CHIROPRACTIC NEWS & VIEWS

Presented by:

Hawaii State Chiropractic Association, Inc.

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ELECTIONS…

The political season is well underway.

We are bombarded daily with ads, phone calls, knocks on our doors & roadside sign waving.

Please take the time to check out the candidates and the issues.

Please VOTE!

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PRESIDENT'S MESSAGE

Joseph G Morelli Jr DC FICC, HSCA President & ACA District 7 Governor

Aloha All:

This is my first message to you as the newly elected HSCA president.

I first want to thank the membership for granting me this honor in allowing me to serve you as your president.

As my first act as president, I want to extend from a grateful profession the warmest Aloha to our Immediate Past President, Dr. Gary Saito.

As most of you know, Gary was our HSCA president for the past SEVEN years! He was the longest serving president in our association history.

Dr. Saito has fought the good fight, each and every year in the halls of our state legislature, and with various agencies to protect and to help advance our professional practice.

Don't worry about us losing all that talent and experience, as Dr. Saito still serves on our HSCA board as the Immediate Past President. Additionally, Gary will continue to act as our Executive Director, overseeing our political activities.

If you happen to run into Gary in the near future, please extend to him a thank you for all the effort and sleepless nights he dedicated to us, and the patients we serve.

With our recent elections, we thank all our veteran board members for their continued service. Additionally, I would like to extend my welcome to our newest board members. Our new East Hawaii Island Director is Dr. Robert Klein.

As you may know, Dr. Klein has served our profession in many capacities here in Hawaii, and nationally. Bob currently serves on the Chiropractic Board of Examiners for the State of Hawaii, and is our State Delegate to the American Chiropractic Association. Dr. Klein has been in private practice many years in Hilo, and has been recently joined in practice by his daughter Rachael who is a duel licensed DC & ND.

Then, serving as the newly elected HSCA Board Secretary is Dr. Randy Collins.

Most of us know Dr. Collins, as he has been in practice for over 30 years here on Oahu. As some of us old-timers might remember Dr. Collins served as HSCA president. Through his efforts many years ago, he facilitated the merging of two Chiropractic organizations into our current day Hawaii State Chiropractic Association.

I am very pleased to have such knowledgeable, experienced and ethical new members to our board.

Shifting gears…Political season is upon us! I have heard that this may be one of the most expensive "mid-term" primary elections ever!

We are daily bombarded by TV, print ads and telephone calls. So whom should we support?

In this newsletter, we offer some vote worthy suggestions after consultation with Dr. Saito, who has been intimately involved in Hawaii politics. Please note my next sentence as a disclaimer.

These recommendations are made through a Chiropractic prism as the **primary consideration**. We have had much experience with many of these candidates, and our experience points us in this direction. We believe that generally, we can work with most, if not all of those seeking office, but there are some that we believe are friendlier to our practice and the patients we serve. Unfortunately, there are some that recently actually tried to hurt us! As you can imagine, we won't be recommending you vote for them! Please see **"Make Your Vote Count"** Listing Later in this newsletter.

New subject…Many of you have been sent letters from TriWest asking that you join their panel as a chiropractic provider to treat patients referred from the Veterans Administration. They are still recruiting here in Hawaii, and in 28 other states.

I have been credentialed as a provider, and I think it is a good program.

For those of you who enjoyed referrals from the VA in the past, these will stop. The local VA contract with American Health Specialty has expired. The federal government has signed with a new national organization (TriWest) to provide services for all outside medical referrals. Family Health America/EmpowerChiro is a subcontractor to TriWest to provide the chiropractic panel.

In order to get VA referrals in the future, you must become a credentialed provider in the EmpowerChiro program. You can download their provider application at:
www.EmpowerChiro.com/TriWestApp.pdf

New topic…Diagnostic imaging

Since the earliest days in Chiropractic, diagnostic imaging has been an integral part of our practice. In the past, most Chiropractors did their own x-ray in-house. Now a days, most DCs send their patients out for x-ray and other imaging services when necessary. Especially for the more advanced diagnostic testing.

