



TELEHEALTH AND CHIROPRACTIC: AN OXYMORON?

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Introduction

Telehealth was defined in April 2020 by the Australian Health Practitioner Regulation Agency (AHPRA) as *'healthcare delivery or related activities that use any form of technology as an alternative to face-to-face consultations. It includes, but is not restricted to, videoconferencing, internet and telephone. It does not refer to the use of technology during a face-to-face consultation.'* (1)

The World Health Organisation (WHO) variously describes doctor-patient interaction through a technological interface as eHealth, Telemedicine, and Telehealth. (2) Telehealth is different from telemedicine *'because it refers to a broader scope of remote healthcare services than telemedicine.'* (3) The official Website of *The Office of the National Coordinator for Health Information Technology* (ONC) explains that *'telemedicine refers specifically to remote clinical services'* whereas *'telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.'*

Telehealth or telemedicine?

The first question that arises from the engagement of the Australian Chiropractor's Association (ACA) in the telehealth space is whether they refer to telemedicine which may be considered only the provision of clinical services, or telehealth which refers to a range of activities in addition to clinical services. Compounding the lack of clarity is the

... Clearly it is not possible to deliver a chiropractic adjustment remotely, either by telemedicine, telehealth, or eHealth. My question therefore is, what are the services a chiropractor is justified in delivering remotely?

Quick Tap or Scan:



1. Australian Health Practitioner Regulation Agency. Telehealth guidance for practitioners. 30 April 2020. Retrieved 25 May 2020 from <https://www.ahpra.gov.au/News/COVID-19/Workforce-resources/Telehealth-guidance-for-practitioners.aspx>
2. World Health Organisation. Telemedicine [Report]. 2010. Retrieved 25 May 2020 from https://www.who.int/goe/publications/goe_telemedicine_2010.pdf
3. HealthIT.gov. What is telehealth? How is telehealth different from telemedicine? Retrieved 25 May 2020 from <https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine>

position of the Victorian Transport Accident Commission where their *Clinical Framework* (4) relates to the provision of clinical services as telehealth: *'temporary funding of telehealth services to ensure clients can continue to access essential treatments and services. These arrangements will remain in place until 30 September 2020. Telehealth services will allow providers to use video conferencing to deliver health services to a client and/or communicate health information about that client.'* (5) The TAC clearly states that its fees for chiropractic telehealth services, both an initial consultation (AUD\$57.95) and a standard consultation (AUD\$47.35), are *'For Chiropractic services delivered via telehealth in response to COVID-19 between 13 March 2020 and 30 September 2020.'*

The position of the ACA is given (6) as *'It is clear that chiropractic as a hands-on manual therapy profession, cannot supplant telehealth for face to face care. However, much of the important work done by chiropractors that is not hands-on, is also integral to best practice care and can certainly be performed remotely if required.'* Clearly it is not possible to deliver a chiropractic adjustment remotely, either by telemedicine, telehealth, or eHealth. My question therefore is, what are the services a chiropractor is justified in delivering remotely?

The evidence is absent

The answer to this must be sought from the literature. The keyword *'telehealth'* is returned once from the profession's referent data base (7) as a platform presentation discussing a chiropractor's role in the United States Veteran's Health Administration services; (8) it is not particularly useful for answering the question of *'what services can a chiropractor deliver remotely?'* The position of the ACA is given as *'the research into telehealth is limited and has not been performed by chiropractors but has been performed by practitioners providing care for conditions including LBP, NP and MSK conditions.'*

I consider it valid to state there is no published evidence of the effectiveness or otherwise of telehealth consultations in chiropractic practice.

Leaving aside a state government's position on chiropractic services under a traffic accident compensation scheme, and considering Australia's larger professional association's perspective that telehealth has been used by some practitioners providing care for conditions such as low back pain, neck pain, and musculoskeletal conditions, it seems best to refer back to AHPRA. Their opening advice is *'All registered health practitioners can use telehealth as long as telehealth is safe and clinically appropriate for the health service being provided.'* (1, Who can use telehealth?).

