The Official Publication of the Pinellas County Chiropractic Society

Pinellas County PCCS Chiropractic Society

August 2018

The Audible Release

21st Century Chiropractic

By Dan Roode, D.C.

Every once in a while I am reminded of how different it is to practice chiropractic in 2018 compared to 1978. One could detail sizeable shifts that affected daily practice in every decade in between aside from the obvious impact of technology alone. I'm referring to the way we, as chiropractors, are expected to manage a patient's health care needs, collect payment for services and goods provided, and document/record these activities. Each facet of this trifecta has changed dramatically based upon changes to laws and regulations, patient self-education (paging Dr. Google), patient expectations, and reimbursement from 3rd party payors (or lack thereof) just to name a few.

It can certainly seem overwhelming at times to consider the hundreds of pages of collective rules (laws, contracts, etc.) we are expected to know and follow verbatim. Why such drastic change over the last 40 years? Like many laws and regulations passed during that time, I suspect they were largely reactionary to situations where it seemed like a certain activity should not be allowed but there was no law against it. In other words, someone did something that seemed so wrong it resulted in lawmakers making it illegal. Multiply that process by many decades and here we are.

Compliance with the mountain of rules is becoming increasingly difficult to take on alone. As any experienced climber will tell you, the key to summiting a tall peak is having Sherpa to help you before, during and after the summit. The FCA's rules and regulations Sherpa, Ms. Driggers, was the speaker at our monthly PCCS General Meeting on Tuesday, June 26th. I challenge anyone who was at that meeting to say they left having not learned something that might end up saving their bacon (or vegan-friendly bacon alternative). Hopefully you were there, because practicing chiropractic in this day and age without such guidance is like scaling Everest without supplemental oxygen.

Yours in health,
Dan Roode, DC

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Details on Pg 4

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The Audible Release provides news and information that is both educational and informative to the chiropractors and their associates in the Pinellas County area.

Society news, staff changes, personal announcements, photos and success stories are welcome. Articles about chiropractic procedures and issues concerning the practice of chiropractic should be submitted to the editor. Advertising inquires should be made to the publisher or visit us online at www.pccschiro.org

The deadline for ads and articles is the 7th of every month.

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Calendar of Events

Join us for our
General Meeting
and be eligible for the PCCS Raffle !!!

Each month the PCCS
raffles
$100 per meeting!

July

10 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**

31 6:30pm: General Meeting
Location: **The Crafted Plate**
(located inside the St Petersburg Marriott)
Topic: Candidate forum

August

14 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**

16-19 FCA National Convention
Location:The Hyatt Regency

28 NO GENERAL MEETING

September

11 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**

25 6:30pm: General Meeting
Location: **The Crafted Plate**
(located inside the St Petersburg Marriott)
Speaker: Thomas Boland, M.D., D.M.D.
Topic: TBA

New Website Feature:

Google Map with search; and Clinic Website link.

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www.PccsChiro.org

Plans for social media advertising later this year.

Make sure your information is updated.
For corrections, contact:
Mark Lipkin DC

DIRECT PRIMARY CARE LAW

The 2018 Florida Statutes

Chapter 624: INSURANCE CODE:

ADMINISTRATION AND GENERAL PROVISIONS

624.27 Direct primary care agreements; exemption from code.—

(1) As used in this section, the term:

(a) "Direct primary care agreement" means a contract between a primary care provider and a patient, a patient's legal representative, or a patient's employer, which meets the requirements of subsection (4) and does not indemnify for services provided by a third party.

(b) **"Primary care provider"** means a health care provider licensed under chapter 458, chapter 459, **chapter 460**, or chapter 464, or a primary care group practice, who provides primary care services to patients.

(c) "Primary care services" means the **screening, assessment, diagnosis, and treatment** of a patient conducted within the competency and training of the primary care provider for the **purpose of promoting health or detecting and managing disease or injury**.

