

AN ANALYSIS OF THE INTEGRATION OF CHIROPRACTIC SERVICES WITHIN THE UNITED STATES MILITARY AND VETERANS' HEALTH CARE SYSTEMS

Andrew S. Dunn, DC, MEd, MS,^{a,b} Bart N. Green, DC, MEd,^{c,d} and Scott Gilford, DC^e

ABSTRACT

Objectives: The purpose of this article is to compare chiropractic integration within the health care systems of the Department of Defense and Department of Veterans Affairs and to identify practices and policies that may either support or challenge the extent of chiropractic integration within those systems.

Methods: As subject matter experts and providers within these systems, our team reviewed enacted legislation, policies, and the literature pertinent to chiropractic practice in Department of Defense and Department of Veterans Affairs medical facilities, and identified opportunities and threats pertinent to integration.

Results: We identified 9 areas wherein potential opportunities and threats to integration existed, including legislative history, programmatic growth, leadership structure, employment status of providers, clinical work duties, patient access, patient demographics, academic affiliations, and research.

Conclusion: These findings provide a higher level of understanding regarding the current state and future direction of chiropractic service integration within these integrated health care systems. (*J Manipulative Physiol Ther* 2009;32:749-757)

Key Indexing Terms: *Chiropractic; Military medicine; Hospitals, veterans; Military personnel; Health policy; Delivery of health care, Integrated*

^a Staff Chiropractor, VA Western New York Health Care System, Buffalo, NY.

^b Adjunct Associate Professor, New York Chiropractic College.

^c Chiropractor, Department of Physical and Occupational Therapy, Chiropractic Division, Naval Medical Center San Diego, MCAS Miramar Branch Medical Clinic, San Diego, Calif.

^d Associate Editor, National University of Health Sciences, Lombard, Ill.

^e Chiropractor, Naval Hospital Camp Pendleton, Sports Medicine and Rehabilitation Team, Naval Hospital Camp Pendleton, Camp Pendleton, Calif.

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Submit requests for reprints to: Andrew S. Dunn, DC, MEd, MS, Staff Chiropractor, VA Western New York Health Care System, 3495 Bailey Avenue, Buffalo, NY 14215

(e-mails: andrew.dunn@va.gov, adunn@nycc.edu, bart.green@med.navy.mil, scott.gilford@med.navy.mil).

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Chiropractic care is one component of health care available for active duty military personnel and veterans in the United States. Active duty military personnel are cared for through the Military Health System (MHS) under the Department of Defense (DoD), and veterans are cared for through the Veterans Health Administration (VHA) within the Department of Veterans Affairs (VA). The inclusion of chiropractic services in MHS and VHA medical facilities is the most systematic and widespread example of the integration of chiropractic care in the United States. Although both the MHS and VHA are federal health care systems, many differences can be seen with the integration of chiropractic. In this article, we analyze the 2 systems and identify practices and policies that may be opportunities or threats to the successful integration of chiropractic within these health care systems.

METHODS

We used a simple 2-option analysis of several key factors related to the integration of chiropractic health care services within the MHS and VHA. Two of the essential components (opportunities and threats) of a strengths, weaknesses, opportunities, and threats (SWOT) analysis¹ were applied to 9 topic areas, including the following: (1) legislative history, (2) programmatic growth, (3) leadership structure,

(4) employment status of providers, (5) clinical work duties, (6) patient access, (7) patient demographics, (8) academic affiliations, and (9) research. These 9 areas were selected based upon the ability of the topic areas to contribute to objective comparisons between the respective organizational structures and general practice patterns. The primary sources of information were legislative reports, policy documents, and scholarly literature pertinent to chiropractic practice in MHS or VHA medical facilities. The analysis was performed by the authors, whose experiences in federal health care systems range from 5 to 14 years (25 years of combined experience), and includes representation from both MHS and VHA medical facilities.

