

# Council on Chiropractic Practice

- In July 1995, the Council on Chiropractic Practice (CCP) was established with the mission of "developing evidence-based guidelines, conducting research and performing other functions that will enhance the practice of chiropractic for the benefit of the consumer."
- It is an apolitical, non-profit organization, and is not affiliated with the ACA, ICA, WCA, FSCO, COCSA, FCLB, or any state association.

# CCP Goal

- The CCP's goal was to develop practice guidelines with the active participation of field doctors, consultants, seminar leaders, and technique experts. In addition, the Council strove to utilize the services of interdisciplinary experts in The Agency for Health Care Policy and Research (AHCPR) guidelines development, research design, literature, law, clinical assessment, and clinical chiropractic.

# Needs of and Rights of our Patients

- The first endeavor of the panel was to analyze available scientific evidence revolving around a model which depicts the safest and most efficacious delivery of chiropractic care to the consumer.
- The guidelines were developed to protect the right of any patient -- including children and asymptomatic patients -- to obtain subluxation-based chiropractic.
- Evidence based guidelines were also needed to protect the ability of D.C.s to use analytical and diagnostic procedures necessary to characterize the vertebral subluxation and its effects. Parameters for corrective procedures were based upon objective evidence of subluxation correction, not merely temporary symptomatic relief.

# Guideline Development

- Formal consensus
- Evidence based
- “Best Practices”—Condition Based

# Formal Consensus

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- Group of experts assemble
- Appropriate literature reviewed
- Recommendations not necessarily supported by scientific evidence
- Limited by bias and lack of defined analytic procedures

# Evidence-Based Guidelines: Description of the Process

- Literature search
- Secondary search of references
- Articles graded
- Recommendations based on strength of evidence
- Multi-specialty and peer review

# Evidence-Based Practice

Sackett DL: Editorial. "Evidence-based medicine." Spine 1998;23(10):1085.

- Evidence-based practice is "The conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients...(it) is not restricted to randomized trials and metaanalyses. It involves tracking down the best external evidence with which to answer our clinical questions."

# Evidence-Based Health Care

“...the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine requires the integration of individual clinical expertise with the best available external clinical evidence from systematic research.”

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D.L. Sackett: Evidence based medicine: what it is and what it isn't. BMJ  
1996;312(7023):71-2.



# What's Wrong With Consensus Methods?

Powers EJ: "From the Congressional Office of Technology Assessment

JAMA 1995;274(3):205

"As the strength of the evidence declines, the composition of the panel and the process it follows become increasingly important determinants of the recommendations."

# Composition of the Panel Determines the Outcomes

Sackman H: "Delphi Critique." Lexington Books. Lexington, MA, 1975.

- The selection of participants will significantly affect the outcome of the process. Sackman describes a "halo effect" where participants "bask under the warm glow of a kind of mutual admiration society."

# Opinions are NOT Evidence!

"How to use the evidence: assessment and application of scientific evidence." National

Health and Medical Research Council. Commonwealth of Australia. 2000.

- The National Health and Medical Research Council has made it clear that opinions are not evidence. "The current levels (of evidence) exclude expert opinion and consensus from an expert committee as they do not arise directly from scientific investigation."

# Opinions are NOT Evidence!

Rosner AL: "Evidence-based clinical guidelines for the management of acute low back pain: Response to the guidelines prepared for the Australian Medical Health and Research Council." JMPT 2001;24(3):214.

- According to Rosner, Bogduk was equally emphatic: consensus or expert opinion is no longer to be accepted as a form of evidence.

# Mercy--Consensus

- Mercy was based on consensus (opinion). For example, the Mercy guidelines state that an adequate trial of treatment/care is as follows: "A course of two weeks each of two different types of manual procedures (four weeks total) after which, in the absence of documented improvement, manual procedures are no longer indicated." A nearly identical recommendation may be found in a 1991 RAND Corporation publication.
- This is an example of an opinion masquerading as an evidence-based recommendation. Shekelle acknowledged that "There exists almost no data to support or refute these values for treatment frequency and duration, and they should be regarded as reflecting the personal opinions of these nine particular panelists."

Shekelle P: "Current status of standards of care." *Chiropractic Technique* 2(3):86,

1990

- As Shekelle has observed, acceptance of practice standards has been poor. He cites some significant shortcomings of previous methods of constructing standards. Most commonly, an inadequate review of literature and/or an implicit method of achieving consensus were to blame.

