MCA Journal
September 2005
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MCA Convention Offers Up to 13 Hours of CE!

The MCA is back in Baltimore for its 2005 Convention & CE Forum. Offering up to 13 CE hours and featuring seminars conducted by the likes of Dr. K. Jeffrey Miller and Dr. Scott Banks, in addition to all that Charm City has to offer, this year's program is a can't miss!

Held at the Marriott Inner Harbor at Camden Yards, the MCA is introducing a streamlined schedule to allow attendees to make valuable networking contacts in addition to receiving first-rate education opportunities.

Registration opens at 8 a.m. on Saturday, October 22 followed by Dr. Banks' presentation of "Headache: The Next Area of Accepability for Chiropractic" at 8:30 a.m. This 6-credit program is sponsored by NCMIC. The Annual Membership Meeting and the presentation of the Association's 2005 Awards will be held in conjunction with lunch from 12:30 - 2:30 p.m. Banks' session will resume at 2:30 p.m. and there will be an optional dinner at Caesar's Den in Baltimore's Famous Little Italy that evening.

Following a continental breakfast with sponsors and exhibitors during the morning of Sunday, October 23, Dr. K. Jeffry Miller will present a program on orthopedic and neurological testing, "Practical Assessment of the Chiropractic Patient," at 8:30 a.m. Following lunch, this program, sponsored by Anabolic Laboratories, will resume that afternoon before the weekend concludes.

The earlybird registration deadline is October 6 so start making plans now! Further information, including pricing, speaker biographies, course descriptions, and room reservations is available online at www.marylandchiro.com/2005convention.html.

Got Questions on the CareFirst/AMI Initiative? AMI Provides Answers

The MCA has been receiving numerous calls from our membership about the CareFirst/AMI initiative. To help keep you informed and address any questions or concerns you may have, we have asked AMI to provide the opportunity to have your concerns addressed.

AMI is encouraging you to contact CareFirst or AMI directly with any concerns. You may reach CareFirst at 410-872-3500 or toll free at 877-269-9593. You may also contact AMI directly at 847-433-9946.

AMI will be conducting town hall type meetings throughout the state starting in September to address the changes. This will also allow you the opportunity to discuss your concerns directly with their representatives. The meetings will planned and organized by AMI.

Following you will find a listing of frequently asked questions as provided by AMI to the MCA. If this information still does not address your concerns please be sure to call AMI.

1. Why is CareFirst sponsoring the Quality Initiative?
Like other managed care companies, CareFirst is moving toward a more quality-driven, outcomes-based utilization management approach. AMI is well known in the chiropractic community for its ability to collect

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Welcome New Members

ACTIVE MEMBERS

Sangwon Jung, D.C.
Sang's Chiropractic & Posture Center
Rockville, Md.

John Rees, D.C.
Berlin, Md.

Michael Stotler, D.C.
Stotler Chiropractic, P.A.
Joppa, Md.

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President's Update

Paul Henry, DC

A Look Ahead & A Look Within

Amazingly, as I look at the calendar I see that my second and last term as MCA president is coming to an end in October. With this being my last "President's Update" there is a lot I could say about my experience at the helm. I think most of all I'd wish that each of you could experience what I have over the past few years, and feel what an honor it is to lead this organization.

If you could, you would know that we have the most talented, passionate and dedicated group that you could ever find leading the MCA. The officers, volunteers and administrative staff are the backbone of chiropractic in Maryland, though you may not always be aware that they are there, working for you 24/7, 365 days a year. It has been my privilege to serve with them and to work for you and this profession we love, and I will step aside knowing that the slate of candidates nominated for the next term will continue to work for all of us.

A few years ago we set out to do some things that were ambitious, but could really move the profession forward. Although our membership goal of 100% participation has not been met, we have significantly and steadily increased our numbers. We have opened communication lines with the highest levels of state, county and municipal governments to educate them as to the efficacy and cost effectiveness of chiropractic health care, and we will continue to press them to promote chiropractic utilization.

While we do not yet know how the AMI Quality Initiative will play out, the fact that we were included at the table in the formulation of the program, and will continue to have input with AMI and CareFirst as the process develops, is encouraging. The AMI program is not a pre-certification or a discount program like the ones some other groups have forced down our throats, and we have received positive feedback from D.C.s in other states which have worked with AMI. I continue to believe that validating the effectiveness of what we do is the only way to expand our coverage beyond the 10-15% of the population that we now see, and AMI is committed to helping us do that. Let us work with the program and find out how far we can take it.

We have also expanded our communication lines with CareFirst and are the only professional association ever to be assigned our own provider relations representative. We will meet with them regularly to resolve problems and exchange concerns and questions. This will help us in the long term to become better educated as to each other's expectations, and facilitate problem-solving.

The Board of Directors has also approved changes to our bylaws which we will vote on at the annual meeting in October. These revisions are mostly "housekeeping" in nature, but do include redistricting and the creation of at-large directors. This should allow us to interact more effectively with membership at the local level and provide greater flexibility in identifying and recruiting future association leaders.

In the legislative arena we are holding our own in Annapolis with our larger and financially more powerful adversaries, but our strength can only be maintained through diligent and proactive political strategies. This takes a fully funded C-PAC. If you have not contributed to C-PAC in a while, or perhaps never have, now is the time to send a

check to Dr. James Levan. You have no idea how much we can do with even a small donation to help keep the profession alive.

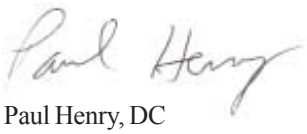
Webster's Dictionary defines an association as "an organization of persons having a common interest." That is true, but I would then ask each of you to think about what constitutes a "common interest" from your perspective. Is it to serve others? Take care of yourself and your family? Make enough money to live like a pharmaceutical company kingpin? What is it for you? One of the things that separate us from the lower life forms, like slugs for example, is the concept that doing what is right for the greater good for all usually outweighs the short term benefits for the solitary person. Whether to belong to the MCA or not is one of those decisions that is easy to make, either way. Join, and support the one organization that you know is working to protect your livelihood and keep your profession strong. That seems like a no-brainer. It's a Pro-Survival action. Or, it is just as easy to tell yourself – "Nope, I won't join because…"

1) I don't have the money (ONE adjustment per month, $350 per year with the early payment discount and C.E. vouchers)
2) I don't agree with their "Philosophy" (We have ICA, and ACA, and probably SPCA affiliated docs on our Board of Directors and in leadership roles)…
3) What does the MCA really do for ME? (You get to put the word Doctor in front of your name because the MCA protects that privilege for you.)

Are you helping to pull the cart or riding in it, like dead weight? Look in the mirror and answer the question, doctor.

