Paradigm Shift: A New Model – The CAA Wellness Initiative.

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INTRODUCTION

*It is just as essential to have one’s life adjusted as it is to have one’s spine adjusted.*

Virgil V Strang, DC

A previous paper in this series noted how the projected costs of trends expected to occur in Australian society over the next 40 years, particularly demographic changes, have the potential to threaten the fiscal sustainability of Australian Government finances. These costs particularly relate to the financing of health care. That paper detailed those trends and threats, and why new models of health care, and a paradigm shift in thinking in health care, may be needed to address them.

A risk is that the dominant medical model, the widespread use of which and payment for is expected to contribute so much to the projected fiscal threat, is so ingrained that many will be unable to intellectually deal with new models and will not be able to shift their thinking to comprehend them. The old medical model will be tinkered with and re-jigged. For example, the saving of money by using less-paid nurses rather than medical practitioners to prescribe drugs. This may offer some advantages, but is not a new model of health care. It is a less expensive version of the current one.

In contrast, the first strategy of the Strategic Plan of the board of directors of the Chiropractors’ Association of Australian (National) Ltd. (CAAN) seeks to contribute to the addressing of this fiscal challenge. That strategy is:

*Strategy 1. Influence health policy: … Shifting the focus of the health care system from the hospital to primary care; highlighting the different models of care and advocating the wellness approach to primary health care.*

Another paper presented two historical models or paradigms of health care to assist in the understanding of reasons for the current need for change. Those historical models, from ancient Greece, are the Koan and the Cnidan. The Koan model focussed on the person and his or her lifestyle, not the disease. It saw disease as a natural process resulting from transgression from natural healthy life habits. This transgression did not support the life force that kept the person alive and healthy. The individual had the responsibility for his or her own health, and the practitioner assisted with a conservative approach of attempting to work in harmony with these natural forces, removing impediments to recovery and adjusting conditions so that the patient could reach a harmonious balance and health. In contrast, the Cnidan model focused on the disease, not the person. Diseases were seen as entities situated in body parts and were categorised and diagnosed according to symptoms. Treatment was aimed against the disease rather than at assisting the patient’s life force. The Cnidan model underlies today’s biomedical model. On the other hand, the Koan model offers a conceptual foundation for a new approach that may assist in addressing the above-mentioned health and related fiscal challenges.

In response to the Australian Productivity Commission’s finding that new models of health care will be required to meet increased demand for health workforce services, this paper presents a model of care based on the Koan paradigm. This model has been developed
by CAAN, the peak body representing chiropractors in Australia, to assist in addressing this demand and these fiscal challenges. 6

A NEW MODEL – THE CAA WELLNESS INITIATIVE

It seems axiomatic that any approach or model of health care that seeks to address the major health challenges and related costs facing Australia (and other advanced Western societies) should be focussed mainly on three matters – maximising health-promoting lifestyles, minimising the major risks to health, and minimising the major health-associated cost factors. The major health risks in Australia relate to tobacco smoking, high blood pressure, overweight/obesity, physical inactivity, alcohol, low fruit/vegetable consumption, illicit drugs and occupational exposures. 7 Health-promoting behaviours avoid these activities. The major factors predicted to place pressure on Government spending on healthcare in Australia are the costs of technological advances in healthcare, the community’s expectation that access to the latest in medical and surgical treatments will be available and rapid growth in the taxpayer-funded Pharmaceutical Benefits Scheme (PBS), which subsidises the cost of prescribed drugs. 8 A model of health care that assists Australians to avoid these risk factors, and to minimise the use of these technological advances, medical and surgical treatments and drugs must surely be considered as one of the new models of care sought by the Productivity Commission to lessen the demand for health workforce services and resultant threats to Australian Government fiscal stability. 9 Such a model has been proposed and developed by CAAN as its Wellness Initiative. This Initiative is composed of two parts, traditional chiropractic care and Chiropractic Plus.

CHIROPRACTIC PLUS

In essence, Chiropractic Plus is aimed at making chiropractic in Australia into a true wellness profession. This would be based on chiropractors in their practices addressing the major known risk factors to health, in addition to the traditional model of chiropractic care described below.

