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Right  
Direction

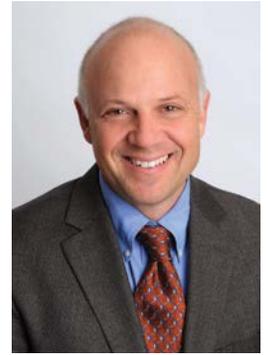
ACA is a professional organization representing doctors of chiropractic. Its mission is to preserve, protect, improve and promote the chiropractic profession and the services of Doctors of Chiropractic for the benefit of patients they serve. The purpose of the ACA is to provide leadership in health care and a positive vision for the chiropractic profession and its natural approach to health and wellness. On behalf of the chiropractic profession, we accomplish our mission and purpose by affecting public policy and legislation, by promoting high standards in professional ethics and quality of treatment and by carrying out a dynamic strategic plan to help ensure the professional growth and success of doctors of chiropractic.

## Table of Contents

President’s Message . . . . .	3
Chairman’s Message . . . . .	4
Board of Governors . . . . .	5
Executive Vice President’s Report . . . . .	6
Membership . . . . .	7
Government Relations . . . . .	9
Insurance Relations . . . . .	11
Communications . . . . .	13
Financials . . . . .	15

# President's Message

By Keith Overland, DC, CCSP, FICC



Thank you for taking the time to review the American Chiropractic Association's 2012 annual report. The year 2012 started differently than any other year that I can recall in the recent past. By May, ACA had lost four sitting members of leadership including its chairman of the board. These men had long histories as servant leaders for ACA and also for their state associations and the patients we serve worldwide. As a result of these losses, ACA created a "Future Leaders" scholarship fund to memorialize the following:

**Dr. Robert Mastronardi**

**Dr. Henry West**

**Dr. Frank Strehl**

**Dr. Ritch Miller**

**Dr. Jack Kessinger**

Following this difficult start, 2012 actually turned out to be a pivotal year for ACA. After consulting with multiple experts both within and outside the profession, the association undertook two important strategic efforts. The first involved beginning down the path to "right size" ACA. We began to investigate and utilize the newest technologies and trends in communications and organizational operations. This led to digitalizing many of our communications, expanding web-based seminars, increasing website resources, building multiple social media platforms, visiting state association meetings via Skype and, most importantly, we began studying the best use of our staff and volunteer resources.

Second, ACA began a visioning process to help develop solutions over the next 10 years that will 1) improve the health status of our country, 2) improve the standing and participation of the chiropractic profession in our national health care systems, and 3) enhance patient utilization of "conservative-first" health care approaches with a greater focus on prevention and wellness.

It also seems that the profession as a whole in 2012 has shown a greater appreciation of the vital role of ACA not only in Washington, D.C. but on every main street across the USA. As a result, our membership numbers have grown for the first time since 2007. I believe this may be because of some important steps we have taken. For example, we successfully filed lawsuits against insurers that continue to utilize inappropriate actions that impact the doctor-patient relationship. Our government and insurance relations teams held

conversations with many national agencies and organizations to improve antiquated rules regulating our patient care. A significant focus of our resources were used to make certain implementation of the Patient Protection and Affordable Care Act (PPACA) is fair across the board—with an eye toward the elimination of all provider discrimination. Finally, our communications team raised awareness of the profession in the eyes of the public by responding to more than 100 media inquires with expert commentary and information and by setting the record straight in respect to inaccuracies in the media that may be promulgated by our adversaries.

An ACA annual report cannot be complete without recognizing our staff and volunteers. I am constantly amazed at the amount of work our staff produces on any given day, week or month. In my view, our staff of about 35 produces outcomes you might expect from a staff twice its size. While ACA reduced the number of standing committees in 2012, this did not at all diminish the efforts, energy and effectiveness of our volunteer team. Some 300 strong, ACA volunteers working on behalf of our members and our patients are not only among the best and brightest in chiropractic...but also the best and brightest among all health care professions.

Thank you for the honor and privilege to serve our great profession. We have opportunities in front of us not seen before in our 50-year history. I look forward to working with you to seize each and every one of them. **ACA**



## Chairman's Message

By Michael P. Simone, DC

Fiscal responsibility sums up a large majority of my work this past year as your chairman. Tough and sometimes painful choices have had to be made by your House of Delegates. It is a daunting challenge to balance the needs of our organization with our financial restraints; however, there is much hope on the horizon—many positive things have happened that are moving ACA in the right direction.