So who among you out there will step up? Send in a check to join the MCA, support C-PAC, and/or become a future leader? I made the choice to PARTICIPATE 14 years ago and I've never regretted it for a minute. In fact, I've received a lot more out of the deal than I've put into it, and I've gotten to make a difference. That's a really sweet feeling. Try it yourself. You just might like it.

I deeply appreciate the support that so many of you have shown, and the memories I'll take from this experience. I'm really counting on seeing all of our old and new members at the convention as we elect new leadership and make plans to keep chiropractic moving forward. Looking ahead, I see great things happening. Be a part of it!



Paul Henry, DC

Looking for Jurisprudence CE? MCA Making it Easy to Obtain

MCA's all-new Jurisprudence CE Course makes it easy for you to get this credit hour in your own time and on your own schedule.

How Does it Work?

Sign up for the MCA Jurisprudence CE course, and you will be sent the course materials via mail. Study the materials, stop by our headquarters, and take the test on your own time. It's that easy!

You may make an appointment to take the test at MCA headquarters OR in conjunction with any of our other educational offerings.

Tuition

$25 for MCA members
$50 for non-members

Registration

Registration materials are available online at **www.marylandchiro.com/jurisprudencece.htm**.

The MCA Sports Council Wants You

Is Sports Chiropractic of interest to you? Do you want to work with athletes? Do you enjoy sports? The Maryland Chiropractic Association wants you.

The MCA Sports Council provides chiropractors for various athletic events in the state and opportunities for Maryland DC's to get work experience with competitive athletes. You do not have to have a lot of experience treating athletes to belong to the Sports Council. You do not have to be a sports diplomate or a certified chiropractic sports practitioner. You just have to be a member of the MCA, be licensed to practice in the state, be interested in working with athletes and willing to work within the Sports Council protocols. That, and you will need a portable adjusting table.

The MCA Sports Council treated several athletes at the Baltimore Marathon.

The Sports Council has worked a number of events over the past year and the sports council can make itself available to work running, weightlifting, and triathalon events all around the state ***if*** there are enough chiropractors to be there. Call Dave Koronet, at 301-829-1717 or e-mail him at d.koronet@att.net (put "MCA Sports" in the subject box) if you are interested in being part of the MCA Sports Council.

Eye on Annapolis

Some Important Info on Health Insurance Contracts

Joel Kruh, MCA Legislative Liaison

Section 15-125 of Insurance Article sets out restrictions on assigning, transferring or subcontracting health insurance contracts. **READ THIS CAREFULLY:**

(a) Definitions. (1) In this section the following words have the meanings indicated.
(2) (i) "Carrier" means:
1. an insurer;
2. a nonprofit health insurance plan;
3. a health maintenance organization;
4. a dental plan organization; or
5. any other person that provides health benefit plans subject to regulation by the State.
(ii) "Carrier" includes an entity that arranges a provider panel for a carrier.

(3) "Contract" means the implied or express agreement between a health care provider and carrier, including the right, obligations, and fee schedule for the provision of health care services.

(4) "Health care provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services

(b) Carrier may not transfer contract or subcontract. (1) A carrier may not in any manner assign, transfer, or subcontract a health care provider's contract, wholly or partially, to an insurer that offers personal injury protection coverage under section 19-505 of this article without first informing the health care provider and obtaining the health care provider's express written consent.

(2) A carrier may not terminate, limit, or otherwise impair the contract or employment of a health care provider with the carrier on the basis that the health care provider refused to agree to an assignment, transfer, or subcontract of all or part of the health care provider's contract to an insurer that offers personal injury protection coverage under section 19-505 of this article.

Workers Compensation Law on Medical Benefits

(a) In general. In addition to the compensation provided under this subtitle, if a covered employee has suffered an accidental personal injury, compensable hernia or occupational disease the employer or its insurer promptly shall provide to the covered employee, as the Commission may require:

(1) medical, surgical, or other attendance or treatment;
(2) hospital and nursing services;
(3) medicine;
(4) crutches and other apparatus; and
(5) artificial arms, feet, hands and legs, and other prosthetic appliances

(b) Duration. The employer or its insurer shall provide the medical services and treatment required under subsection (a) of this section for the period required by the nature of the accidental personal injury, compensable hernia, or occupational disease.

(c) Award or order – Not to reopen case or change previous award. Except as provided in section 9-736 (b) and (c) of this title, any award or order of the Commission under this section may not be construed to:
(1) reopen any case; or
(2) allow any previous award to be changed.

Failure to Pay for Health Care Treatment Under Workers Compensation Commission Law Section 9-664 of the Labor Article

(a) Fine. (1) If the Commission finds that the employer or its insurer has failed, without good cause, to pay for treatment or services required by section 9-660 of this Part IX of this subtitle within 45 days after the Commission, by order, finally approves the fee or charge for the treatment or services, the Commission may impose a fine on the employer or insurer, not exceeding 20% of the amount of the approved fee or charge.

(2) The employer or insurer shall pay the fine to the Commission to be deposited in the General Fund of the State.

(b) Interest. (1) Interest, payable to the provider of the treatment or services, shall accrue at the rate specified in section 11-107 (a) of the Courts Article on any amount owed to the provider that:
(i) is due and payable; and
(ii) remains unpaid more than 45 days after notice of the payment due has been mailed

(2) Interest shall accrue beginning on the 46th day after the later of:
(i) the day the payment becomes due; or
(ii) the day the notice of the payment due is mailed.

Maryland Personal Injury Protection Coverage (PIP) Section 19-505 Insurance Article

(a) Coverage required. Unless waived in accordance with section 19-506 of this subtitle, each insurer that issues,

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"Best Practice: The Chiropractic Compass™"

By Mark Dehen, D.C.

The Council on Chiropractic Guidelines and Practice Parameters (CCGPP) is currently in the process of developing the new *Chiropractic Compass*. This is a Best Practices document designed to direct the Doctor of Chiropractic toward a comprehensive health solution for the patient, rather than providing only a cookbook recipe for a particular condition. The Chiropractic Compass will accomplish this by providing the field practitioner with the latest, most comprehensive compilation of relevant research available, while also incorporating the doctor's experience, the patient's preferences, and available resources.

Best practices are "patient centered" and are designed to ensure quality health care with a focus on patient preference. Best practices are also guided by and dependent upon the hands-on experience of the practitioner and the best available external evidence, such as prognostic markers/ outcome measures and therapeutic regimens for an appropriate trial of care.