# American College of Chest Physicians

- The terms "recommendation," "evidence-based," and "guideline" should not be used in the context of consensus statements. Findings of a consensus panel should be stated as "opinions" or "suggestions".

# What's Wrong With Consensus?

- Merely formalizes the bias of the participants
- If it is necessary to resort to opinion, the opinion that should prevail is that of the doctor attending the patient
- The opinions of “experts” who have never seen the individual patient are no substitute for evidence.

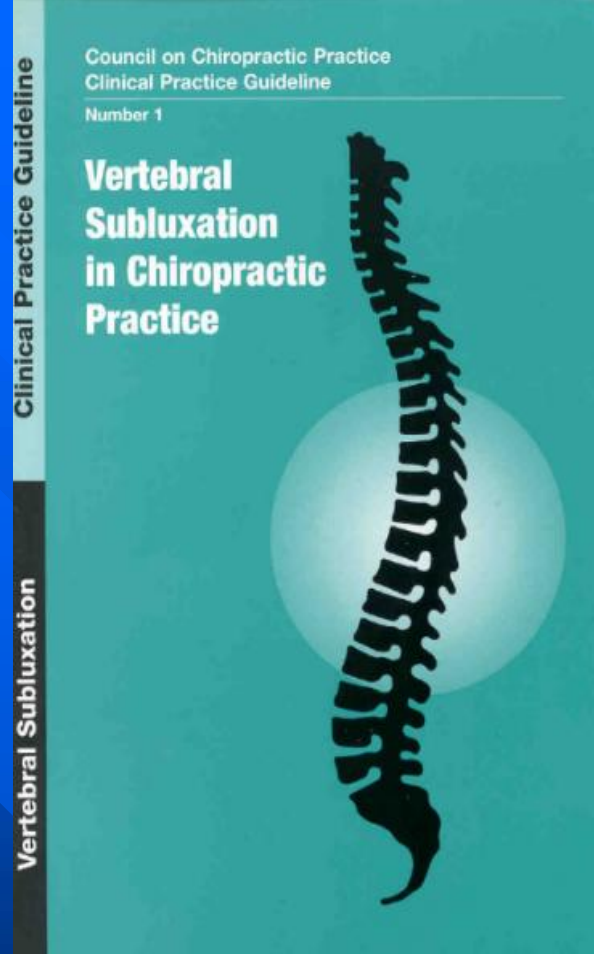


# CCP Process

- Literature Review
- Technique Forum
- Leadership Forum
- Open Forum
- Open peer review
- Publication
- Revision

# CCP's Open Process

- Open solicitation of literature
- Open forum—any interested person could meet face-to-face with panel
- Open peer-review—any interested DC could serve as a peer reviewer



***CCP Clinical Practice Guideline No. 1,  
Vertebral Subluxation in Chiropractic Practice,  
was distributed to the Health Ministers of 191 nations***



Meeting with Dr. Zhang at WHO in Geneva.

# CCP Recognition

- National Guidelines Clearinghouse
  - \*Agency for Healthcare Research and Quality (AHRQ)
  - \*American Medical Association (AMA)
  - \*American Association of Health Plans (AAHP)
- ECRI
  - \*Collaborating Agency—World Health Organization (WHO)
  - \*WHO healthcare standards and guidelines archive
  - \**Healthcare Standards: Official Directory*
- Congressional Record

# CCP Guidelines Accepted by National Guidelines Clearinghouse

- On Nov. 3, 1998, the Council on Chiropractic Practice (CCP) was notified that its clinical practice guideline, the "Vertebral Subluxation in Chiropractic Practice," had been accepted for inclusion in the National Guideline Clearinghouse (NGC).
- The Clearinghouse was developed in partnership with the American Medical Association (AMA) and the American Association of Health Plans (AAHP) to promote widespread access to guidelines.

# National Guidelines Clearinghouse Criteria

- To be accepted into the NGC, the CCP guideline had to meet a set of stringent inclusion criteria. Among these was the requirement that it produce documentation showing that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development.

