THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6018

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C.W. Bill Young
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6015

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Ted Stevens
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510-6025

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Madam Chairwoman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Duncan Hunter
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S..Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 13 2008

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

I am pleased to forward the enclosed report, Evaluation of the Chiropractic Program Implementation, as required by Section 718 of the National Defense Authorization Act for Fiscal Year 2005. The report contains all the elements specified in the statute.

As to the future of the program, the Department remains committed to continuing to offer chiropractic care to active duty Service members. The Department will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

Report to Congress

Evaluation of the Chiropractic Care Program Implementation

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Executive Summary

This report represents the culmination of effort to establish an integrated Chiropractic Health Care benefit for active duty personnel as directed under Section 702 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2001. As deemed by the Department of Defense (DoD) all baseline requirements of the 2001 Implementation Plan have been satisfied and the benefit was determined to be "fully implemented" by the Assistant Secretary of Defense (Health Affairs) on September 12, 2007.

Chiropractic care, in one form or another, has been available to various DoD beneficiary populations since 1995. Originally, chiropractic care was offered as a demonstration specialty service until Section 702 of the NDAA for FY01 directed DoD to design a benefit specifically for active duty personnel. In August of 2001, an Implementation Plan was delivered to Congress identifying how the DoD proposed to proceed. The Implementation Plan was produced, with the assistance of the Chiropractic Oversight Advisory Committee, and as directed, designated medical treatment facilities (MTFs) throughout the Military Health System were selected based on the planned criteria. Chiropractic clinics were established over the course of the past six years.

Section 718 of the NDAA for FY05 established the Chiropractic Health Care Benefit Advisory Committee (CHCBAC) to review and evaluate the continued development and implementation of the program, and to prepare this report. Each member of the Chiropractic Health Care Benefit Advisory Committee has provided important contributions to the completion of this report.

The DoD Chiropractic Program has grown from its original 10 sites to 49 MTFs offering chiropractic care. The 2001 Implementation Plan has allowed the Services to steadily increase sites, and now over 55 percent of active duty personnel can readily consult a Doctor of Chiropractic at their local MTF.

The three main differences of opinion between the DoD and the Doctors of Chiropractic committee members are the use of the primary care manager model, commissioning Doctors of Chiropractic, and the use of Doctors of Chiropractic in theatre. While the DoD considers these important issues, these issues are not within the subject area of the Implementation Plan. Furthermore, as recently as March 2007; the Services Surgeons General addressed the concerns of the Doctors of Chiropractic and unanimously agreed not to pursue these issues. The Doctors of Chiropractic regretfully disagree, and declined to sign this report. Their comments can be found in Appendix B.

As with other health care, the Services will continue to assess the contribution of chiropractic care, and adjust the provision of service as needed to meet mission requirements.

Introduction

Background

This report is prepared and submitted to the Secretary of Defense in accordance with Section 718 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2005. The presentation of this report was required upon the Secretary's determination that the program is fully implemented.

The initial investigation into the inclusion of chiropractic care in the military medical service was directed by Section 731 of the NDAA for FY95. NDAA for FY95 required the designation of no less than ten MTFs to establish chiropractic care services. The Department of Defense (DoD) responded by identifying the ten MTFs to participate in the demonstration program and initiating chiropractic clinics over the following two years. Also as directed, the Chiropractic Oversight Advisory Committee (OAC) was formed. In 1997, Section 739 of the NDAA for FY98 requested three additional sites be added, and an extension of the demonstration program until 1999.

In 1999, at the end of the official demonstration program, the DoD presented a report related to the feasibility of implementing and resourcing chiropractic care. The DoD report concluded that, while feasible, it would be cost prohibitive to offer the benefit to all beneficiaries. Nevertheless, the study also reported that patient satisfaction with the service was high, and that once MTF medical providers became familiar with chiropractic services, they felt more comfortable referring beneficiaries to Doctors of Chiropractic for care. Yet, not all members of the OAC agreed with the DoD's findings, and the Doctors of Chiropractic sanctioned a minority report to dispute the findings. Subsequently, chiropractic care was continued as previously prescribed.