In an article titled "Evidence-Based Medicine" in the 1997 publication "Seminars in Perinatology," Dr. DL Sackett from the University of Oxford (England) writes, "Evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that we individual clinicians acquire through clinical experience and clinical practice. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient-centered clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.

"Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without clinical expertise, practice risks becoming tyrannized by external evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient. Without current best external evidence, practice risks becoming rapidly out of date, to the detriment of patients."

Therefore, the first responsibility of the doctor of chiropractic is to develop an understanding of the patient's health care needs, associated with their presentation, prior to developing a plan for intervention. The central core of clinical practice should and does focus around the needs of the patient. Clinical practice is "patient-centered care" delivered with integrity and that determines what, why and how we practice.

This approach is in keeping with the traditional chiropractic values of attaining good health through structural balance, lifestyle interventions and patient activity. This combination has resulted in the chiropractic profession's successes, particularly the profession's high patient satisfaction ratings.

Today, health-care research is exploding in volume and the typical practicing DC has difficulty staying abreast of the information. The Chiropractic Compass will consolidate that information into a readily accessible database for the doctor's use. More importantly, this information will be viewed from a chiropractic perspective. By centralizing the relevant research and rating its strength, the CCGPP hopes to create a paradigm shift in the practicing DC by providing a convenient, powerful tool for use in patient care. Also, by rating the evidence, the CCGPP will identify chiropractic's efficacy to DC's, patients, competitors and third party payers.

This compilation will also recognize those areas where the evidence is not very strong. When this is the result of a lack of credible evidence, it can serve as an indication for further research. In instances where the evidence for care is sparse or absent, especially where the evidence doesn't indicate clear contraindications to care, the strength of provider experience in conjunction with patient preference may warrant support for individual treatment options. The Compass will support these care choices through specific consensus processes that have been deemed acceptable scientific methods for "filling in the gaps" where external evidence is lacking.

The Chiropractic Compass will provide doctors with the supporting information to make reasonable, informed health-care decisions. The document will assist the doctor's explanation of the rationale for treatment to the patient, case managers and third party payers. In addition, the Compass will be able to provide that initial second opinion the doctor occasionally needs.

The Chiropractic Compass also recognizes the individuality of patients and helps to balance their preferences with reasonable treatment options, allowing for tailored care.

It is this balanced approach that drew the CCGPP to the Best Practices format. The chiropractic profession was one of the first health-care provider groups to gravitate toward evidence-based practice, and the Compass efforts will bring that effort to the next level. One important reason for moving to a Best Practice approach and away from a "Guidelines" approach is the unfortunate tendency for guidelines to be used as care end points rather than as suggestions for typical cases. Best practices documents like the Compass recognize the individuality of the patient, his or her physician and the circumstances of care.

The CCGPP was formed in 1995 at the behest of the Congress of Chiropractic State Associations (COCSA) to address ongoing guidelines development and refinement. Eventually the committee decided upon a "Best Practice" initiative. The CCGPP's goal was to represent a diverse cross-section of our profession, offering differing points of view. While not all have chosen to participate, every legitimate national chiropractic organization has been invited to take part.

Members of CCGPP were appointed by professional organizations including: COCSA, the American Chiropractic American Chiropractic Association,

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ACA Update

By Audie Klingler, DC - ACA Maryland Delegate

ACA LOOKS FOR A FEW GOOD MEN AND WOMEN

One of the most important contributions ACA members can make to the ACA, is to serve on an ACA advisory committee that advises the Board of Governors and the House of Delegates regarding key issues that affect the profession. Advisers of the ACA committees-such as the Legislative Commission, Insurance and Managed Care, Advertising and Publications, and Publication Editorial Board-work with the ACA's staff to develop recommendations to ACA leadership. As a way to expand member participation, the ACA is looking for doctors who have a particular interest and expertise to be considered for appointment to these committees. We will be providing these names to Dr. Richard Brassard for consideration. If you have an interest, please send your resume and cover note indicating which committee you are applying for, and any relevant expertise to Gary Cuneo at gcuneo@acatoday.com. Because of budgetary reasons, we won't be able to accommodate everyone. However, your request will be given thorough consideration. To view a list of ACA advisory committees, please refer to page 4 of http://www.acatoday.com/membersonly/frameset.cfm?FIND=SACA/ACAStandingRules0904.pdf.

ACA ANNOUNCES NEW ACTION PLAN IN WAKE OF INSPECTOR GENERAL REPORT

Following the June 21 release of a report by the Health and Human Services Department's Inspector General (IG) alleging a large number of errors in Medicare claims submitted by doctors of chiropractic, the American Chiropractic Association (ACA) Board of Governors voted at its July 5 meeting to form a special committee to review all aspects of the IG report, determine the true magnitude of the problems identified, and — if any of the findings regarding documentation errors are valid — develop workable measures that would substantially respond to the IG report.

According to the report, drawn from 2001 data, 67 percent of the claims examined as part of the study contained documentation errors or omissions that led to what the IG considered to be inappropriate reimbursement under Medicare. Because of these errors, the IG office concluded that the chiropractic care provided was not medically necessary and that $285 million in improper payments were made to chiropractors. The IG concluded that much of the care provided consisted of "maintenance therapy," which is not covered as a benefit under the Medicare program, and that the Centers for Medicare and Medicaid Services (CMS) should take effective steps to eliminate inappropriate reimbursement of chiropractic care within the Medicare program. The IG report contains a specific recommendation that CMS impose "national frequency based controls" in order to reduce inappropriate payment of chiropractic care.

Total reimbursement for all chiropractic care provided under Medicare in 2001 amounted to $500 million. With total Medicare spending estimated at $242 billion that year, chiropractic care represented just a tiny fraction — approximately 0.2 percent — of overall Medicare expenditures.

In the opinion of the ACA, the majority of chiropractic care being provided to Medicare beneficiaries is medically necessary and clearly beneficial. "We do not believe this is a case of inappropriate care being rendered," said ACA President Donald J. Krippendorf, D.C. "What the IG report might reflect is an unfortunate failure on the part of some doctors to properly document and justify the care being provided."

The newly formed ACA special committee will examine all facets of the Inspector General's report, including the methodology used and the justification for the conclusions that were drawn.

"Whether or not the findings of the IG report are valid, the unfortunate result for the chiropractic profession is the perception that a great deal of unnecessary care is being provided," said Dr. Krippendorf. "That perception, in today's stark budget environment where members of Congress are searching for ways to save money, threatens chiropractic's future in the Medicare program, and also threatens the abilities of the chiropractor to treat the patient's conditions properly."

ACA officials say it is too early to predict what specific remedies, if any, the special committee will devise and seek to implement — emphasizing that the work of the committee must be thorough and deliberate and will likely involve the input of other key parties, such as chiropractic colleges, state associations and state licensing boards.