(2) A direct primary care agreement **does not constitute insurance** and **is not subject to the Florida Insurance Code.** The act of entering into a direct primary care agreement does not constitute the business of insurance and is not subject to the Florida Insurance Code.

(3) A primary care provider or an agent of a primary care provider is not required to obtain a certificate of authority or license under the Florida Insurance Code to market, sell, or offer to sell a direct primary care agreement.

(4) For purposes of this section, a direct primary care agreement must:

(a) Be in **writing**.

(b) Be **signed** by the primary care provider or an agent of the primary care provider and the patient, the patient's legal representative, or the patient's employer.

(c) Allow a party to **terminate** the agreement by giving the other party at least 30 days' advance written notice. The agreement may provide for immediate termination due to a violation of the physician-patient relationship or a breach of the terms of the agreement.

(d) Describe the **scope of primary care services** that are covered by the **monthly** fee.

(e) Specify the **monthly fee** and any fees for primary care services not covered by the monthly fee.

(f) Specify the **duration** of the agreement and any **automatic renewal** provisions.

(g) Offer a **refund** to the patient, the patient's legal representative, or the patient's employer of monthly fees paid in advance if the primary care provider ceases to offer primary care services for any reason.

(h) Contain, in **contrasting color and in at least 12-point type**, the following statement on the signature page: "This agreement is not health insurance and the primary care provider will not file any claims against the patient's health insurance policy or plan for reimbursement of any primary care services covered by the agreement. This agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not workers' compensation insurance and does not replace an employer's obligations under chapter 440."

History.—s. 1, ch. 2018-89.

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THE RADIOLOGIST'S VIEW

UH OH?

Reviewing the scientific literature is an essential part of a physician's work. It helps keep one current and stimulates critical thinking. It is generally more satisfying to read articles that draw conclusions you can agree with as opposed to those that suggest you may be doing things wrong or are contrary to your beliefs. Recently, I came across a relatively recent study that made me question the value of an MRI exam. The article, entitled "Variability in diagnostic error rates of 10 MRI centers performing lumbar spine MRI examinations on the same patient within a 3-week period" (That is the title, not a summary.) It is an open source article and appeared in The Spine Journal 17 (2017) 554-561.

The authors explain that, if an MRI is expected to yield similar quality regardless of location or price, then a patient should expect similar results regardless of where they were scanned, or which radiologist interpreted the scan. They hypothesized that radiologists reports from different imaging centers performing an MRI scan on the same patient, over a 3 week period would have different findings and a range of interpretive errors. A prospective observational study design was utilized and the subject (or sample) was a 63-year-old female with low back pain. She had 10 MRI scans at different centers over a 3-week period.

Some of the results were as follows:

1. There were 49 distinct findings from 10 reports.
2. None of the 49 reported findings were unanimously reported in all 10 study examinations, and only one of the

Cont On Pg 8

THE RADIOLOGIST'S VIEW (Cont From Pg 6)

findings, the anterior spondylolisthesis present at L5-S1, was reported in 9 out of 10 examinations.
3. Of the interpretive findings, 32.7% only appeared once across all 10 reports.
4. The overall level of agreement was measured using Fleiss kappa statistic, across the 10 examinations and all reported interpretive findings was 0.20 + or – 0.03. (This statistic is a standard measure of inter-rater agreement that accounts for the likelihood of agreements due to random chance. 1.0 is the maximum, 0.75 is good and below 0.4 is considered poor agreement.)
5. The average false negative count was approximately 10.9 and the average false positive count was approximately 1.6. This translates to an average true positive rate (sensitivity) of 56.4% and false negative rate (miss rate) of 43.6%.