This growing trend in our profession is partly fueled by the cost of installing and maintaining x-ray equipment, etc. Also in times past, imaging facilities did not take our patient referrals. We had no other choice but to take our own x-rays, especially if our technique was imaging dependent.

Today, most imaging facilities are happy to handle our referrals. Many of us have enjoyed good relationships with different radiologists and facilities.

Recently, a new facility has opened in Honolulu…"Hawaii Advanced Imaging Institute" in the Hale Pawa'a Professional Services Building at 1401 S. Beretania St., Ste. 107, Hono. I have spoken several times to their representatives, and I am quite impressed with the services that they offer, as well as their willingness to accommodate Chiropractic patients/referrals.

To that end, Hawaii Advances Imaging Institute has made available their "**DYNAWELL Axial Loading Device",** specifically aimed at imaging Chiropractic patients**.**

As you know, the Chiropractic profession has always liked the idea of upright/weight bearing x-rays. Regarding MRI, there are only a few facilities across the country that can accommodate upright/weight bearing MR imaging.

I personally believe that the weight bearing posture in imaging can be a more realistic representation of the patient's condition, and may more closely clinically coordinate to their symptomatic condition. That being said, there is no facility here in Hawaii that can do this type of MRI.

The folks at Hawaii Advanced Imaging have tried to accommodate us by employing a new technique (device) at their magnet at the Hawaii Advanced Imaging Institute. This Dynawell device simulates the axial loading of the body's upright posture in the supine position utilizing an ingenious traction-like device.

The Hawaii Advanced Imaging Institute has underscored their commitment to Chiropractic by joining as a corporate member of the Hawaii State Chiropractic Association. We look forward to their continued support of our association and profession here in Honolulu. Please see the insert in this newsletter. Any questions or to make a referral, please call them directly at: (808) 591-1504.

Aloha,

Dr. JOE Morelli

PAST PRESIDENT'S MESSAGE

Gary Saito, DC, HSCA Immediate Past President

ALOHA to all

It has been my great, great pleasure and privilege to have served as your President from November 2007 to June 2014. I wish to thank all the members of the Board who have served during my time as President:

Joseph Morelli, Gary Ferguson, Jesse Broderson, Paul Bickford, Robert Klein, Jim Pleiss, Ed de Deo, Alice Ogawa, Armando Garza, Andy Shanti, Brandon Kikuchi, and Dan Vickers.

It has been an honor to have worked with you. I have said this before and say it again: I have never served with a committee so dedicated, so synergistic, and so supportive.

I'd like to report that our organization has a very good reputation in the community and with all government and healthcare entities. I leave my office with no pending problems or crises. I urge all HSCA members to fully support your new Board. I urge all non-members to start supporting your professional organization. It matters.

I know doctors who have been members of the HSCA every year since before I even began practice 26 years ago. To you, I am grateful because, without you, we could not have been able to do our work. I also know doctors who have never been members in my 26 years of practice. I know that all chiropractic colleges encourage giving back to the profession and supporting the local associations. We're still waiting for some of you. Every chiropractor in the State benefits from the work of the HSCA.

I will continue to help the Board so long as it stays strong to the principles and philosophy of chiropractic and the innovations that have brought our profession into the modern world of medicine. I urge all doctors to become EHR compliant and to practice lawfully and ethically. Professionalism isn't about knowing how make the most money by skirting the law; it is about providing responsible quality care within the parameters of the law.

It is my deepest regret that I have been unable to pass a more appropriate practice act. We live in a world that is manipulated by politics and turf battles. In the 21st century, all healthcare practitioners should be working together in an integrative fashion for the benefit of society. Instead, the current model of healthcare still operates in silos of care with poor integration where it matters for patients. Despite the obstacles, the HSCA has friends at the legislature and the DCCA who see past the politics and know that chiropractic is good medicine and deserves its place in the healthcare marketplace. We should maintain these relationships for the future.