Section 702 of the NDAA for FY00, once again called upon the OAC to perform evaluation and oversight of the now growing program. The first responsibility of the OAC was to develop and deliver a phased-in Implementation Plan (hereafter referred to as implementation plan) to the Secretary of Defense.

Expansion of locations, scope of practice, and initiatives to further integrate chiropractic medicine and the chiropractors into the DoD health system, were all issues under consideration. Regrettably, the implementation plan did not address, in detail, the chiropractic community's concerns about potential commissioning, use of chiropractic care in theaters of operations, and more in-depth DoD involvement beyond contracted services.

In August of 2001, the implementation plan was presented by the Secretary to Congress, and was subsequently evaluated by the Government Accountability Office (GAO) in 2005. The GAO comments are discussed in the program implementation plan evaluation section of this report.

Upon enactment of Section 702 of the NDAA for FY01, the delivery of chiropractic care significantly changed from a demonstration program to a more permanent service for active duty personnel. Congress directed the Secretary of Defense to make chiropractic care a permanent service for active duty Service members at designated MTFs. TRICARE Management Activity (TMA) allocated funds within the Defense Health Program (DHP), and distributed those dollars to the Services in support of the mandate. Between FY03 and FY06 approximately $12 million annually was provided from the DHP budget for the execution of chiropractic care.

Chiropractic Health Care Benefits Advisory Committee (CHCBAC)

To provide the Secretary with advice and recommendations regarding the chiropractic program and its implementation, Section 718 of the NDAA for FY05 directed the Secretary to establish another oversight advisory committee. The Chiropractic Health Care Benefits Advisory Committee (CHCBAC) was formed and formally chartered in February 2005, and held its introductory meeting by teleconference on April 26, 2005. The committee includes: Senior representatives from the chiropractic community, DoD/TMA, the Military Services, the Coast Guard, and Public Health Services. The chiropractic community is represented by seven members, including practitioners, educators, and licensing officials; all highly accomplished within the field. To ensure continuity and to effectively evaluate the implementation of the DoD program based on the 2001 Report to Congress implementation plan, which the previous OAC helped to formulate, four of the chiropractic members served on the previous OAC. The Doctors of Chiropractic representatives were selected based on nominations from Congress, previous membership on an OAC, and affiliation with national chiropractic professional organizations.

The CHCBAC was required to meet a minimum of three times per fiscal year to review and evaluate the program. The CHCBAC held three teleconferences and one face-to-face meeting during FY05. In FY06, two teleconferences and one face-to-face meeting were held. During FY07, the CHCBAC met in three face-to-face meetings. Communication was maintained between meetings to ensure completeness and accuracy of this report.

In order to assess the full scope of program development opportunities ten guideposts and data elements were identified at the request of the chiropractic practitioners.

Chiropractic Health Care Program Status: The Program is "Fully Implemented"

The Service Surgeons General and the Assistant Secretary of Defense for Health Affairs recommended that, in accordance with the accepted implementation plan of 2001, the prescribed chiropractic program be found "fully implemented." The chiropractic members of the CHCBAC abstain on the reporting of this status. Their interpretation of fully implemented would include the opportunity to access chiropractic care at all locations where active duty personnel are assigned worldwide.

The Assistant Secretary of Defense for Health Affairs solicited feedback from the Services in January 2007, regarding their positions on varying chiropractic issues, and further questioned whether each Service believed that the Department's chiropractic benefit has been fully implemented. All three Services replied in the affirmative: the Army, Navy, and Air Force concluded that the 49 MTFs are now providing chiropractic care as prescribed by the NDAA for FY01. While they reserve the option to add MTFs, if indicated by their missions, they will continue to evaluate the effectiveness and efficiency of the program.

The Doctors of Chiropractic committee members express a different interpretation of Section 702 of the NDAA for FY01 from that of DoD. The Doctors of Chiropractic interpret the statute as requiring a Doctor of chiropractic at every MTF, whereas DoD interprets it as requiring an implementation plan to provide chiropractic care at designated MTFs. Chiropractic care, like orthopedic care, occupational therapy, and physical therapy, is viewed by DoD as specialty care to which referrals can be made from both providers within the MTF, and from other MTFs as well.