ANALYSIS

Description of the Systems

The DoD was established in 1947 as the agency responsible for providing the military forces needed to deter war and protect our national security.² Today, the nation's armed forces are trained and equipped through 3 major departments within DoD: the Navy (including the Marine Corps), the Army, and the Air Force. The MHS provides a continuum of medical services across a range of military operations within this department. The MHS mission is to ³ "...provide optimal Health Services in support of our nation's military mission—anytime, anywhere." These services for active duty members and their dependents who are entitled to DoD health care are managed by TRICARE Management Activity.⁴ With 9.2 million TRICARE eligible beneficiaries, today's MHS employs 133 500 health care personnel, with a Unified Medical Program Budget of more than \$42 billion.³ The MHS direct care facilities include 63 hospitals and 413 medical clinics.³ Originating as the "Chiropractic Health Care Demonstration Project" at 10 military treatment facilities (MTFs),^{5,6} chiropractic health care is currently available at 49 designated MTFs⁷ (Table 1), with plans for further expansion⁸ to include 11 new locations in the 2009-2010 fiscal year, including the first clinics overseas (Okinawa, Landstuhl, Grafenwoehr).⁹ The TRICARE chiropractic benefit is available to active duty service members, but not to dependents. When active duty personnel are discharged or retire from military service, they transition to veteran status and become eligible for health care services from VA.

VA was established in 1930 to offer veterans benefits and burial services.¹⁰ The VA hospital system was developed after World War II to address the specialized rehabilitative needs of returning troops. It later achieved Presidential Cabinet status in 1989, becoming the Department of Veterans Affairs, with the delivery of health services administered by VHA. In 1995, the hospital system was restructured into what are now 21 geographically defined Veterans Integrated Service Networks. With transformational strategies involving electronic health records, performance

Table 1. *Locations of chiropractic care within MHS and VHA*

Location of care	MHS	Additional MHS sites *	VHA
Navy/Marine Corps	13	4	
Army	17	6	
Air Force	19	1	
VA medical facilities			36
Total	49	11	36

* Sites identified consistent with the National Defense Authorization Act FY 2009, which requires that chiropractic be provided at 11 additional MTFs by September 30, 2009.

management, and a patient-centered focus, VHA has demonstrated measurable progress in the value domains of quality, access, satisfaction, function, community health, and cost-effectiveness.¹¹

As stated on its Web site (<http://www1.va.gov/health/AboutVHA.asp>), the VHA mission is to "...serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services." With 23.4 million living veterans, the responsibility of VHA to care for veterans, spouses, survivors, and dependents means that roughly a quarter of the nation's population is potentially eligible for VA benefits and services.¹⁰ In 2008, VHA employed approximately 250 000 health care personnel serving the needs of 5.5 million patients.¹⁰ VHA operates more than 1400 sites of care, including 153 medical centers and 909 ambulatory care and community-based outpatient clinics.¹⁰ In addition, VHA manages the largest medical and health professions training program in the United States. With the integration of chiropractic services within VHA in 2004,¹² care is currently available to veteran patients at 36 VHA medical facilities or community-based outpatient clinics nationally (Table 1)¹³; this number (36) excludes a few instances where VHA chiropractors provide care at more than one location within a given hospital system. Similar to the MHS policy, chiropractic services are not a benefit for dependents of veterans.

Legislative History

The integration of chiropractic services into the health care systems of DoD and VA was initiated through legislative action. Commencing with DoD, the National Defense Authorization Acts for Fiscal Years 1993,¹⁴ 1995,¹⁵ 1998,¹⁶ 2000,¹⁷ 2001,¹⁸ 2004-2007,¹⁹⁻²² and 2009²³ drove chiropractic integration within MHS. The 10 pieces of legislation enacted over 17 years have contributed to the current landscape of chiropractic practice within the MHS of DoD and are summarized in Table 2.

With regard to VA, only 3 pieces of legislation enacted over a 9-year period have contributed to the delivery of chiropractic services within VHA medical facilities (Table 2). The signing into law of the Veterans Millennium Health Care and Benefits Act²⁴, the Department of Veterans Affairs

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