At the end of the past fiscal year, and for the first time I can remember, ACA had more general members than the year before. This is a direct result of many delegates, governors, staff members and field doctors making membership a “combat sport”—personally contacting prospective new members and those whose memberships were ready to expire and convincing them why ACA is the only organization that has and can make a difference for the chiropractic profession.

The Membership Executive Committee and others continue to come up with new ideas that are beginning to bear fruit. We are in the process of adding significant value to our member benefits and hope to share the details soon. As a direct result of ACA President Dr. Keith Overland's work, more vendors than ever have decided to financially support our profession and organization—to the tune of well over six figures.

The work of the Strategic Planning Committee over the past several years is finally being realized. Prioritization of our goals has been a key component during the budget process and helps to ensure we are using funds to support our core missions.

I also want ACA members, and particularly our volunteers, to know how much I appreciate the sacrifice you all make to further this great profession. Some have selflessly volunteered to be away from their family, friends and office for a higher purpose. You are in a small minority of people who carry the weight for the rest of the profession. Many doctors have and continue to roll up

their sleeves and do a lot of the grunt work that must be done; others may not be able to contribute much time to our profession but help us stay on course with their commitment to paying membership dues. All of you contribute in one way or another to our profession's future—and for that we are all eternally grateful.

Without your continuing support, our patients will never have unfettered access to doctors of chiropractic. Your support enables us to fight the battles necessary to defend our practices and the welfare of our patients. Our goal is for all patients to have the freedom to choose the provider that best fits their needs and preferences—not who their insurance company, government or employer forces them to choose.

Again, thank you all for funding this professions' future. Your steadfast commitment to ACA's work is an example for all those who benefit from our efforts but unfortunately choose to remain on the sidelines.

Together we, as ACA members, are making a difference. Sometimes progress is slow, but never forget what we have accomplished. Chiropractic physicians now work alongside other providers to serve members of the military and our veterans. The federal government has forbidden discrimination by provider license in the new national health care system. More than ever before in our history, doctors of chiropractic work in integrated environments. We still have a lot of work to do, of course. I look forward to continuing to serve you and our patients in the next year. 



## American Chiropractic Association Board of Governors, 2012-2013

TOP ROW, FROM LEFT: **Dr. Joseph Morelli**, District 7; **Dr. Richard Bruns**, District 4; **Dr. John McGinnis**, District 5; **Dr. James Rehberger**, District 2; **Dr. Kelli Pearson**, District 1; **Dr. David Herd** (President, Council of Delegates); **Dr. Ray Tuck**, District 3;

FRONT ROW, FROM LEFT: **Dr. Karen Konarski-Hart** (Vice President, Council of Delegates); **Dr. Anthony Hamm** (ACA Vice President), **Dr. Keith Overland** (ACA President), **Dr. Michael Simone** (ACA Chairman of the Board), **Dr. Rick McMichael** (ACA Immediate Past President)

To contact members of ACA leadership directly, visit [www.acatoday.org/leadership](http://www.acatoday.org/leadership).



# Executive Vice President's Report

By Bill O'Connell, Executive Vice President

Once again I thank you for entrusting me to lead your staff team. Please understand, any progress I have made on your behalf has been through leveraging the productive partnership between our tireless volunteers and the thoughtful, hard work of our staff.

For this report to you, I want to make reference to the work of management consultants from the firm Right Advisors, whom we retained early in 2012. During the House of Delegates' (HOD) March meeting they had an opportunity to conduct in depth interviews with two dozen of your elected leaders and key staff about several critical questions facing this association. They reported their findings to your Board in June, including many observations and recommendations. I believe their advice provides an important link to understanding how our efforts to cast a new, strategic vision for ACA by 2023 are translated in the tactical effort needed to bring that vision into day-to-day reality.

In essence, the firm's findings were about three areas we need to improve: finances, relationships, and focus. The good news is, we have been following up on their recommendations and our efforts are yielding progress.

The advice about finances was pretty simple with two key points: We need to live within our means, and we need to reduce our short-term debt (which allowed us to blunt the reality of the previous point for the past few years). Examples of things we have partnered with your HOD leaders to achieve included the elimination of one on-site meeting in 2012, which reduced expenses by more than \$300,000, resulting in improved cash flow; the reduction of the frequency of *ACA News* magazine from 12 to 10 issues in 2013; the improvement of membership income through our delegates' increased participation in convincing their peers to renew; the agreement on a plan to convert our ACA headquarters into a condominium (with the majority of expected initial income from the sale of the unneeded space to pay down most of our short-term debt and to add future income from the sale to strengthen ACA's long-term reserves).

