Primary Care Provider Shortage: Are Chiropractic Specialists Part of the Answer?

James Lehman, DC MBA DIANM[1,2]; Aric Frisina-Deyo DC MS DIANM[2]
[1]University of Bridgeport Health Sciences Postgraduate Education Department;
[2]School of Chiropractic, University of Bridgeport, Bridgeport, CT

Primary Objective:

To propose and support the development of a Doctor of Chiropractic Primary Care Provider (DC PCP) Fellowship Program within Federally Qualified Health Centers (FQHCs).

Secondary Objectives:

- **Define and understand the Chiropractic Specialist's educational path**
- **Identify the need for a Doctor of Chiropractic Primary Care Provider (DC PCP) Fellowship**
- **Understand how Federally Qualified Health Centers (FQHCs) can participate**

Why?

There are an insufficient number of Primary Care Providers (PCPs) within the United States (US) health system to support future demands. With interprofessional collaboration within FQHCs, a Primary Care Fellowship could be established to enhance access to high-quality primary care services to underserved populations utilizing board-certified chiropractic specialists.

Background:

The physician workforce shortage has been predicted to occur as early as 2030, with the proposal that this urgent need for qualified professionals be filled by mid-level providers. (Zhang et al., 2020; American Medical Association [AMA], 2023)

Increasing the number of trained mid-level providers is a potential solution for the most recent Health Resource and Service Administration (HRSA) strategic plan, requiring increased numbers of practicing primary care providers (PCPs). (Zhang et al., 2020)

Nurse Practitioner resident training programs have been established within FQHCs, supporting the transition from entry-level competency to confident PCPs within challenging medically underserved and special populations. (Flinter, 2011; Flinter & Hart, 2016)

Chiropractors have been incorporated and collaboratively integrated into large medical facilities for more than 35 years. (Kelly, 1991) Chiropractic resident training programs have been established within FQHCs with a focus on Neuromusculoskeletal Medicine, demonstrating that collaborative allopathic-chiropractic integration can be a successful endeavor. (Lehman et al., 2016)

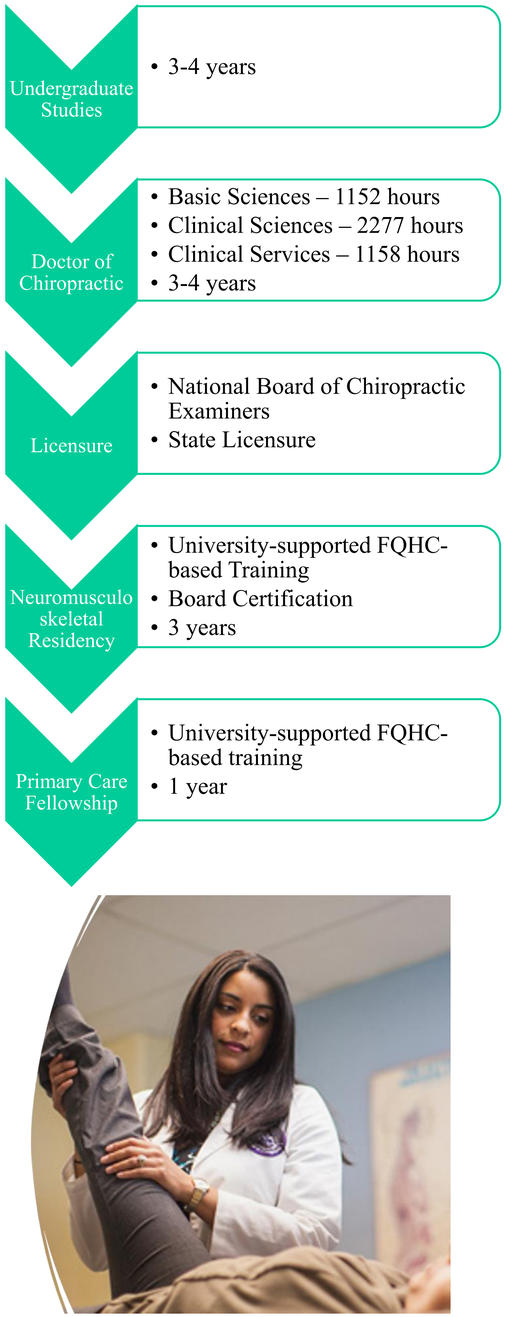
Primary Care activities, those occurring daily in a medical office, include diagnostic acumen with a 92% overlap with non-specialty trained chiropractors. (Gaumer & Walker, 2001)

Certified advanced practice chiropractic physicians have been granted prescriptive authority in New Mexico. (New Mexico Administrative Code [NMAC], 2022)

Methods:

A review of the current literature was carried out, including screening of 165 articles with 30 articles deemed eligible for inclusion. Articles were analyzed and a summary of the findings was utilized to develop a theoretical framework for a DC PCP Fellowship Program.

Theoretical Framework:



Analysis:

A review of the current literature regarding the need for and feasibility of a program designed to train board-certified chiropractic specialists to deliver high-value primary care services within an FQHC demonstrates the need for a program feasibility study and pre-implementation planning for a DC-PCP fellowship program and accreditation by the Consortium of Advanced Practice Providers. (Lehman, 2025b)

Chiropractic education including basic sciences, clinical sciences and direct patient care provides a strong foundation for advanced clinical roles within the greater healthcare landscape.

Post-doctoral residency training in neuromusculoskeletal medicine within an FQHC provides skills in interprofessional collaboration and enhancing clinical as well as diagnostic skills, aligning chiropractic specialists with expected competencies within an integrated healthcare system.

FQHCs have successfully incorporated specialized resident training programs for mid-level providers. Chiropractic Specialists are well positioned to engage in an Advanced Practice Fellowship. A training program could be established, building upon the existing successful framework developed by the CHCI in 2007 for Nurse Practitioners in FQHCs, to meet the needs of the medically underserved and enabling Chiropractic Specialists to become primary care providers.

Discussion, Implications and Limitations:

Chiropractic specialists, those graduating from an accredited Doctor of Chiropractic program, having completed board certification in neuromusculoskeletal medicine (Lehman, 2025a) and completing a rigorous post-graduate fellowship training program in primary care with full scope of practice including pharmaceutical prescriptive rights may be part of the solution to the future PCP workforce shortage.

The DC PCP model builds upon the existing successful framework developed by the Community Health Center Inc. first established for primary care Nurse Practitioners in FQHCs to meet the needs of the medically underserved. (Flinter, 2011)

Improved access to care through a DC PCP Fellowship may help achieve national objectives in the HRSA strategic plan.

Limitations:

- Regulatory barriers
- Lack of standardized accreditation
- Limited large-scale data
- Professional acceptance
- Resource requirement

• "We have found that the integration of chiropractic services enabled our patients to experience less pain and promoted healthy living. Hopefully, other community health centers in Connecticut and across the country will use our model to reduce chronic pain and improve quality of life."

Margaret Flinter, Ph.D.
Senior Vice President and Clinical Director
Community Health Center, Inc.

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