Forty-nine MTFs currently provide chiropractic services to the active duty population. The scope of practice was expanded so that DoD medical practitioners could consult with the chiropractors on non-surgical neuromuscular and spinal conditions.

Program Implementation Plan Evaluation

Program Implementation Plan Evaluation

External and internal evaluations of the implementation plan were performed. The external evaluation was performed by the Government Accountability Office (GAO) in the fall of 2005. Internal evaluation began with the presentation of the GAO report and the directives under Section 718 of the NDAA for Fiscal Year (FY) 2005.

Government Accountability Office Evaluation

In September of 2005, the GAO performed an evaluation of the DoD chiropractic Health Care Programs implementation plan. A summary of the GAO report reads as follows:

> "To implement its chiropractic benefit, DoD has opened chiropractic clinics at 42 of its 238 MTFs, worldwide, and does not plan to add any additional clinics at this time. All of DoD's 1.8 million active duty personnel are eligible for the benefit. The 42 chiropractic clinics are located in the United States in areas with a high number of active duty personnel. Approximately 54 percent of the active duty personnel reside in areas served by the MTFs with chiropractic clinics. To support the benefit DoD provides annual allotments from its health care budget. In fiscal year 2004, the allotment increased to $11 million. An additional $203,000 was provided by the MTFs with chiropractic clinics in fiscal year 2004. DoD generally adhered to the priorities specified in its implementation plan in selecting the sites for the 42 clinics and in determining the clinics' staffing levels. DoD has not completed other actions described in the implementation plan. For example, DoD's implementation plan stated that a marketing and promotion program, which would include pamphlets and other materials, would be necessary to make active duty personnel aware of the benefit. However, DoD did not provide active duty personnel with such materials as specified in the plan. Instead, DoD relied on each MTF to determine whether and how to promote the benefit. The implementation plan also called for close monitoring of the benefit to determine whether the benefit meets the current or future demand from active duty personnel."

The DoD agreed with the findings of this report. Noting the GAO report identified no critical deficiencies, it began working on the three noted areas, marketing and promotion of the benefit, monitoring of the benefit, and the overall progress of the program.

Internal DoD Evaluation and Progress

DoD began a two pronged approach towards the implementation of the chiropractic program. The initial focus was aimed at enhancing those areas noted by the GAO while the second centered on program sustainment.

Education and Outreach

In reviewing the marketing and promotion program, it was apparent that organizational consistency was lacking. Once evaluated, it seemed that only a few sites were able to produce the types of promotional materials that were beneficial for active duty personnel. The internal education of newly assigned chiropractors took place in a comprehensive and timely manner. However, the internal education of MTF staff and providers may not have been conducted consistently across MTFs, taking into consideration continuous MTF staff and provider turnover.

In reviewing the education and outreach to active duty personnel, there clearly is evidence of education and promotion efforts accomplished locally at all MTFs. The consistency and continuous nature of those efforts across all MTFs remained in question as noted by the GAO report.

In response, the TRICARE Management Activity initiated a communication plan in the Spring of 2005, and developed educational materials to support education and promotion of the chiropractic program at MTFs. In addition, educational materials have been developed and reviewed by the chiropractic care representatives on the CHCBAC, and approved by the respective Service chiropractic care representatives. The materials have been bundled into a "toolkit" which includes items such as posters and quick-reference fact sheets. The "toolbox" was provided to the MTFs in an electronic format that can be customized by each MTF. The CHCBAC recommends that DoD, the Services, and the chiropractic staff at designated sites, work together to ensure education efforts are ongoing and consistently addressed at each MTF.

Chiropractic Health Care Program Oversight

Program policy management is, and will remain, the responsibility of TMA. As noted by the GAO report, oversight of the chiropractic clinics is provided at the Service level. The Services frequently communicate with TMA regarding medical care, budget and legislative issues that affect the chiropractic program across the Military Health System (MHS).