The consultants' advice about relationships was more complex, but just as essential for our long-term success. First, they raised the issue of, "How

can ACA attract to its membership a majority of the DCs in the United States?" Second, they focused on the issue, "How can ACA partner with the state societies so as not to duplicate, but instead complement, their services?" Making progress on these issues will take a few years of careful work. In 2012, we began by exploring ways to retain members despite their nonpayment of dues by reducing their services. Also, we began to explore an experiment in cooperative membership marketing with a state society in which we would cross-promote ACA membership to its members who are not now among our members and, conversely, promote state membership to ACA members not now among the state society's members.

Finally, the Right Advisors' advice about focus is, in my opinion, the "keystone" of the whole approach, as, without it, all else will not hold sufficiently to advance us to fulfillment of the vision for 2023. Here there is really one critical point to understand: **We are trying to do too much with too few resources.**

Improving focus requires being more selective about setting strategic goals; to do this requires a clarified vision and mission statement. Remember the late ACA Chairman Dr. Robert Mastroianni and his 2011 annual report to you in which he wrote, "**These days, it's never a choice between 'necessary' and 'unnecessary,' but between 'important' and 'crucial.'**"

Bobby's words were a challenge taken up when, last fall, your ACA leaders engaged in a structured exercise to develop a revised vision for 2023 (which was accepted by your HOD early in 2013). Improved focus will lead to refinement of our strategic plan so we take on fewer activities, each more clearly linked to our enduring interests as set forth in the revised vision statement. **ACA**

# ACA Membership: Stronger Than Ever

By Joe Grimes, Vice President of Membership

There's a favorite saying among membership professionals in associations that goes something like this: "Without members, there is no need for an association." ACA members are the lifeblood of the organization. And in 2012, our lifeblood grew stronger and louder. We concluded the membership year with an increase in general members and saw our other categories of membership continue to grow.

Membership recruitment and retention remains a priority for ACA's leadership, and this year we saw our delegates, Board of Governors and other volunteer leaders step into action to assist ACA staff in our efforts.

ACA's Presence Committee continues to make great strides to ensure that the organization has a dynamic and professional look when exhibiting, whether at state conferences or industry meetings. In addition, the Department of Transportation seminars throughout the year provided us with an excellent opportunity to reach an audience we may not have otherwise.

The ACA Ambassador Program was revamped and rolled out late in the year. This program provides current ACA members an opportunity to recruit new members while earning a small commission for their efforts.

## Specialty Councils Create Opportunities

More than 1,500 practitioners and students comprise ACA's 11 specialty councils: Acupuncture, Diagnosis and Internal Disorders, Diagnostic Imaging, Forensic Sciences, Neurology, Nutrition, Occupational Health, Orthopedics, Pediatrics, Rehabilitation and Sports Injuries and Physical Fitness.

In 2012, ACA added the councils to its membership application, allowing new members the ability to join one or more councils at the same time. Member Services promoted council membership at state association and college meetings. In addition, council members can pay their council renewal dues at any time through ACA.

In February, specialty council members presented and participated in the ACA educational symposium entitled "Total Head, Neck and Shoulder Symposium," held in conjunction with NCLC.

*Doctors listen to a presentation at the ACA's 2012 Total Head, Neck and Shoulder Symposium.*



## Find a Doc Enhanced

Late in the year, ACA launched the recently enhanced "Find a Doc" online membership and patient referral database. ACA members can now list the various treatments and techniques their practice provides. Once a member has updated his or her profile on the association website, it becomes a valuable tool for potential patients and referring doctors to quickly find detailed information on ACA members practicing in their area.





*Dr. Elise Hewitt, president of the ACA Council on Chiropractic Pediatrics, speaks to symposium participants during a break-out session.*

The councils hold annual membership and education meetings that are of great value to ACA members in the advancement of specialty knowledge, professional development, and networking for students, diplomates, diplomate candidates, and general practitioners alike. These also enable the councils to collaborate with other organizations as exemplified by ACA and ICA's Second Joint Pediatrics Symposium.

The larger symposia, such as Pediatrics, Sports and Rehabilitation, host 150-175 attendees each. Smaller symposia, such as Diagnostic Imaging or Acupuncture, may range from 25 to 75 attendees. In addition, the bimonthly and quarterly council

journal publications impact a wide readership beyond chiropractic.