Chiropractic Plus has been mainly developed by CAAN’s Wellness Consultant Jennifer Jamison, MB, BCh, MSc, PhD, EdD. She began this work by examining whether wellness could define the way ahead for chiropractic in Australia. She noted that two of the four possible future scenarios envisaged by the Institute for Alternative Futures for the chiropractic profession related to chiropractors as wellness practitioners and discussed the discrepancy between reality and perception often evident between some chiropractors’ and their patients’ ideas regarding the purposes of their clinical encounters. She carried out a Delphi study involving a small group of influential Australian chiropractors and chiropractic academics to define wellness as it described current chiropractic practice and as it would best serve the future interests of the profession and those they serve. The outcome was as follows:

*It was agreed that it was in the best interests of chiropractic and the Australian community to encourage increased personal responsibility by offering multidimensional wellness care...*

She concluded that becoming healthy life doctors would offer the profession an enviable future, and that this would require a change in the mindset of some of the profession and relevant educational efforts. 10
Jamison also surveyed a group of Australian chiropractors and their patients on their attitudes and activities concerning wellness care. She noted that there is convincing evidence that simple everyday lifestyle choices can reduce the deleterious effects of the major health risk factors responsible for disability and death in Australia, and concluded that, while some chiropractors address these issues in their practices, there is a need for greater effort by the profession in these areas.

As a result, on behalf of CAAN, Jamison has developed and presented in the major Australian capital cities in 2007 and 2008 several series of seminars for chiropractors and their chiropractic assistants, teaching evidence-based ways of incorporating simple and effective methods of addressing these risk factors into their practices. These mainly involve having patients who have expressed interest complete questionnaires on their lifestyle and risk factors, plus relevant physical examination. This information is then reviewed and a program to address any relevant issues is prepared by the chiropractor and assistants for and shared with the patient. This would often involve an inter-disciplinary team approach, with referral to other practitioners, co-management and review after an appropriate interval.

**CHIROPRACTIC CARE**

The other part of the Wellness Initiative is chiropractic care, which stems from the following rationale:

- Chiropractic is based on the biological law of homeostasis, which states that there is within the human organism an inherent ability to self-regulate, to self-heal, and to be healthy within itself and its environment. This inherent ability equates to the Greeks’ *life force*.  

- Chiropractic draws on the theory of physiology that the nervous system controls and coordinates the activities of all the other organs and structures, and relates the individual to his or her environment.

- It hypothesises that there is therefore a relationship between the integrity and proper function of the nervous system, and the integrity, proper function and health of the body.

- It is further based on the major premise that a loss of body framework integrity, particularly in the complex spine, can relate to a loss of nervous system integrity and function. These associations of framework dysfunction and nervous system dysfunction are called by chiropractors *subluxations or subluxation complexes*. The chiropractic use of *subluxation*, involving broader understandings of neurological and other dysfunctions, should be differentiated from the medical use of *subluxation* to describe an incomplete or partial dislocation of a joint.

In essence, chiropractic care seeks to locate and correct these subluxations, mainly in the spine, but also in other body areas. The correction is performed by adjustment and is intended to remove these framework dysfunctions; to permit return of normal nervous system integrity and function; to allow the re-establishment of proper nervous system control and coordination of body activities and of the individual’s relationship to his or her environment; and to thereby permit maximum expression of the individual’s inherent ability to self-regulate via homeostasis, to self-heal, and to be healthy.
It has been the clinical observation of many chiropractors for over a century that, not only can patients recover from a range of subluxation-related health problems as a result of chiropractic care, but that many persons have their health maintained at enhanced levels while under regular chiropractic care. However, there is a need for research to investigate this observation, as … spinal adjustment has yet to accrue satisfactory evidence as a comprehensive wellness trigger. The same applies to subluxation as a health risk factor.

Speaking at the 2006 CAAN Scientific Symposium and Policy Forum, Hawk addressed these issues and the paradigm shift needed to move chiropractic research from a disease focus to one on the promotion of wellness.

In 2007 CAAN held a National Research Forum at which it presented its Wellness Initiative research needs to leading Australian and New Zealand chiropractic academics. At that event a broad research action framework was developed. In 2008 CAAN developed a program to finance such research and held discussions on this matter with the Australian Spinal Research Foundation, the research priorities of which are closely aligned with those of CAAN in this area. CAAN is planning to hold in 2009 a forum to examine what is known and what needs to be explored via research in the area of subluxation and wellness.

