New Game, New Rules

At the beginning of our professional lives more than 40 years ago, the notion that health insurance would ever cover chiropractic care was pretty far-fetched. Only medical and hospital bills attracted benefits, and chiropractors were totally outside the medical loop. After all, we were "unregistered persons" with whom no member of the medical community was permitted to have any professional dealings whatever. It was a situation that chiropractors sometimes chafed at and worked very hard to improve through legislation, but it did have a few compensations. We were able to run our practices more or less as we liked, answerable to no one but our patients, and most of us made a very good living. Our patients loved us because we listened to them and took their problems seriously, and because they recovered quickly and inexpensively under chiropractic management. Most of them followed their recommended course of care to resolution and many followed through with a preventive maintenance program.

Then in the mid-1960s, around the time the Western Australian government decided to register chiropractors, some of the "friendly societies" such as the Australian Natives Association began paying token reimbursements to chiropractic patients. Although they only got a dollar back for each of a limited number of visits per year, patients were overjoyed that chiropractic success with problems for which medicine lacked answers was at last being rewarded. It was not long, however, before the "singlet phenomenon" began to kick in. (If you have no clothes and neither does anyone else in your peer group, it is regarded as normal and nobody seems to mind, but when one of you acquires a singlet, then none of you will be content until you each have a complete outfit for every occasion.) For the first time, patients began to whinge that their quota of reimbursable visits had run out for the year so they wouldn't be able to have any more chiropractic care until the beginning of the next, and they resisted having x-ray examination because that wasn't covered at all.

During the following decade, the first version of Medicare was introduced, hitting chiropractic patients squarely in the hip pocket nerve. Chiropractic care may be less expensive, but patients had to bear virtually all of the cost. On the other hand, the greater part of medical expenses were paid for by the government, so the cost conscious (by choice) and the financially disadvantaged (by necessity) were less likely to consult chiropractors than before.

Several years later, when chiropractors in all Australian states and territories were finally registered, chiropractic was included in workers compensation and motor accident legislation, and the next decade saw chiropractic services added to the list of veterans' benefits. For their patients to avail themselves of these new benefits, however, chiropractors were required to provide the third party payers with various kinds of documentation, including diagnoses, treatment plans and reports of patient progress, and in the case of the Department of Veterans Affairs, card holders also had to be referred in the first instance by their Local Medical Officers.

Inclusion in government-financed benefit schemes requires chiropractors to function as members of a team with other kinds of professionals. We are expected to keep whoever is responsible for coordinating the patient's overall care (usually a GP) informed of what we are doing for the patient and how he or she is progressing, report as required to the third party payer concerned, and sometimes consult and/or collaborate with other health workers.

The concept of preventive maintenance care is not generally supported by these schemes, so as soon as maximum benefit has been achieved, practitioners are expected to dismiss the patient. Of course people have the choice of seeking ongoing care at their own expense, but self-help programs are strongly preferred to practitioner-dependent maintenance.

Since we have until recently worked in isolation, outside mainstream health care, negotiating directly with our patients, the requirements built into these programs do not come naturally to most of us, and many resent the paperwork and restrictions. The learning curve may be very steep at times, tempting some to revert to a cash only practice, however most find that they have little choice but to comply in the interest of those seeking their help.

The changing social environment in which we live and practise also adds dramatically to the challenges that all health care professionals must deal with—the population is aging, increasingly sedentary, obese, malnourished, overmedicated and litigious, and more likely to engage in risky behaviour, including abuse of alcohol, tobacco and illicit drugs. As a consequence, the average person is at greater risk of becoming ill and suffering complications from treatment of any kind, and more likely to sue for huge amounts of compensation when he does. This requires chiropractors to concern themselves not only with the spinal problems that have always been the primary focus of our practice, but also the general health, well being and psychosocial status of patients, and to ensure that assessment and monitoring of their condition, as well as interventions, warnings and recommendations, are appropriate, adequate and thoroughly documented.

As the unemployed, the underemployed and the once prosperous but now disadvantaged (such as farmers) are becoming more numerous and deeper in debt as the economy shifts, Australians have become more dependent on having their health care paid for or at least subsidised. As the third party payer system becomes more entrenched, even those who can well afford to pay for chiropractic care out of their own pockets are less willing to do so than they were in 1960. We are therefore unlikely ever to return to the freedom of choice in practice style that we enjoyed four decades ago, and the sooner we learn to play by the new rules, the sooner chiropractic will be in a position to fulfill its true potential as a key member of the health care team.

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