### **New Special Interests Groups Offered as Member Benefit**

During their September 2012 meeting, ACA delegates passed a bylaw allowing the formation of chiropractic practice interest groups, which enable doctors with common interests to hold discussions and education programs. Following ACA approval, these groups serve as a starting point for full council status or simply serve the common interests of members in a more informal setting. **ACA**

## **ACA and SACA: Future Leaders Start with Our Students**

In 2012, the Student American Chiropractic Association (SACA) continued to make progress in achieving several of its goals and objectives set forth in 2011. In January, SACA sent a large delegation of student leaders to Parker Seminars in Las Vegas. SACA had a huge presence at both the ACA booth and the SACA booth. The booth presence continued to pave the way for the development of a variety of business partnerships and became the "student hub" at Parker – positioning SACA as the leader of all student-run organizations in attendance at the conference.

Also in January, SACA leaders once again traveled to Greeley, Colo., to represent the student organization during the annual National Board of Chiropractic Examiners' Student Leadership Forum.

Much of SACA's focus for NCLC 2012 was on perfecting the lobbying system that was restructured in 2011. As a result, there were a record number of Capitol Hill visits made by the students

in 2012. SACA will use the feedback from exit surveys collected after the meeting to help perfect the process even further.

For the first time ever, SACA held its Annual SACA Business Meeting and Annual Leadership Conference the same weekend at Parker University in early October. As the host school, the Parker planning committee had a very unique challenge in planning the weekend events, but proved they were up to the challenge and did an impeccable job hosting more than 80 guests over the course of the weekend. The keynote speaker for the 9th Annual SACA Leadership Conference was former NBA star Thurl Bailey.

In 2013, SACA will continue to enhance its communications to the students at each Chiropractic College as well as continue to work closely with ACA leadership to achieve the goals and objectives of the strategic plan.

# Staying on Top of Health Care Reform and Other Vital Matters in Washington

By John Falardeau, Vice President of Government Relations

ACA was instrumental in getting several key chiropractic provisions into the 2010 health care reform law, also known as the Patient Protection and Affordable Care Act (PPACA). The association is now active in the regulatory phase of health care reform, or what ACA is calling “The Road to Implementation.”

The bottom line here is this: We seek to ensure the full applicability of Section 2706 of the PPACA (provider non-discrimination) to insurance plans—including ERISA and state exchange plans—as the primary mechanism to ensure that doctors of chiropractic can provide services in the newly regulated environment created by PPACA. We also seek to ensure no language is adopted at the federal level relative to “essential benefits” that would specifically exclude services provided by, or the participation of, doctors of chiropractic.

We continue to strongly make our position relative to the essential benefits and non-discrimination issues crystal clear at the highest levels of the U.S. Department of Health and Human Services, via our volunteers, staff, consultants and our top allies in Congress.

We continue to follow the advice of our principal Capitol Hill allies in these matters, and we (along with the Chiropractic Summit) are fully prepared to 1) work to ascertain and influence draft regulations before they are released for public comment, 2) rapidly analyze proposed regulations as they are released, 3) prepare formal comments as may be required, 4) facilitate creation and submission of supportive comments as required through the Summit and other available avenues, and 5) communicate and cooperate with our key Capitol Hill allies on the development and implementation of any future strategic and action steps.

## Ensuring Services Delivered by Doctors of Chiropractic are Deemed “Essential”

In November 2012, the U.S. Department of Health and Human Services released a proposed rule outlining draft policies that will give states more flexibility and freedom to implement certain provisions of PPACA. The HHS proposal is designed to “help consumers shop for and compare non-grandfathered private health insurance options in the individual and small group markets by promoting consistency across plans, and protecting consumers by ensuring that plans cover a core package of items and services.”



This approach was developed with significant input from the public, including ACA’s comments provided during the January 2011 Institute of Medicine hearings on this issue, as well as reports from the Department of Labor, and research conducted by HHS.

ACA understood in 2010 that the health care reform legislation was not likely to include chiropractic services as a named essential health benefit (EHB). Therefore, its strategy has been to ensure that DCs are able to provide their services under the categories of EHBs included in plans offered through the health exchanges. While the implementation of this vital component of PPACA is still evolving, ACA and its Chiropractic Summit partners, in partnership with the state associations, will work to advocate that state governments develop EHB initiatives that are most advantageous to chiropractic patients.