MAHALO to all the doctors who responded to our calls for testimonies. You made a world of difference when it counted. I hope I'm leaving the association in a better condition than it was when I took over. I succeeded Dr. Jim Pleiss, who had laid a solid foundation that made it easier for me to take over, especially because the membership doubled during his tenure. Each succeeding President should try to take the association further.

As to the practice act? After 15 years of trying, I'll have to leave it up to someone smarter and more influential to tackle the job. I would have liked to be that person but that accomplishment has eluded me.

Please support the HSCA in any way you can. It is the only professional association that represents all chiropractors in the State, whether they are members or not. Surely, that deserves your consideration; and your support; and your involvement. Good luck to the new leadership.

Aloha,

Dr. Gary Saito

Where Do We Go From Here?

Gary Saito, DC, HSCA Immediate Past President

Where the HSCA goes from here is up to the new President. I will help where I can. Policies and actions will be developed by the Executive Committee and the Board. Congratulation to all the members of the new Board. I was asked for my suggestions for the new Board. These are only my comments.

The HSCA should strive to continue making inroads where we can. The Affordable Care Act (also known as "Obamacare") has set a precedent so that health plans and insurers can no longer discriminate arbitrarily against licensed practitioners of care. So long as practitioners provide a service that is within their license to perform, they must be reimbursed for that treatment. Some health plans have made the move toward this level of coverage, but others in Hawaii have yet to recognize this law and implement necessary changes.

Chiropractic should be a covered service in Medicaid. It already is in 13 other states. CMS has pre-approved chiropractic in Medicaid and so it only takes the will of the State to incorporate it in Hawaii's program. To date, Hawaii's Department of Human Services, which administers Medicaid, has not applied for this inclusion. Under the Lingle administration, the DHS was not willing to dialogue on this issue. The new Director and I have spoken and there is an open door for discussion, which should start soon.

There are always issues of equity. It seems like the road to equal treatment and respect is routinely laden with obstacles. But we must remember: "We've come a long way, baby!" Thanks to our predecessors, we are far better off today and

have greater recognition since chiropractic was first introduced in Hawaii in 1925. But the changes didn't come without determination, perseverance, and a little help from our friends. We already know from experience that the traditional allopathic establishment does not embrace chiropractic, or any other non-allopathic medical profession for that matter. Yet we have all made inroads and that has lead to a better healthcare environment for patients.

There is still a need for pioneers in our profession, people with vision, a plan, and the will to make a change. If you feel that's you, get involved. The way to make a difference is to put some skin in the game. Support your association with your ideas, your actions, and your annual membership contributions. Be good stewards of the profession you've chosen.

I urge all doctors to practice legally, ethically, and professionally. In my tenure on the HSCA board since 1997, I know of many doctors who disregard ethical principles of practice in the pursuit of the almighty dollar. I have heard comments from insurance companies, health plans, third-party administrators, the Insurance Division, and the Department of Commerce and Consumer Affairs about unethical and abusive practices of our doctors. I have had to take the criticism on behalf of the profession. Such behavior is an embarrassment and works against our ability to gain the respect we deserve in the healthcare marketplace. Some of our own docs are responsible for dragging us down.

Finally, I have a dream that one day ALL chiropractors will belong to the HSCA. What a day that will be. We could be the first state to achieve that goal. It's not impossible, but it would take the consciousness and will of every doctor to honor the profession by standing up for chiropractic as a member of the association. The HSCA has already been paying it forward by protecting our rights to practice. Unfortunately, almost 2/3 of our doctors who have been benefitting from its efforts have not supported the HSCA. AUWE. Do it today.