The AHPRA/CBA loop

AHPRA then essentially refer to a profession's individual board, in this case the Chiropractic Board of Australia (CBA). (9) In turn the CBA page naturally refers back to the AHPRA site given

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4. Transport Accident commission. Clinical Framework. Retrieved 25 May 2020 from <http://www.tac.vic.gov.au/providers/resources/clinical-framework>
 5. Transport Accident commission. TAC funding of telehealth services. Retrieved 25 May 2020 from <http://www.tac.vic.gov.au/providers/coronavirus-information/information-for-tac-providers/telehealth>
 6. Coxon A. Correspondence as President, Australian Chiropractors Association. 11 May 2020.
 7. Chiropractic Library Collaboration. Index to chiropractic literature. URL chiroindex.org
 8. Paris D, Dunn A. Integration and Utilization of a Chiropractor Within a Veterans' Health Administration Pain Management Telehealth Clinic [Abstract #94]. Abstracts of ACC Conference Proceedings: Platform presentations [ACC contributed papers presented at the 2011 Association of Chiropractic Colleges Educational Conference XVIII and Research Agenda Conference XVI]. J Chiropr Educ. 2011 Spring;25(1):72-104. URL <http://journalchiroed.com/doi/pdf/10.7899/1042-5055-25.1.72>
 9. Chiropractic Board of Australia. Home. URL <https://www.chiropracticboard.gov.au>

that the CBA is managed by AHPRA. The next thread to follow is the link to Board specific Information on the AHPRA site which provides a reference page (10) to six registration boards, none of them chiropractic.

From this I must conclude that the CBA does not have a position on the use by chiropractors of telehealth services. My next concern naturally follows, *'if a chiropractor delivers care by a telehealth process that is outside the provisions of a specific scheme such as a traffic accident compensation scheme, are they (i) covered by their association's insurance provider and (ii) are they acting within the spirit of the intent for telehealth?'* Indeed, is the conduct of a telehealth consultation within the scope of practice generally, and in Australia in particular?

Are remote consultations within a chiropractor's scope of practice?

I find it difficult to identify a clinical condition within a chiropractor's scope of practice to assess, treat and manage that is able to be delivered in the absence of a face-to-face personal consultation.

Further, it seems from my circle of colleagues that those practices that deliver subluxation based care, which at the latest indication (11) accounts for some 70% of the profession, have maintained a healthy patient flow during the COVID-induced 'lockdown'. I can only speak of the Australian situation as, for example practice in New Zealand and the Philippines has not been considered as an essential service, whereas in Australia chiropractic is. My observation is most Australian practices suffered a dip of 10 to 15% in the first week or two of the lockdown but quickly recovered to normal patient volumes as patients came to see these chiropractors as their beacon of hope. (12) This seems to have occurred without the need for telehealth consultations.

I acknowledge a bias in this observation that excludes practices based in the CBD of a city and reliant on city-based workers as their patient base, however Australian cities now have a sufficient resident population that would reasonably become patients of a CBD practice.

The Australian scope of chiropractic is poorly defined with a reliance on the training provided by universities and private colleges producing graduates that meet the CBA-endorsed graduate competencies of the Council on Chiropractic Education Australasia (CCEA). (13) These require a chiropractor to *'Recognise and respond to public health priorities'* of which the COVID-virus situation is one, and *'uses information and communications technology effectively to enhance communication'* of which telehealth is a facilitating tool.

Further, the graduate chiropractor is expected to *'Identify care and management options likely to be therapeutically effective and safe for patients'* which provides an opportunity for counselling and exercise prescription and other *'hands-free'* approaches, and to *'reach agreement on patient-centred, evidence-based care plan, including chiropractic care, co-management or referral'* which allows for the chiropractor to offer referrals and/or co-manage remotely.

10. Australian Health Practitioner Regulation Agency. Board specific information. Retrieved 25 May 2020 from <https://www.ahpra.gov.au/News/COVID-19/Board-specific-information.aspx>

11. Glucina TT, Krägeloh CU, Farvid P, Holt K. Moving towards a contemporary chiropractic professional identity. *Comp Ther Clin Prac*. 2020;39:101105 DOI <https://doi.org/10.1016/j.ctcp.2020.101105>

12. The phrase 'Beacon of hope' in relation to chiropractors is attributed to Dr SP Welsh, President of the International Chiropractors Association. URL <http://www.chiropractic.org>

13. Council on Chiropractic Education Australasia. Competency standards for graduating chiropractors. 2017. Retrieved 25 May 2020 from http://www.ccea.com.au/files/1015/0450/1916/CCEA_Accreditation_and_Competency_Standards_2017.pdf

Conclusion

It is tempting to conceive chiropractic care as only a hands-on form of manual therapy and I suggest that to take this view demeans the intricacies involved in patient management, especially when a patient may suffer chronic pain. If this limited view is taken then I would agree that the question '*telehealth and chiropractic, an oxymoron*' is answered in the affirmative.

On the other hand there are occasions in chiropractic clinical practice where a remote 'consultation occurs, most commonly this is the professional courtesy of a chiropractor calling a patient to follow-up an episode of care.

The line between the provision of this courtesy and the idea one should be paid for it as a telehealth consultation is a fine line to tread. Patients have a right to get information from where ever they want including from any Health Profession. A chiropractor has been deemed by AHPRA to provide an essential service, and as such, chiropractors continue to have a vital role to play in public health.

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