*Senator Orrin Hatch (R-Utah) presented the keynote speech at NCLC 2012*



*Rep. Bruce Braley (D-Iowa), member of the House Committee on Veterans' Affairs and the Veterans' Subcommittee on Economic Opportunity, talked about the value of chiropractic to America's veterans returning from war.*

### **Congressional Committee Calls Chiropractic "Key Benefit" Within DoD**

In May 2012, members of the House Armed Services Committee approved the inclusion of a strong, pro-chiropractic directive in their official committee report accompanying the FY 2013 National Defense Authorization Act. The committee language asserts that services provided by DCs for our nation's men

and women in uniform is of "high quality" and has become a "key" benefit within the military health care system. The language is significant for several reasons. "What we have here—and this is very important—is an official statement from one of the House's oversight committees with authority over the Pentagon that directly links the services of DCs to the treatment of conditions experienced as a result of combat operations. This is a huge validation that chiropractic services are of significant, direct value to a combat fighting force," noted ACA President Keith Overland, DC.

### **Political Action Committee Supports Pro-Chiropractic Candidates**

The American Chiropractic Association Political Action Committee (ACA-PAC) is the primary political action committee dedicated to electing pro-chiropractic candidates to the U.S. Senate and U.S. House of Representatives. ACA-PAC enables ACA members to pool together financial resources to help elect pro-chiropractic candidates across the country. ACA-PAC is bipartisan and contributes to pro-chiropractic Democrats and Republicans.

In the 2011-2012 election cycle, 90 percent of ACA-PAC-backed nominees won their respective races and nearly \$320,000 was contributed to pro-chiropractic incumbents and candidates, increasing ACA's effectiveness and visibility on Capitol Hill. In the upcoming 2013-2014 cycle, ACA is looking to again amplify its message via the PAC, with laser-focused campaigns to increase fundraising and, in turn, raise support of our top Washington allies. **ACA**

## **Member Resources**

**ACA Health Care Reform Tool Kit — [www.acatoday.org/hcr](http://www.acatoday.org/hcr)** "The Case for Full Inclusion" is updated regularly; this tool kit contains issue briefs, talking points and important information to use when meeting with state and federal legislators and other policy makers

**ACA Medicare Resources — [www.acatoday.org/medicare](http://www.acatoday.org/medicare)** FAQs regarding everything related to Medicare; pertinent links and information for your practice

**ACA Electronic Health Records Webpage — [www.acatoday.org/ehr](http://www.acatoday.org/ehr)** News and information on all issues pertaining to electronic health records

**ACA Physician Quality Reporting System (PQRS) Resources — <http://www.acatoday.org/quality>** News, FAQs, and information on all issues pertaining to the federal quality reporting program

**ACA Medicare Audit Resources — [www.acatoday.org/auditdefense](http://www.acatoday.org/auditdefense)** Information to assist DCs going through the time-consuming and difficult Medicare records-request and subsequent appeals processes (Members-Only Benefit!)

**ACA Legislative Action Center — [www.acatoday.org/lac](http://www.acatoday.org/lac)** Electronic advocacy enables DCs to contact Congress on important bills and issues

# Insurance Relations: Turning Challenges into Opportunities

By Laurie Douglass-Wilson, Vice President of Insurance Relations

As we look over the insurance landscape of 2012, we tend to recall the challenges that the profession faced. But, it does one good to pause and consider how many of the challenges were turned into opportunities for members through collaboration, outreach and persistent advocacy.

## Advocacy Efforts

- ACA addressed one of the greatest challenges the profession has faced by filing a legal action against American Specialty Health and Cigna in response to a multitude of overwhelming complaints dealing with manipulation of payment data, restriction of care, violation of ERISA, and imposition of excessive copay requirements, among many others.
- In April, the motion to dismiss the case against United and Optum was successfully defeated allowing pursuit of our ERISA claims and injunctive relief for the issues that providers have found so problematic for the past seven years. This could have a far-reaching and precedent-setting impact.
- Aggressive ongoing investigation into practices of Humana/Healthways was aided by new legislation passed last summer in Kentucky and, subsequently, we are seeing the overturning of inappropriate denials.
- ACA worked with the California Chiropractic Association in 2012 to overturn a decision by Anthem Blue Cross of California and ASHN to force DCs into an “all or nothing” relationship wherein their participation automatically included an auto carrier’s network. ACA’s negotiations were successful, resulting in Anthem’s decision to reverse its policy, allowing DCs to opt out of the auto coverage network and still maintain their other Anthem contracts.
- ACA began a successful outreach effort in 2012 with the Blue Cross Blue Shield Association Office, which manages the Federal Employee Plan (FEP)—one of the largest health plans in the world and one that is often used as a model for private health plans—in efforts to halt the application of local state commercial plan rules that only allow one modality per visit applied to FEP claims. This effort is ongoing.
- Outreach to Humana resulted in the company’s decision to halt the use of anti-chiropractic language in their publications and on their website.
- Our Local Liaison Program (LLP) continues to provide support to the ACA Insurance Relations Department, supplying an essential link to the states. With 26 states now participating and more wanting to join, this program is a highlight of ACA advocacy and the successes of the program are too numerous to mention.
- It should be noted that members are supported daily in their practices with responses to advocacy inquiries. Help is provided that sometimes launches full ACA investigations. Insurance Relations supported an increase of 35.2% more member inquiries in 2012 compared to the previous year.