CONCUSSION AND POST-CONCUSSION: RELEVANCE OF THE CHIROPRACTIC ADJUSTMENT

By Charles S. Masarsky, D.C. *(With permission of Dynamic Chiropractic)*

There is a widespread understanding within the profession of the general guidelines for care of the concussion patient. These include guidelines for physical and cognitive rest, return, to normal activities, and so forth. What is not sufficiently discussed is the potential role of the chiropractic adjustment itself for victims of concussion and post-concussion syndrome. The following is a brief review of a small sample of the evidence within the clinical literature supporting a role for the chiropractic adjustment in concussion care. The manifestations of concussion that responded under chiropractic care in these papers included deficits in attention, vestibular function, and vision.

Attention Deficit

Deficits in attention and short term memory are not uncommon in concussion. Lovett and Blum (**2006**) reported the case of a 6-yr-old boy who struck his head during a fall from a slide in a playground. The impact of the fall knocked the boy unconscious. Eighteen months later, the mother brought the boy to the D.C. Although she "did not believe in chiropractic care", she was "at her wit's end" due to her inability to alleviate her son's headaches and neck pain with painkilling drugs.

In addition to headache and neck pain, the boy was suffering from stomach pains and frequently had blood shot eyes. Attention deficit symptoms included an inability to sit still, deteriorating grades at school, and being disruptive and inattentive in class. None of this was present before the cranial trauma at the playground. Sacro-occipital technique (SOT) examination protocols revealed evidence of C2-3 subluxation and Category II sacroiliac subluxation. Minimal force adjustments were utilized, due to the mother's apprehension, at a frequency of once per week for the first 2 months of care.

At 3 weeks of care, typical spelling test scores were 80% (compared to typical scores of 20% pre-intervention), along with vast improvement in penmanship. After 2 months of care, steady academic and behavioral improvement was noted by school and parents and eyes were consistently clear. Stomach pains, neck pain and headaches were much improved.

Pfefer et al **(2011**) discussed a 16-year-old football player with daily headaches and neck pain five weeks after a head injury that left him with a sense of "fogginess". He was unable to concentrate on homework. Previous treatment included non-steroidal anti-inflammatory drugs and narcotics for pain control.

Cervical and thoracic diversified adjustments were administered. Significant symptomatic relief was noted after the second visit. Virtually complete symptomatic resolution was noted after the fifth visit (two weeks into care), although return to athletic activity created some exacerbation. Seven weeks into chiropractic care, the patient was able to return to full game play symptom free.

Vestibular Dysfunction

Dizziness and vertigo are common manifestations of concussion. Collins and Misukanis (**2005**) reported the case of a 30-year-old woman first seen 3 days after a motor vehicle accident. She complained of neck pain, headache, mid-thoracic and upper shoulder pain, numbness and tingling in both arms, and dizziness. Difficulty finding her car keys suggested a deficit in short term memory. Active cervical range of motion in all directions reproduced the dizziness. Nine visits over a period of 18 days included low-force diversified adjustments. The patient noted that pain levels were reduced for several hours after each visit. At this point, a neurologist consulted for a second opinion performed an examination and an MRI. The MRI was negative, and the neurologist concluded that the patient had suffered from a severe sprain and strain. Also, the neurologist advised the patient to continue chiropractic care.

The day after the neurological consultation, the patient experienced light-headedness, a sensation of the room spinning, blurry vision, vomiting and dyspnea. Emergency room evaluation ruled out stroke and transient ischemic attack. Evaluation by a neuropsychologist revealed a constellation of cognitive deficits, including memory problems and difficulty with complex logical problem solving. In the

neuropsychologist's opinion, these deficits were consistent with post-concussion syndrome.

Chiropractic adjustments continued with low force. At 6 months post-injury, the patient enjoyed complete resolution of neck pain and vertigo.

Mayheu and Sweat (**2011**) described a 23-year-old woman who suffered head trauma during a slip and fall injury. She presented at the emergency room with symptoms of nausea, vertigo, neck pain and headache. The diagnosis was concussion.

