



# When Demand Exceeds Supply: Allocating Chiropractic Services at VA Medical Facilities

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## ABSTRACT

**Objective:** With limited Veterans Affairs (VA) doctors of chiropractic (DCs) in geographically disparate VA medical facilities of varying capacities, the potential of demand for care exceeding supply can be realized. The purpose of this paper is two-fold. First the authors propose a model for VA chiropractic clinic operation to maximize appropriate access to care and utility of services provided. Second the authors suggest an ethical basis for making potentially difficult administrative decisions regarding the distribution of chiropractic services within VA medical facilities.

**Discussion:** The authors suggest practices to maximize clinic efficiency and effectiveness under conditions of demand for chiropractic services in excess of available supply. In terms of access, the service agreement and gatekeeper instructions for ordering a consultation should help shape demand and avoid inappropriate consultation requests. Consultation requests should also be screened by VA DCs. Scheduling should work to minimize no-shows through a patient reminder system. With regard to utilization, the delivery of chiropractic services should be made more efficient through the use of templates within the electronic medical record. Lastly, evidence-based outcome measures should be applied to objectify clinical progress and help to identify clinical end points in care. Utilitarian theory serves as a possible ethical framework to guide VA DCs in maximizing the benefits of chiropractic care for our veteran patient population as resources allow.

**Conclusions:** VA doctors of chiropractic must balance the demand for patient care with the limited availability of resources. Suggested practices may enhance appropriate access to and efficient utilization of chiropractic care within the VHA.

**Key Indexing Terms:** Ethical Theory; Veterans Affairs; Chiropractic; Allocation of Resources. (*J Chiropr Humanit* 2007;14:22-27)

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## INTRODUCTION

The Veterans Health Administration (VHA) is the largest integrated health system in the United States.<sup>1</sup> In 2003, 4.9 million veteran patients were treated within Veterans Affairs (VA) medical facilities within the 21 geographically defined Veterans Integrated

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Service Networks (VISNs).<sup>1</sup> With the legislative implementation of chiropractic into the VA through the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, the VHA was required to provide on-station chiropractic services at a minimum of one facility within each VISN.<sup>2</sup> There are currently 32 VA medical facilities with chiropractic clinics of varying capacities nationwide. As an example, the VA medical facilities providing chiropractic services within VISNs 19 and 20 are 600 miles apart and the two VISNs combine to serve the health care needs of veteran patients in all or part of 10 northwestern states.<sup>3</sup>

VA doctors of chiropractic (DCs) in these and similar situations will likely be challenged to meet high levels of demand for chiropractic services for veteran patients within sizable geographic regions. While the most obvious solution may be to increase capacity to meet demand, such changes are sensitive to available federal resources and will likely require system-wide data analysis on demand for and utilization of VA chiropractic services and/or legislative mandate. While medicine regularly faces issues involving the allocation of scarce resources, the provision of chiropractic services within the VHA presents VA DCs with ethical challenges that have historically been largely unfamiliar to the chiropractic profession. The purpose of this paper is to suggest means by which to optimize VA chiropractic clinic operation to maximize appropriate access to and efficient utilization of chiropractic care. A second purpose of this paper is to propose an ethical framework that provides a context for

making difficult administrative decisions related to the allocation of chiropractic services within the VHA.

### **DISCUSSION**

With chiropractic appointments in high demand within VA medical facilities, events like patient no-shows and inappropriate consultation requests may result in excessive wait times and impact clinic productivity. The inefficient use of chiropractic resources may prevent some veterans from receiving the care they deserve and need. Within the VHA, a system termed *advanced clinic access* has been designed to provide sufficient capacity in clinics to meet the demand of their patient population.<sup>4</sup> The authors present 6 suggestions associated with access, scheduling and utilization, derived from advanced clinic access concepts, that may help reduce wait times for appointments, encourage appropriate consultation requests from gatekeepers, optimize clinic efficiency and maximize clinical effectiveness so that the chiropractic benefit can be realized for as many veteran chiropractic patients as possible.