Patient Eligibility

Section 702 of the NDAA for FY01 authorized the DoD to provide chiropractic care for active duty personnel, as described in Section 1074(a) of Title 10 United States Code, at designated MTFs. Following the guidance of the NDAA for FY01, the Services made provisions to transition non-active duty chiropractic care patients to other providers for their neuro-musculosketetal issues. As directed by the Implementation plan, the Services developed transition plans for the MTFs that had chiropractic clinics, and were providing care to all categories of beneficiaries. The Services set target dates for discontinuing chiropractic care for non-active duty patients. Six to eight weeks ahead of the target date, the MTFs started preparing to transition patients to other providers. Generally, the Services completed the episode of care for non-active duty patients, even if it meant one or two therapeutic treatments beyond the target transition date. Patients were given the choice of continuing with chiropractic care at their own expense with a civilian provider, or using a non-chiropractic provider within the DoD health care system. Under Section 712 of the NDAA for FY07, the Secretary has initiated a more in-depth study of the expansion of chiropractic care to other beneficiary categories. This report is due to Congress in 2008.

Access to Care

MHS access to care is designed around the Primary Care Manager (PCM) model. This model allows each beneficiary to have an identified health care provider to manage their overall healthcare and preventive medicine needs. The PCM model allows the patient access to an identified PCM on a same-day basis who may consult with and refer to specialty care as needed. TMA's access to care standard for specialty care consultation is 28 days. Chiropractic services being implemented under the specialty care service fall into this 28-day access to care criterion. Data shows that upon referral from a PCM, active duty personnel can be seen by a doctor of chiropractic within 15-17 days. For urgent cases, and with provider to provider communication, patients can usually be seen within 24-48 hours.

Staffing methodology as outlined in the implementation plan was carried out. The Services then adjusted staffing as appropriate to meet demand over time. Staff levels have remained constant at most MTFs. At a few MTFs adjustments in chiropractic staff were necessary because of workload and troop movement. Data shows that the clinics are able to accommodate same day appointments when requested by a PCM.

Treatment Model and Privileges for Doctors of Chiropractic

In accordance with the implementation plan, chiropractic services are identified as specialty care services. All specialty care is referred by the PCM. The Department developed a list of applicable ICD-9 codes, to include the expanded scope of care as directed by the NDAA for FY01.

Determination of Military Medical Facilities Locations and Staffing Level Methodology

MTF identification was carried out as stated in the implementation plan. The Services continued chiropractic care at the 13 MTFs with chiropractic care clinics during the chiropractic demonstration. During the implementation of the benefit for active duty personnel and throughout the expansion to additional sites, the staffing plan remained unchanged at the original 13 sites, with 2 doctors of chiropractic and 2 assistants at each MTF. The number of doctors of chiropractic and assistants established at new sites was determined by the active duty personnel population in the catchment area, and based on utilization rates described in the implementation plan.

The Services used the criteria established in the implementation plan to select additional chiropractic care sites. The plan included the following key considerations in implementing the chiropractic benefit. The considerations are:

- Patient Eligibility
- Access to Care
- Treatment Model
- Locations of the Chiropractic Clinics
- Analysis of Projected Cost
- Military Readiness Requirements for Doctors of Chiropractic
- Privileges for Doctors of Chiropractic
- Staffing Level Methodology
- Education and Outreach
- Transition Plan

Eighteen new sites were opened in FY03, eleven in FY04, two sites in FY06, and five new sites in FY07. Since 2003, using the implementation plan guidelines, the Services established 36 additional clinics for a total of 49 chiropractic care sites, including locations in Alaska and Hawaii. The current 49 chiropractic clinics directly serve 55 percent of the active duty personnel, who reside in areas served by the MTFs with chiropractic clinics. See Appendix A for a list of the current chiropractic care sites.

Financial Support for Chiropractic Care

DoD reviewed budgetary requirements and availability of funds to determine the cost of adding new chiropractic sites.

Military Readiness and Commissioning

The plan provided that DoD would solicit input from the Services as to the appropriate roles for Doctors of Chiropractic.

Commissioning of Chiropractors in DoD

Army, Navy, and Air Force positions on this issue are unanimous. As recently as March 2007, the Services reiterated their position that they do not support the commissioning of chiropractors. This decision mirrors the ongoing military civilian position conversion plans, and the strategic model for force manning and future deployment requirements. The Services are not currently pursuing this commissioning option, and agree that the current practice of contracting chiropractors to support active duty care at designated MTFs is the best staffing approach to meet the mission requirement. This viewpoint is consistent with current DoD and individual Service planning strategies.

