DRAFT

DOCTOR OF CHIROPRACTIC MEDICINE: A NEW DEGREE PROGRAM AT WESTERN STATES CHIROPRACTIC COLLEGE

Primary Health Care

Both primary care and its practitioners have been described, defined, and categorized in conflicting ways. An obvious conflict arises in defining primary care in terms of the professional degree, training, and specialization of the *person* delivering the care rather than according to the type of care being given. Similarly, type of care can be defined in terms of its inclusion or exclusion from a list of complaints or diagnoses as well as more qualitative considerations such as the setting in which it is delivered, the degree to which it is longitudinal rather than episodic, person rather than disease focused, and thus preventive rather than reactive.

Defining Primary Care

In Oregon, primary care is defined as follows:

> "Primary Health Care" means holistic health care which the client receives at the first point of contact with the health care system and is continuous and comprehensive. Primary health care includes health promotion; prevention of disease and disability; health maintenance; rehabilitation; identification of health problems; management of health problems and referral. [1]

Holistic health care is defined as ". . .an approach to diagnosis and treatment of clients which considers the status of the whole person (physical, emotional, social, spiritual and environmental). . . ." Intervention is defined as ". . .measures to promote health, protect against disease, treat illness in its earliest stages, manage acute and chronic illness and limit disability. . . ." Management, according to these Oregon regulations is ". . .the provision and/or coordination of the care that the client receives. . . ." [2]

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[1] Oregon State Board of Nursing. Division 50, Nurse Practitioners' Regulation Implementing the Statute. (1993), 4.

[2] Ibid., 2.

Application to Chiropractic and Rationale

By modifying the above definitions to reflect the emphasis in chiropractic practice on conservative interventions being considered first, a description emerges of a new kind of health care provider, a primary care physician equipped to provide the full range of chiropractic care, which has always been a portal of entry into the health-care system, and to manage the health-care needs of the patient, including definitive care of most health problems.

This new kind of health care provider is uniquely qualified both to help reduce the shortage of primary-care providers and to meet the needs and desires of health-care consumers who have a preference for interventions which are associated with high ratios of benefit to risk.

Statement of Purpose

It is the purpose of Western States Chiropractic College to educate chiropractors and chiropractic students in the delivery of comprehensive and definitive care, thus helping to answer the need for expanded and diversified primary health care options for patients.

The Doctor of Chiropractic Medicine

The Western States graduate holding the degree Doctor of Chiropractic Medicine (DCM) will be a chiropractor competent in the delivery of conservative primary care. The guiding principle of the DCM graduate will be "for the good of the patient."

Scope of Practice of the DCM Graduate

A DCM graduate of Western States Chiropractic College will be trained as a primary-care physician. The aim of the program is to create a new type of health-care provider: a chiropractor competent to serve not only in a first-contact, portal-of-entry role, but also as a primary-care physician with expanded skills in the diagnosis and treatment of common health problems.

Admission to the DCM Program

The criteria for selection will include performance in a competency-based examination as well as an evaluation of previous academic work. To begin the program, a candidate must have completed all the required course work in an accredited program leading to the degree Doctor of Chiropractic. Licensed chiropractors must obtain the same terminal competencies as current WSCC graduates of the Doctor of Chiropractic program. These competencies can be gained through a combination of previous experience, classroom instruction, and additional clinical experience.

Characteristics of the DCM Practice

1. The DCM practice is characterized by a conservative, non-invasive philosophy of treatment with an emphasis on holistic care and prevention. Therapeutic options include, but are not limited to manual/manipulative therapy, lifestyle and nutritional counseling, minor surgery, botanicals, and/or pharmaceuticals.

2. Therapeutic choices will be based on rigorous diagnostic criteria and knowledge of the natural history of the disorder, with management decisions based on risk/benefit ratios.

3. In the DCM practice, first consideration will be given to conservative interventions. Pharmacological or minor surgical intervention will be undertaken only when appropriate.

4. DCM graduates will be experienced in interacting with other health care professionals at clinics, MCOs, and hospitals.

Developing a DCM Curriculum

The DCM degree program will require an internship in a primary-care facility with additional instruction in diagnosis and management of the most frequently encountered patient complaints.

The model for the curriculum:

The list of the sixty most common patient complaints identified by the United States Public Health Service will serve as a basis for curriculum development. Management protocols for each of these health problems will be established. Competency-based testing procedures will ensure that DCM graduates can effectively diagnose and manage the most frequent health problems.

Reorganization and expansion of the clinical curriculum and classroom instruction:

Education will include an additional year beyond the Doctor of Chiropractic program. Clinical training will be expanded to include the diagnostic and therapeutic procedures characteristic of definitive, comprehensive primary care, with additional training in ambulatory surgery and clinical pharmacology. It is important that the student develops a balanced perspective of the appropriate use of pharmaceuticals.

Instructional setting:

The setting for the additional education and training will be in a primary-care facility where interns can be exposed to the kind of patient conditions that most commonly require health-care intervention. The setting required will be a large group or multi-disciplinary practice offering general health care. Professionals licensed to provide primary care will be included in the staffing of these facilities.

INITIAL PROJECTION OF INCOME AND EXPENSE, WITHOUT REFERENCE TO ONE TIME START UP COSTS OR FACILITIES REQUIREMENTS

15 March 94

20 STUDENTS IN THEIR 5TH YEAR 4 QTRS @ $3,915/QTR EQUALS $15,660 PER YEAR IN TUITION

INCOME				
TUITION & FEES	20 STUDENTS @	$15,660 PER YEAR		$313,200
D.O./M.D. BILLED AND COLLECTED	2.0 FTE	@	$35,000 PER FTE	$70,000
				$383,200
EXPENSE				
D.O./M.D.	2.0 FTE @	$97,600 S&B/FTE		$195,200
PHARM.D.	0.5 FTE @	$73,200 S&B/FTE		$36,600
CLIN SUPPORT	0.5 FTE @	$24,400 S&B/FTE		$12,200
CLIN SUPPLIES				$15,000
MALPRACTICE INSURANCE PREMIUMS				$20,000
SUB–TOTAL				$279,000
GENERAL ADMINISTRATIVE OVERHEAD				$30,000
TOTAL				$309,000
INCOME OVER EXPENSE				$74,200

Assumptions: D.O./M.D. Student/Faculty Ratio = 10:1 Pharm.D. SFR = 40:1
Clinical Support Staff Ratio = 40 students: 1 FTE