The committee's work will build on substantial efforts undertaken by the ACA since 2001 – and prior to the release of the IG study — including the development of a comprehensive documentation manual and educational seminar series. In 2002, ACA formed its Clinical Documentation Committee to create a first-of-its-kind documentation manual specifically for doctors of chiropractic. As part of the process, the committee asked for input from more than 150 stakeholders within and outside the profession, giving them the opportunity to review the documentation manual and submit suggestions for changes and improvements before it was printed. These groups included chiropractic colleges, state associations, licensing boards, a range of chiropractic organizations and several major insurance companies. ACA's *Clinical Documentation Manual*, released earlier this year, comprises 32 documentation recommendations that include directives on what information should be included for specific services, an example of how those services might be documented in the patient record and a list of resources for further information.

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U Need C-PAC

James LeVan, D.C.
C-PAC Treasurer

As John Stewart recently said, "The surprising thing about Global Warming is that it's already here." The world, or at least the D.C. metro area has become a giant sauna. I hope all three of you reading this are well supplied with air conditioning.

As I hoped, the fundraiser for Senator Jim Brochin was a terrific success. Congratulations and many thanks to Dr. Neil Cohen for a stylish event that exceeded expectations financially and just made the chiropractic profession look good to some pretty important people. Thanks also to all the loyal docs who came and contributed. Thus, we continue to raise our profile in Annapolis.

Yet another reason to attend MCA's 2005 Convention in Baltimore!! In the next week or so you will be receiving a copy of proposed changes to the MCA bylaws. Please look them over carefully because these are not just cosmetic. Very fundamental changes in the way members of the Board of Directors are apportioned and elected are being proposed. See what you think. I happen to approve of these changes, but you may not. Bring your questions and suggestions to the convention!!

WE ARE STILL LOOKING FOR A PUBLIC RELATIONS COMMITTEE CHAIR!!!!!!!!!

Perhaps it's the heat, but the flow of contributions into the CPAC treasury in the past two months has been barely a trickle. The outflow has been quite brisk, however. I know August and September are tough months with vacations and back-to-school activities, but if you haven't given to CPAC yet this year, now would be a great time to do it. As you know, the following list honors the generous souls who HAVE contributed in the last year.

President ($1,000 or more per year)

Maryland Chiropractic Association

Governor ($500 - $1000)

Dr. Daniel Alexander
Dr. Lisa Bailes
Dr. John DeMaio
Dr. Michael Fedorczyk
Dr. Thomas Lo
Dr. Richard Schmitt

Senator ($365 - $499)

Dr. Nicole Ganz
Dr. John Kibby
Dr. James LeVan

Delegate ($100 - $364)

Dr. Kathryn Alexander
Dr. Reeve Askew
Dr. Raymond Berry
Dr. W. Gregory Belcher
Dr. William Blaker
Dr. Kevin Brown
Dr. Joanne Bushman
Dr. Neil Cohen
Dr. Charles Cooper
Dr. Alan Cornfield
Dr. Michael Cramer
Dr. Louis Crivelli
Dr. Enid Cruise-Brooks
Dr. John Davidson
Dr. Peter Dexheimer
Dr. Paul Ettlinger
Dr. Eric Fisher
Dr. Paul Foutz
Dr. Robert Frieman
Dr. Joel Goldwasser
Dr. Troy Henderson
Dr. Paul Henry
Dr. Charles Hester
Dr. Donald Hirsh
Dr. Brandon Hollenberg
Dr. Eric Horne
Dr. Eric Huntington
Dr. Ray Infanti
Dr. Cheryl Kalb
Dr. Jeffrey Kalkstein
Dr. Audie Klingler
Dr. David Koronet
Dr. Brian Krupinsky
Dr. William Lauretti
Dr. Blaise LaVorgna
Dr. Leonard Leo
Dr. Howard Lewis
Dr. Stewart Loeb
Dr. Robert Marvenko
Dr. Lucinda Mitchell
Dr. Brian Morrison
Dr. Starr Parsons
Dr. Robert Reier
Dr. Anthony Ricci
Dr. John Ring
Dr. Mark Roberts
Dr. Asher Rodriguez
Dr. Julie Rosenberg
Dr. Duane Sadula
Dr. Scott Samson
Dr. Richard Santangelo
Tom Shaner, CAE
Dr. Thomas Shaw
Dr. Mark Shulman
Dr. Roger Smith
Dr. Alan Sokoloff
Dr. Norman Specter
Dr. Diane Taber
Dr. Theodore Taber
Dr. Melissa Tobin
Dr. Jeffrey Wallace
Dr. Stephen Wander
Dr. Ronel Williams
Dr. Mahmoud Zia-Shakeri

Member ($25 - $99)

Dr. Thomas Schreppler
Dr. Guiseppe Nunnari

Please send your contribution to Dr. James LeVan, 10605 Concord St., Ste. 206, Kensington, MD 20895.

Best Practice

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Association of Chiropractic Colleges, Council on Chiropractic Education, Federation of Chiropractic Licensing Boards, Foundation for Chiropractic Education and Research, International Chiropractors Association, National Association of Chiropractic Attorneys, Foundation for the Advancement of Chiropractic Tenets and Science, and the National Institute for Chiropractic Research.

Today, the CCGPP is a steering organization comprised of one educator, one researcher, one vendor, one consumer and 16 full-time practicing chiropractors. Their mission is to oversee the best practices development project, procure funding and support and work on the Distribution, Implementation, Evaluation and Revision (DIER) process.

This DIER process initially began in 2000 with a baseline survey to assess the chiropractic profession. As the document sections are released, hopefully, in early 2006, there will be a 60-day comment period on each one open to the profession at large. The CCGPP is hoping for considerable stakeholder involvement in this phase. The document will then be revised accordingly. The Chiropractic Compass will then be formally released in totality and training will begin in the schools/field to create uniformity in its implementation across the profession.

The actual document is being developed by the CCGPP Research Commission. This commission, composed of a group of well-known scientists and academicians within our profession, many of whom come from our colleges, was appointed by, and serves at the request of CCGPP. This body is gathering, rating, and summarizing the research and producing the final Best Practice document. Currently, over 50 scientists and academicians are working on this massive project.

The Best Practices document has been divided up into the following areas:

1. Low back and related lower extremity conditions
2. Neck and related upper extremity conditions
3. Thoracic and costovertebral disorders
4. Upper Extremity condition, not related to neck
5. Lower Extremity conditions, not related to low back
6. Myofascial and soft tissue disorders
7. Non-musculoskeletal, prevention, wellness and special populations

Look for these sections to be released early next year. The CCGPP asks that you review them carefully and provide the Council with your feedback and comments at the CCGPP web site, www.ccgpp.org.