# Congressional Record

- On Mar. 17, Congressman Frank Pallone, Jr., of New Jersey, addressed the Speaker of the House of the U.S. House of Representatives and publicly commended key chiropractic organizations for their efforts in developing and distributing the Council on Chiropractic Practice (CCP) "Vertebral Subluxation in Chiropractic Practice" Guidelines.
- In his remarks, which were entered into the Congressional Records, Rep. Pallone reminded his fellow congress members that an estimated 40 million Americans receive chiropractic care. "These guidelines will improve the quality and value of chiropractic services for these citizens," he stated. "I want to acknowledge the Council on Chiropractic Practice...for playing instrumental roles in their development. I commend them for their hard work in developing these guidelines and their dedication to improving patient care."



May 16, 2005

Dear Colleague,

Your organization and its published official documents are currently included in the Healthcare Standards database. This information will be included in the 2006 edition of the printed version of the *Healthcare Standards: Official Directory* and in the Web version, a subscriber-based online service.

ECRI, a nonprofit international health services research agency, is a Collaborating Center of the World Health Organization (WHO) and also serves as the official WHO healthcare standards and guidelines archive. Now in its 16th edition, the *Healthcare Standards: Official Directory* includes a comprehensive list of published standards, guidelines, recommendations, position papers, policy statements, technology assessments, and other authoritative documents.

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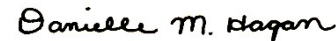
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- Please review the list of documents in the verification report, identifying all changes as appropriate. In addition, please identify all new official documents that will be available from your organization by January 2006.
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Sincerely,



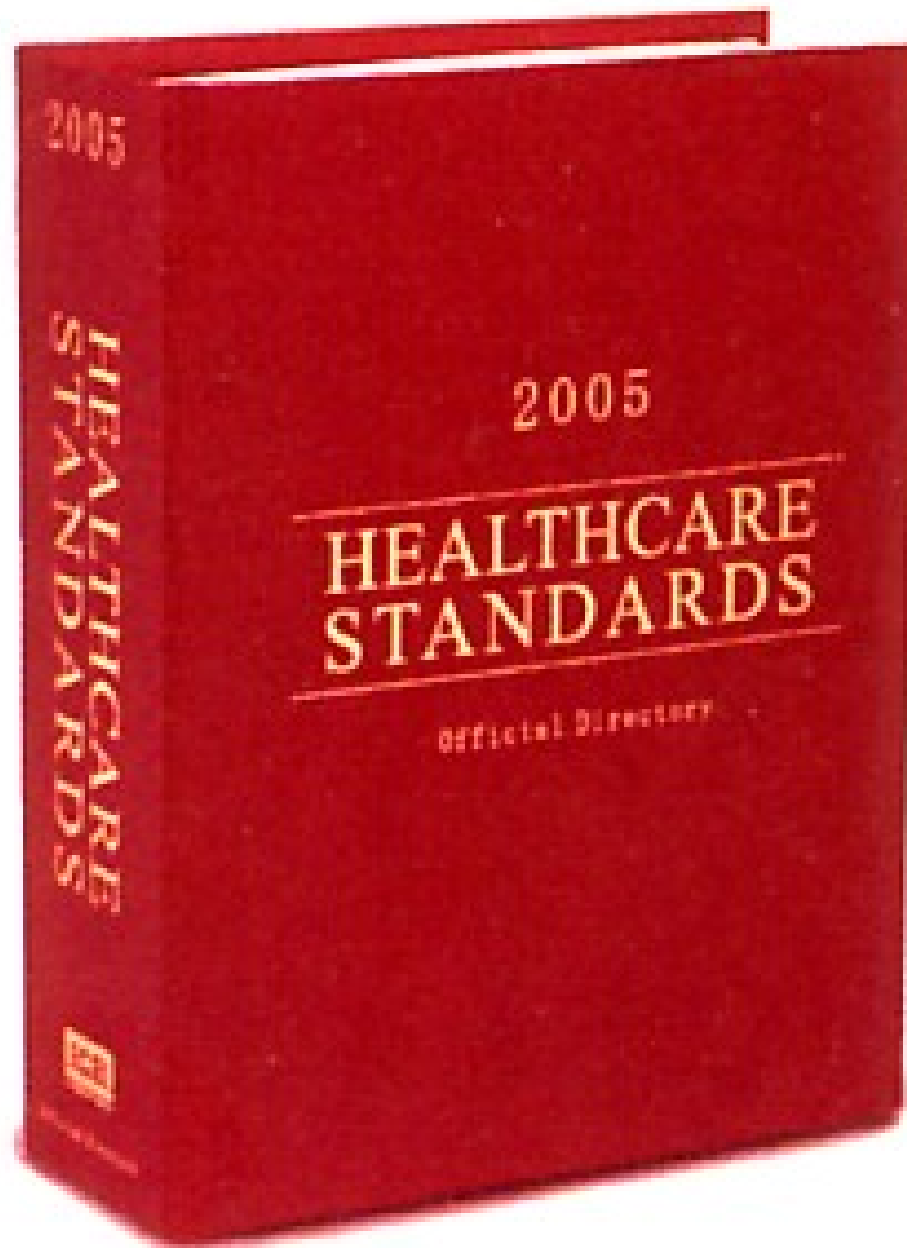
Danielle M. Hagan  
Senior Editor  
*Healthcare Standards: Official Directory*

