy. A policy that is consumer rather than provider driven, governed by pragmatism, and dedicated to the quest for disease prevention.

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