The Compass, with its extensive research net, editorial independence and autonomous DIER process, intends to avoid the pitfalls that have befallen previous chiropractic guideline-development efforts. Over the last decade a significant body of science has emerged to ensure the validity and veracity of Best Practice development. These recommendations and tools are being implemented by the Commission to safeguard the integrity of the Compass. Most importantly, by utilizing the chiropractic colleges and state associations to educate doctors and students, as well as third party payers, governmental regulators and others in the proper use and interpretation of the Compass, the CCGPP intends to limit rumors, misconceptions and inappropriate application.

As part of the DIER process, the CCGPP will be developing a variety of vehicles to distribute the information. The goal is to provide a dynamic database that will change with the addition of new research and other information. The CCGPP is mandated to regularly revise the document on a biannual basis to capture fresh advancements in the literature. The CCGPP also recognizes that different people comprehend information in different ways. Thus, the CCGPP intends to provide access to the Compass in a variety of formats.

The Chiropractic Compass also intends to respect the spectrum of philosophical orientations in our profession. Therefore, the CCGPP has developed the Chiropractic Paradigm concept. Chiropractic, like all other health care professions, has a theory of how things work, a way of looking into that theory and a way of applying that theory. We often refer to these as the philosophy, science and art of chiropractic.

A Paradigm is a way of looking at a system of relationships. In this case, the Paradigm is composed of four components: philosophy, science, art and the Chiropractic Compass and their relationships to one another. This systems-view allows each chiropractor to see him or herself within it. Philosophy proposes theories in order to add meaning to what we do, but some doctors are more attracted to the practical results that come from practice. Others are more drawn to the science side where ferreting out the "truth" is of paramount importance. Some chiropractors focus on patient care with the patient's satisfaction as the primary goal. Every doctor, despite a preference for one perspective, relies on all three components for a meaningful, effective and satisfying practice. This systems-view incorporates and honors all of these perspectives.

The lack of this systems-perspective, in addition to our inability to have constructive dialogue within the profession, continues to pose great problems. The chiropractic profession is at a point in history where it will either do the hard work or run the risk of other professions doing it; leaving us in the dust to our in-fighting.

Despite this spectrum of philosophies and experience within the chiropractic profession, there is one constant: the basic tenet of "Primum non nocere" - "First, do no harm" — or do what is best for each patient. This is the goal of the Chiropractic Compass with its balanced approach of incorporating relevant clinical research, the clinical experience of the treating doctor and patient preferences and values.

To date this great undertaking has been solely underwritten by your profession and its related organizations and friends. Although applications are in for federal funding, we are in great need of additional funding to make this project successful. We ask that you show your support for your profession by sending contributions to the CCGPP at 12100 Sunset Hills Road, Suite 130, Reston, Virginia 20190 or ccgpp@drohanmgmt.com.

ICA Report

Anti-Chiropractic Billboard in Connecticut Covered Up After Storm of Protest Led by ICA

A highly offensive anti-chiropractic billboard that was unveiled on June 6, 2005 was covered up by the advertising company within 24-hours of the International Chiropractors Association's (ICA) learning of its existence, following a storm of protest led by ICA leaders in that state. Reading "WARNING: Chiropractic Adjustments Can Kill or Permanently Disable You", the offensive billboard was designed and paid for by an organization calling itself the "Chiropractic Stroke Victims Awareness Group."

Immediately brought to ICA's attention by Connecticut ICA Assembly Representative Dr. Luigi DiRubba of Cheshire, Conn., a resounding protest effort was undertaken. ICA's nationwide resources were mobilized, and a local protest, coordinated by Dr. DiRubba and ICA Board Member Dr. George Curry of Windsor, Conn., was focused on the advertising company that rented the billboard containing the offensive message. Following hundreds of calls from outraged doctors of chiropractic and chiropractic patients, in a wave of protest never before encountered by the advertising company, the message was covered over by the following day.

ICA President Dr. John Maltby immediately ordered all of ICA's legal and public relations resources to be directed at this ugly and dangerous issue, out of concern both for the chiropractic community in Connecticut, as well as an anticipation of similar messages being posted elsewhere in the nation, and perhaps in Canada as well. In addition to the "WARNING" message, the billboard also made reference to a new anti-chiropractic website, indicating that the billboard was part of a greater, closely coordinated effort.

"These scare tactics, based on a grotesquely deceitful and intentionally harmful message, are about as low as chiropractic's critics and competitors can go," said ICA Board Member Dr. George Curry. "ICA will respond immediately with whatever means it requires to prevent this kind of lie-based scare campaign from hurting chiropractors or patients."

As has been the case in other anti-chiropractic efforts in the media, the campaign has been traced by ICA to medical doctors in Canada, a trick probably intended to keep those engaged in such anti-competitive activities out of the reach of the permanent injunction handed down by the U.S. courts making such activities on the part of organized medicine illegal.

"This is not an issue of free speech," said ICA President Dr. John Maltby. "This is a matter of conscious deception for anti-competitive reasons that is akin to the famous 'Crying fire in a crowded theatre.' This kind of behavior is simply outside the protections that we all cherish and respect and ICA will fight this unethical, offensive and inappropriate effort with all the resources at its command, and they will be defeated."

ICA STRONGLY URGES ALL DCs, STUDENTS, PATIENTS AND CONCERNED CITIZENS NATIONWIDE TO MAINTAIN A VIGILANT WATCH FOR SIMILAR ANTI-CHIROPRACTIC PUBLIC DISPLAYS AND IMMEDIATELY CALL ICA AT 1-800-423-4690 SHOULD OTHER SUCH MESSAGES BE SIGHTED.

Anti-Chiropractic Billboard in Connecticut Covered Up After Storm of Protest Led by ICA

The ICA has responded to an editorial that appeared on June 7, 2005, by Leon Jaroff entitled "Chiropractors v. Vaccination." In this article, Mr. Jaroff, a regular contributor to *TIME* and longtime chiropractic critic, presented the orthodox medical position that "…vaccination has saved untold millions of lives," but "Critics here charge that it is largely responsible for increases in such disorders as asthma, autism, juvenile diabetes and attention deficit hyperactivity disorder (ADHD). That advice, unfortunately, is being dispensed to patients by chiropractors, far too many of them." Mr. Jaroff goes on to say that, "Chiropractors are accustomed to, and generally ignore, such criticism from the medical profession. In fact, the International Chiropractors Association sells a book entitled 'Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System."

