

CONGRATULATIONS, YOU DID IT!

At press time, the ACA had just received word that the House Veterans Affairs Committee voted to approve legislation (H.R. 2792) mandating a new program of chiropractic benefits within the Department of Veterans Affairs (DVA) allowing veterans to select a doctor of chiropractic as their primary care provider.

It is without question the strongest and most important affirmation of the true value and potential of chiropractic care to manifest itself in any federal legislation in history. The key provisions of the new chiropractic benefit as approved by the House Veterans Committee include:

- Creation of a permanent chiropractic benefit available through all DVA medical centers.
- Phase-in of the chiropractic benefit over five years, adding 30 sites per year. The first 30 sites are to be designated 60 days after the enactment of the provision into law.
- Appointment of a director of chiropractic services in DVA to be staffed by a doctor of chiropractic. The director of chiropractic services will be responsible to the Secretary for the operation of the chiropractic services.
- Scope of chiropractic services "shall include, at minimum, care for neuromusculoskeletal conditions."
- Authorizes the DVA to hire doctors of chiropractic as staff.
- Primary care provider status. Enrollees may select a doctor of chiropractic as their primary care provider -- in essence giving veterans direct access to chiropractic if they select a doctor of chiropractic as their primary care provider.
- Requires the Secretary of DVA to provide training and chiropractic related materials to educate other health care providers regarding the benefits of the appropriate use of chiropractic services.
- Establishes an Oversight Advisory Committee, including representatives from the chiropractic profession, to provide advice on the development and implementation of the new chiropractic benefit.

Although the bill is not yet law, I believe Congress will pass it and possibly very soon. So how did this outstanding victory happen? Very simple! It happened because of YOU! That's right...YOU!

Now, don't get me wrong...the ACA's Department of Governmental Affairs literally worked night and day to achieve this victory, but in the final analysis it was your dues dollars and your PAC contributions that were most responsible. If you had not been willing to sacrifice for your profession and patients by supporting the ACA and the ACA-PAC, I can assure you Congress would have never listened.

Today, less than 25% of doctors of chiropractic belong to the ACA. Isn't that sad? And the saddest part is that majority of DCs are still sitting on the sideline as the ACA continues to achieve victory after victory after victory on their behalf! What's wrong with that picture?!

And if you believe the VA legislation is significant, just think what could be accomplished if each ACA member signed up just one new ACA member. Here are some examples what the ACA could do if more of your colleagues joined the game:

Government Relations

- Even more grassroots campaign support.
- Solicit more PAC contributors, so we can compete with the larger health care groups.

Web

- Full-time “Web master” to manage ACA’s web page and web-based strategies to ensure that material posted is timely, referral listing applications are processed quickly, etc.
- Software to allow us to track the traffic on the web, for strategic marketing purposes, for public relations purposes, to help identify what consumers are looking for.
- The system enhancements and staff resources required to offer links to members’ own sites, chat rooms on a variety of topics, interactive Q&A sections, etc.
- Video stream software so that we can run videotaped programs online.
- Help doctors create their own web sites.
- Offer CD-Rom in place of audiocassette for educational programs.
- The ability to “personalize” visitors’ experiences when visiting ACA’s web site: recognize them when they return, etc.

Advertising/External Public Relations

- A full-scale, national television, radio and/or print consumer advertising campaign that is sustained enough to have real impact.
- More radio news tours.
- A professional speakers bureau.
- Free media relations training.
- More video news releases.
- Participate in more “consumer” events (AARP, etc.)
- Retain a nationally known spokesperson.

Communications

- Increase the number of issues of *ACA Today* from ten per year to twelve, plus send ALL issues of *ACA Today* to ALL chiropractors in the country.
- Print ads in *Dynamic Chiropractic*, *Chiropractic Economics*, etc. to provide the profession with more information.
- Produce a professional video to more effectively present chiropractic updates and ACA initiatives, enabling us to reach more members and non-members.
- Produce and distribute an annual calendar to full profession that features ACA and other chiropractic events, reminds members of benefits and how to access them, etc.
- Conduct regional “town halls” around the country.