Use of Doctors of Chiropractic in Theatres of Operation

All three Services agree that, currently, there is not a need to deploy Doctors of Chiropractic into theatres of operation. Current medical assets in theatre are adequate to support active duty patients requiring neuro-musculoskeletal care.

Wartime Readiness Capability

The Army views chiropractic care as one of several treatment options for active duty patients with neuro-musculoskeletal conditions. Chiropractic care is complementary to, but not a substitute for, the skills provided by physicians, nurse practitioners, physician assistants, physical therapists, and occupational therapists.

The Navy concurs with the Army position. The Navy recognizes that chiropractic care supports readiness for active duty by providing treatment for musculoskeletal conditions in garrison, which serves to improve access to orthopedics by treating non-surgical patients.

The Air Force does not address chiropractic care as complementary to other treatment options available to the PCM. The Air Force position is that there is no

evidence to suggest that the availability of chiropractic care has an impact on the overall readiness of the active force.

Summary

The submission of this report should serve as a milestone in the delivery of chiropractic care to active duty personnel. The committee generally found that the plan was implemented in accordance with the 2001 Report to Congress, except where otherwise reported herein. The DoD now operates chiropractic clinics at 49 MTFs within the continental United States, and two in overseas locations, making chiropractic care readily available to over 54 percent of our active duty personnel. While members of the CHCBAC committee have not always found complete agreement, the committee hereby submits this report to the Secretary of Defense.

A detailed list of Chiropractic Care Sites is presented in Appendix A.

General comments of disagreement are identified by the Doctors of Chiropractic members of the CHCBAC in Appendix B.

Future Program Consideration

Future Program Consideration

The following statement is provided by the CHCBAC Service representatives:

As with other health care, the Services will continue to assess the contribution of chiropractic care, and adjust the provision of service to meet mission requirements.

Appendix – A

Current Chiropractic Care Sites

ARMY	NAVY	AIR FORCE
Fort Benning Martin Army Hospital Columbus, GA 31905-5060 (706) 544-3461	Naval Hospital Camp Lejeune, NC 28547 (910) 450-4300	Andrews Air Force Base 89 Medical Group 1050 West Perimeter Road Andrews AFB, MD 20762-6600 (240) 857-5911
Fort Bliss William Beaumont Army Medical Center Fort Bliss, TX 79916 (915) 568-2121	Camp Pendleton Naval Hospital Camp Pendleton, CA 92055-5008 (760) 725-0170/0172	Barksdale Air Force Base 414 Curtis Road Barksdale AFB, LA 71110 (318) 456-1110
Fort Bragg Womack Army Medical Center Fayetteville, NC 28310-5000 (910) 907-9262	Jacksonville Naval Air Station Naval Hospital Jacksonville, FL 32214-5600 (904) 542-7300	Davis Monthan Air Force Base 4375 South Alamo Avenue Davis Monthan AFB, AZ 85707 (520) 228-2705
Fort Campbell Blanchfield Army Community Hospital 650 Joel Drive Fort Campbell, KY 42223 (270) 798-8400	Marine Corps Air Station, Cherry Point Naval Hospital PSC Box 8023 Cherry Point, NC 28533 (252) 466-0266	Eglin Air Force Base Eglin 96th Medical Services Eglin AFB, FL 32542 (850) 883-8242
Fort Carson Evans Army Community Hospital Colorado Springs, CO 80913-5020 (719) 526-7000	National Naval Medical Center Bethesda, MD 20889-5600 (301) 295-4611/4000	Elmendorf Air Force Base 3rd Medical Group 5955 Zeamer Avenue Elmendorf AFB, AK 99506 (907) 580-6400
Fort Drum Guthrie Ambulatory Health Care Clinic 11050 Mt. Belvedere Boulevard Fort Drum, NY 13602 (315) 772-2778	Naval Health Clinic Hawaii Bldg 1407 Makalapa Road Pearl Harbor, HI 96860-5058 (808) 473-1510	Keesler Air Force Base 81 Medical Group 301 Fisher Ste 101 Keesler AFB, MS 39534-2519 (228) 377-6510
Fort Gordon 249th General Hospital Fort Gordon, GA 30905 (706) 791-8501	Naval Hospital Beaufort 1 Pinckney Boulevard Beaufort, SC 29902 (843) 228-5600	Kirtland Air Force Base 377th Medical Group 1501 San Pedro SE, Bldg 47 Albuquerque, NM 87108 (505) 846-3200