In a letter to *TIME* , ICA President John K. Maltby wrote:

"We are deeply disappointed by the shallow and incomplete depiction of the very serious issue of vaccination risk and injury, and the likewise incomplete representation of the position of this organization presented in your publication by Mr. Jaroff. By direct reference, Mr. Jaroff named the International Chiropractors Association (ICA), and did correctly report that ICA does offer to the public a book entitled *Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System.* This book, which is only one among the dozens that ICA has for sale on a variety of

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ACA Update

(Continued from page 6)

ACA will also meet with chiropractic allies on Capitol Hill to ensure that the level of communication between legislators and the association is not compromised based on any findings of the report. "The ACA is one of the most respected health care organizations in Washington, and we intend to keep our friends informed on any action ACA takes in response to the IG report," Dr. Krippendorf added. "We understand the level of concern when reports like this are issued. To not address these concerns with key decision makers would be falling short of our responsibilities to the profession.

NEW INFORMATION ON CODEX

The ACA continues to find reasons to believe that the Codex guidelines, that would have jeopardized chiropractic's right to use vitamins, have little or no support with the current Republican administration. In talking points provided by the Republicans in support of the CAFTA trade agreement is a lead paragraph indicating that "the CAFTA-DR will not limit consumer access to dietary supplements in any way, nor will it change the way the federal government or U.S. states regulate dietary supplements." The Republican congressional leadership understands the significant opposition that would occur if access to vitamins were in jeopardy.

As an aside, nutritional supplement manufacturer Standard Process, Inc. has also investigated the issue and come up with a similar conclusion. A release on its position states: "Standard Process believes there is no reason for concern that the imminent adoption of the Committee's recommendations by the full Codex Alimentarius Commission will have any impact on the availability of dietary supplements here in the United States."

This isn't to say that the issue can't pop up again at some point. There are, of course, interest groups in Washington, D.C. that would like nothing better than to eliminate our right to use and recommend vitamins. ACA is aware of a bill that was introduced by Rep. Susan Davis (D-CA) called the Dietary Supplement Access and Awareness Act (HR 3156). The bill would give the FDA more authority to ban dietary supplements by revising the Dietary Supplement Health and Education Act (DSHEA) - the 1994 law allowing U.S. citizens access to and information about dietary supplements that benefit their health. The ACA is, of course, opposed to HR 3156 and is involved in a coalition of organizations working to combat the legislation called the Coalition to Preserve DSHEA. We will continue to closely monitor this legislation as well as the Codex issue.

A link to the Coalition Web site, the full "CAFTA facts" document and the Standard Process statement can be found on the Codex section of the ACA Web site at: http://www.acatoday.com/government/CODEX.shtml — on the left hand side under "Related Links."

BAD NEWS ON INCIDENT TO ISSUE: REGULATIONS NOW IN EFFECT

The National Athletic Trainers Association's (NATA) unsuccessful lawsuit against the Department of Health and Human Services (HHS) may have a large effect on chiropractors throughout the U.S. NATA was challenging the department regulation that only individuals certified under APTA- or AMA-approved programs (or other individuals qualified under 42 CFR 484.4) could provide therapy services "incident to" a physician and be reimbursed under the Medicare program. (Physicians [including DCs] can provide these services.) This regulation clearly leaves out many health care professions and affects the treatment of thousands of patients.

When ACA's Medicare demonstration project began on April 1, 2005, CMS ruled that this regulation should apply to our doctors. This was not a question before, as Medicare only covers manual manipulation of the spine for doctors of chiropractic and so therapy services and regulations pertaining thereto were not of particular concern to doctors of chiropractic. But with the demonstration project's expansion of services, doctors of chiropractic for the first time can bill and be reimbursed for such services. As a result, the regulation is now more than relevant to our profession, and its application to the demo is significant. The application was temporarily put on hold when NATA filed suit and received a temporary injunction halting the implementation of the regulations just before June 5, 2005. Unfortunately, the dismissal of the NATA suit resulted in these "incident to" regulations going into effect last Monday, July 25, 2005. Doctors of chiropractic participating in the demonstration project must abide by the "incident to" regulations as of that date.

What does this mean in practice? It means that a physician must perform all components of electrical stimulation (including applying the electrode pads), massage, or any other service deemed to be "physical medicine" his/herself in order to be reimbursed. You can imagine what this could mean for our doctors in the demonstration project areas. You can view a list of the codes and services which are affected by this regulation by looking on pages 17-18 under "therapy codes": http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0514.pdf.

Doctors outside of the demonstration project are not currently as affected by the "incident to" regulations — unless they happen to be practicing in a multi-disciplinary practice and are providing therapy services "incident to" another physician to Medicare patients. Please be advised that this regulation will affect reimbursement.

Go to the ACA Demo Project Web site for the most up-to-date information about this and other issues related to the demo: http://www.acatoday.com/demo. To read ACA's consistent objections to the "incident to" regulations, filed since October of 2003, you can visit: http://www.acatoday.com/government/medicare/regulatory/incident_to.shtml.

While past requests to HHS and CMS to waive the "incident to" regulation during the Medicare demonstration have been denied, ACA is also looking to Congress to weigh-in on this issue. A legislative correction now appears to be the best approach at eliminating the regulation during the demonstration and ACA is preparing remedial language for Congress to consider.

AMI Answers

(Continued from page 1)

information from both the chiropractor and the patient to establish an initial baseline of health status and then demonstrate the resulting effectiveness of chiropractic care by tracking the outcome of that care over the duration of treatment. AMI works closely with state chiropractic associations and societies and prominent chiropractic colleges across the country to establish the highest and most current standards of chiropractic care. CareFirst believes that this is the right direction to take for our network doctors of chiropractic and for our members.

2. What is CareFirst's Quality Initiative? There are two phases of the Quality Initiative. The first phase evaluates each network doctor of chiropractic's clinical assessment skills and collects information about the unique aspects of each practice. The second phase focuses on the outcomes of care provided by each of our network chiropractors for our CareFirst members.

3. What does this mean for my network status? Continued participation in the CareFirst BCBS and CareFirst BlueChoice networks requires successful completion of the first phase of this initiative...the quality questionnaire and the clinical assessment evaluation/tool. Both must be submitted to AMI by August 1, 2005. If you have been notified that you are scheduled for re-credentialing, then the re-credentialing application must be completed and returned to AMI by that date also. All of these forms are available from AMI according to the instructions in the introductory letter sent to you in a separate mailing.

4. What is the Clinical Assessment Evaluation/Tool? The Clinical Assessment Evaluation/Tool is composed of eighteen questions that present different patient case studies requiring responses to a variety of questions concerning diagnosis, recommended treatment, possible referrals, etc.

