**CCGPP STAKEHOLDER REPORT**

**2012 - 2013**

**2012:**

This has been a year of interfacing more with the profession, rolling out our work to date and beginning the DIER / education process. It has been a time of bringing some projects to completion and beginning to chart CCGPP's future.

1) DIER process: well underway. DIER = Dissemination, Implementation, Evaluation and Reiteration.

 a) Train the Trainers: program training representatives from state associations to be able to teach about research, guidelines and their use in defending care. St. Louis, MO. Over half the states attended - many are presenting this in their states.

 b) Rapid Response Team: remains active and busy responding to issues that associations and their members are having with insurers and laws / legislation.

 c) Chapter Reiterations: new committee has been formed to determine which chapters need to be updated, which are good for the time being, and what new chapters and areas need to be addressed.

 1) We will set up team leads and teams for the new chapters once these have been identified and chosen.

 2) Potential new chapters under discussion are physiotherapeutic modalities (particularly in conjunction with CMT), rehabilitative and therapeutic exercise (again, in conjunction with CMT), nutrition, and longitudinal traction (both mechanical and manual).

2) Treatment Algorithms

 a) These have been under construction for the past several months and we will be producing these for each of the chapters to help guide doctors, students and others through the proper flow of evaluation and treatment utilizing evidence based care, via CCGPP’s literature-backed, evidence-based guidelines.

 b) There is an interest in the colleges in making these available to their students as they enter student clinic to help guide their clinical decision-making.

 c) Considering that the average doctor will never read full studies or even the literature syntheses and likely not even the guidelines, the treatment algorithm tools will be the easiest way to make this information available to doctors in an easy to read, easy to follow and easy to put into practice form.

3) New chapter - "Site of Care":

 a) This study is nearing completion and we expect that this will be published and available to doctors by late summer. This was spearheaded by Drs Triano and Cleveland and the study was run By Dr. Budgell from Canadian Memorial Chiropractic College. The initial findings were rolled out at ACC-RAC to the college presidents.

 b) As we have repeatedly discovered in combing through the literature, there is an appalling but not surprising lack of support for much that we do. This is not due to a lack of efficacy but rather to a lack of funding for any research that supports what we as chiropractic doctors do.

 c) This study looks at the various ways we are able to identify subluxation and the reliability and statistical significance of these. Some methods rank well while others that we know are very reliable and legitimate, rank poorly. This, as in other areas we have studied, indicates not a lack of validity but rather a lack of studies and evidence to prove so. The result will be more funding to schools to be able to study and support these methodologies.

4) We have been working to open every possible line of communication in the profession. We have been communicating, educating, building bridges and partnerships and getting our information out to the doctors in the field.

 a) ACA House of Delegates at NCLC, including inclusion on a panel discussion on Chiropractic Research.

 b) ACA-RAC to the College Presidents, the Chief Academic Officers and the Clinic Directors (this has resulted in our being invited to present seminars and work with research and clinical departments at the colleges)

 c) FCLB Board of Directors & NBCE Board of Directors (this has resulted in an invitation for us to meet collaboratively for a mid-year meeting during the FCLB and NBCE annual meeting).

5) We will be working closely with the colleges and helping them roll out evidence-based care to their students and faculty and field doctors by offering extended weekend seminars on the college campuses, providing one day’s seminar to the students, a second to faculty and administration and a third to field doctors for CE credits.

**2013:**

The past year has been a busy and fruitful one for CCGPP. Many projects were completed and CCGPP successfully designed a resource center and Apps for the profession and we determined CCGPP's future direction. Our achievements / successes during that time include:

1. Algorithms: In December of 2012, our Acute and Chronic Care Algorithms for treatment of spinal pain were published in TIHC (*Topics in Integrative Healthcare)*. The algorithms guide doctors in utilizing evidence-based guidelines to help in their clinical decision- making and treatment of patients with spine-related acute or chronic conditions.

2. Rapid Response Resource Center: CCGPP established the R3C (Rapid Response Resource Center) that is housed at Logan College of Chiropractic, accessible through the CCGPP Clinical Compass Website and available at no cost to all chiropractors, colleges and associations. This provides access to all the pertinent studies available in the literature under one roof and in an organized fashion, to help doctors and associations be able to gather information on a given area or subject for research, writing, appealing denials, writing legislation, etc. Logan College donated valuable time and space and Dr. Cheryl Hawk put a great deal of time and effort into this project.

3. Website: CCGPP has spent the last year changing to a new, more user-friendly and professional-appearing website for CCGPP. [http://www.clinicalcompass.com](http://www.chiromt.com/content/21/1/36) is our new website. We have tried to make the articles that have been published more easy to access through this new site. We also have provided access to the R3C on the website and offer a better explanation of who and what CCGPP is, what we have to offer and how doctors, colleges and associations can access evidence-based guidelines and the literature supporting these.