- Conduct more focus groups and research to gain insights into member DC, non-member DC, and consumer needs, perceptions, and priorities.
- Increase the number and scope of ACA speakers on chiropractic college campuses.
- Allow for face-to-face meetings of SACA, ACA leadership committees, task forces, etc.
- More attention to/resources invested in benefits for more targeted membership types (military, attorneys, etc.).

Research

- Conduct new research on the cost effectiveness and improved patient outcomes with chiropractic care.
- Hire trained research staff to develop research products, grant proposals and do extensive literature searches for members... Perhaps a full-time Research Assistant to help the growing number of doctors who are science- and research-oriented, and who would like to be able to access studies that relate to what they are seeing in their patients.
- Publish research findings in a variety of formats including email, website, etc.
- Take clinical research and translate it into layman's language that can be used to influence insurer and managed care reimbursement policy.

Insurance Coding

- Conduct FREE regional and/or state level coding conferences on how to document codes correctly.
- Have Coding Committee members attend the AMA CPT and RUC meetings to mentor new doctors into the process.

Medicare

- Hire a dedicated staff person who has Medicare experience to deal with the increasing issues surrounding HCFA/Medicare.
- Do outreach with the HCFA Carrier Medical Directors at the state level to influence correct policy toward chiropractic.
- Review fraud investigations for members to determine if a basis for fraud exists or not.

Insurance and Managed Care

- Educate the Department of Insurance on a state-level basis about unfair reimbursement practices toward the chiropractic profession. Supply DOI with appropriate standards of medical review, consultant use, peer review, managed care protocols etc.
- Handle additional claim denials and reductions for members. Currently, the VP handles claim policy questions with insurers and one staff person handles individual claim complaints. If more dedicated staff were available, we would be able to effect more change.
- Expand the concept of Chiropractic Primary Care Models in managed care. We currently track AMI's favorable progress and plan to do more with this group as time allows.

- Troubleshoot with CAM Discount Networks and develop strategies that treat chiropractors more fairly in the reimbursement arena. Standardize conversion practices.
- Conduct training on streamlining the medical documentation process in daily practice.

Education

- Increase the number of deeply discounted or FREE seminars around the country.
- Develop a comprehensive “practice management institute.”
- Offer more programs directed to specific segments: new doctors, C.A.s, etc.
- Expand national chiropractic board review programs to more chiropractic colleges.
- Obtain CEUs for more ACA programs in more states.

State Relations

- Full-time state relations staff person to increase and enhance communications/partnering between the ACA and state associations.
- Increased participation in/visibility at state association conventions (booths, sponsorships, special functions, drawings, more staff support, etc.).
- Training on various association management topics for state association staff.

Database

- Personnel, merge/purge software, purchase of lists, and other means of maintaining high ACA database integrity (member and non-member records, area codes, zip codes, moves, etc.).

Grants

- Higher contributions to organizations such as FCER, CCE, and FCLB.

If these things are important to your practice, your patients and your profession, then help the ACA help you by making a firm commitment to sign up at least one new ACA member.

Pick up the phone right now and call a colleague down the street or that old classmate who is not an ACA member and whom you know should be! Tell him or her that you are going to have an application mailed and that you want him or her to fill it out and send it in. Then call the ACA Vice President of Membership Julie Warner de Martinez (702-276-8800) and give her the name of your hot prospect for ACA follow up.

And don't stop there! While you have the ACA on the phone, ask to have your call transferred to ACA-PAC Director Leslie Smith and tell her you have seen the light and for her to sign you up as a Chairman's Club PAC contributor.

ACA membership is a “contact sport” and we need your help in making the contacts! There are thousands of DCs out there who know full well that they should be supporting the ACA...but have just not been asked.

ASK THEM!!!

James D. Edwards, D.C.
ACA Chairman of the Board

Please email any comments or questions to JamesEdwards@JamesEdwards.com