DMH  
Enclosures

Dear Colleague,

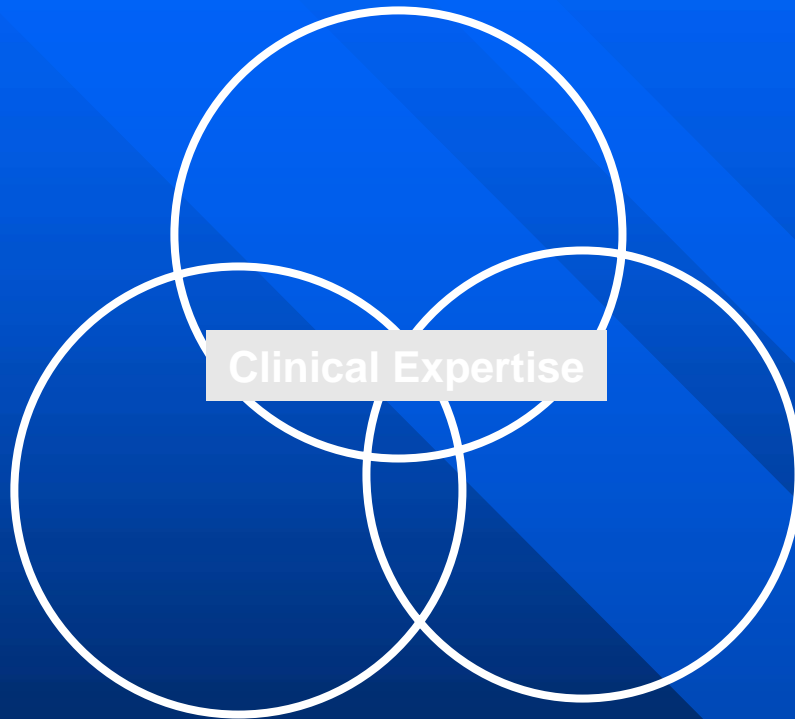
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**Clinical state &  
circumstance**

**Model for evidence  
based clinical decisions**



**Clinical Expertise**

**Patient  
preferences  
and actions**

**Research evidence**

# Evidence-Based Documentation:

- Insures quality control in clinical practice
- Addresses patient safety/efficacy concerns
- Insures the status and image of profession
- Provides firm resolve for core values
- Provides the required documentation to drive favorable education, legislative, and regulatory reform

# CCGPP Q & A

- **Q: What kind of studies will be considered valid?**
- ...All studies will have to pass through... filters.

# CCGPP Q & A

- **Q: Will subluxeation be included?**
- **A: Yes, all research material pertaining to subluxeation is being examined for publication.**

Debate

Open Access

## Chiropractic as spine care: a model for the profession

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Nelson CF, Lawrence D, Triano JJ, et al: Chiropractic as Spine Care: A Model for the Profession. *Chiropractic & Osteopathy* 2005;13:9.

- “A number of models are impractical, implausible, or even indefensible from a purely scientific point of view (e.g. subluxation-based healthcare), from a professional practice perspective (e.g. the primary care model), or simply from common sense (e.g. Innate Intelligence as an operational system influencing health).”