At five months post-injury, the patient sought chiropractic care for residual headache, difficulty in concentrating, and vertigo. Physical and x-ray examination findings were consistent with upper cervical subluxation, and adjustments were administered according to Atlas Orthogonal protocols. At the patient's third visit one week following presentation, the patient noted that she had not experienced any vertigo or headaches since the first visit.

Visual Dysfunction

Some degree of visual dysfunction is common among concussion victims. Gilman and Bergstrand (**1990**) described a 75-year-old man who suffered a head injury resulting from a fall. He immediately complained of headache and dizziness. The next morning, he stated that he was completely blind. He underwent examination by both an optometrist and an ophthalmologist. His report of blindness was supported by the absence of a pupillary response in both examinations. Cranial CT was unremarkable, ruling out gross brain injury. Although concussion was not diagnosed as such, the clinical pattern clearly fits the category. The patient was followed for three months, with no subjective return of vision or objective recovery of the pupillary response. It was at this point that a chiropractic examination was conducted.

The chiropractor found a C1-C2 fixation on motion palpation. The upper cervical spine was adjusted eleven times over a period of three months. After the third adjustment, the patient was able to perceive light. After the eleventh adjustment, the patient could see rays of light coming through a window, could distinguish different colors, and demonstrated a normal pupillary response. After another two months of chiropractic care, the patient was able to read.

Sweat and Pottenger (**2012**) reported the case of a 75-year-old woman who suffered a concussion resulting from a slip and fall injury 10 years previously. At the time of presentation at the chiropractic practice, she complained of a left "lazy eye", which interfered with reading.

Chiropractic physical and x-ray examination findings were consistent with upper cervical subluxation. Extraocular muscle examination revealed a strabismus, characterized by the left eye lagging behind when the patient was asked to look to her right. She was unable to walk heel-to-toe, instead using a wide stance to ambulate.

The patient was seen 22 times over a period of 353 days. On the first and seventeenth visit, she was adjusted according to Atlas Orthogonal protocols. (During the other 20 visits, adjustment was not warranted according to the analysis methods of Atlas Orthogonal technique.) At the time of publication, the patient can walk heel-to-toe and stand on one leg (time was not reported). While left eye control is not perfect, it has improved, and she is able to read as long as she wants to. Along with this improvement in extraocular muscle function, she also noted improvements in the brightness, clarity, and color perception of her vision. These improvements began shortly after the first adjustment, and progressed during this period of follow-up.

Other Concussion Components

Other concussion and post-concussion manifestations that have been reported to respond well under chiropractic care include slowed reaction time, sleep disorders and depression. We look forward to a blossoming of chiropractic research in these areas over the next few years.

MAKE YOUR VOTE COUNT

The following list of candidates for the various local and national office is by no means a complete list of all those who merit our support as a profession. The following are a few names who have been our supporters in the past, and/or we believe will help to our patients and us in the future.

Recommendations for your consideration:

Governor:	**Neil Abercrombie**
Lt. Governor:	**Shan Tsutsui**
US Senate:	**Brian Schatz**
US Congress Dist 1:	**Mark Takai**
US Congress Dist 2:	**Tulsi Gabbard**
HI Senate Dist 3:	**Josh Green**
HI Senate Dist 6:	**Rosalyn Baker**
HI House Dist 5:	**Gene Leslie**
HI House Dist 6:	**Kelly Valenzuela**
HI House Dist 10:	**Chayne Marten**
HI House Dist 28:	**John Mizuno**
HI House Dist 41:	**Matthew LoPresti**
HI House Dist 46:	**Marcus Oshiro**
HI County Council Dist 4:	**Roy Lozano**

THE FACTS ABOUT THE FEDERAL MEANINGFUL USE INCENTIVE PROGRAM…… ALL DOCTORS OF CHIROPRACTIC ARE AFFECTED IN 2014

by Dr. Steven J Kraus, DC, FIACN, DIBCN, FASA, FICC

There appears to be a lot of misinformation and confusion circulating around the chiropractic profession regarding the Federal Government's Electronic Health Record (EHR) incentive program, what has happened so far, the changes that have taken place, what you need to do if you want to participate (it's not too late), and what Meaningful Use means for our future. It's important that individual doctors and the profession as a whole don't depend on the somewhat inaccurate perceptions of this program that some are throwing around, and instead have all the facts at your fingertips, so you can make the decision that is best for you and for the profession overall.