5. Will the chiropractic benefits be changing? Will the Quality Initiative limit the number of visits? Fee Schedule? No, the chiropractic benefits remain the same and will not affect the eligible number of medically necessary visits allowed or fee schedule reimbursement.

6.What does "Outcome-based Utilization Management" mean? To evaluate outcomes of care, AMI works with chiropractors and their office staffs to collect specific types of information from both the doctors and the patients to establish a baseline of health status at the beginning of treatment. Over time, AMI collects similar data on a periodic basis to measure the patients' progression toward treatment goals. In the event improvement is not being achieved, AMI's team of DC Medical Directors works with the treating doctors of chiropractic on a consulting peer-to-peer basis to bring patient outcomes to a successful conclusion.

7. How do I contact AMI? In a separate mailing, AMI included a letter that provided instructions on how to contact AMI to receive the appropriate forms to comply with this quality initiative. AMI can also be reached by phone at 800-BestMed or via AMI's website www.amibestmed.com.

Eye on Annapolis

(Continued from page 4)

sells or delivers a motor vehicle liability insurance policy in the State shall provide coverage for the medical, hospital and disability benefits described in this section for each of the following individuals:

(1) except for individuals specifically excluded under section 27-606 of this article:
  (i) the first named insured, and any family member of the first named insured who resides in the first named insured's household, who is injured in any motor vehicle accident, including an accident that involves an uninsured motor vehicle or a motor vehicle the identity of which cannot be ascertained; and
  (ii) any other individual who is injured in a motor vehicle accident while using the insured vehicle with the express or implied permission of the named insured;

(2) an individual who is injured in a motor vehicle accident while occupying the insured motor vehicle as a guest or passenger; and

(3) an individual who is injured in a motor vehicle accident that involves the insured motor vehicle:
  (i) as a pedestrian; or
  (ii) while in, on, or alighting from a vehicle that is operated by animal or muscular power.

(b) Minimum Benefits required. (1) In this subsection, "income" means:
  (i) wages, salaries, tips, commissions, professional fees, and other earnings from work or employment;
  (ii) earnings from a business or farm owned individually, jointly or in partnership; and
  (iii) to the extent earnings are paid or payable in property or services instead of in cash, the reasonable value of the property or services.

(2) The minimum medical, hospital and disability benefits provided by an insurer under this section shall include up to $2,500 for:
  (i) payment of all reasonable and necessary expenses that arise from a motor vehicle accident and that are incurred within 3 years after the accident for necessary prosthetic devices and ambulance, dental, funeral, hospital, medical, professional nursing, surgical and x-ray services;
  (ii) payment of benefits for 85% of income lost:

1. within 3 years after, and resulting from, a motor vehicle accident; and
2. by an injured individual who was earning or producing income when the accident occurred; and

  (iii) payments made in reimbursement of reasonable and necessary expenses incurred within 3 years after a motor vehicle accident for essential services ordinarily performed for the care and maintenance of the family or family household by an individual who was injured in the accident and not earning or producing income when the accident occurred.

(3) As a condition of providing loss of income benefits under this subsection, an insurer may require the injured individual to furnish the insurer with reasonable medical proof of the injury causing loss of income.

(c) Exclusions. (1) An insurer may exclude from the coverage described in this section benefits for:
  (i) an individual, otherwise insured under the policy who:
    1. intentionally causes the motor vehicle accident resulting in the injury for which benefits are claimed;
    2. is a nonresident of the State and is injured as a pedestrian in a motor vehicle accident that occurs outside of the State;
    3. is injured in a motor vehicle accident while operating or voluntarily riding in a motor vehicle that the individual knows is stolen; or
    4. is injured in a motor vehicle accident while committing a felony or while violating section 21-904 of the Transportation Article; or
  (ii) the named insured or a family member of the named insured who resides in the named insured's household for an injury that occurs while the named insured or family member is occupying an uninsured motor vehicle owned by:
    1. the named insured; or
    2. an immediate family member of the named insured who resides in the named insured's household

(2) In the case of motorcycles, an insurer may:
  (i) exclude the economic loss benefits described in this section; or
  (ii) offer the economic loss benefits with deductibles, options, or specific exclusions.

Chiropractic Health Insurance Mandate Section 15-705 Insurance Article

For the purposes of a policy of health insurance or other insurance, a chiropractoris entitled to compensation forthose services that the chiropractor is licensed to perform under the Health Occupations Article and that the chiropractor has rendered to an insured.

Destruction of Medical Records "The Law" Section 4-403 Health General Article

(a) Health care provider defined – In this section a health care provider means:
  (3) A chiropractor

(b) 5 year period absent notification. Except for a minor

patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or x-ray report about a patient for 5 years after the record or report is made.

(c) Minor patients. In the case of a minor patient, a medical record or laboratory or x-ray report about a minor patient may not be destroyed until the patient attains the age of majority plus 3 years or for 5 years after the record or report is made, whichever is later, unless:
  (1) The parent or guardian of the minor patient is notified; or
  (2) If the medical care documented in the record was provided under section 20-102(c) or section 20-103(c) of this article, the minor patient is notified.

(d) Notice. The notice under subsections (b) and (c) of this section shall:
  (1) Be made by first-class mail to the last known address of the patient
  (2) Include the date on which the record of the patient shall be destroyed; and
  (3) Include a statement that the record or synopsis of the record, if wanted, must be retrieved at a designated location within 30 days of the proposed date of destruction.

(e) Procedure upon death of a physician, podiatrist, etc. After the death, retirement, surrender of the license, or discontinuance of the practice or business of a health care provider, the health care provider, administrator of the estate, or a designee who agrees to provide for the maintenance of the medical records of the practice of business and who states, in writing to the appropriate health occupation board within a reasonable time, that the records will be maintained in compliance with this section, shall:
  (1) Forward the notice required in this section before the destruction or transfer of medical records; or
  (2) Publish a notice in a daily newspaper that is circulated locally for 2 consecutive weeks:
  (i) Stating the date that the medical records will be destroyed or transferred; and
  (ii) Designating a location, date and time where the medical records may be retrieved, if wanted.

(f) Civil penalties. A health care provider or any other person who knowingly violates any provision of this subtitle is liable for actual damages.

MCA Award Nominees Sought

The presentation of MCA's Annual Awards is a central component of the association's exciting Annual Convention. Nominations are now being accepted for the following:

Maryland Chiropractor of the Year - Any doctor who has given outstanding effort on behalf of the profession and MCA. A person you feel is a credit to our profession

Frank Roberts Memorial Award - Any MCA member who has provided long-standing support and behind-the-scenes work for MCA. In the tradition of its namesake, this award honors someone who has displayed a special commitment and dedication to MCA.