The authors addressed the strength, limitations and weaknesses of the study. They acknowledged that the variability of the interpretation and interpretive errors may be related to the degree of specialization of the radiologist interpreting the MRI exam, the type of equipment and imaging sequences used, and the nomenclature employed to describe and communicate abnormalities. The authors state, "The fact that no interpretive finding was reported unanimously by the radiologist at all centers and the one-third of all reported findings only appeared once across all 10 study examination reports indicates that there is at best significant difference in the standards employed by radiologists when deciding what to include in diagnostic reports, and at worst significant prevalence of interpretive errors." The authors concluded that where a patient has an MRI and which radiologist performs the interpretation can have an impact on the diagnosis, choice of treatment and clinical outcome.

The average patient assumes that their doctor is going to get the information that they need by having an MRI examination. This study suggests that it may not be that simple due to the interpretive variability. An MRI can be a valuable diagnostic tool, but it must be used appropriately. The referring physician needs to expect variation in interpretation and understand that the variation does not necessarily translate into error. The ordering physician can help minimize this variation in several ways. First, be sure that the radiologist understands your needs and that you communicate those needs. Secondly, always provide the radiologist with all pertinent clinical and historical information and most important, be sure to ask the appropriate clinical question. By providing sufficient information, the radiologist can address the referring physician's concerns in the report. Equally important, the radiologist must use acceptable and standardized terminology in the report.

Terry D. Sandman, DC, MPH, DACBR
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Mini Med processor with tanks cassettes, and film for sale, $250.00

EQUIPMENT FOR SALE: Elite Stationary drop table $450.Therapy Treatment Table $75. Hydroculator $125.Mytherm Diathermy $350. Negotiable for quick sale. Please call Dr. Schroeder at (727) 804-3834 or email at docschroeder@aol.com

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See page 5 for the 2018 Membership Application if you have not already mailed it in.
Contact Jennifer Comey, Executive Director, with any questions regarding membership at (727) 398-5303 or email at: ed@pccschiro.org

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Online CE Hours Update

By Jennifer Golden Durr
Wednesday, 09 November 2016

If you have been keeping up with the FCA Bulletins and web posts, you are aware that the FCA is and has been supportive of online chiropractic CE hours. FCA General Counsel Paul Lambert has testified to that effect before the Florida Board of Chiropractic Medicine (BOCM) on two occasions. The FCA is also keenly aware the words "contact classroom hours" are in the chiropractic CE statute and recent legal counsels to the BOCM prior to the current counsel have advised them that a statutory change would be necessary in order for the BOCM to adopt a rule providing for online CEs. This fact has been mentioned by Mr. Lambert, former BOCM members and even a former BOCM Counsel – in public testimony. Alternative groups have misrepresented the FCA position in various emails, in an apparent attempt to paint the FCA as obstructionist, when the FCA has publicly testified in favor of online CEs at two earlier BOCM meetings and is actually gearing up to offer online CEs. Last week, and contrary to a recent, alternative group's email message ("What Was Lambert Thinking"), Paul Lambert of the FCA did NOT provide any testimony at the most recent Board of Chiropractic Medicine meeting, as there was nothing to add to earlier testimony in support of online CE's.
As stated in the 3 prior FCA Bulletins, the FCA DOES SUPPORT online CEs and there has been testimony before the Board to that effect. However, the FCA is aware that failure to follow the proper process – amending the statute to provide for online CEs – could merely delay the inception of online CEs. Why? Because all rules promulgated by licensing boards are reviewed by the Joint Administrative Procedures Committee (JAPC) and can be found to be invalid as contrary to statute.

BOCM Moves Toward Adoption of Online CE Rule

On Friday of last week, the Board of Chiropractic Medicine voted favorably to move forward in the rulemaking process to include 10 hours of online CE hours per biennium. The BOCM also voted favorably to make certain the CE hours would include Secure online-training, in the form of SCORM communication - Shareable Content Object Reference Model - so that the online CE hours would be monitored similarly to the contact/in person hours. The BOCM directed Staff to start drafting a Rule which will be discussed in the next, January 27, 2017, BOCM meeting. After a rule is adopted, it will receive JAPC review.

The FCA will continue to keep you truthfully advised of its position, the process, and the BOCM meetings.

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