

MEDICARE, MANAGED CARE & CHIROPRACTIC

continued from page 3

care plan that best fits their needs — just like Members of Congress and other federal employees enjoy today;

- Choice of the doctor, hospital, or place they want for the treatment and care they need;
- Full coverage for disease prevention such as screenings for cancer, diabetes and osteoporosis;
- Protection from high out-of-pocket costs that threaten to rob seniors of their savings.

Most Democrats and many Republicans do not believe that a further shift to managed care plans will impact the cost of the program in any positive way and all anticipate that such a change will certainly add to the massive stream of constituent complaints to Congress-

sional offices about the problems of access, concerns about quality care and the severe limitations managed care plans place on services. One Democratic Senator told ICA that the "idea that managed care can solve Medicare's problems is known in Congress for what it is, a myth the Administration wants to use to paper over major cracks in the program."

Managed care and chiropractic

The record of managed care programs with regard to chiropractic is questionable at best, with some plans seeking to substitute the care of other providers for the congressionally mandated chiropractic benefits, or using a stringent gatekeeper system to reduce access to chiropractic care.

The U.S. Department of Health and

Human Services' (HHS) own research clearly shows the barrier that the gatekeeper system can place between chiropractic services and the beneficiary. In a study by the HHS Inspector General published in 1999, the Department reported that: "More Medicare beneficiaries used chiropractic services when a managed care organization (MCO) allowed direct access versus requiring a physician referral.

For instance, almost two percent of the beneficiaries with direct access used chiropractic services from 1995 and 1996. Conversely, less than .05 percent of the beneficiaries with physician referral requirements used chiropractic services during the same period." Thus, referral requirements were shown to reduce utilization by 75 percent.

Medicare and HHS administrators have yet to give any indication of a willingness to work with the chiropractic profession in any meaningful manner, despite some dialogue attempts

through senior political policy makers and assurances given in Congressional hearings last May by the chief Medicare administrator, Dr. Tom Scully. ICA has obtained a copy of the HHS Inspector General's "Work Plan for 2003" and near the top of this list of enforcement priorities is: "The Office of the Inspector General (OIG) will determine the inappropriateness of Medicare billings for chiropractic care.

The profession will need to mobilize on a very determined and sophisticated level to secure what chiropractic patients need and deserve; unfettered access to the care of a doctor of chiropractic, and the right to make that choice without government interference. ICA will keep the chiropractic profession fully informed on this vital national debate.

"This is why ALL chiropractors need to belong to a national organization, and not allow chiropractic to be relegated to the sidelines because of non-participation," said ICA President Dr. D.D. Humber. "We would welcome the support of new members allowing us to better protect your patients' rights and your services."

CASE AGAINST MERGER

continued from page 20

feat a common threat without merging. Just like our political party system in America, a democratic organization needs two sides in existence to enable debate, to ensure a system of checks and balances and to facilitate change. The efforts devoted to merger would be better spent on making each association individually stronger for the betterment of chiropractic's future.

References:

1. Griffin, L. K. "Merger Almost: ICA Unity Efforts and Formation of the American Chiropractic Association". *Chiropractic History*. Volume 8, No. 2. 1988. pp. 19-22.
2. Griffin, (n.1)
3. Griffin, (n.1)
4. Griffin, (n.1)
5. Griffin, (n.1)
6. *ACA Journal*. Vol. 4. No. 9. September 1967. pp. 11-17
7. *ACA Journal*. (n.6)
8. Barge, Fred. "Thots". *ICA Review*. Vol. 44. No. 5. September/October 1988. p. 7

ERIC G. RUSSELL, DC, LCP (Hon.) is a keen student of chiropractic history and philosophy. A graduate of Palmer College he is actively involved in ICA's programs, serves on the Board of Directors as well as on several ICA committees. One of the first DCs to complete the Colloquium on Chiropractic Philosophy, Dr. Russell practices in Commerce, Texas.

The Sacro Occipital Research Society International
Presents 75+ Years of Dr. DeJarnette's work.

SORSI CHIROPRACTIC RESEARCH & CRANIAL SYMPOSIUM

Register Today Call (888) 245-1011

San Jose, California
April 4-5, 2003
Hilton Newark/Fremont
510-413-2303
Ask for SORSI Rate



SOT and Cranial
Proven Safe and
Effective
Discover the Ultimate
Power of Chiropractic



SEROLA BIOMECHANICS

SACROTRAC

Small wedge furthers
flexion of sacrum

Reduces
- local jamming
- disc compression
- lumbo-sacral angle



Large wedge places
hips into flexion

Modelizes 14-5-51

SACROILIAC BELT

This cotton webbing

- provides stop point to limit
- excess motion
- invisible under most clothing
- increases patient compliance

Non-slip mesh

- safe, durable
- prevents ride up
- allows air flow



Extra-strong double-pull elastic

- provides compression and resilience
- weaves rather than knitted
- more durable
- heavier gauge rubber
- lighter weaves
- much stronger
- lasts much longer

Hook and Loop Closures

- no buckles to pinch or irritate
- allows proper application tension
- will not tighten too much
- easy peel off
- superior shear strength

ELBOW BRACE

• Gel barrier reduces stress
of epicondyle
• Unique properties allow superior
absorption of both shock
and vibration
• Interchangeable for R/L arm,
Lat/Med epicondyle



• Flat side for diffuse pressure -
bar side for specific pressure
• Foam pad at buckle for comfort
• One size fits all

SEROLA.NET
800.624.0008

JOIN ICA
Committed to
Chiropractic's
Timeless
Principles