Fort Hood Darnall Army Community Hospital Fort Hood, TX 76544-4752 (254) 288-8888	Naval Hospital Bremerton Bremerton, WA 98312 (360) 475-0725	Lackland Air Force Base 59 Medical Wing 2200 Bergquist Drive, Suite 1 Lackland AFB, TX 78236-5300 (210) 292 7412
Fort Jackson Moncrief Army Hospital Columbia, SC 29207-5758 (803) 751-2160	Naval Medical Center Portsmouth 620 John Paul Jones Circle Portsmouth, VA 23708-2197 (757) 953-5000 / DSN 377-5000	Langley Air Force Base 1 Medical Group 45 Pine Street Langley AFB, VA 23665-2080 (757) 764-8225
Fort Knox Ireland Army Community Hospital 851 Ireland Avenue Fort Knox, KY 40121 (502) 624-9333	Naval Medical Center San Diego 34800 Bob Wilson Drive San Diego, CA 92134 (619) 532-6418	Luke Air Force Base 56th Medical Group 7219 North Litchfield Road Luke AFB, AZ 85309-1526 (623) 856-2273
Fort Leonard Wood General Leonard Wood Army Community Hospital 123 Missouri Avenue Fort Leonard Wood, MO 65473 (573) 596-0515	Naval Station Great Lakes Naval Hospital Great Lakes Great Lakes, IL 60088 (847) 688-4531	MacDill Air Force Base 6th Medical Group 8415 Bayshore Blvd MacDill AFB, FL 33621-1607 (813) 827-9900
Fort Lewis Madigan Army Medical Center Fort Lewis, WA 98433 (253) 968-1810	Pensacola Naval Air Station Naval Hospital Pensacola Pensacola, FL 32512-0003 (850) 505-6601	Maxwell Air Force Base 42nd Medical Group 300 South Twining Street, Bldg 760 Maxwell AFB, AL 36112-6219 (334) 953-7801
Fort Meade Kimbrough Hospital Fort Meade, MD 20755-5000 (301) 677-6261	Robert E. Bush Naval Hospital Bldg 1145 Sturgis Street Twentynine Palms, California 92278-8250 (760) 830-2190	McGuire Air Force Base 3458 Neely Road McGuire AFB, NJ 08641 (609) 754-9211
Fort Sill Reynolds Army Hospital Lawton, OK 73521-5300 (580) 458-2500		Offutt Air Force Base 55 Medical Group 2501 Capehart Road, Suite 105 Offutt AFB, NE 68113-2160 (402) 294-9760
Fort Stewart Wynn Army Community Hospital Fort Stewart, GA 31314 (912) 370-6965		Scott Air Force Base 375 Medical Group 310 West Losey Street Scott AFB, IL 62225-5252 (618) 256-4241

Tripler Army Medical Center
1 Jarrett White Road
Honolulu, HI 96859-5000
(808) 433-6661

Walter Reed Army Medical Center
Washington, DC
(202) 782-3501

Tinker Air Force Base
5700 Arnold Street
Tinker AFB, OK 73145
(800) 406-2835

Travis Air Force Base
60 Medical Group
101 Bodin Circle
Travis AFB, CA 94535-1800

US Air Force Academy
10 Medical Group
4102 Pinion Drive, Suite 4000
USAF Academy, CO 80840-4000
(719) 333-5111

Wright Patterson Air Force Base
4375 Chidlaw Road
WPAFB, OH 45433
(937) 898-7023

Appendix B

The thoughts and comments contained in this section do not necessarily reflect the opinion of the Department of Defense.

The following comments have been received from the Doctors of Chiropractic Members of the CHCBAC.