#### **1) Design a service agreement with gatekeeper screening of potential chiropractic candidates.**

Chiropractic is a referral-based specialty within the VHA with access to chiropractic services coordinated by a gatekeeper. The gatekeeper, generally a primary care physician, is responsible for determining appropriateness of the chiropractic referral through physical examination and diagnostics to rule-out contraindications to chiropractic management. Simply stated, gatekeeper screening of patients prior to specialty referral is an established practice within the VHA designed to limit inappropriate referrals, maximize the safety

and efficiency of the consultation process, and ensure that veteran patients receive the most suitable forms of management for their conditions. There is no ICD-9 code for “Patient Wants” and chiropractic services cannot be provided to all veteran patients requesting chiropractic care based on interest alone, in the absence of clinical indication. The available resources of the system do not allow for unlimited access to chiropractic or any other service and the use or continuation of clinical services must be justified.

The service agreement defines the operating parameters, relationship and responsibility of the various providers within involved departments or care lines at a given VA medical facility. It serves as a contract between providers and departments that delineates the conditions under which consultation requests should be placed and should be accepted or denied. The service agreement is a dynamic document that is reviewed and can be edited annually as conditions allow. The service agreement should include language that requires gatekeepers to screen potential chiropractic candidates through examination and order any indicated diagnostic tests prior to submitting the consultation request. This agreement should be designed in a manner that supports appropriate consultation requests from referring providers.

## **2) Include gatekeeper instructions for ordering a chiropractic consult within the Computerized Patient Record System (CPRS)**

It is the responsibility of VA DCs to educate providers through in-service presentations, direct communication, and information presented in the consultation menu within CPRS as to the scope of chiropractic practice, indications for appropriate referral,

and contraindications for spinal manipulative therapy. When gatekeepers attempt to place consultation requests within CPRS, they come across a menu which can be designed by VA DCs to include indications and contraindications to chiropractic management to assist gatekeepers in their clinical decision-making process. This can streamline the consultation process and limit inappropriate consultation requests. The menu is also dynamic and can be changed as wait times or clinic conditions require. Instructions within CPRS should include a list of conditions treated by chiropractors, contraindications to spinal manipulative therapy, and requests for imaging as appropriate so that diagnostic studies can be available for review at the time of the consultation.

## **3) Screen chiropractic consultation requests to ensure that patients were adequately evaluated, consultation instructions were properly followed, and review the file to determine if the patient is a candidate for chiropractic services.**

Despite gatekeeper education, the service agreement, the consultation menu and other efforts to encourage appropriate consultation requests, VA doctors of chiropractic should review consultation requests to confirm that potential patients are chiropractic candidates. Inappropriate referrals for specialty care, such as chiropractic within the VA, delays timely access and increases wait times for clinic appointments.<sup>4</sup> Under conditions when clinic wait time exceeds 30 days and the VA DC has an excess of consultation requests, the criteria for acceptance of consultation requests can be tightened to provide access only to those veteran patients who are expected to benefit most from the delivery of chiropractic services. It is necessary at times to triage according to the needs of the veteran patient

population to utilize available medical resources as efficiently and effectively as possible. The rationale for triage is based on medical utility and maximizing utilitarian outcomes.<sup>5</sup>

**4) Limit no-shows for chiropractic consultations through a proactive reminder system confirming date and time with patients for their consultation.**

Every effort should be made to inform veteran patients of the time of their consultation, including a reminder phone call within a week of their appointment, to confirm the patient is still in need of the consultation and that they intend to show for their appointment. As wait times for initial appointments increase, the likelihood that patients seek outside services or no longer require the consultation also increase. By calling patients a week in advance, the clinic could potentially schedule someone from the waiting list for the relinquished appointment slot. Patient no-shows result in an interruption in the flow of patient care, a decline in clinic productivity, and contribute to excessive wait times.<sup>6</sup> Policies should also be established to cancel consultation no-shows as opposed to automatically rescheduling them. Gatekeepers will likely reinforce to their patients the need to keep consultation appointments after having to resubmit multiple cancelled consultations for patients who have failed to show for their scheduled consultation.

