



Primary Care and Primary Care Physician

Many, if not most procedures termed “primary care” as commonly defined, are not within the scope of chiropractic practice in any jurisdiction. These include, by example, family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

There are conflicting definitions of primary care and primary care physician.

World Health Organization (WHO)

The definition primary health care used by the World Health Organization in the Declaration of Alma-Ata (1978) is as follows:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.¹

The document goes on to describe specific components of primary care. According to this definition, primary health care:

includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning;

¹ Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. http://www.who.int/publications/almaata_declaration_as_a_programmatic_and_institutional_accrerator_en.pdf Accessed 10/25/15.

- immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.¹

Under this definition, primary care must include a number of services, such as the provision of drugs and vaccines, which are outside the scope of chiropractic practice, and incompatible with chiropractic practice.

American Academy of Family Practice (AAFP)

The American Academy of Family Physicians defines primary care physician as follows:

A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services.

Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

In this document, the term physician refers only to doctors of medicine (M.D.) and osteopathy (D.O.).²

This definition requires a primary care physician to serve “as the entry point for substantially all of the patient's medical and health care needs” and limits the term physician “only to doctors of medicine (M.D.) and osteopathy (D.O.).”

“Medical Home” Concept

Medicine.net defines primary care as:

The "medical home" for a patient, ideally providing continuity and integration of health care. All family physicians and most pediatricians and internists are in primary care. The aims of primary

² American Academy of Family Physicians. <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>

care are to provide the patient with a broad spectrum of care, both preventive and curative, over a period of time and to coordinate all of the care the patient receives.³

The definition of primary care provider:

In insurance parlance, a physician chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services.⁴

This definition requires a primary care physician “to control access to other medical services.” Such is not the role of a doctor of chiropractic.

Institute of Medicine (IOM)

The definition of primary care adopted by the IOM Committee on the Future of Primary Care follows:

Primary care is the provision of *integrated, accessible health care services* by clinicians who are *accountable* for addressing a large *majority of personal health care needs*, developing a *sustained partnership with patients*, and practicing in the *context of family and community*.⁵

The Committee also defined terms used in the definition:

Integrated is intended in this report to encompass the provision of comprehensive, coordinated, and continuous services that provide a seamless process of care. Integration combines events and information about events occurring in disparate settings, levels of care and over time, preferable throughout the life span.

Comprehensive. Comprehensive care addresses any health problem at any given stage of a patient’s life cycle.

Coordinated. Coordinated ensures the provision of a combination of health services and information that meets a patient’s needs. It also refers to the connection between, or the rational ordering of, those services, including the resources of the community.

Continuous. Continuity is a characteristic that refers to care over time by a single individual or team of health care professionals (“clinician continuity”) and to effective and timely communication of health information (events, risks, advice, and patient preferences) (“record continuity”).

Accessible refers to the ease with which a patient can initiate an interaction for any health problem with a clinician (e.g., by phone or at a treatment location) and includes efforts to eliminate barriers such as those posed by geography, administrative hurdles, financing, culture, and language.

maintaining, or restoring health (Last, 1988). The term refers to all settings of care (such as hospitals, nursing homes, clinicians’ offices, intermediate care facilities, schools, and homes).

Clinician means an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients.

³ <http://www.medterms.com/script/main/art.asp?articlekey=5042>

⁴ <http://www.medterms.com/script/main/art.asp?articlekey=11897>

⁵ Primary Care. America’s Health in a New Era. National Academies Press.
http://books.nap.edu/openbook.php?record_id=5152&page=31

Accountable applies to primary care clinicians and the systems in which they operate. These clinicians and systems are responsible to their patients and communities for addressing a large majority of personal health needs through a sustained partnership with a patient in the context of a family and community and for (1) quality of care, (2) patient satisfaction, (3) efficient use of resources, and (4) ethical behavior.

Majority of personal health care needs refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring—unrestricted by problem or organ system—and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate. **Personal health care needs** include physical, mental, emotional, and social concerns that involve the functioning of an individual.

Sustained partnership refers to the relationship established between the patient and clinician with the mutual expectation of continuation over time. It is predicated on the development of mutual trust, respect, and responsibility.

Patient means an individual who interacts with a clinician either because of illness or for health promotion and disease prevention.

Context of family and community refers to an understanding of the patient's living conditions, family dynamics, and cultural background. **Communities** refers to the population served, whether they are patients or not. Community can refer to a geopolitical boundary (a city, county, or state), or to neighbors who share values, experiences, language, religion, culture, or ethnic heritage.

Health care services refers to an array of services that are performed by health care professionals or under their direction.