Internal Review by the Chiropractors

- Implementation
- Education and Training/Marketing
- Chiropractic Health Care Program Oversight
- Patient Eligibility
- Access to Care
- Treatment Model and Privileges for Doctors of Chiropractic
- Determination of Medical Treatment Facilities and Staffing Methodology
- Financial Support for Chiropractic Care
- Military Readiness Requirements for Doctors of Chiropractic
    - Commissioning of Chiropractors in the DoD
    - Use of Doctors of Chiropractic in Theatres of Operation
    - Wartime Readiness Capability

Summary of Concerns

Implementation

The seven Doctors of Chiropractic (DC) members of this committee have continuously stated that the program is not fully implemented. Full implementation would include: 1) All active duty men and women having access to chiropractic care both in the U.S. and overseas. This was Congressional intent; 2) Full health care services by a Doctor of Chiropractic are allowed without limitation; 3) That Doctors of Chiropractic become part of the military instead of "contract" employees with limited ability to interact with other military health care professionals; 4) That the Doctor of Chiropractic is paid on an equitable scale with other like physicians. The current pay has remained unchanged for the past 12 years.

DOD should make immediate plans to fully implement the chiropractic program, based on full and complete integration of Doctors of Chiropractic world-wide, and access to chiropractic care for all uniformed members of the service. If a particular site, with appropriate education, marketing, and promotional program does not necessitate enough coverage to hire a DC for an on-site clinic, then other strategies should be employed to bring access to

chiropractic care to all uniformed members of the service. Chiropractic care cannot be rendered appropriately at centralized bases like surgery. It requires regular care to correct difficult Neuromusculoskeletal Multiple Sclerosis conditions and positively impact patients' behavior patterns.

Education and Training/Marketing

The demand for chiropractic care from military personnel, and the number of chiropractic referrals through other military providers and health care personnel, has been kept artificially low by the DoD's failure to create and monitor an ongoing and multifaceted marketing, education, and promotion program for the chiropractic implementation. This was to have been an ongoing component of the implementation. It would appear as though the DoD has a desire to keep the chiropractic benefit a relative secret. This is supported by the fact that the DoD has not put any effort into educating others of the capabilities of DCs, the benefits of chiropractic care, the availability of the benefit, etc. In fact, GAO reported that only 10 of the 42 military sites (with chiropractic clinics) included the chiropractic service on their Web site. This is an absolutely critical point to address for full integration of the chiropractic service. Demand for chiropractic care and related staffing formulas cannot be accurately evaluated or recalculated without this component part of the implementation plan.

Chiropractic Health Care Program Oversight

The Oversight Advisory Committee (OAC) was restricted to discussion, and consideration of items the military decided were important. At no time were the different health care professions' treatments of like conditions broken into diagnostic code to compare loss of time at work, or even cost of treatment options.

Patient Eligibility

Congress did not mandate the continuation of the chiropractic services to non-active duty military personnel. There was no documentation shown to the Doctors of Chiropractic members of this committee that Chiropractic care was inefficient, cost-prohibitive, or unwarranted. The DoD was not mandated to offer care–so they did not continue this care whether or not it had been found necessary or reasonable.

Access to Care

DoD has not monitored or evaluated the demand for chiropractic care. The monitoring of time and distance standards alone are not sufficient to monitor/evaluate access or demand without evaluating Active Duty (AD) personnel knowledge of DC service availability, capabilities, and benefits.

Referrals are limited by a gatekeeper. The efficacy of care rendered by each health professional could then be compared by outcome assessments such as time missed from military duty and cost for care/time missed. By utilizing

the standard of outcome assessment, a more accurate determination of the proper number of Doctors of Chiropractic treating patients at MTFs will be available.

Treatment Model and Privileges for Doctors of Chiropractic

The Doctor of Chiropractic members of this committee have continuously voiced the opinion that discrimination of this profession has occurred as a result of the failure of the DoD to disclose information regarding the efficacy of chiropractic care. Discrimination has been encouraged at MTFs by placing Doctors of Chiropractic, and their respective clinics, under the discretion/referral of Physical Therapists, who do not possess a level of education enabling them to make proper referrals.