4. APPs: CCGPP has created two APPs containing the acute and chronic care algorithms for spine-related pain / conditions. One will be web-based and accessible through the CCGPP Clinical Compass website. The other will be available in both Apple / Mac and Microsoft / Droid formats for use on I-Pads and similar devices. I had the opportunity to address the COCSA assembly at the 20913 annual conference. In our mission to make our treatment algorithms available to all doctors of chiropractic, we are providing both APPs free of charge to all DCs, just as we have with the R3C.

5. Webinars: CCGPP has presented several webinars on utilizing the guidelines and treatment algorithms to defend your care and to appeal denials. We thank Dr. Ray Foxworth for sponsoring these for us, as well as ANJC / Dr. Sig Miller for doing the same in NJ.

6. The Site of Care study: This long awaited study was finally published on October 21, 2013 in *Chiropractic and Manual Therapies* and is titled, "Review of Methods Used by Chiropractors to Determine the Site for Applying Manipulation". This may be accessed at: <http://www.chiromt.com/content/21/1/36>

7. Thoracic Spine study: The information derived through the thoracic spine study was so voluminous that this was not publishable. We lost two study leaders along the way, so CCGPP is presently moving forth with a new team to further distill this information into a publishable form that will then be submitted to JMPT.

8. Rapid Response: CCGPP's Rapid Response Team has been consistently receiving requests for help from doctors and associations throughout the country and, most recently, Puerto Rico. We have written dozens of letters citing literature, specific guidelines and our acute and chronic care guidelines / algorithms to help these individuals and organizations successfully appeal denials, fight restrictive policies and guidelines by insurers and testify in front of governmental committees or write legislation relative to chiropractic laws, guidelines and policies. The rapid response process can be started by visiting our website at: [http://www.clinicalcompass.com](http://www.chiromt.com/content/21/1/36)

Where does CCGPP go from here? That was the primary general question that we addressed at our annual board meeting that took place in Seattle in conjunction with the 2013 annual COCSA convention. We were able to move forward on the following important issues:

1. Updated Guidelines: It is time to update and further solidify our guidelines. We need to address the lower back, thoracic, cervical, upper extremity and lower extremity guidelines first. It will be important to update the information in these, improve on the basic guidelines we presently have, publish these in JMPT, since this is our one chiropractic publication that is accessible / searchable on Medline and this will make these rock-solid guidelines for the profession.

2. Education and dissemination of existing guidelines and algorithms: CCGPP will be making continued efforts as we have to date with our webinars and the APPs we have produced to get the acute and chronic care guidelines / algorithms into the hands of every possible DC in the USA, as well as in the colleges, so that students and practicing DCs are aware of and utilizing these to help them with their clinical decision-making in student clinic as well as in the field. This will give the ACC and all state and national associations the adequate and more universal recognition, acceptance and usage of the acute and chronic care guidelines / algorithms for these organizations to formally endorse these guidelines / algorithms. We will do this with persistent education of the profession on the state and national level and of the colleges and their administration,

 faculty and students in the form of seminars, webinars, written communication and materials and face to face meetings.

3. Education and dissemination of updated guidelines and algorithms: We will do the same as in #2 above with the guidelines for the other areas, once these guidelines have been updated and published.

4. Rapid Response Team: This will remain available and active to go to bat on behalf of the profession. This is intended to be an ongoing, virtually eternal function of CCGPP.

5. Rapid Response Resource Center: CCGPP will continue to maintain and update the Rapid Response Resource Center (R3C), as well, on a continual basis. This is also intended to be an ingoing, virtually eternal function of CCGPP.

6. Determining needed areas in research: CCGPP intends to continue to help identify the voids in the research in areas that we know chiropractic care is warranted and has been clinically successful, to help guide the colleges, NCMIC and other groups supporting or doing research toward areas and topics of research that are needed to support chiropractic treatment.

7. Collaboration: CCGPP will continue to work collaboratively with the state and national associations, COCSA and our various partners to provide and improve the evidence- based guidelines this profession needs to improve the quality and consistency of care it provides to the public and to strongly position itself amongst the healthcare professions.

CCGPP's continued work on guidelines that will raise the quality and image of this profession is important and vital to all of us. Now, more than ever, CCGPP needs to have the financial support of EVERY state association and as many individual doctors in each state as possible. Please commit to have your state association board donate as much as they can each year and to make this part of your association's annual budget. Also, please commit to strongly urge your state's DCs to donate whatever they can to CCGPP and its ongoing work on evidence-based guidelines.

We are always open and available for discussion and sharing of information, answering of questions and concerns and continuing the goal of working together on behalf of this wonderful profession, its dedicated doctors and leaders and all the people that benefit from our care, as well as the many people that have not yet been so fortunate as to receive chiropractic care.

Respectfully,

Thomas J. Augat, DC, MS, CCSP, FASA

Chairman, CCGPP - The Clinical Compass