## Communications

Insurance Relations works to keep practices informed of changes affecting coding, billing and reimbursement-related operations, and 2012 provided plenty of opportunity to communicate changes as insurers moved to comply with the Patient Protection and Affordable Care Act (PPACA) and other regulations. Some key changes for members were CMS' postponement of the Version 5010 enforcement date, and HHS' delaying of the implementation of ICD-10 to Oct. 1, 2014. We also shared the news that payers made the first refunds in August to patients, in compliance with PPACA's medical loss ratio provision.

## 2013 Challenges/Goals

This past year has seen much change on the insurance front as payers steer precariously toward 2014 when so many provisions in PPACA will take effect. ACA intends to do outreach to help payers see that while chiropractic may be considered "non-essential" by insurance plans, elimination of this coverage will result in cost shifting to higher cost areas and reduction in choices of providers for many patients.

Commercial plans are considering offering chiropractic care as a rider or as a lesser benefit unless obtained through PCP referral. ACA intends to advocate aggressively against such practices

through Section 2706 of the federal health care law, but also through state law and collaboration with state partners.

We see some plans considering per diem rate structures, bundled rates, and global fees, but they fail to consider one of the foundational tenets of patient-centered care—that quality must be measured and assured in any such type of rate structure change. ACA will follow this closely and speak out firmly to protect patient care as well as provider practices. In regard to preventive services, nearly 60 percent of large employers are using health indicators such as blood pressure, cholesterol and body mass index in their wellness programs and 40 percent now are providing incentives to complete the tests. ACA is already encouraging the use of preventive services by providers licensed to do so and has developed the Preventive Services Toolkit to help.

In 2013, we seek to collaborate with other organizations and reach out to payers to increase their understanding of the value that chiropractic brings to the healthcare system. We also want to show accrediting organizations that DCs can participate in the accountable care and medical home systems. The New Year brings a welcome resolve that the battles we continue to face will be addressed with creative and effective methods of powerful advocacy. **ACA**

## Member Resources

- Newly launched in 2012 was the **Preventive Services Toolkit** ([www.acatoday.org/prevservices](http://www.acatoday.org/prevservices)), a resource most doctors will find helpful for coding and documenting preventive services. This resource includes clinical examples, notes from ACA and CPT, and various references and patient information from NIH, CDC, HHS, and the U.S. Preventive Services Task Force.
- Investigator training was held for Allstate investigators, making new local connections with this payer. Our **Guide for Insurance Professionals** ([www.acatoday.org/guide](http://www.acatoday.org/guide))



was distributed at the training and continues to be requested by other groups, including the National Insurance Crime Bureau. ACA exhibited for the sixth year at the International Association of Special Investigation Units and answered many investigators' questions.

- After much work and collaboration with many committees and external organizations, ACA's **Clinical Documentation Manual** was completed and is now available at [www.ShopACA.com](http://www.ShopACA.com).
- ACA joined efforts with ChiroCode to produce one comprehensive coding, compliance and practice resource for the profession — a change that brings together the best resources of the profession in one volume.

# Helping the Media and Public Better Understand the Benefits of Chiropractic

By Annette Bernat, Vice President of Communications and Marketing

ACA continued to raise awareness of the benefits of chiropractic services and the expertise of chiropractic physicians throughout 2012 with its long-standing and successful media relations program and by further expanding the association's activities into social media.

The department also positioned DCs as health care providers who are interested in helping the public enhance health and wellness through its 2012 National Chiropractic Health Month campaign, "Find Your Game," which generated more participation among members of the profession than ever before.

## Media Relations

In 2012, ACA communications staff fielded calls and emails from more than 100 members of the media. Reporters from outlets such as *MSNBC.com*, *Fox News.com*, *Men's Health* magazine, *American Medical News*, *Entrepreneur* magazine, *SHAPE* magazine, *O* magazine, *National Public Radio*, *The New York Times*, *the Wall Street Journal* and the *Huffington Post* contacted ACA because the association is known for its quick responses and accurate information.