**5) Utilize templates with CPRS to minimize time spent with documentation and maximize time spent focused on patient care.**

The number of treatments per hour should be maximized without a loss in quality of care or documentation. Templates within CPRS can improve encounter efficiency and

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contribute to the quality and consistency of clinical documentation. The electronic medical record within the VHA allows for the application of templates designed to the specifications of the clinic and providers.

**6) Apply evidence-based practice parameters including outcomes measures with regular re-evaluations to quantify response to care.**

Patient visit average should be minimized to the dosage necessary to bring about satisfactory improvement. The clinical end point for chiropractic within this federal health care system could be considered more practical than optimal; better defined as doing as much as we can with what we have. Decisions to continue with or discontinue a treatment trial should be made as early as possible within a course of care to limit the expenditure of resources for patients who will likely not further improve to a clinically significant degree. This should be based upon validated outcomes measures, with respect to each patient’s unique presentation, further guided by the experience and clinical judgment of the clinician. General practice guidelines should be employed that provide for an early transition to active care measures to reduce dependence on passive care modalities. Finally, patients should be discharged and returned to their gatekeeper when clinical end points are reached and no additional improvement is expected.

The objective facing VA DCs is to maximize the benefit and availability of chiropractic care to as many veteran patients requiring chiropractic care as resources allow. By the time a patient reaches the chiropractic clinic, the veteran patient has been evaluated by a gatekeeper who placed a chiropractic consultation request. Ideally, the consultation request was placed consistent with the aforementioned criteria, was reviewed for appropriateness by the chiropractic clinic, and then scheduled based upon availability of appointments. This process, expedited through the electronic medical record, best insures that the limited number of appointments that are available for new patients are appropriately utilized.

Advanced clinic access can be applied by VA DCs to enhance clinic efficiency with regard to access, scheduling and utilization of chiropractic services. Broadly stated, components of advanced clinic access include decreasing wait time for services, appropriately shaping demand for and maximizing utilization of available supply.<sup>7</sup> Shaping demand involves designing service agreements between the chiropractic clinics and gatekeepers to clarify and streamline the referral process, screening of consultation requests, and transferring patients back to their gatekeeper for follow-up when maximal expected benefit within the confines of the chiropractic clinic has been reached.<sup>8</sup>

With demand for services in excess of supply, health care providers should balance the benefits, risks and available resources through guidelines developed by the linking of ethical theories and derivative principles.<sup>9</sup> The principle of beneficence represents actions done to benefit others.<sup>5</sup> Utility serves as a foundation for beneficence requiring providers to balance potential benefits and drawbacks to produce the best overall

results.<sup>5</sup> Beneficence plays a central role in the ethical theory of utilitarianism which emphasizes maximizing public utility; otherwise described as providing the greatest good to the greatest number or people.<sup>5</sup> Utilitarian theories rely on outcomes for value judgments and an evidence-based approach to patient care. These value judgments take into account the best available evidence, the needs of the individual patients, the clinical recommendations of the providers and available resources.

## CONCLUSION

VA DCs may face the administrative challenges of balancing demand for services in excess of available supply. For the allocation of limited health care resources to bring about the maximum benefit, clinicians and administrators should make decisions in a systematic manner consistent with established criteria within an ethical framework. Utilitarian theory provides an ethical framework for the distribution of limited health care resources to provide maximum benefit to patients. The administrative responsibilities of VA DCs require the application of practice parameters that maximize appropriate access to and efficient utilization of chiropractic services within the VHA. It is the hope of the authors that this manuscript will serve to stimulate thought and encourage discussion within chiropractic regarding the ethical issues raised in situations where the demand exceeds the supply for chiropractic care.

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