Review of the Program

First, let's review the EHR incentive program itself. The program was passed into law in 2009, with the start date being January 1, 2011, as a means of incentivizing healthcare providers to adopt technology and to save the healthcare system over $77 billion annually.

The program pays eligible providers (EP5) 75% of the allowed Medicare submitted charges during an entire calendar year (January 1-December 31). This is based on individual doctor's Medicare Part B allowed charges (i.e. CPT© codes 98940, 98941, 98942). The maximum amount that can be paid for a first year participant for 2014 is $12,000. While the incentive payment is based on Medicare patients, the performance of Meaningful Use (MU) is to be done on all patients seen during the reporting period.

Eligibility for Medicare ElIR Incentive Program - Eligible Professionals Under the Medicare EHR Incentive Program, eligible providers must be one or the following:

Doctors of Medicine or Osteopathy
Doctors of Dental Surgery or Dental Medicine Doctors
Podiatric Medicine
Doctors of Optometry
Doctors of Chiropractic

The program is quite clear:

1. Purchase a certified electronic health record system.
2. Register with the government via their website.
3. Perform Meaningful Use for 90 contiguous days.
4. Attest to Meaningful Use via government website.

Meaningful Use is broken down into two parts: (1) recording or capturing your MU data over a continuous 90-day period; and (2) 'attesting' your data to the Federal Government via their website, which is simply a series of questions that, in effect, ask you to report on statistical data regarding the MU measures that your EHR should easily provide.

When you choose an EHR, make sure the company is newly certified. Software vendors that originally certified at the beginning of the program must do so again in 2014. You can check to see if your vendor is certified by visiting http://oncchpl.force.com/ehrcert. You can register for the program at any time, even before you begin your reporting period, at https://ehrincentives.cms.gov/hitech/Iog in .action.

Attestation by all EP's is required on a yearly basis. The incentive will be paid over the next 2.25 year period. Those EP's that do not register, attest, and meet the requirements for MU by the end of 2014, and in each subsequent year, will be subject to payment adjustments to their Medicare reimbursements that start at 1 percent per year, and will increase to a maximum 5 percent annual adjustment.

What Has Occurred to Date

As of March 2014, over 6,780 DCs have already received over $83 million from the incentive program. Almost 5,000 additional DCs have registered for the program, with those that met MU guidelines during a three-month period in 2013 expected to receive their monies in May 2014. That's well over 11,000 DC's who should add to the totals creating nearly $140 Million dollars paid to DC's by the end of 2014.

If You're Considering Enrolling

It's not too late to enroll and begin participating in the EHR Incentive Program. But 2014 is absolutely the last year to begin and be eligible for incentive monies. First, make sure the EHR you're considering is certified for the 2014 Edition. Leave enough time, from the time of installation, to ensure you have a working knowledge of your system before October 3, 2014 to be eligible to receive incentive payments.

You need to report MU for 90 continuous days, which is the reason for the October 3 deadline. If you wait until after October 3, 2014, to begin, you will not have enough time to complete your 90 day reporting period and attestation to qualify and cannot receive any incentive payments in the future for EHR adoption.

The incentive monies can total up to a maximum of $24,000 over the next 2.25 years of MU work for those beginning in 2014. Up to $12,000 of that can be received for only 90 days of work in 2014, as long as you begin no later than October 3, 2014, so that your entire 90-day reporting period is within the calendar year 2014. That money would be paid to you sometime in the spring of 2015.