One of the central components of ACA's PR program is a media response team, composed of the ACA president and several other doctors of chiropractic with media training experience who are comfortable speaking with the press on a variety of topics. The result in 2012 was many accurate and positive articles about chiropractic services or articles in which chiropractic physicians were used as subject matter experts. Highlights of 2012 included three different articles for the *Wall Street Journal*, including one on office chairs that featured several doctors of chiropractic and a photo from ACA headquarters. Moreover, the *Washington Post* and *The New York Times* both contacted ACA in 2012 for its opinion on the implementation of health care reform in the states.

## Setting the Record Straight

In addition to promoting positive coverage of chiropractic through media relations, ACA also works to correct misinformation about chiropractic. In 2012, the Communications Department sent 10 letters to the editor, setting the record straight on issues such as the profession's



West Virginia Gov. Earl Ray Tomblin signs a proclamation honoring chiropractic and NCHM 2012

position on the overuse of prescription pain killers, the need to use conservative treatment first for clinical efficacy and cost-containment and the association between cervical adjustments and stroke. In regard to the latter subject, *The New York Times* published ACA's letter to the editor on page 4 of its *Science Times* section in the Sept. 11, 2012 edition.

## ACA Consumer Information Reaches More Than 34 Million

In 2012, ACA distributed four articles to the consumer media, covering topics such as the health hazards of sitting too long, simple changes that improve health, senior safety and back pain. The outreach resulted in 2,000 confirmed media placements, a readership of more than 34 million and a value for the profession equaling about \$350,000 in advertising. The story about sitting alone reached more than 12.5 million people. Such articles not only educate consumers but also direct them to ACA's new patient education website, [www.ChiroHealthy.com](http://www.ChiroHealthy.com), for more information and to the Find a Doc search tool, where they can locate ACA members in their areas.

### Expanding Social Media Activities

ACA launched its new microsite, “Get Healthy with Chiropractic” (GHWC) at [www.ChiroHealthy.com](http://www.ChiroHealthy.com) to expand its public outreach. GHWC is part of ACA’s plan to drive social media contacts from its Facebook, Twitter and Sharecare profiles to reliable content about the chiropractic profession and the services provided by doctors of chiropractic, and also to enhance traffic to Find a Doc, where consumers can search for ACA members in their areas. The site features rotating topics and enables visitors to submit questions that are then reposted with evidence-based answers.

*South Carolina Gov. Nikki Haley, holding an NCHM proclamation, poses with doctors of chiropractic.*



### National Chiropractic Health Month

ACA’s annual public awareness campaign, National Chiropractic Health Month (NCHM), was once again successful in empowering the chiropractic profession to raise its visibility. In addition to a record number of proclamations signed by state and local government officials, 2012 saw

a major increase in the use of social media to publicize the campaign by individual doctors of chiropractic and groups.

Twelve official chiropractic proclamations were signed in October—five more than 2011—and chiropractic institutions, businesses and individual doctors took advantage of ACA’s NCHM materials and theme, “Discover Chiropractic: Find Your Game,” to spread the word about the benefits of chiropractic care.

Several chiropractic colleges used NCHM as a springboard to educate students as well as the public. For example, Logan College of Chiropractic prepared a display of sports chiropractic memorabilia in its student union and National University of Health Sciences conducted a panel discussion on sports chiropractic to kick off its NCHM activities. Meanwhile, the clinics of Palmer College of Chiropractic marked NCHM with a special community open house.

Businesses also got into the spirit. For example, all ChiroOne Wellness Centers in the state of Illinois held patient education seminars in October billed “Renew Your Health: Find Your Game” that helped raise funds for Special Olympics.

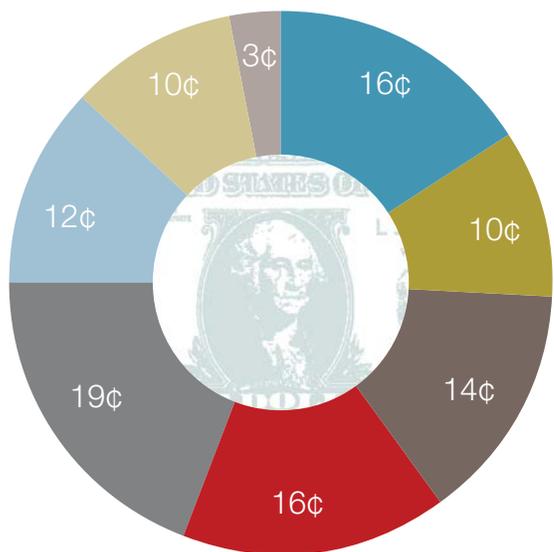
More than ever before, doctors used their personal and professional blogs, Facebook pages, Twitter accounts and other social media to raise awareness of NCHM. The ease and affordability of social media has made participating in NCHM more accessible to many practices. Along with a digital logo that was widely reposted, ACA offered sample Facebook and Twitter posts in its NCHM 2012 toolkit—all of which were put to good use. Even enthusiastic patients created posts in honor of NCHM extolling the benefits of chiropractic. **ACA**