The IOM report also includes the following:

TABLE 4-1 Diagnosis Clusters That Make Up the Majority of Nonreferred Ambulatory Visits to U.S. Office-Based Physicians, NAMCS, 1989–1990⁶

Rank	Cluster Title	Percent	Cumulative Percent
1.	General medical examination	7.2	7.2
2.	Acute upper respiratory tract infection	6.2	13.4
3.	Hypertension	4.4	17.8
4.	Prenatal care	4.3	22.1
5.	Acute otitis media	3.5	25.6
6.	Acute lower respiratory tract infection	2.7	28.3
7.	Acute sprains and strains	2.7	31.0
8.	Depression and anxiety	2.5	33.5
9.	Diabetes mellitus	2.1	35.6
10.	Lacerations and contusions	1.9	37.5
11.	Malignant neoplasms	1.7	39.2
12.	Degenerative joint disease	1.7	40.9
13.	Acute sinusitis	1.6	42.5
14.	Fractures and dislocations	1.6	44.1
15.	Chronic rhinitis	1.5	45.6
16.	Ischemic heart disease	1.4	47.0
17.	Acne and diseases of sweat glands	1.3	48.3

⁶ Primary Care. America's Health in a New Era. National Academies Press. http://books.nap.edu/openbook.php?record_id=5152&page=78#p200063749960078001

18.	Low back pain	1.2	49.5
19.	Dermatitis and eczema	1.2	50.7
20.	Urinary tract infection	1.1	51.8

The IOM definition defines primary care as including “addressing a large *majority of personal health care needs*.” Note carefully this definition: “**Majority of personal health care needs** refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring—unrestricted by problem or organ system—and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate.”

Furthermore, CCE must ask if the treatment and management of the conditions enumerated in Table 4-1 be a mandated part of chiropractic education.

It is recommended that the term “primary” in the fourth paragraph, sentence two of the Foreword on page iii be removed, the revised sentence reading, “Accreditation requirements focus on student learning outcomes that prepare DCP graduates to serve as competent, caring, patient-centered and ethical health care professionals.”

It is recommended that the term “primary care chiropractic physician” in the first paragraph of Section H on page 20 be replaced with “doctor of chiropractic.”

It is recommended that the term “Primary Health Care” in the Glossary on page 48 be removed.

Subluxation/Joint Dysfunction

An important function of language is differentiation. Language should be a tool for minimizing ambiguity, and establishing precision in communication. This necessitates the use of terminology that communicates the uniqueness of the thing being described. Using terms that homogenize rather than differentiate fosters ambiguity and imprecision.

One example is the suggestion that the terms vertebral subluxation, joint fixation, and joint dysfunction are interchangeable. They are not the same thing. There are significant operational and epistemological differences. Implicit in the term vertebral subluxation are both biomechanical and neurological elements. A fixated or tender joint might represent one manifestation of vertebral subluxation, not a synonym for vertebral subluxation. The implication that they are the same leads to confusion and ambiguity.^{7 8 9}

⁷ Gatterman M: Foundations of Chiropractic Subluxation, 2nd Edition. Elsevier Mosby. St. Louis. 2005. P. 222.

⁸ Redwood D, Cleveland CS III: Fundamentals of Chiropractic. Mosby. St. Louis. 2003. P. 142-143.

⁹ Kent C: Models of Vertebral Subluxation. Journal of Vertebral Subluxation Research. Vol. 1, No. 1. 1996. <https://vertebralsubluxation.sharepoint.com/Pages/ModelsofVertebralSubluxation.aspx>

Use of the slash [/] introduces ambiguity. According to The Punctuation Guide, “The one inarguably acceptable use of the slash in formal writing pertains to poetry. The slash, with one space on either side, indicates a line break.” Furthermore, the slash sometimes serves as shorthand for “and,” and sometimes serves as shorthand for “or.” Adding to the confusion is that slash is sometimes used to represent a conflict or connection between two things.¹⁰

It is recommended that “subluxation/joint dysfunction” be replaced with “subluxation, or joint dysfunction, or both.” This includes P. 21 C. and P. 24. 1.

Adjustment/Manipulation

The same problem arises with “adjustment/manipulation.” The generic moniker “spinal manipulation” or “spinal manipulative therapy” is becoming a replacement for the term “chiropractic adjustment.” They aren’t the same thing.

The World Health Organization defines “manipulation” as “a manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.” The neurological implications of vertebral subluxation correction are not addressed in this definition.

In contrast, “adjustment” is defined as “Any chiropractic therapeutic procedure that ultimately uses controlled force, leverage, direction, amplitude and velocity, which is applied to specific joints and adjacent tissues. Chiropractors commonly use such procedures to influence joint and neurophysiological function.”¹¹

It is recommended that “adjustment/manipulation” be replaced with “adjustment, or manipulation, or both.” This includes P. 22 B.; P. 23 4. P. 23 Meta-competency 3 (all references); B.; C.; D.; E.; P. 24 2.; 3.; 4.; 5.; Definition of Passive Care, P. 33.

¹⁰ <http://www.thepunctuationguide.com/slash.html> Accessed 10/25/15.

¹¹ WHO guidelines on basic training and safety in chiropractic. World Health Organization. Geneva. 2005. Glossary, P. 3. <http://apps.who.int/medicinedocs/en/d/Js14076e/> Accessed 10/25/15.