# CCGPP—Accountable?

- **Q: Will COCSA or some other group “sign off” on this?**
- **A: No, COCSA and all of the other organizations to whom CCGPP members report have already appointed the existing representatives to find the resources to write and publish this document.**

# Who's Opinions Will Govern Care?

- **Q: Best practices give information about the best care for patients but doesn't address frequency and duration of care. How credible will it be if it doesn't set limits?**
- **A: First of all, there is virtually no supported literature for frequency or duration of care. Nearly all of this information used is arrived at by consensus or is quite arbitrary.**

# Scary Thought....

- **Q: What if there isn't enough evidence on a topic?**
- **A: Consensus will dictate the conclusion.**

# Hmmm.....

- **Q: What will CCGPP say about wellness care?**
- **A: This is an important area for our profession and will be addressed. Since there is virtually no research in this area, consensus will also be the rule.**

# Where is it?

- **Q: What's the timetable for this process?**
- **A: The completed document will be released in mid 2005**

# Implications?

- CCGPP is taking steps to assist in its full utilization...in placing such documents in the hands of payers and policy makers.

# Say What??

- These guidelines will be helpful for state boards to determine overutilization.

Dr. Lewis quoted at FCLB meeting May 2004.



# CCGPP Questions

- Will these guidelines be used by state boards to attack DC's who offer lifetime, subluxation-based wellness care?
- Will there be open forums where any interested DC can present evidence?
- Will any chiropractor who wishes be permitted to participate in the peer review process?
- Will the deliberations be open, or subject to secrecy like Mercy?
- What if the result is not satisfactory to us?

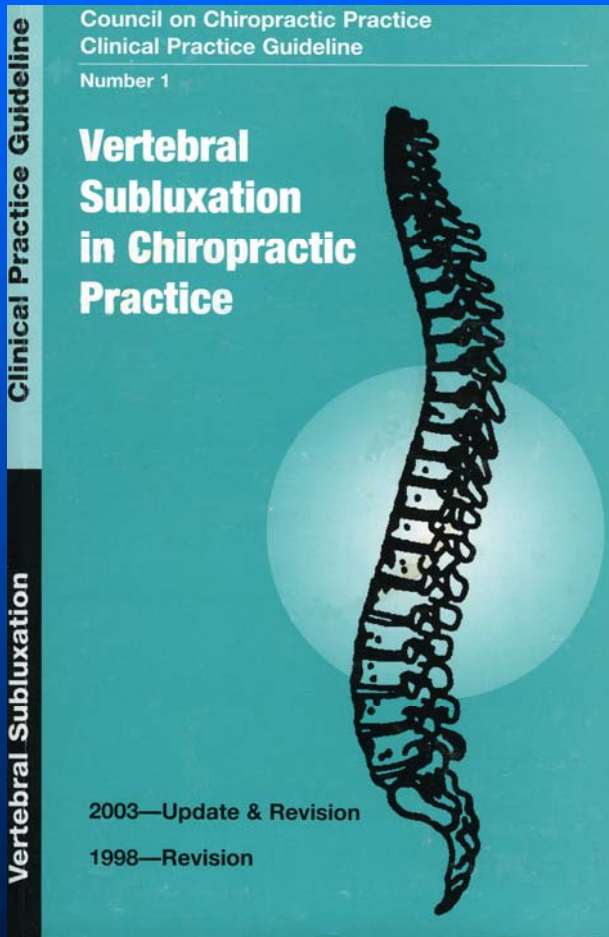
Sackett DL: Editorial. "Evidence-based medicine." *Spine*

1998;23(10):1085

- "External clinical evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into a clinical decision. Similarly, any external guideline must be integrated with individual clinical expertise in deciding whether and how it matches the patient's clinical state, predicament, and preferences, and thereby whether it should be applied."

# CCP Clinical Practice Guidelines

- First clinical practice guidelines for vertebral subluxation.
  - Distributed to Health Ministers of 191 nations
  - Federal recognition by The National Guideline Clearing house.
  - Revised 2004; revision valid 2004-2008
  - The next release (2008) will require massive efforts to advance evidence-based documentation supporting new chiropractic applications, for example:
    - women's health
    - childhood ailments
    - autoimmune phenomena
    - metabolic syndrome
    - stress reduction
    - wellness care in general
- [www.guideline.gov](http://www.guideline.gov)



- "Chiropractic's contribution to 21st century health care could be immeasurable," continued Kent. "I see a glorious future, where lifetime chiropractic care is available to all, and chiropractic becomes the dominant paradigm in health care delivery. We invite you to share the vision, and join us in this historic event."