### Member Resources

- **ACA News magazine** ([www.acatoday.org/acanews](http://www.acatoday.org/acanews)) – 10 issues per year; coverage of chiropractic topics as well as feature stories on clinical and professional matters
- **Journal of the American Chiropractic Association** ([www.acatoday.org/jaca](http://www.acatoday.org/jaca)) – published 6 times per year and offering in depth clinical articles and peer-reviewed research
- **JMPT** ([www.acatoday.org/jmpt](http://www.acatoday.org/jmpt))– online access to the profession’s premier research journal is a member benefit to all General and Governors Advisory Cabinet members
- **Week in Review** ([www.acatoday.org/weekinreview](http://www.acatoday.org/weekinreview)) – a weekly e-newsletter that keeps members on top of the news and links them to education programs and other opportunities for professional development
- **ChiroHealth** – a monthly e-newsletter that goes to more than 60,000 chiropractic supporters and featuring chiropractic and general health tips
- **Healthy Living fact sheets** ([www.acatoday.org/healthyliving](http://www.acatoday.org/healthyliving)) – More than 70 topics ranging from back pain to injury prevention and health promotion

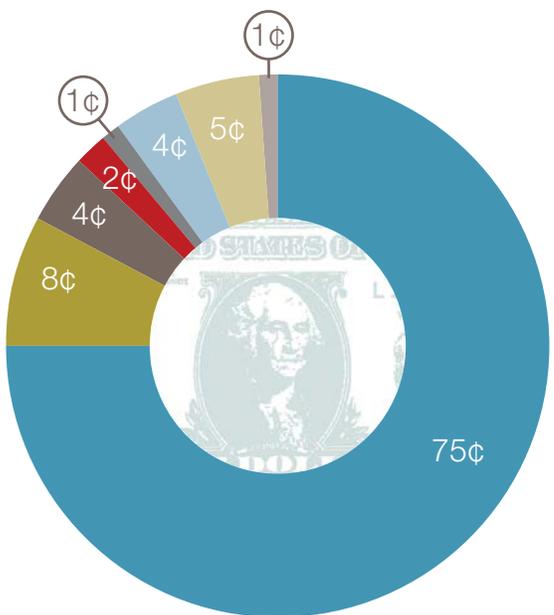
# 2012 Expenditures and Income

The graphs below outline the major areas of distribution and expenditure in the ACA budget, as well as the major sources of income from the association over the past year.



### ACA Expense Dollar:

- Government Relations (including CHAMP): 16 cents
- Publications: 10 cents
- Insurance Relations: 14 cents
- Membership: 16 cents
- General and Administrative: 19 cents
- Communications and Public Relations: 12 cents
- Education and Meetings: 10 cents
- Legal and NCLAF: 3 cents



### ACA Income Dollar:

- Dues: 75 cents
- Royalties and Affinity: 8 cents
- Rental Income: 4 cents
- Conference and Education: 2 cents
- Other: 1 cent
- CHAMP: 4 cents
- Publications and Web Ad Sales: 5 cents
- NCLAF: 1 cent

# High Standards, Freedom of Choice, Optimal Health

As ACA members we commit ourselves to the highest clinical and ethical standards, freedom of choice of healthcare providers and the pursuit of optimal health for the healthcare consumer. By 2023, through our perseverance and devotion to the public we serve, our profession will have achieved:

- Collaboration with other health care disciplines and integration into all health care delivery models that enhance individual health, public health, wellness and safety.
- Change in public policy, legislative, and regulatory arenas, resulting in a more effective U.S. health care system.
- Improved health care access and freedom of choice of health care providers for the American people, without discriminatory obstacles.
- Increased value of health care for patients, policymakers, and the public through the high professional and educational standards of the chiropractic profession.
- Healthier and more productive lives for the American people.

#### **Vision Statement of the American Chiropractic Association**

*Based on a visioning process conducted in 2012 by ACA leadership and members.*