

Current Status of Practice and Utilization Guidelines in Oregon

The Oregon Chiropractic Practice and Utilization Guidelines were published in 1991¹² by the Oregon Board of Chiropractic Examiners (OBCE) in response to public demand for more accountability. Developed through consensus, these guidelines were recognized in the Northwest as one of the most advanced documents at the time. Given the more than ten years that have elapsed since these guidelines were initiated, serious questions regarding their adequacy have been raised. In response to these questions, the OBCE implementing the strategic planning process, appointed a steering committee comprised of doctors of chiropractic, representative of the various constituencies in the State of Oregon, including: Chairman Charles Simpson (OBCE representative), members John Cafferty (subluxation based chiropractor), Thomas Dobson (initiator of the current guideline process), Janet Steward, and Jack Pederson (broad scope practitioners) with Meridel Gatterman as process consultant. Dr. Gatterman has 11 years of guideline development experience including: the Oregon Practice and Utilization Guidelines,¹² the Mercy Guidelines² and the Canadian Guidelines¹³. Published works that employed a facilitated consensus process include development of chiropractic nomenclature¹⁴, and a patient centered paradigm for both chiropractic¹⁵, and complementary medicine.¹⁶

The steering committee utilized the following four approaches to assess the status of the Oregon Chiropractic Practice and Utilization Guidelines, Volume I:

- survey of stakeholders;
- focus groups and key person interviews;
- expert reviews;
- application of the Institute of Medicine (IOM) of the National Academy of Sciences “provisional assessment instrument”.¹⁰

The survey and focus groups responses, key person interviews, and expert reviews all identified deficiencies in the 1991 guidelines. The steering committee concluded that the 1991 guidelines (derived primarily through consensus of expert opinion with little documentation of evidence) are in need of revision. Inclusion of current scientific evidence coupled with broad professional consensus was designed to make the revision more accountable, credible, as well as patient centered and evidence-based.