

KEY INTEGRATION THEMES

- 1. The role of chiropractic care services within the VA:**
Views from referring clinicians.
- 2. The referral process to chiropractic care services within the VA:** How do provider to provider communication patterns vary?
- 3. Guidelines, training and education about chiropractic care services:** Is there a need?

Variation in the Implementation and Characteristics of Chiropractic Services in VA: A Pilot Study

Department of Veterans Affairs (VA) introduced chiropractic services into its healthcare system in 2004. As of January 2010, 38 VA facilities provided on-site chiropractic care, each of which planned and implemented their programs differently. Maximizing the quality of these services represents an important goal for VA. This observational comparative case study assessed the introduction and implementation of chiropractic programs in seven VA facilities.

RESEARCH IMPACT

VA expects to expand and strengthen chiropractic care by (a) introducing this service into increasing numbers of VA healthcare facilities and (b) improving its quality and efficiency. VA also expects to

National use of VA on-station chiropractic services			
Fiscal Year	Unique Patients	Total Encounters	Average Utilization
FY05	4,175	21,089	5.05
FY06	8,732	47,696	5.46
FY07	11,812	61,561	5.21
FY08	14,179	70,314	4.96
FY09	16,757	79,802	4.76
FY10	18,963	90,031	4.75
FY11	21,958	96,079	4.38

introduce additional new clinical services (such as CAM) during the coming years. To support

improvements in the expansion of chiropractic care and the introduction of other new services, comprehensive information regarding the implementation and characteristics of current chiropractic service arrangements is needed. This pilot study addresses this need.

CONCLUSIONS/RESULTS

We completed in-person site visits and supplemental telephone interviews with 118 stakeholders; and analyzed 75 policy and procedure documents. Average utilization across all study sites is consistent with VA national average: about five visits per patient per year, however wide variation exists between study sites. Follow-up interviews will start June 2013 through July 2013. Data analysis will continue from July 2013 to September 2013.

KEY LESSONS LEARNED

- Context:** Resistance was reported among some stakeholders at some local facilities; Across subjects, a stakeholder's individual prior experiences with chiropractic services was a strong pre-existing facilitator or barrier
- Planning and implementation:** Variation in processes, with newer sites being more informed/guided by existing sites and/or VA Central Office (VACO); Existing VA human resources, credentialing and privileging mechanisms were easily adapted
- Structure:** Individual professional competencies and interpersonal attributes appeared to be important facilitators of success; Degree of integration is influenced largely by the prevailing tendencies toward team-based participation at the facility, including provider to provider communication, and extent of academic clinical training
- Process:** Clinics demonstrated similarity in the patient population, musculoskeletal conditions seen, and clinical services delivered; The extent of collaborative case management varied among providers at different sites, within providers at the same site, and within cases among the same provider
- Impacts / outcomes:** All clinics are functional with use increasing at each over time; Stakeholder perception is predominantly favorable

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