DISCUSSION

The CAAN Wellness Initiative is based on the Koan model of health care. It focuses on the concepts of health promotion and disease prevention via self-care, with chiropractors assisting their patients to learn to live wellness lifestyles that support their life forces and inherent ability to be well. This is in contrast to the Cnidan-based biomedical approach, which is focused on treating disease. According to Jamison,

*The biomedical model seeks to, and indeed does, achieve a form of physical well-being characterised by the absence of disease. Self-care encompasses a more comprehensive notion: it seeks to promote wellness. Wellness is a multidimensional construct that includes physical, psychological, social and spiritual aspects.*

Wellness has been defined as *a process of optimal functioning and creative adaptation in all aspects of life.* If health is a state of optimal well-being, then wellness is how one gets there. It is a life-long dynamic process by which one gets to and maintains health as a state of optimal well-being. It is based on self-care and the individual, not on disease conditions, drugs or surgery. By its nature, it is low intervention, low technology, low cost health care, not disease treatment by a practitioner as in the biomedical model. In this sense, Australia currently has little in the way of a health care system, but has an expensive disease treatment industry, focused on the use of technological, chemical and surgical approaches which too often try to shut the gate after the health horse has bolted. This approach, with its immense costs, is encouraged and maintained by the fact that it is compulsorily taxpayer-subsidised via Medicare and the Pharmaceutical Benefits Scheme. In 2005–06 less than 2% of health expenditure was for preventive services or health promotion. In contrast, Jamison believes that, by shifting the emphasis from treatment to prevention, self-care promises to transform both the tired healthcare system of the 20th century and those who practise it. Self care will require a new model of patient care. This fits well with the Productivity Commission’s statement that *new models of care will also be required to*
As it attempts to address health and associated funding challenges, Chiropractic Plus is also congruent with and supportive of current Australian Government proposals. In her forward to *Australia: The Healthiest Country by 2020*, the Australian Minister for Health and Ageing Nicola Roxon MP stated that,

*As a nation we must recognise that doing more to stay healthy and well will be key to coping with the human and financial costs of chronic and preventable illness. The Rudd Government was elected on a platform that recognised that things need to be done differently in health care in the future. Prevention of illness and chronic disease is central to a sustainable health system and a fuller life for all members of the Australian community. Too often in the past, individuals, communities and governments have focussed on the immediate issues of treating people after they become sick. Whilst this will always remain vital, and there is much to do in this area, we cannot afford to limit our focus to treatment and ignore prevention.*

The 2020 discussion paper, prepared by the National Preventative Health Taskforce, outlines the case for reform in Australia’s approach to the prevention of illness and the promotion of health. Created by Roxon in April 2008, this Taskforce will produce the National Preventative Health Strategy in June 2009, focusing on the primary prevention of obesity, tobacco and harmful consumption of alcohol.

Similarly, the Australian National Health and Hospitals Reform Commission’s terms of reference include developing a long term health reform plan to provide sustainable improvements in the performance of the health system addressing the need to,

*... bring a greater focus on prevention to the health system ... improve frontline care to better promote healthy lifestyles and prevent and intervene early in chronic illness ... [and to] provide a well qualified and sustainable health workforce into the future.*

The Commission has developed a set of principles *which to a large extent should shape the whole health and aged care system - public and private, hospital and community based services.* These include the following: people and family centred, shared responsibility, strengthening prevention and wellness, value for money, taking the long term view, safety and quality, responsible spending on health and a culture of reflective improvement and innovation. Chiropractic Plus is congruent with these principles.

Most Australian chiropractors are familiar with the concepts of health promotion and disease prevention as these are taught in pre-professional chiropractic educational programs. The *Competency Based Standards for Entry Level Chiropractors* of the Council on Chiropractic Education Australasia Inc. (CCEA), the accrediting body for chiropractic education in Australia and New Zealand, require the teaching of such information. For example, these standards include the following,

*Awareness of significant public health matters including the major causes of mortality and morbidity in Australia and the World ... Understanding of the significance of the*
major risk factors for disease such as obesity, poor nutrition, alcohol abuse, drug abuse, stress, smoking, exposure to harmful environmental factors and poor hygiene.\(^{43}\)

In 2008 a CAAN representative made a presentation on the Wellness Initiative to a meeting of the CCEA. As a result CAAN has been invited to submit a proposal to CCEA suggesting how the Standards might be modified to enhance the teaching of these matters.