For new participants to qualify, they must perform their MU criteria on an EHR that has been 2014 Certified for the entire 90-day contiguous reporting period.

One More Major Rule of which to be Aware

Payment Adjustments (a kinder and gentler way to say "penalties") begin January 1, 2015, and first time participating DC's who do not begin MU approximately July 1, 2014 and must complete their attestation by October 1, 2014, will be subject to the payment adjustment. They will be penalized 1 percent on all of their Medicare reimbursement payments for the entire 2015 calendar year. This means that first time participants can still be eligible for incentive monies AND avoid payment reductions as long as they complete a 90-day MU reporting period by September 30 and then complete the attestation no later than October 1, 2014.

1. **The maximum limits are shown in the chart below**.

Individual Physician Medicare Maximum Incentives						
Payout Year:						
2011	**2012**	**2013**	**2014**	**2015**	**2016**	**Totals**
$18,00	$12,0	$8,000	$4,000	$2,00	$0	$44,00
	$18,0	$12,00	$8,000	$4,00	$2,00	$44,00
		$15,00	$12,00	$8,00	$4,00	$39,00
			$12,00	$8,00	$4,00	$24,00
				$0	$0	$0
Beginning 2015, physicians *not* using a certified EHR will be penalized						

Changes That Affect Those Already in the Incentive Program

For those who are already in the program, please double check to make sure your software vendor has received their 2014 certification BEFORE you perform the MU measures on that EHR system. Original certification for EHR vendors was for 2011-2013 and must be recertified for 2014 since there are new requirements for EHR software to be certified.

This is true for MU Stage I and Stage 2 (basically all providers) in order to qualify for any incentive dollars for the 2014 and 2015 participation years.

What's more, all EP's who are in their second year of Stage I or in their first year of Stage 2 must not only perform their MU on a 2014 Edition, but those EP's cannot choose just any timeframe for their reporting period in 2014.

The new reporting regulations, that were released in December 2013, resulted in a reporting period that is limited to a calendar quarter (note that it is not necessarily 90 days) and that calendar quarter must begin on one of the following dates: January 1, April 1, July 1, or October 1. By the time you read this article, it would likely be that only July 1 or October 1 quarters would be applicable. All EPs (except first time participants who begin in 2014) must choose one of these 4 quarters to perform meaningful use in 2014.

This means that most DCs will not be using the first or second quarters of 2014 since they have to wait for their EHR vendor to get certified to the 2014 Edition standards. This is why the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC) changed the reporting period rules for 2014 - to give vendors time to be certified since the rules for the Stage 2 criteria were not released until late August 2013.

So, many DCs will be performing their MU in 2014 from July 1 through September 30 as their selected quarter reporting period or from October 1 to December 31. They then must attest to meeting MU with their EHR no later than February 28, 2015, to be eligible to receive the 2014 payment year incentive.

First time participants are not the only providers who will be affected by the payment adjustments that begin January 1, 2015. All EPs, including DCs, who are in their second year of Stage I or first year of Stage 2 must perform MU in 2014 or they will be penalized in 2016 for not participating in 2014. Those same EPs who performed MU in 2013 and attested will avoid the 2015 penalties because they participated in 2013. The penalty begins at 1 percent and increase each subsequent year by an additional percentage point, to a maximum of 5 percent.

There are other changes to the actual measures themselves for Stage 2 compared to Stage I criteria. Some of the main differences are that a number of menu set measures are now core measures in Stage 2. Stage I MU consists of 13 Core Measures, of which DCs have to address 11. Plus nine (9) menu-set measures, of which DCs have to address five (5), for a total of 16 Stage I measures. Nine (9) Clinical Quality Measurements (CQM) are incorporated as part of Stage I and Stage 2 as well. Stage 2 includes 17 Core Measures, of which DCs can opt out of 3-4, and six (6) menu-set measures, of which DCs have to address three (3), but cannot take an exclusion for the menu items, as there are certainly three menu measures that fall into most all DC's scopes of practice. In addition, Stage 2 requires nine (9) CQM's.