Determination of Medical Treatment Facilities and Staffing Methodology

Protocols for determining the number of Doctors of Chiropractic at MTFs were not based on full data disclosure, but rather, on limited referrals through a gatekeeping system.

Additional chiropractic sites were determined by the gatekeeper, making the referral not on the seven member DC. recommendations. Congress mandated all active duty military personnel have access to chiropractic health care services. Congress did not limit the care by "military methodology."

Financial Support for Chiropractic Care

Diagnostic codes for neuromusculoskeletal conditions must be compared across health care professional lines to determine "who" costs more/less for "what" treatment. Compare similar diagnostic codes and their treatment between Doctors of Chiropractors, Medical Doctors, Doctors of Osteopathy, and Physical Therapists.

There is a great deal of information not disclosed: 1) What did the chiropractic benefit "save"; time off work; fewer surgeries? 2) What health care professional "lost" patients as a result of Chiropractic care? That professional may not be necessary when a full study is complete. 3) These patients would have been seen by someone. When the patient is seen by a Doctor of Chiropractic, it may well have been a savings benefit over other health care professionals in the military. 4) The seven Doctors of Chiropractic members of this committee have never seen any of the financial data used to compile these statements, and can, therefore, not confirm the accuracy of the Department's financial support for chiropractic care information.

Military Readiness Requirements for Doctors of Chiropractic

- **Commissioning of Chiropractors in the DoD**
  Federal legislation signed by President Bush states that Doctors of Chiropractic "can be commissioned." There has been no movement

on the part of the DoD to incorporate this legislation. There has been no criteria presented by the DoD to support this position: 1) What outcome assessments have occurred which disallow commissioning of Doctors of Chiropractic?; 2) What data has been collected, or research completed that disallows commissioning of Doctors of Chiropractic?; 3) Is health care prejudice involved in this opinion?

The DoD should begin commissioning Doctors of Chiropractic in each of the three Services, so that Active Duty (AD) personnel in areas of conflict have appropriate access to chiropractic health care services. Commissioning of DCs has been authorized by Congress since 1988, and the chiropractic service has shown its value to the enterprise and to AD personnel (excellent patient satisfaction scores). DCs must be given the opportunity to serve our men and women in areas of conflict, where it is most critical. We believe the value of chiropractic care for these AD personnel will be very significant, consistent with the benefits and clinical outcomes shown in the CHCDP. Furthermore, since the Implementation began, there have been significant shifts in AD personnel locations...with many more AD personnel now located in areas of conflict, especially Iraq and Afghanistan. It is no longer appropriate or acceptable that these warriors be precluded from receiving chiropractic care while carrying out their physically and emotionally stressful duties overseas.

- **Use of Doctors of Chiropractic in Theatres of Operation**
  The data to support the Services' opinion, not to deploy Doctors of Chiropractic into Theatres of Operation, has not been shared with the seven Chiropractic members of this committee. We would request a review of: 1) the criteria utilized to make this determination; 2) the outcome assessments utilized to make this determination; 3) the research that was performed to make this determination; 4) the diagnostic codes that were compared that clearly demonstrated active duty military personnel in theatres of operation received as good or better care than could have been provided by a Doctor of Chiropractic.

- **Wartime Readiness Capability**
  Army: These health care professions do not possess the clinical skills, educational background, and diagnostic acumen necessary to perform the treatment that a Doctor of Chiropractic performs with the exception of other physicians.

  Navy: Neuromusculoskeletal conditions are inclusive of the entire human body and cannot be limited by referrals for just thoracic-lumbar-sacral treatment.

Air Force: The seven Chiropractic members of this committee have seen no evidence/documentation that PTs, or even MDs, have an impact on the overall readiness of the active force. We would ask for the studies, and the authors of those studies, to be disclosed to this committee. At that time, a comparison could be made to ascertain where and how Doctors of Chiropractic also impact readiness.

Note: Air Force is required by Fiscal Year 2006 National Defense Authorization Act to expand to an additional 11 Air Force MTFs, and has failed to do so. No studies have been carried out to quantify these opinions by the Air Force or any other Service branch.