Would Australian chiropractors participate in the clinical activities of the Wellness Initiative, particularly Chiropractic Plus? In 1998 CAAN used profession-wide consensus processes to develop core values of chiropractic. The resultant Core Value 4 was

We respect, care about and are committed to the individual’s holistic well being and emphasise the inherent recuperative power of the body to heal itself without the use of drugs and surgery.\(^{44}\)

This suggests that Australian chiropractors are interested in the concepts of the Wellness Initiative. Indeed, in 2005 the World Federation of Chiropractic published the results of a worldwide survey of the profession, which had included Australian chiropractors. 84% of respondents felt that the chiropractic profession should be perceived by the public as offering wellness care. While this was the most popular of all responses, only 6% felt that the public actually currently perceived the profession as that.\(^{45}\)

As noted above, the first strategy of the Strategic Plan of the CAAN board of directors advocates the wellness approach to primary health care. As required by the CCEA Standards, Australian chiropractors are trained to provide comprehensive primary health care, as discussed by Bolton.\(^{46}\) In considering possible solutions to the challenges facing Australian Governments in the future financing of health care, the need for new models of health care, and the CAAN Wellness Initiative, is interesting to note the results of a long term study of clinical and cost utilisation data from an American integrative medicine independent physician association (IPA) whose primary care physicians were exclusively doctors of chiropractic. In 2007 Sarnat, Winterstein and Cambron published data based on 70,274 member-months over a seven-year period, which demonstrated decreases of 60.2 % in hospital admissions, 59 % in hospital days, 62 % in outpatient surgeries and procedures, and 85 % in pharmaceutical costs when compared with conventional medicine IPA performance for the same health maintenance organisation product in the same geography and time frame. Patient satisfaction rates were also higher than for conventional medicine, and the chiropractic primary care providers over a seven year period managed 60% of persons enrolled in their health maintenance organization without requiring a referral to a medical practitioner.\(^{47}\) These figures should be like manna from heaven to the Australian Government, as Roxon has been quoted as follows,

\textit{To date, professional resistance and government funding have prevented the development of a health sector in which services are delivered not only by doctors, but by other health professionals who are safe, potentially cheaper and, most importantly, available.}\(^{48}\)

On behalf of CAAN, Jamison is developing research projects that are intended to examine the efficacy of Chiropractic Plus in chiropractic practices. In addition, the
hypothesis that lifestyle wellness could contribute to a healthier spine and nervous system should be examined. For example, could the weight-bearing spine and pelvis of an obese person be expected to be under more stress and more likely to subluxate than those of a similarly framed non-obese person? Could the spine of a person who does little or no exercise be more prone to subluxation, due to poor muscle tone and function? DD Palmer, the founder of chiropractic, wrote that the smoking of cigarettes poisons the nervous system and that subluxations could be caused by that. Could the toxins in cigarette smoke indeed contribute to subluxation?

CONCLUSION

It has been projected that the costs of health care or, more correctly, disease treatment, have the potential to threaten the fiscal stability of Australian Governments in upcoming decades. These costs relate in particular to the ageing of the population, common lifestyle activities that involve known health risks, and the ever-increasing demand for taxpayer-funded medical, drug and surgical treatments and technologies. The chiropractic profession’s approach to health does not involve the use of these medical, drug, or surgical procedures or technologies, nor their costs. Indeed, Sarnat, Winterstein and Cambron have shown that it is possible to make very substantial cost savings via a new model which utilized the services of chiropractors instead of medical practitioners as primary care providers.

Various Government bodies have determined that there is a need for changes in thinking about health care, with much more emphasis being placed on disease prevention and health promotion. Chiropractors are trained in their pre-professional education to recognise and address common health risk factors and to act as primary care providers.

CAAN has developed its Wellness Initiative to assist in addressing these national health and fiscal challenges. This model of health care, which is composed of chiropractic care and Chiropractic Plus, offers chiropractors focused protocols to assess and address major risk health factors in their patients’ lives. It is congruent with Government efforts in this area.

There is a need for research to examine whether the Wellness Initiative approach, combining reduction of health risk factors and chiropractic care in the chiropractic practice setting, is safe, effective and cost-effective. Australian Governments should assist in the funding of this research as the American experience quoted above suggests that the chiropractic Wellness Initiative may offer a new model of health care that can play a part in meeting looming national health care problems and associated funding challenges.

3 Roxon N. Quoted in: Ryan S. Doctors told to reform or lose pay. 


Banks, G. 6 p. IV.


Inglis BD. 10 p.p. 135, 226.


Schafer RC, Faye LJ. Motion palpation and chiropractic technique. 2nd ed. Huntington Beach, CA. The Motion Palpation Institute, 1990: xix.

37 Magnus P, Killion S. p. xiv.
38 Jamison JR. p. 1.
39 Banks, G. p. XIV.
48 Roxon N. 3.