Aaron Barad Legislative Award - Presented for outstanding legislative accomplishments on behalf of chiropractic and chiropractic patients of Maryland.

Nominations must be received by September 15. Please fax or email nomitations to Dr. Howard Lewis at 410-893-4717 or lewischiro@aol.com. Make sure to include the nominee's name, the award for which you are nominating them, and a brief explanation of why you are nominating them.

Thanks to MCA's Supporters

MCA has a Supporting Membership category for suppliers of goods and services. We encourage you to consider the following Supporting Members when making.

Biotics Research Corp.
John Rosenbaum

Impact Coaching, LLC
Larry A. Berlin, D.C.

Knaub & Associates, P.A.
Ray L. Knaub, Jr.

Nutri-West Mid Atlantic
Nadine Carrick

Plymouth Bell Laboratories
Rhoda Dowie

World Connections, Inc.
Steve Middleton

ICA Report

(Continued from page 10)

important issues, represents compelling reading. One might conclude, however, that all Mr. Jaroff read was the title. He certainly did not bother to research the ICA 's formal policy on vaccinations, which is as easy to find on our organization's website, **www.chiropractic.org,** as the book to which he refers."

"For the record, please note the ICA 's official policy statement on vaccination states that, '*… the use of vaccines is not without risk. The ICA supports each individual's right to select his or her own health care and to be made aware of the possible adverse effects of vaccines upon a human body. In accordance with such principles and based upon the individual's right to freedom of choice, the ICA is opposed to compulsory programs which infringe upon such rights.'*

"This is not a chiropractic issue; it is a public health and accountability issue. ICA 's policy is not one of opposition to or promotion of vaccination; it is one of informed consent and personal freedom."

ICA also expressed concern about the way Jaroff simplified the research record in favor of his editorial opinion, doing both the chiropractic profession and the consumer a grave disservice. Credible examples of research studies that call the safety and efficacy of mass vaccination programs into question exist in large quantities.

ICA concluded its response to *TIME* and Mr. Jaroff stating that, "ICA holds that: all citizens deserve better than the dogmatic, heavy handed, economically driven and scientifically questionable approach which Mr. Jaroff seems to think is good public health policy. Ask anyone whose child has been harmed, and whose lives have been ruined by the connection between vaccination and autism and other mentally and physically debilitating conditions."

Classifieds

To place a classified ad in the MCA Journal, *please send it in writing, along with appropriate payment, to MCA, 720 Light St., Baltimore, MD 21230. The cost for a 25-word ad is $15 for MCA members (2 issues for $25) or $25 per issue for non-members. The next issue is set for distribution on November 1, 2005. The deadline for classifieds is October 15.*

DC Seeking Position — P-I/wellnes experience/sports injury backgound. PT privileges granted. Contact Dr. Jai at 410-464-9045 or 410-419-1440. *(9/05)*

Associate Wanted — PT/FT in family wellness style office. Low stress office with excellent long-term potential available. Great opportunity for the motivated. Call Amy at 410-646-2222. *(9/05)*

Associate Wanted — Highly motivated chiropractor with PT privileges licensed in the state of Maryland wanted to work in a busy chiropractc office in Southern MD. Fax Resume 301-866-0044. *(9/05)*

Associate Wanted — Clinic Directors needed for Baltimore City/P.G. County. Administrative/Clinical experience preferred. Base salary with incentives offered. Fax resume to 301-434-6932 or call 301-585-3200. *(9/05)*

Associate Wanted — Timonium: Licensed or soon to be DC with PT privileges. Fax resume to 410-252-6809, Attention Dana. *(9/05)*

Associate Wanted — New office in northern Maryland. Diversified technique, Salary plus bonuses. Phone Dr. Lane 800-624-8876. *(9/05)*

Associate Wanted — Associate/Partner wanted for Northwest (Pikesville/Owings Mills) office. Build your own practice. Full-time or part-time. PT privileges required. Call Dr. Adam Fiedl @ 410-917-2282. *(11/05)*

Associates/Owners/Partners/Coverage Docs/Practices for Sale Wanted — We are a multiple practice group (DC, MD, VA) and are always looking for one or more of the above. If you are exploring your opportunities, contact me. I may have exactly what you're looking for. Rick.Schmitt@comcast.net or fax to 301-970-2273. *(9/06)*

Chiropractic Assistant Wanted — Registered CA, Timonium, MD. Fax resume 410-252-6809, Attention Dana. *(9/05)*

Practice For Sale — Established downtown Baltimore office for sale. Price negotiable. Call 301-585-3200. *(9/05)*

Practice For Sale — Location, Location, Location. High visibility Chiropractic practice located on a busy thoroughfare near Towson in Baltimore County. Excellent opportunity for a young doctor to purchase this recently established, low-overhead, and turnkey practice. Please e-mail all inquiries to TurnkeyPractice@yahoo.com. *(9/05)*

Practice Sharing — AA Co. Low overhead encourages relocation or new Dr. startup. First month expenses under $2,000. Female chiro leaving. Fax inquiries to 410-674-8608. *(11/05)*

CA Office Coverage — Attention doctors. My name is Dori Donner and I am a licensed CA looking to do coverage work in the evenings and on weekends. Feel free to call me at 443-465-3999 or email me at ddonner@yahoo.com. *(9/05)*

Office Coverage — Want a break? Need a break? Whatever the reason, leave your practice in capable hands. A 1998 Palmer graduate w/ clinic ownership experience. Licensed DC w/PT privleges ready to help. Contact Dr. Gary Amaral - 410-365-6891 or AHCPSGGA@aol.com. *(1/07)*

Office Coverage — Licensed, experienced and insured DC with PT privileges. Please contact at 410-901-2903 or DrEdAChiro@bcctv.com. *(11/05)*

Office Coverage — Available for office coverage. Tuesdays, Thursdays, Saturdays. 16 years private practice experience. professional, personal care, reliable. Dr. Hoffman, pager 410-324-0990, office 410-668-2266. *(11/05)*

Office Coverage — DC w/ PT privileges looking for coverage work in Maryland; Please call 443-286-0227. *(9/05)*

Office Coverage — Coverage needed for September. Call Dr. Lane 800-624-8876. *(9/05)*

Office Coverage — For reliable, experienced, and personable coverage call Dr. Douglas at 443-528-7522 or EABD1@juno.com. *(9/05)*

Coverage Doctor Needed — Office coverage needed. Mon., Wed., Fri. beginning Nov. 1 thru Dec. 9 Please call 301-898-8005. *(9/05)*