This may seem like a lot of changes, but the good news is that everybody can relax to some degree for a couple of months since nobody has to perform MU for the full calendar year in 2014. Be sure to have your vendor get certified no later than July 1, 2014, to avoid penalties and payment reductions for first time EP's. Begin your training by June so that you are prepared to perform MU starting July 1.

What the Future May Hold

I don't claim to be able to predict the future, but there are some things we can see happening, and others that we can expect.

The impact of this program will continue to expand. With the number of DCs who purchased EHRs and registered to participate in the incentive program last year, it is estimated that by 2015 over $140 million will have been paid to DCs. If the interest and the numbers stay the same, one could guesstimate that over $250 million will have been paid to DC's by the time the incentive program ends.

Based on the experience of many who have been through this already, doctors that go through the MU process will gain tremendous confidence in their ability to properly document, code, and bill to Medicare as well as other third party payers. Consider this advanced training paid for by the Federal Government.

We also know that if you're providing services to Medicare Part B beneficiaries and not meaningfully using a certified EHR, penalties begin for you on January 1, 2015, and these payment reductions will increase each year by an extra percent, to a maximum of 5 percent. The program could become part of the third party payment system. Except that when and if that becomes reality, you're not going to get federal incentives for you adopting an EHR.

Some say you cannot predict this, but a few states have already passed laws and rules stating that if a physician is not performing MU, then they are practicing below the standard of care which impacts the license they hold and subjects them to disciplinary actions or fines. One state (Minnesota) went as far as stating that providers need to use a certified EHR by January 2015 or their license could be subject to penalties and possible other actions.

I believe that in the future, if DCs want to be included in their health care community ecosystem, they will need an EHR. It will become the mechanism by which communication and management will occur between providers, and within doctor-patient relationships, in a secure HIPAA controlled environment.

In Conclusion...

I'd like to think that all DCs, whether you are considering participating in the incentive program, or even interested in an EHR system, can agree that the over $83 million that has been brought into our profession may be the largest outside investment ever made in chiropractic. This number could easily surpass $250 million before it is all done.

This money has allowed thousands of DCs to afford leading edge technology to help them reduce costs, increase efficiencies, improve communications and collections from third party payers, and even enhance patient outcomes.

No, this program is not for everybody. If you do not bill for Medicare or to third party payers, there is nothing in the works that says you have to participate. But then be aware that if you bill Medicare and have not attested, you will be subject to the payment adjustments/penalties. And if the third party system follows, don't say you weren't warned.

As a profession, we need to decide whether to see everything as a problem, or the opportunity it can be. The interconnectedness this program allows may well be a key part of our future.

Those that participate will be ready for stricter licensing guidelines, inclusion on third party preferred provider panels, and to receive referrals from others in the health care community. Remember, over 69 percent of medical doctors are already a part of this program. Who do you think they are more likely to refer to a DC that has gone through the same

process they have, can speak their documentation language, and is able to share patient health data? Or a doctor they may know nothing about?

We must recognize the growing acceptance of technology. As consumers become more accepting of their own health records being a virtual state that they can access and share with other providers, their expectations about how their DC does business will also change. Participants in this program help enhance our profession's image, meeting consumers' growing reliability in and expectation of technology.

Last, but not least, we must accept that the world is driven by data. At some point in time, the national electronic health system will be used to prove the efficiency of a profession's outcomes. More DCs participating in programs like this will increase the reliability and credibility of our data.

Colleagues, if you decide this program is not for you, that is your decision. But please make sure you have all the facts and have taken all the information possible under consideration before it is too late to take advantage of this great opportunity.

>>PROFESSIONAL ITEMS FOR SALE<<

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